National Council on Disability Affairs

"Towards Full Participation and Equality of Rights and Opportunities for Persons with Disabilities"

An Analysis of Government Support and Disability-Related Costs in Eastern Samar and Rizal Provinces

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I. THE PROBLEM AND ITS BACKGROUND

A. Introduction

The efforts of the Philippine Government to improve the lives of persons with disabilities (PWDs) have remained far from being realized. There are services from the national government such as the Conditional Cash Transfer (CCT) program, and other services from the local government that poor and disadvantaged PWDs have received. The Life Haven Incorporated has concluded from its study that the CCT program is not responsive to the PWDs' needs (Disability and the World Bank Safeguards, 2013). Contributory factors that were identified are the following: high costs, limited availability of medical services, physical barriers, and health professionals with inadequate expertise (*ibid*.). As mentioned in the Philippine Coalition on the U.N. Convention on the Rights of Persons with Disabilities, even if PWDs continue to be included in the Modified CCT, the "*pantawid* nature" (literally, to temporarily satisfy a need) of the 4Ps still does not address the tremendous disability-related costs that the National Economic and Development Authority and Philippine Institute for Development Studies (NEDA/PIDS) have already documented as being the root cause of poverty in the sector (InterAksyon.com, 2013). There are disability-related costs on services that are not actually included in the health, education, and employment support from the government. Furthermore, one of the problems that needs to be dealt with in Philippine education is the failure to adequately address the needs of PWDs (UNESCO, 2015).

The cost of daily living for PWDs is different from those of non-PWDs. The mode of public transportation, for instance, for persons with mobility and/or visual disability is an important consideration. Thus, it is justified to use a higher poverty line for PWDs than for non-PWDs. PWDs and parents of children with disabilities (CWDs) have to contract a public utility vehicle just to visit the health center for therapy sessions, and to go to school on a daily basis.

The National Council for Disability Affair (NCDA) recognizes these important concerns. Therefore, it will be quite helpful to come up with a research study to determine the sentiments of the PWD sector with regards to the additional costs in disability-related services being offered by the government.

B. Statement of the Problem

This study examined the support from the government and the disability-related costs for persons with disabilities and their families in Eastern Samar and Rizal Provinces. Also, this study made an analysis on the households that have experienced receiving assistance from the government.

Specifically, the study identified the following:

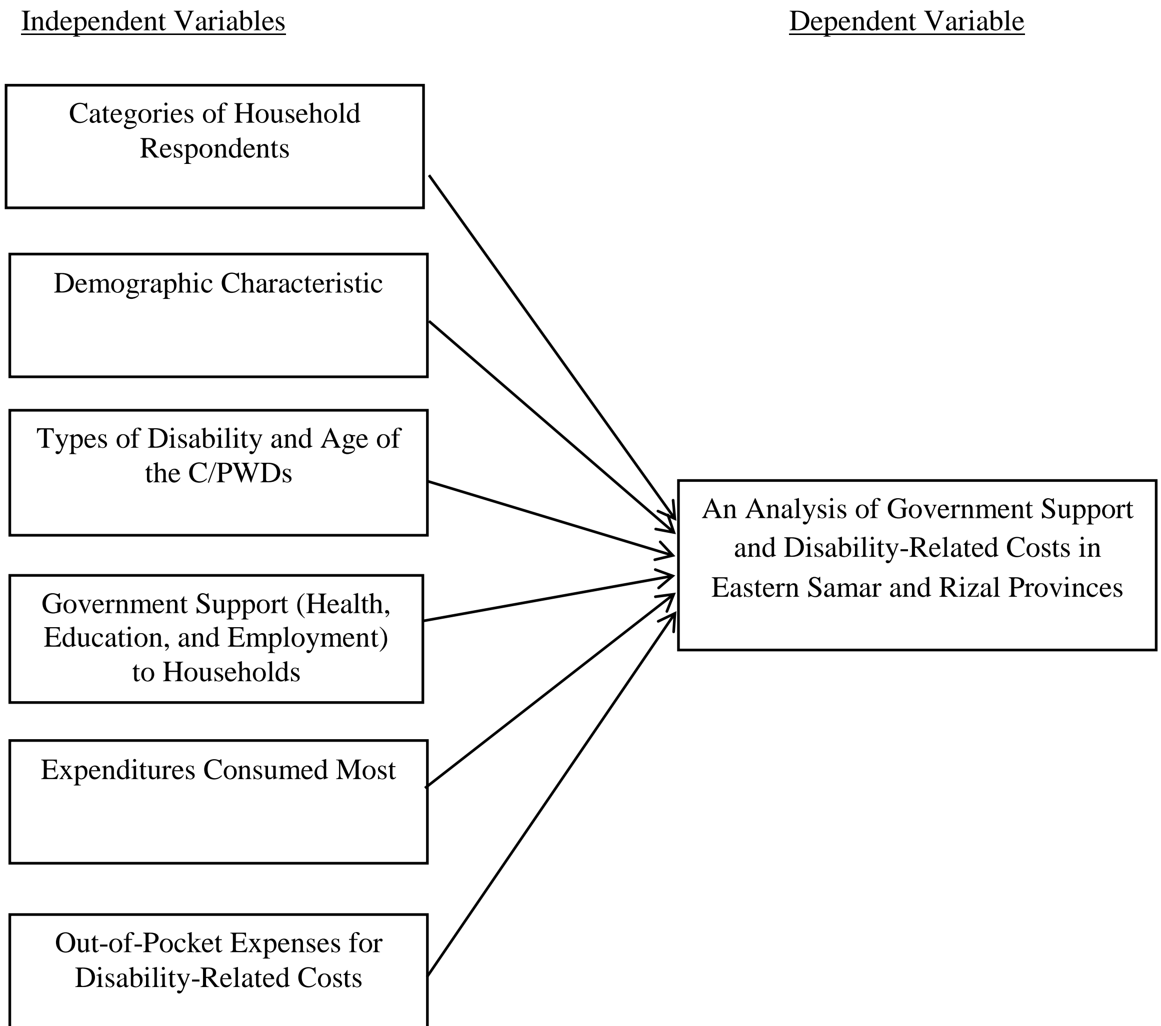
1. What are the demographic characteristics of household respondents from Eastern Samar and Rizal Provinces?
   a. Categories
   b. Sex

   c. Age
   d. Civil Status
   e. Highest Educational Attainment
   f. Sector of Employment
   g. Number of Family Members
   h. Total Monthly Income
2. What are the types of disability and the ages of C/PWDs who are supported by the household respondents?
3. What are the support from the national government agencies and local government units to the respondents?
4. What are the disability-related expenditures of households with C/PWDs?

C. Significance of the Study

The study intended to (a) determine the disability-related costs in health, education, and employment support in Eastern Samar and Rizal Provinces; and to (b) assess whether the government should provide financial or non-financial support to C/PWDs to compensate for extra costs.

D. Conceptual Framework



This paradigm provides insights to guide the conduct of the present research, and summarizes the study's hypothesis.

E. Hypothesis

In relation to the statement of the problem and the conceptual framework, the hypothesis tested is:

The households with C/PWDs, and households with disabilities in breadwinners have higher costs for spending than those households without disabilities even as the government supports them.

II. REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents the selected readings and literatures that are related to the study. It includes the previous and more recent studies on the subject of the research.

A. Philippine Population Information on Persons with Disabilities

1. General National Statistics (2010 Census on Population and Housing)

The Philippines has laws and services that are set to protect PWDs. However, the country seems to have an issue when it comes to collecting data related to PWDs. There are constraints in gathering Philippine data on PWDs, and sometimes even offices within the same government agency have conflicting statistical data (Allad-iw, 2012). Given this situation, the country has PWDs-related demographic information that are available online.

The Philippines Statistics Authority (PSA) has released the 2010 Census on Population and Housing (2010 CPH) that sheds light on PWDs-related data. The PSA estimates that around 16 per thousand Filipino citizens suffer from disabilities. There are 1,443,000 PWDs who could be found in the country's 92.1 million household population, which comprises 1.57% of the population (Philippine Statistics Authority, 2012). This percentage is higher than the 1.23% that was recorded in the 2000 Census on Population and Housing (Philippine Statistics Authority, 2012).

The census shows that Region IV-A and the National Capital Region (NCR) have the highest populations of PWDs at 193,000 and 167,000, respectively. On the other hand, the Cordillera Administrative Region (CAR) and the Autonomous Region of Muslim Mindanao (ARMM) have the lowest populations of PWDs at 26,000 and 35,000, respectively (Philippine Statistics Authority, 2012).

The 2010 Census on Population and Housing (CPH) also shows the ten Philippine regions that have a higher proportion of persons with disabilities when compared to the national average of 1.57%.

Region	Percentage of PWDs
Region VI Western Visayas	1.95%
Region IVB MIMAROPA	1.85%
Region V Bicol	1.85%
Region VIII Eastern Visayas	1.75%
Region II Cagayan Valley	1.72%
Region I Ilocos	1.64%
Cordillera Administrative Region	1.63%
Region XI Davao	1.60%
Region VII Central Visayas	1.60%
Region XIII Caraga Administrative Region	1.58%

2. Male-to-Female Ratio

The 2010 Census shows that there are more males with disabilities than females, with an average ratio of 104 males per 100 females (Philippine Statistics Authority, 2012). This inequality is at its greatest at the 0 to 14 years age group, where the ratio is 121 males for every 100 females. However, this trend reverses in the 65 years and above age group, where there are only 70 males with disabilities for every 100 females. The PSA suggests that this trend is due to the fact that women live longer than men (Philippine Statistics Authority, 2012).

3. Age

The PSA's demographics show the top four age groupings, which are more likely to contain the most number of persons with disabilities. These are the 10-14 years; the 15-19 years, the 5-9 years, and the 50-54 years, which contain 7.2%, 6.9%, 6.7% and 6.6% of the total PWD population, respectively (Philippine Statistics Authority, 2012).

4. PWD population in Eastern Samar and Rizal Provinces

a. Persons with disability comprised 1.7 percent of the population in Eastern Samar

In 2010, around 7,300 persons or 1.7 percent of the 427,974 household population had a disability. This proportion of persons with disability (PWD) is lower than the proportion in 2000, which was 2.4 percent of the 375,124 household population of the province during that year. The number of PWD for the same year was around 9,000 (PSA, 2013).

b. Persons with disability comprised 1.8 percent of the population in Rizal Province

In 2010, around 1.8 percent (or 43,500 persons) of the 2,480,966 total household population had a disability. This proportion of persons with disability (PWD) is higher than the proportion in 2000, which was 1.0 percent of the 1,704,109 household population of the province during that year. The number of PWD for the same year was around 17,800.

B. Philippine Economic Status and its Relation to Persons with Disabilities

Filipinos with disabilities experience a low economic status in the country. Many factors prevent them from escaping from being the poorest of the poor. The National Economic and Development Authority (NEDA) cite various factors that prevent PWDs from accessing the conventional labor market, such as the lack of training and lack of education, when compared to people with no disabilities. The PWDs also suffer from social exclusion because of their disabilities (National Economic and Development Authority, 2011).

1. The Near-Poor and Poor Categories

To further understand the current economic status of Filipino persons with disabilities, we must first understand poverty in the Philippines, and how it relates to PWDs. We need to define the financial thresholds and the definitions relevant to poverty.

The Philippine Government has set an income of PhP 8,022.00 per month for a family of five members as the monthly poverty threshold (MPT). This monthly income is estimated to be enough to cover that family's basic food needs and other non-food requirements. Families whose incomes are located within or above this threshold are considered "not poor" (*gov.ph*). This threshold was raised to PhP 8,778.00 during the first semester of 2014 (Philippine Statistics Authority, 2015).

Although considered as "not poor," such families are still considered as "near-poor," because their income is close to the Total Poverty Threshold (TPT). There is a proposed threshold called the near-poor threshold (NPT), which is estimated to be the income at 1.28% above the TPT. The current Philippine TPT is at PhP 9,686.00, which makes NPT to be estimated at around PhP 12,400.00 (Gavilan, 2014). Families living between the TPT and NPT are 50% likely to become poor. One of the factors that contribute to this risk of going poor is an unexpected financial expense such as a health issue, thereby preventing the family from being capable of meeting their basic needs (Gavilan, 2014).

According to the World Bank Group, a family or a person is considered "poor" if they cannot financially meet their basic needs, and their income falls below a minimum level, which is defined as the "poverty line" (The World Bank Group). Under this poverty threshold, the person or family cannot meet the expenses needed for nourishment, clothing, shelter, transportation, healthcare, and educational needs (Philippine Statistics Authority, 2015).

2. Minimum Wages in the Philippines

The minimum wages within the country vary by region. For example, Department of Labor and Employment data show that Region VIII Eastern Visayas has a minimum wage of PhP 260.00 per day for workers in non-agricultural industries. Agricultural workers get PhP 241.00 and PhP 235.00 per day for plantation and non-plantation work, respectively. On the other hand, non-agricultural workers in Region IV-A CALABARZON earn PhP 267.00 to PhP 362.50 per day. Their agricultural counterpart earn PhP 267.00 to PhP 337.50 and PhP 267.00 to PhP 317.50 for plantation and non-plantation work, respectively (DOLE, 2016).

3. Economic Status for Two Philippine Provinces

We will now compare the economic status of the two provinces by using prosperity measures, and compare the population of PWDs within their respective areas.

Eastern Samar is considered as the country's second poorest province with a poverty incidence of 55.4% (Sabornido, 2015). It should be noted that the province's region, Region VIII Eastern Visayas, has a higher than average PWDs population of 1.75% (Philippine Statistics Authority, 2012).

In contrast, Rizal Province is considered as the second richest province in the country, with merely a 5.0% poverty incidence. It is one of the ten top provinces with the highest equity amounting to Php 6.715 billion (National Anti-Poverty Commission, 2014). Rizal Province's region, Region IV-A CALABARZON, has a lower than average PWDs population of 1.53% (Philippine Statistics Authority, 2012).

C. Standard of Living

In an article entitled "Standard of Living vs. Quality of Life," Amy Fontinelle defines a standard of living as the availability of wealth, comfort, material goods and basic necessities for a given socio-economic class that inhabits a certain geographic area (Fontinelle, 2016). Such a standard could be evaluated based on factors like income, the quality and the availability of employment, disparity between classes, poverty rate, the quality and the availability of housing, work hours needed to purchase basic necessities, gross domestic product (GDP), inflation rate, number of paid vacation days per year, access to quality healthcare, quality and the availability of education, life expectancy, disease incidence, costs of goods and services, quality of infrastructure, national economic growth, economic and political stability, political and religious freedom, environmental quality, climate, and safety (Fontinelle, 2016).

1. Access to Affordable Healthcare

Access to affordable healthcare could be summarized as follows (Le et al, 2012):

- Availability – there should be access to health professionals and facilities. The lack of availability is usually seen most among health specialists who focus on mental issues.
- Accessibility – focuses on transportation, Internet-based treatments, access for persons with disabilities and the ease of working around language barriers.
- Affordability – is the ability to meet the costs of getting quality service. In the rural context, costs may come in the form of transportation, and payment for quality health services.

2. Quality and Availability of Education

A UNICEF paper entitled "Defining Quality in Education" that was presented at the International Working Group on Education in Florence, Italy focused on the quality of school facilities, size of the class and the peacefulness, safety and inclusiveness of the school environment (UNICEF, 2000).

School facilities are defined as the physical learning locations where formal learning occurs. Such facilities range from modern and well-resourced buildings to the more basic open-air gathering areas. It is difficult to measure the effect of these facilities on learning given their indirect effects (UNICEF, 2000).

There are quantitative relationships between the size of the class and academic attainment. It should be noted that such relationships rarely take into account other relevant quality factors such as the teacher's perception of working conditions and sense of efficacy (UNICEF, 2000).

Finally, UNICEF suggests a peaceful, safe and an inclusive environment. Schools must have a welcoming, rather than a discriminatory climate, since this contributes to a quality learning environment. Reducing the various types of discrimination is also crucial in improving the quality of the learning environment (UNICEF, 2000).

Many countries have a difficulty in providing an inclusive environment for students who have special needs or disabilities, even if there's a philosophy of inclusion within their schools. There are still gaps between the schools' policies and their actual implementation.

Aside from students with special needs or disabilities, students who are members of ethno-linguistic minority groups, politically or geographically disfavored groups, or groups with low socio-economic status also suffer from discrimination. Such discrimination, in turn, reduces the development of quality education for all children. Discrimination could occur through the exclusion of the affected children from school, or their exclusion from school activities, if ever they are permitted to attend school. There's a need for a continual restructuring of most learning environments so that children from all backgrounds and differing abilities may have improved learning opportunities (UNICEF, 2000).

3. Availability of School Resources to Support Learning

A 2010 article by educational commentators Robyn Caygill, Kate Lang and Saila Cowles points out that lack of resources can affect the quality of students' education. For example, a CBC News article reported that a mother removed her son from the local school system, the Frontier School Division, because of a lack of teachers, educational assistants and other educational resources (Caygill et al, 2010).

The authors cite a study wherein New Zealand school principals were tasked to rate their school's capability to provide educational instruction based on the shortage of nineteen types of resources (Caygill et al, 2010). Most of the principals mentioned the lack of science laboratory instruments and materials as the most common factor exerting a strong effect on their school's instructional capability. Only 16% of the principals did not cite the lack of this resource as a primary obstacle in providing instruction. The next resources that the schools most commonly lack are software for providing scientific instruction, and computer support staff (Caygill et al, 2010).

4. Quality and Availability of Employment

A 2008 research study entitled "Chapter 4: Measuring the Quality of Employment in the EU" by the European Commission shows a number of job quality indicators as certified by the Laeken European Council, and their ability to capture and monitor the multi-dimensionality of its concept. The multiple dimensions are as follows (European Commission, 2008):

a. Intrinsic job quality – this dimension emphasizes the employee's satisfaction with their present job. Pay levels and the type of contract given to the employee also affect the perspective of job quality.
b. Lifelong learning and career development – this indicator shows the percentage of the working age population who are participating in continuous education and training. This dimension has two mean weaknesses: First, they exclusively focus on participation in vocational training, without focusing on the number of hours and costs put into the training by each participant. Secondly, they focus more on the supply side of skills, with the exemption of computer usage.
c. Flexibility and security – this dimension focuses on the number of employees who have fixed-term contracts or are part-time. This dimension has recently been dubbed as "flexicurity." It adapts a more holistic approach on policies and institutions in the labor market when compared to job quality. The Laekden indicators for this dimension only concern fixed-term and part-time employment. It is hard to make a conclusion on the advantages of contractual arrangements, although fixed-term contracts are known to be associated with more negative outcomes, when compared to part-time jobs as observed from the lower voluntary take-up rates for said fixed-term contract. Even then, voluntary part-time work may hinder career opportunities, even if it facilitates work and family life balance (European Commission, 2008).

5. Social Protection in the Philippines

The characteristics of the Philippine social security system are as follows (Weber, 2012):

a. Formal sector workers and government employees must participate in the system.
b. The benefits come from the contributory payroll taxes obtained from the participants. These contributions are pooled in special funds which then provide the benefits. Excess funds are invested so these could earn income.
c. In kind, health benefits are capped.
d. The participants' cash benefits and their contributions are related to their amount of earnings and/or the length of their employment.
e. A participant's rights to the benefits are tied to their contribution records. There is usually no need to conduct tests for healthcare where a means-tested sponsored program is employed.

f. Retirement benefits are paid monthly until the participants' death, and are only used to address "minimum income needs."

There are three social insurance government agencies in the country. The Social Security System (SSS) caters to the employed, the self-employed, and the retirees from the private sector. The PhilHealth provides health insurance to all citizens. Thirdly, an Employee Compensation Fund (EC) provides medical services and rehabilitation due to medical problems caused by accidents in the workplace (Weber, 2012).

The SSS requires the monthly payment of contributions based on the employee's income. Employers that are SSS-registered are compulsorily covered together with their employees under the Employees' Compensation program. The employers may pay contributions on behalf of their employees as long as said employees continue to work under them. The employers' responsibilities end when the employee is removed from employment, or if they die while employed. When a SSS-covered employee become disabled in the course of their employment, their employer's responsibility to pay the monthly contributions shall cease during the time when the employee is not receiving wages (Weber, 2012).

Researchers Sophie Mitra, Aleksandra Posarac, and Brandon Vick of the World Bank (Mitra et al, 2011) presented the results of a descriptive analysis of World Health Survey data conducted in the Philippines. Their work suggests that disability is connected with a lower economic well-being. Their analysis shows that Filipino households with disabilities are over-represented in the bottom asset index and PCE quintiles. Such households have a higher use of PPP, live on US$1.25 per day, have fewer assets, and have a greater medical to total expenditures ratios. These households also have poor access to better living conditions. At the personal level, people with disabilities who are of working age have lower rates of employment, lower rates of primary education attainment, and have higher rates of experiencing multi-dimensional poverty (Mitra et al, 2011).

D. Philippine National Laws on Privileges and Incentives for C/PWDs

Arthur L. Allad-iw found from his interviewees from various PWD organizations that the PWDs' primary issues are education for children with disabilities, rehabilitation, easy access to livelihood, access to housing, and continuous discrimination from able-bodied people (Allad-iw, 2012).

He also found that both out-of-school youth and students with disabilities endure a lack of infrastructure to serve their needs. Children with disabilities are enrolled in ordinary schools, which don't have the curricula to meet their needs. Such children attend these schools rather than specialized ones due to their parents'lack of income. It should be noted that specialized education are supported by both the Magna Carta for Persons with Disabilities and the United Nations Convention on the Rights of Persons with Disabilities (Allad-iw, 2012).

1. Various Laws on the Rights of PWDs

The Philippines has various laws which support the rights of persons with disabilities (Allad-iw, 2012). Beside the UN Convention on the Rights of Persons with Disabilities (an international human rights treaty of the United Nations intended to protect the rights and dignity of persons with disabilities), various Philippine laws mandate respect for the rights of PWDs:

a. Batasang Pambansa 344, otherwise known as the "Accessibility Law"– this law requires buildings, institutions, establishments, and other public utilities to have PWD-friendly facilities.
b. Republic Act 7277, otherwise known as the "Magna Carta on the Rights of Persons with Disabilities" – this law dictates the rehabilitation, self-development and self-reliance of persons with disabilities and their mainstream inclusion in society. The Magna Carta also protects their political rights and civil rights.
c. Republic Act 9442, an Act Amending RA 7227, otherwise known as the Magna Carta for Disabled Persons, and For Other Purposes' Granting Additional Privileges and Incentives and Prohibitions on Verbal, Non-verbal Ridicule and Vilification Against Persons with Disability – this law enforces the 20% discount on basic commodities for PWDs and criminalizes public ridicule or discrimination of PWDs.
d. Republic Act 10070, Establishing Institutional Mechanism to Ensure the Implementation of Programs and Services for PWDs in Every Province, City, and Municipality, Amending RA7277, otherwise known as the Magna Carta for Disabled Persons, as Amended, and for other Purposes – this law establishes the mechanisms and programs that cater to PWDs, and creates the Person with Disability Office (PDAO) at both provincial and municipal levels. This Act has yet to get its implementing rules and regulations.

Although the country has multiple local laws that protect PWDs' rights, the Philippine Government poorly executes them, and provides few resources for PWD services (Allad-iw, 2012).

2. The Department of Social Welfare and Development (DSWD) (4Ps/CCT)

The 4Ps or the Conditional Cash Transfer (CCT) program has distributed cash grants to the country's "poorest of the poor" to remove the burdens brought about by their socio-economic status. A household that has three children may receive a monthly grant of PhP 1,400.00 (US$30.00), which then accumulates annually to PhP 15,000.00 (US$331.00). The grant is aimed at easing problems such as poor health, malnutrition, and the lack of educational attainment (Gavilan, 2015).

a) Overview

The CCT is the Philippine Government program that is being implemented by the Department of Social Welfare and Development (DSWD). It aims to reduce poverty and improve social development through the distribution of cash grants to the poorest of the poor. According to the research entitled “Incorporating Disability in the Conditional Cash Transfer Program” (publicly presented on March 12, 2013), almost 5% of Filipino households have a PWD family member (Disability and the World Bank Safeguards, 2013).

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Article 32 of the Convention on the Rights of Persons with Disabilities (CRPD) stipulates that persons with disabilities must be included in international cooperation and development programs. This includes capacity-building initiatives such as the exchange of information, experiences, training programs and best practices. Given that the World Bank provides over US$30 billion assistance to developing countries annually, it is important that the projects and policies that such assistance supports must include the PWDs. (Disability and the World Bank Safeguards, 2013)

However, the CCT program does not see disability as a relevant factor when evaluating whether PWDs are fulfilling the requirements of the cash grant. Households that don’t have any PWD members don’t experience the restrictions that households with PWDs have to overcome to comply with the program’s requirements. If PWDs were involved in developing the CCT, then the requirements could have been more lenient for households with PWD members. (ibid.)

b) Executive Summary

The Life Haven Inc. case study has shown how the World Bank Safeguard Policies have influenced the development of a Philippine Social Welfare and Development Reform project. The case study studied the effects of said polices when it comes to the protection of certain groups, such as the Indigenous Peoples sector, that was activated by the project. It also looked at the experiences of households with PWD members, including how they were excluded from the program, so we are able to see the negative effects of the policies on the PWDs and their households (*ibid*.).

The current World Bank Safeguards do not focus on the rights of PWDs. It has set aside disability issues as an important part of strategies that focus on sustainable development. The Social Welfare and Development Reform project did not include disability in its design. We can see that the design for the National Household Targeting System (NHTS) did not include disability as a measurable variable. The NHTS is the Philippine government database for social protection programs. This caused the exclusion of PWDs

who need social protection that is related to their disabilities. Disability-related needs include assistive devices and technology, personal assistance, and sign language interpretation. The high cost and poor access to transportation for persons who have mobility impairment are some of the factors that lead to poverty. As such, it is relevant that government agencies include the extra expense caused by disability-related needs when measuring poverty (*ibid*).

There are still issues on the supply side of the country's educational system when it comes to the needs of children with disabilities. Among these are the lack of accessible educational services, the lack of teachers, and instructional materials that cater to the children's needs, as well as the lack of facilities that are accessible to the family members of PWDs. The supply side of healthcare services are similarly affected. These factors contributed to the exclusion of PWDs and their difficulty in meeting the 85% attendance requirements as stipulated by the CCT (*ibid.*).

c) Conditionality on Education

One of the conditionalities imposed by the CCT program is the educational attainment of the household's school-age children. The program requires beneficiary children to have a 85% school attendance. Studies show that children with disabilities cannot fully obtain support from the program due to lack of accessibility to services. This issue is further worsened by the perception that children with disabilities are unable to comply with the program's educational conditionality compared to children without disabilities. Such perspective could be seen in the guideline that the DSWD sent to their offices on January 28, 2011, which calls the attention of the BUS (Beneficiary Update System) Cluster Focal Person. This guideline is entitled "Updating of a Differently-abled Member of the Household and Enhanced BUS Form 5." It states that children with disabilities who are unable to comply with the conditionality could be replaced by another member of the beneficiary household who is "capable of complying with the conditionality." The guideline also states that when "a 6-14 year old differently-abled is not capable to comply with the conditionality [and] is an only child of the couple, the household will be delisted from the program, and will no longer receive cash grant for education and health." This rather easy way out for households with PWDs was utilized by the CCT program's implementer to ensure that affected households could still make full use of the program's benefits. This policy increases the inequalities between children with disabilities and healthier children, and might violate the right to education of children suffering from disabilities (Disability and the World Bank Safeguards, 2013).

The notion that children with disabilities won't be able to comply with the educational conditionality actually stems from the inadequacy of the Philippine educational system. Among the factors that prevent children from attending school are the shortage of school teachers who are qualified to teach children with disabilities, the inaccessibility of school facilities, the lack of accessible public transportation, and the lack of support services such as personal assistance. But these concerns were not addressed by the CCT program.

The problems could have been averted had there been safeguard policies to protect PWD rights. The CRPD emphasizes the importance of mainstreaming disability issues as an important part of relevant sustainable development strategies. In addition, the CRPD also recognizes that international cooperation is needed to enhance the living conditions of persons with disabilities around the world (*ibid.*).

A memorandum dated September 19, 2012 and entitled "Household Status and Monitoring of Persons with Disability" focused on households with PWDs. Addressed to the regional directors of DSWD field offices, this memo allows households with only one child with a disability to become beneficiaries of the health program, even if the child is aged between 6-14 years and is unable to meet the education conditionality. At first glance, this appears to be a measure to retain the affected households in the program. But on second thought, this actually contradicts the program's goal of alleviating poverty by supporting education. Rather than formulating and implementing the means to support compliance with the education conditionality, this memo removes it. This is disadvantageous to children with disabilities because it keeps them from getting an education. The Philippine Coalition on the UNCRPD is concerned that there are no substantial efforts to enable children with disabilities to comply with the conditionality by ensuring that they obtain access to education and other services needed by their households (*ibid.*).

According to the preliminary results of "Incorporating Disability in the Conditional Cash Transfer Program: Initial Supply-side Assessment" by Bustos et al, 42% of the households of children with disability who are aged 3 to 14 years old don't attend school. More than 33% of the households of children with disability experience difficulty traveling to school. This means that the parents and the children themselves need support services to improve their socio-economic status (*ibid.*).

According to parents with disabilities, they have difficulty in complying with the conditionalities. They are also affected by others' lack of understanding of the situations PWDs face. For example, a mother suffering from muscular dystrophy can find it hard to let her son go to school everyday. She asked the school to move her son to the afternoon class to make it easier for her, but her son's teacher refused. Such a request could have been easily granted had the school understood that this is quite necessary for a mother with disability. Despite the DepEd's zero rejection policy, schools still continue to exclude children with disabilities. The school usually drive them off to more specialized education centers. But these centers are usually far from the C/PWD's residence, causing them to pay more for transportation. Parents of children with disability might not have their children selected as beneficiaries because it is difficult to monitor their attendance compliance with the program (*ibid.*).

d) Conditionality on Health

Pregnant women who are enrolled in the program are supposed to receive pre-natal care, whether they have disabilities or not. Skilled health workers must deliver the mother's baby and provide them with post-natal care afterwards. Children, regardless of the presence of disabilities, must have regular check-ups and vaccines in health centers during their first five years. Unfortunately, healthcare conditionality also has a lot of issues (Disability and the World Bank Safeguards, 2013).

The Department of Health (DOH) admits that PWDs have difficulty in getting health services. Among the identified factors are high costs, limited availability of medical services, physical barriers, and health professionals with inadequate expertise. The DOH also claims that the healthcare system must be reformed to make healthcare more accessible and affordable. Components of healthcare system include policies, legislations, financial support, delivery of health services, human resources, and research data (*ibid.*).

As shown in Figure 2 of the document, 14 % of children with disabilities who are 3-14 years old have not received health services. The study also reported that about 42% of the families with PWDs find it difficult to travel to health canters. If only the safeguard policies have covered the issues of disabled people, then PWDs could have received access to specialized healthcare (*ibid.*).

e) Conclusion

It is concluded that the Conditional Cash Transfer program is not responsive to the needs of people with disabilities. The case study of the Indigenous Peoples with the help of the World Bank-supported CCT project will benefit other groups in Philippine society. However, the policies that supported this project failed to provide the same protection to PWDs. (Disability and the World Bank Safeguards, 2013)

3. DOH & PhilHealth

Republic Act 9442: Magna Carta For Persons with Disabilities enumerates the privileges and incentives for PWDs. These are found under Rule IV. Privileges and Incentives for the Persons with the Disability. According to Section 6: Other Privileges and Incentives, persons with disability shall be entitled to the following (Congress of the Philippines, 2006):

6.1. Purchase of Medicine – there is at least twenty percent (20%) discount on the purchase of medicine for the exclusive use and enjoyment of persons with disability. All drug stores, hospitals, pharmacies, clinics and other similar establishments selling medicines are required to provide at least twenty percent (20%) discount to PWDs subject to the guidelines issued by the DOH and PhilHealth.

6.3 Medical and Dental Privileges in Government Facilities – The person with disability shall be provided at least twenty percent (20%) discount on medical and dental services, including diagnostic and laboratory fees such as, but not limited to x-rays, computerized tomography scans, and blood tests in all government facilities, subject to guidelines to be issued by the DOH in coordination with the Philippine Health Insurance Corporation (PhilHealth).

6.4 Medical and Dental Privileges in Private Facilities – The person with disability shall be provided at least twenty percent (20%) discounts on medical and dental services including diagnostic and laboratory fees such as, but not limited to, x-rays, computerized tomography scans and blood tests including professional fees of attending doctors in all private hospitals and medical facilities subject to guidelines to be issued by DOH in coordination with the Philippine Health Insurance Corporation (PhilHealth).

4. The DepEd, CHED, and TESDA

Likewise, Republic Act 9442: Magna Carta For Persons with Disability states the educational privileges for PWDs (Congress of the Philippines, 2006).

6.7 Educational Privileges. – Educational assistance to persons with disability, for them to pursue primary, secondary, tertiary, post tertiary, as well as vocational or technical education in both public and private schools through the provision of scholarships, grants, financial aids, subsidies and other incentives to qualified persons with disability, including support for books, learning materials, and uniform allowance, to the extent feasible: provided, that persons with disability shall meet the minimum admission requirements set by the Department of Education (DepEd), Commission on Higher Education Department (CHED), Technical Education and Skills Development Authority (TESDA) and other entities engaged in the grant of scholarship and financial assistance for the education of persons with disability. For the purposes of this rule, primary education shall include nursery and kindergarten, whether in private or public school. The source of funding, in addition to the Private Education Student Financial Assistance (PESFA) fund scholarship for the implementation of the above, shall be the one percent (1%) allocation for persons with disability in DepEd, CHED, TESDA and other training and educational government agencies as required by General Appropriation Act, subject to the guidelines issued by the DepEd, CHED and TESDA.

A research paper entitled "Philippine Education For All 2015: Implementation and Challenges" has provided several pointers to present significant education to every Filipino. Here are the following insights (UNESCO, 2015):

4. The right of every Filipino to quality basic education is further highlighted in Republic Act 9155 or the Governance of Basic Education Act of 2001. Along with Republic Act 6655 or the Free Secondary Education Act, these laws reaffirm the policy of the State to protect and promote the rights of all Filipinos by providing children free and compulsory education at the elementary and high school levels. The State is to provide six years of free tuition fees for children aged 6 to 11 years, and free four years of secondary schooling for children aged 12 to 15 years.

5. Along with "Education for All," the Philippines is also committed to pursue eight time-bound and specific targets under the Millennium Declaration that its representatives signed on September 2000. The Declaration, in general, aims to reduce poverty by half in year 2015 (22.65% proportion of the population below poverty incidence and 12.15% below subsistence incidence by 2015). With the adoption of the Declaration, the country confirmed its commitment to the Millennium Development Goals (MDG) geared towards reducing poverty, hunger, diseases, illiteracy, environmental degradation and discrimination against women. These goals have been adapted in the country's Medium Term Philippine

Development Plan (MTPDP) 2004-2010. This includes policies and plans related to children, access to primary education and gender equality. Information about this can be found in Part IV of the MTPDP focused on "Education and Youth Opportunity."

6. However, Philippine education still has problems despite the budget and legal policies that support it. Among the problems that are yet to be addressed, but have slightly improved, are high school dropout rates, high number of repeaters, low passing grades, lack of particular language skills, failure to adequately address the needs of people with special needs, overpopulated classrooms, and poor teacher performance. These problems cause illiterate citizens, a higher number of out-of-school youths and graduates who are not qualified for employment.

8. Basic education pertains to optional preschool at age 3 to 5, then six years of elementary schooling for aged 6 to 11, and four years of secondary schooling for aged 12 to 15. Excluding early childhood care and development (ECCD) or preschool, Philippine formal basic education subsystem is one of the shortest in the Asia Pacific region with just ten years of basic schooling compared to the eleven or twelve years of schooling in other countries.

9. Basic education is under the Department of Education (DepEd) while the Commission on Higher Education (CHED) handles the colleges and universities. The Technical Education and Skills Development Authority (TESDA) has skill development centers that provide vocational/technical and non-degree training. TESDA is under the Department of Labor and Employment (DOLE) rather than the DepEd. Local colleges are under CHED but are operated by local governments as stated in the Philippines' local government code.

10. The DepEd also handles the alternative learning system (ALS) for out-of-school youths and adults through its Bureau of Alternative Learning System, which was formerly known as the Bureau of Non-formal Education.

139. To attain the 2015 goal and targets of Education For All, the Philippines must implement policies, programs and projects that will address the needs of specific types of learners, especially those belonging to the un-reached and under-served groups.

Reaching the Un-reached and Underserved Groups of Learners
144. The country still finds it hard to provide children in difficult/different circumstances access to quality and relevant basic education. For example:

- Children with Special Needs (Gifted and Differently-abled). With the restricted coverage of existing government educational facilities, the DepEd, together with other government agencies and other partners need to work on the expansion of basic education services to provide access to children with disability. The Department must focus on expanding and improving their SPED classes for existing public elementary and secondary schools and

the strengthening and enrichment of its regular classes to mainstream the people with disabilities.

5. Local Government Units (LGUs)

a) The Persons with Disability Affairs Office (PDAO)

Filipino PWDs commended the approval of the Republic Act No. 10070 Establishing Institutional Mechanism to Ensure the Implementation of Programs and Services for Persons with Disabilities in Every Province, City, and Municipality, Amending Republic Act No. 7277, otherwise known as Magna Carta for PWDs, as Amended, and for Other Purposes.

As stated in RA 10070, the PDAO shall be created in every province, city and municipality. The local chief executive shall appoint a PWD affairs officer who shall manage and oversee the operations of the office, pursuant to its mandate under this Act. Priority shall be given to qualified PWDs to head and manage the said office in carrying out the following functions:

(i) Formulate and implement policies, plans and programs for the promotion of the welfare of PWDs in coordination with concerned national and local government agencies;

(ii) Coordinate the implementation of the provisions of this Act, Batas Pambansa Bilang 344, otherwise known as the Accessibility Law, and other relevant laws at the local level;

(iii) Represent PWDs in meetings of local development councils and other special bodies;

(iv) Recommend and enjoin the participation of non-government organizations (NGOs) and people's organizations (POs) in the implementation of all disability-related laws and policies;

(v) Gather and compile relevant data on PWDs in their localities;

(vi) Disseminate information including, but not limited to, programs and activities for PWDs, statistics on PWDs, including children with disability, and training and employment opportunities for PWDs;

(vii) Submit reports to the office of the local chief executive on the implementation of programs and services for the promotion of the welfare of PWDs in their respective areas of jurisdiction;

(viii) Ensure that the policies, plans and programs for the promotion of the welfare of PWDs are funded by both the national and local government;

(ix) Monitor fund-raising activities being conducted for the benefit of PWDs;

(x) Seek donations in cash or in kind from local or foreign donors to implement an approved work plan for PWDs, in accordance with existing laws and regulations; and

(xi) Perform such other functions as may be necessary for the promotion and protection of the welfare of the PWDs.

(2) Focal Person

In consideration of budget restraints, local chief executives of fourth (4th), fifth (5th) and sixth (6th) class municipalities may, in lieu of the creation of a PDAO, designate a focal person who shall perform the functions of the PDAO. Priority in appointment should be given to a PWD with experience in providing services to PWDs.

E. Out-of-Pocket Expenses in Relation to Disability-Related Costs from Households with C/PWDs

Based on the findings from the Disability and the World Bank Safeguards Case Study on the Conditional Cash Transfer Program in the Philippines, the majority of persons with disabilities living in the Philippines suffer from poverty. The lack of access to almost all resources, including development projects by institutions such as the World Bank, is shown to be the leading cause. (Disability and the World Bank Safeguards, 2013)

The study also shows that children with disabilities need to have both physical and informational access to education. A few PWDs who are employed and who have received prior education face both physical and informational barriers and the restrictive costs of transportation. Support services, medicines, healthcare, assistive technologies, and rehabilitation services are quite costly and are mostly inaccessible to PWDs. Costs due to disability cause the households taking care of the PWD to fall below the poverty line even if the household’s income is enough to support healthier families (*ibid*.).

In a journal article entitled “The Economic Costs of Childhood Disability,” Mark Stabile and Sara Allin wrote that having children with disabilities involve both immediate and long-term economic costs. These costs can greatly influence the child’s well-being, the family’s and society as a whole, although such influences may be difficult to measure. The authors also investigated three types of costs: direct costs related to the disability; indirect costs, which the family has to pay to cope with the disability; and long-term costs, which are related to the child’s future economic performance. The study shows high direct costs for these families although the amount varies in each family (Stabile et al, 2012).

Out-of-pocket expenditures, especially those for medical costs are higher among families of children with special needs compared to those of regular families. The additional cost influences the families' decision when it comes to employment (*ibid*.).

1. What are the additional resource costs?

In the United States, the Disability Resource Center research found that, based on a budget standards methodology[1], the additional weekly costs for a single disabled person living alone range from just under US$200.00 per week to over US$2,500.00 per week, depending on the level of their impairment and their need (*see* Table 1.) (Ministry of Social Development, July 2010).

These additional expenses for people with disability are influenced by the type of impairment and by other factors such as their geographical location, and demographic indicators such as age, ethnicity and family status. Such expenses are dynamic and change over the course of the person's life (*ibid*.).

The higher costs in resources are usually due to a greater need for human support. People who have a more severe physical, intellectual and mental health disabilities may have higher expenses when compared with those with high vision or hearing disabilities (*ibid*.).

Table 1. Total additional weekly costs[2] by impairment type and degree of need

Impairment type	Moderate needs	High needs
Physical	$639	$2,284
Vision	$353	$719
Hearing	$204	$761
Intellectual	$578	$2,568
Mental Health	$714	$2,413

Source: Disability Resource Centre, 2010

These expenditures did not consider funding or whether the government funds these services. Stabile and Allin states that, "Direct monetary costs include expenditures on health care, therapeutic, behavioral, or educational services; transportation; caregivers; and other special needs services." (Stabile et al, 2012).

A 2014 Canadian article entitled, "The High Cost of Raising Children with Disabilities" explained that Canadian parents of children with disabilities endure financial burdens. The

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[1]*A budget standards methodology involves defining the basket of goods, services and activities required for a given household to achieve a certain standard of living. Costs are attached to each item, and budgets are achieved by calculating average weekly costs for all items over the person's lifetime. Final budgets are constructed by comparing the resource use of disabled and non-disabled people (Disability Resource Centre, 2010).*

[2]*Costs relate to a single person living alone. Costs associated with children or with multiple impairments were not included. Costs of getting access to healthcare, education, employment and community-based support services were included, e.g. transport costs. However, the costs of these services were excluded. Estimates do not consider the funding, e.g. from government agencies, that are available to cover many of the costs represented in these budgets.*

costs of obtaining proper care and treatment for disabled children strain families beyond their financial means, especially when they are receiving meager or zero external help. We should first understand this problem to be able to solve it (The National Benefit Authority Corporation, 2014).

The good news is that the 2006 Participation and Activity Limitation Survey (PALS) gives a lot of insights on the current plight of parents of disabled children. The survey tells us that (*ibid*.):

- The average income for a household with disabled children is almost US$10,000.00 less than the average household income (US$59,980.00 versus US$68,940.00).
- One out of five affected households fell below the low-income cut-off compared to 13.4% households for non-disabled households.
- 38.4% of Canadian parents with disabled children have to reduce their work hours, while around 36.5% of these parents have to adjust their work schedule.
- 76% of Canadian parents of children with disabilities cited the disability as a reason for divorce or separation. Such separation leads to more single-family households, which in turn correlate with lower household incomes.

Note: Although these statistics pertain to all families with disabled children, these may be significantly higher in families with children who suffer from severe disabilities (*ibid*.).

As institutions were shut down and disabled children were brought back home to live with their families, the financial burdens to Canadian families that lack financial support have increased. For authors Donna Anderson, PhD, Serge Dumont, PhD, Philip Jacobs, PhD, and Leila Azzaria, MA, the solution to this problem is to make a standardized method of measuring the actual financial burden on these families so that the government can better address their needs (*ibid*.).

In an article entitled, “The Personal Costs of Caring for a Child with a Disability: A Review of the Literature,” the researchers studied all literature spanning 1989 to 2005 to see patterns in the economics of the financial problem of having a child with disability. Their findings support the claim that a lot of families suffer from financial difficulties so they could take care of their child. The problem is more pronounced in families of children with severe disabilities (Anderson et al, 2007).

The researchers found that the economics are usually measured haphazardly and inaccurately. The authors built an economic model but they saw that it was not consistently finding measurements. They recommend further standardized research on these financial burdens and hope that the study could lead to better financial assistance for affected families. Accurate reporting and measurement standards will significantly improve the current data pool.

Hopefully, future studies will base themselves on the 2007 study and provide more measurable economic data. These data, in turn, could lead to more standardized government assistance to financially burdened families. At the moment, there are alternative ways of easing the financial burdens. One of these alternatives involves the Disability Tax Credit. Families that are interested in getting this support may contact The National Benefit Authority for a free consultation (*ibid*.).

2. Health, Education, and Employment

With regard to the health aspect in the United States, Stabille and Allin present evidence that relate high costs for families of children with disabilities. They show that expenditures, such as those for medical needs, are higher in these families. Families of children with disabilities, which comprise 7.3% of their study's sample, paid an annual average of US$297.00 for healthcare. Their expenditures are higher when compared to the annual average of US$189.00 of families of children without disabilities (Stabile et al, 2012).

Educational attainment is important for all children, yet this is more important for children with disabilities because they have limited socio-economic opportunities (Aron et al, 2012).

An article entitled, "Disabled Children in Low-Income Families: Private Costs and Public Consequences" that was developed by the Research Brief, Public Policy Institute of California states that about 45% of families reported direct costs in past month for childcare, clothing and food, which are specialized for their children. Such families also reported costs for transportation, medicine and healthcare. All in all, these costs amounted to an average of US$134.00 for these families (Meyers, 2000).

The authors also found that families of children with disabilities incur indirect costs due to forgone income. Mothers who have several children with moderate disabilities, or have at least one with severe disability, are reported to be 20 to 30% less likely to have attended work during the prior month compared to mothers with healthy children (*ibid*.). The authors estimate that taking care of children with disabilities can net an average loss of US$80.00 in income per month (*ibid*.).

It was found that these financial burdens also cause material hardships on the affected families. Unless they receive aid like the Supplemental Security Income (SSI), these families are more likely to be categorized as "poor" or "extremely poor." It was also observed that direct expenses for children with disabilities caused 4 % to 12% of the families to enter extreme poverty. Families with disabled children are also more likely to report hunger, unpaid bills, housing instability, and the shutting-off of their utilities (*ibid*.).

The authors observed two factors that cause these families to face a greater risk of getting into economic difficulties. First, such families have fewer resources compared to healthier families because members are less available to get employment. Second, their meager resources are also used to pay for goods and services to meet the special needs of children

with disabilities. Public programs may be able to reduce the families' risk of getting into economic difficulties by providing them resources or by offsetting the costs they have incurred (*ibid*.).

Meyers, Brady, and Seto conclude that public assistance programs may be relevant for income-packaging strategies, which focus on families that incur these costs. Forcing such families to get full independence from means-tested programs might only lead to other types of hardships to the already suffering children with disabilities. But the authors also believe that families might also achieve partial independence by getting employment. They noted that the government can support the families' independence by giving them employment-related support services, and also by adapting rules on welfare requirements that permit these families to package earnings with continued support from SSI, welfare, food stamps and health insurance (*ibid*.).

III. RESEARCH METHODOLOGY

This chapter presents the research design, the respondents of the study and the statistical treatment employed.

A. Research Design

The researcher employed an *ex post facto* design that covered the experiences of selected households as respondents in both Eastern Samar and Rizal Provinces.

B. Population and Sample

The population of the study came from three categories of respondents, namely: (1) households without C/PWDs in the family; (2) households with C/PWDs in the family, and (3) households with PWDs as family breadwinners. The third category of respondents were selected purposely because respondents must be family breadwinners.

Two provinces were identified. These are Eastern Samar, considered as the country's second poorest province with a poverty incidence of 55.4% (Sabornido, 2015), and Rizal Province, one of the top ten provinces in the country with the highest equity amounting to Php 6.715 billion (National Anti-Poverty Commission, 2014).

In Eastern Samar, the municipalities of Oras and San Julian, and the city of Borongan were selected because these areas were identified as poor communities. In Rizal Province, the municipalities of Teresa, Binangonan, and Morong were selected because these areas were identified as affluent communities.

C. Scope and Delimitations

The scope of the study concentrated on (a) the demographic characteristics of household respondents from Eastern Samar and Rizal provinces; (b) the types of disability and the ages of C/PWDs who are supported by the household respondents; (c) the support from the national government agencies and local government units to the respondents; and (d) the disability-related expenditures of households with C/PWDs.

The study focused only on the experiences of 207 respondents who answered the questionnaire forms and 26 respondents who were involved in the focus group discussion.

For the key informant interview (KII), 105 respondents came from Eastern Samar while 102 respondents were from Rizal Province. For the focus group discussion (FGD), 14 respondents came from Eastern Samar, and 12 respondents from Rizal Province. These individuals came from the three categories of respondents mentioned in "B. Population and Sample." They were chosen purposely.

D. Data Gathering Instrument

Two data instruments were developed for the study: a questionnaire for the respondents, and guide questions for the focus group discussion. These instruments were developed for this research in coordination with, and approved by NCDA. These instruments were prepared for selected respondents.

The questionnaire includes questions and statements regarding the demographic profile of respondents, standard of living in health, education and employment, and on government support services.

E. Data Gathering Process

The research team was composed of four enumerators in Eastern Samar, and two enumerators in Rizal Province The team commenced the study on April 20, 2016 and completed it on May 16, 2016. In Eastern Samar, they conducted the KII in the municipalities of Oras and San Julian, and in the city of Borongan. For the FGD, the research team also conducted it in these three areas.

In Rizal Provice, the research team conducted the KII in the municipalities of Teresa, Binangonan, and Morong. The FGD was conducted in these three municipalities separately.

F. Validation of Instruments

The researcher utilized several references for this study. These are the following: (1) Disability and the World Bank Safeguards: A Case Study on The Conditional Cash Transfer Program in the Philippines: The Case of Poor Households with Persons with Disabilities, conducted by the Live Haven Incorporated in 2013; (2) The Economic Costs of Childhood Disability, authored by Mark Stabile and Sara Allin in 2012; (3) The High Cost of Raising Children with Disabilities ,done by The National Benefit Authority Corporation; (4) Assessment of the Philippine Social Protection Floor Policies, written by Axel Weber in June 2012; and (5) How Government Helps with the Cost of Disability, presented by the Ministry of Social Development of New Zealand in July 2010.

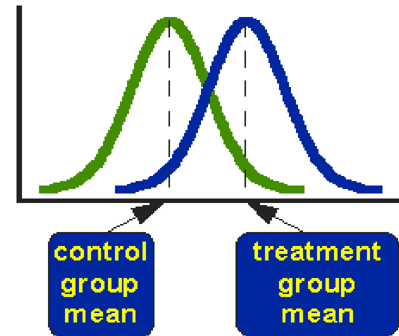
G. Statistical Procedure

1. Descriptive Statistics

Frequency Count and Percentage. These two descriptive statistical measurements were used in presenting the profile of the respondents.

$$P = \frac{F}{N} \times 100$$

Where:
P= Percentage
F= Frequency of a category
N= Total number of respondents



2. Inferential Statistics

T-test is used to compare the means of two independent samples or two independent groups. The researcher used this statistical tool to determine the significant difference between the two study locations. The two locations are the provinces of Eastern Samar and Rizal.

One-way Analysis of Variance. This was used to compare the means of three or more independent variables. The researcher used this statistical tool to determine the significant difference among the means of the three groups of the respondents. The three groups of respondents are classified as **R1**, which refers to respondents without disability; **R2**, which refers to respondents with C/PWDs in the family; and **R3**, which refers to respondents who have disability and serve as family breadwinners.

The One-Way ANOVA Table (using shortcut formulas)

Source of Variance	Sum of Squares	Degrees of freedom (df)	Mean Squares (SS/df)	F-Ratio (F-Statistic)
(Between) Group or Treatment	$SSTr = \sum n_i \bar{x}_i^2 - N\bar{\bar{x}}^2$	k-1	$MSTr = SSTr/(k-1)$	$F = MSTr/MSE$
(Within Group) or Error	$SSE = SSTo - SSTr$	N-k	$MSE = SSE/(N-k)$	
Total	$SSTo = \sum x^2 - N\bar{\bar{x}}^2$	N-1		

IV. PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter presents, analyses, and interprets the data gathered from the study. The discussion is focused on the respondents' experiences in obtaining government support services and on disability-related costs.

A. Demographic Characteristics of the Respondents from Eastern Samar and Rizal Province

1. Categories

A total of 207 respondents from the two provinces were identified. One hundred five (105) respondents came from Eastern Samar, while 102 respondents were from Rizal Province.

In Eastern Samar, there were 36 households without C/PWDs in the family (R1), 35 households with C/PWDs in the family (R2), and 34 households with PWDs who were also breadwinners (R3).

In Rizal Province, there were 36 households without C/PWDs in the family (R1), 42 households with C/PWDs in the family (R2), and 24 households with PWDs who were also breadwinners (R3).

Table 1. Distribution of Breadwinner Respondents with Disability and the Type of their Disability

Type of Disability	Eastern Samar (34 Respondents)		Rizal (24 Respondents)		Total	
	F	%	F	%	F	%
a. Hearing	7	20.5	5	20.8	12	20.7
b. Visual	3	8.8	1	4.1	4	6.9
c. Speech	5	14.7	3	12.5	8	13.8
d. Orthopaedic	19	55.8	15	62.5	34	58.6

As shown in Table 1, in both provinces, among the type of disabilities in households with PWDs who were also breadwinners (R3), orthopaedic disability has the highest number of respondents (58.6%). In second place is communication disability, specifically the hearing impaired respondents (20.7%). In third place is also communication disability, specifically the speech-impaired respondents (13.8%). In last place is visual disability, with 6.9% of the respondents.

In general, households with C/PWDs in the family (R2) have the most number of respondents with 77 individuals. Next are the households without C/PWDs in the family (R1) with 72 respondents. Last are the households with PWDs who were also family breadwinners (R3) with 58 respondents.

2. Sex

Table 2 shows that majority of the respondents are male (51.2%). Nonetheless, in comparing the two provinces, Rizal has more female respondents (26.1%) than Eastern Samar (22.7%).

Table 2. Distribution of Respondents by Sex

Location	Household of the Respondents	Sex					
		Male		Female		Total	
		F	%	F	%	F	%
Eastern Samar	Household without C/PWD in the Family (R1)	20	9.7	16	7.7	36	17.4
	Household with C/PWD in the Family (R2)	24	11.6	11	5.3	35	16.9
	Household with Disability in Breadwinner (R3)	14	6.8	20	9.7	34	16.4
	Sub-total	**58**	**28.0**	**47**	**22.7**	**105**	**50.7**
Rizal	Household without C/PWD in the Family (R1)	18	8.7	18	8.7	36	17.4
	Household with C/PWD in the Family (R2)	18	8.7	24	11.6	42	20.3
	Household with Disability in Breadwinner (R3)	12	5.8	12	5.8	24	17.4
	Sub-total	**48**	**23.2**	**54**	**26.1**	**102**	**49.3**
Grand Total		**106**	**51.2**	**101**	**48.8**	**207**	**100**

3. Age

As for the respondents' age, data in Table 3 indicate that most of the respondents come from the 41-60 years old category (53.9%). In second place are respondents whose ages are in the 20-40 years old category (32.5%). In third place are respondents aged 61 years and above (13.6%).

In both provinces, the age category 41-60 years has the highest number of respondents. In second place are respondents from the 20-40 years old category. The least number of respondents come from the 61 years old and above category. A similar pattern in the ranking of the respondents' age is found in (a) households without C/PWDs in the family (R1), in (b) households with PWDs who are family breadwinners (R3), and in (c) households with C/PWD in the family (R2) in Eastern Samar and in Rizal Province.

Table 3. Distribution of Respondents by Age

Location	Household of the Respondents	Age							
		20-40 Years old		41-60 Years old		61 Years old and above		Total	
		F	%	F	%	F	%	F	%
Eastern Samar	Household without C/PWD in the Family (R1)	10	4.9	22	10.7	4	1.9	36	17.5
	Household with C/PWD in the Family (R2)	10	4.9	20	9.7	4	1.9	34	16.5
	Household with Disability in Breadwinner (R3)	7	3.4	18	8.7	9	4.4	34	16.5
	Sub-total	27	13.1	60	29.1	17	8.3	104	50.5
Rizal	Household without C/PWD in the Family (R1)	15	7.3	19	9.2	2	1.0	36	17.5
	Household with C/PWD in the Family (R2)	13	6.3	21	10.2	8	3.9	42	20.4
	Household with Disability in Breadwinner (R3)	12	5.8	11	5.3	1	0.5	24	11.7
	Sub-total	40	19.4	51	24.8	11	5.3	102	49.5
Grand Total		67	32.5	111	53.9	28	13.6	206	100

Note: One respondent from R2 code didn't give any answer.

4. Civil Status

As shown in Table 4, the majority of respondents (67%) are married. Twenty-four point five percent (24.5%) are single. Only 6.5% are widowers. And 2.5% of the respondents are separated. A similar pattern in civil status is seen among respondents from both provinces.

Table 4. Distribution of Respondents by Civil Status

Location	Household of the Respondents	Civil Status									
		Single		Married		Separated		Widow/er		Total	
		F	%	F	%	F	%	F	%	F	%
Eastern Samar	Household without C/PWD in the Family (R1)	0	0	34	17	0	0	2	1	36	18
	Household with C/PWD in the Family (R2)	2	1	24	12	0	0	4	2	30	15
	Household with Disability in Breadwinner (R3)	11	5.5	22	11	1	0.5	0	0	34	17
	Sub-total	**13**	**6.5**	**80**	**40**	**1**	**0.5**	**6**	**3**	**100**	**50**
Rizal	Household without C/PWD in the Family (R1)	11	5.5	21	10.4	1	0.5	3	1.5	36	18
	Household with C/PWD in the Family (R2)	12	6	24	12	2	1	3	1.5	41	20
	Household with Disability in Breadwinner (R3)	13	6.5	9	4.5	1	0.5	1	0.5	24	12
	Sub-total	**36**	**18**	**54**	**26.9**	**4**	**2**	**7**	**3.5**	**101**	**50**
Grand Total		**49**	**24.5**	**134**	**67**	**5**	**2.5**	**13**	**6.5**	**201**	**100**

Note: Five respondents from Eastern Samar R2 code and one respondent from Rizal R2 code didn't give any answer.

5. Highest Educational Attainment

As shown in Tables 5a and 5b, 11.6% of the respondents in Eastern Samar have completed high school; 10.1% have completed elementary, while 8.59% did not. About 6 % of the respondents are college degree holders, while about 3% of the respondents have completed a technical/vocational course. The number of respondents who did not complete college is 2.02%; or a technical/vocational course (0.51%); or high school (5.05%); or preparatory school (1.52%).

In Rizal Province, 19.17% of respondents have completed a college degree; 4.55% have completed a technical/vocational course; 7.58% have completed high school; and about 4% have completed elementary. The number of respondents who did not complete college is 5.56%; or a technical/vocational course (1.52%); or high school (4.04%); or elementary (1.01%).

Overall, in Eastern Samar, 12 out of 105 respondents (11%) have completed a college degree. In Rizal Province, 39 out of 102 respondents (38%) have finished a college degree. In households with disabilities in Eastern Samar, 5 out of 34 respondents (15%) have completed a college degree, while 12 out of 24 respondents (50%) have completed a college degree in Rizal Province.

Table 5a. Distribution of Respondents Based on their Highest Educational Attainment (from Preparatory up to Voc/Tech Course)

Location	Household of the Respondents	Preparatory						Elementary						High School						Vocational/Technical Course					
		Did not complete		Completed		Sub-total		Did not complete		Completed		Sub-total		Did not complete		Completed		Sub-total		Did not complete		Completed		Sub-total	
		F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Eastern Samar	Household without C/PWD in the Family (R1)	3	1.52	0	0	3	1.52	3	1.52	7	3.54	10	5.05	4	2.02	10	5.05	14	7.07	0	0	3	1.52	3	1.52
	Household with C/PWD in the Family (R2)	0	0	0	0	0	0	9	4.55	6	3.03	15	7.58	0	0	5	2.53	5	2.53	1	0.51	2	1.01	3	1.52
	Household with Disability in Breadwinner (R3)	0	0	0	0	0	0	5	2.53	7	3.54	12	6.06	6	3.03	8	4.04	14	7.07	0	0	1	0.51	1	0.51
	Sub-total	**3**	**1.52**	**0**	**0**	**3**	**1.52**	**17**	**8.59**	**20**	**10.1**	**37**	**18.7**	**10**	**5.05**	**23**	**11.6**	**33**	**16.7**	**1**	**0.51**	**6**	**3.03**	**7**	**3.54**
Rizal	Household without C/PWD in the Family (R1)	0	0	1	0.51	1	0.51	0	0	1	0.51	1	0.51	2	1.01	7	3.54	9	4.55	1	0.51	5	2.53	6	3.03
	Household with C/PWD in the Family (R2)	0	0	0	0	0	0	1	0.51	5	2.53	6	3.03	5	2.53	6	3.03	11	5.56	0	0	2	1.01	2	1.01
	Household with Disability in Breadwinner (R3)	0	0	1	0.51	1	0.51	1	0.51	2	1.01	3	1.52	1	0.51	2	1.01	3	1.52	2	1.01	2	1.01	4	2.02
	Sub-total	**0**	**0**	**2**	**1.01**	**2**	**1.01**	**2**	**1.01**	**8**	**4.04**	**10**	**5.05**	**8**	**4.04**	**15**	**7.58**	**23**	**11.6**	**3**	**1.52**	**9**	**4.55**	**12**	**6.06**
Grand Total		**3**	**1.52**	**2**	**1.01**	**5**	**2.53**	**19**	**9.6**	**28**	**14.1**	**47**	**23.7**	**18**	**9.09**	**38**	**19.2**	**56**	**28.3**	**4**	**2.02**	**15**	**7.58**	**19**	**9.6**

Note: From Eastern Samar, three respondents from R1 code, three respondents from R2 code, and two respondents from R3 code didn't give any answer. One respondent from R3 didn't go to school..

Table 5b. Distribution of Respondents Based on their Highest Educational Attainment (from College up to Grand Total)

Location	Household of the Respondents	College						Master's Degree						Grand Total					
		Did not complete		Com-pleted		Sub-total		Did not complete		Com-pleted		Sub-total		Did not complete		Completed		Grand Total	
		F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Eastern Samar	Household without C/PWD in the Family (R1)	0	0	3	1.52	3	1.52	0	0	0	0	0	0	10	5.05	23	11.6	33	16.7
	Household with C/PWD in the Family (R2)	4	2.02	5	2.53	9	4.55	0	0	0	0	0	0	14	7.07	18	9.09	32	16.2
	Household with Disability in Breadwinner (R3)	0	0	4	2.02	4	2.02	0	0	0	0	0	0	11	5.56	20	10.1	31	15.7
	Sub-total	**4**	**2.02**	**12**	**6.06**	**16**	**8.08**	**0**	**0**	**0**	**0**	**0**	**0**	**35**	**17.7**	**61**	**30.8**	**96**	**48.5**
Rizal	Household without C/PWD in the Family (R1)	6	3.03	11	5.56	17	8.59	1	0.51	1	0.51	2	1.01	10	5.05	26	13.1	36	18.2
	Household with C/PWD in the Family (R2)	5	2.53	16	8.08	21	10.6	0	0	2	1.01	2	1.01	11	5.56	31	15.7	42	21.2
	Household with Disability in Breadwinner (R3)	0	0	12	6.06	12	6.06	1	0.51	0	0	1	0.51	5	2.53	19	9.6	24	12.1
	Sub-total	**11**	**5.56**	**39**	**19.7**	**50**	**25.3**	**2**	**1.01**	**3**	**1.52**	**5**	**2.53**	**26**	**13.1**	**76**	**38.4**	**102**	**51.5**
Grand Total		**15**	**7.58**	**51**	**25.8**	**66**	**33.3**	**2**	**1.01**	**3**	**1.52**	**5**	**2.53**	**61**	**30.8**	**137**	**69.2**	**198**	**100**

6. Sector of Employment

Data in Table 6 indicate that a majority of the respondents (57.2%) are self-employed. In second place are respondents who are private company employees (19.4%). In third place are those who are government employees (13.4%). A few respondents are jobless (6%), while the rest work in private households (6%).

In Eastern Samar, the highest number of respondents who are self-employed come from R1, R2 and R3 households (38.8%). In Rizal Province, most respondents who are self-employed come from households with C/PWD in the family (R2), and from households with PWDs who are breadwinners (R3). Households without disability in the family (R1) have the most number of respondents who work in the private sector (10%).

Table 6. Distribution of Respondents Based on Employment Sector

Location	Household of the Respondents	Sector of Employment											
		Government		Private Company		Private Household		Self-employed		Jobless		Total	
		F	%	F	%	F	%	F	%	F	%	F	%
Eastern Samar	Household Without C/PWD in the Family (R1)	4	2.0	1	0.5	0	0.0	26	12.9	3	1.5	31	15.4
	Household With C/PWD in the Family (R2)	0	0.0	2	1.0	0	0.0	26	12.9	6	3.0	28	13.9
	Household With Disability in Breadwinner (R3)	5	2.5	1	0.5	0	0.0	26	12.9	3	1.5	32	15.9
	Sub-total	**9**	**4.5**	**4**	**2.0**	**0**	**0.0**	**78**	**38.8**	**12**	**6.0**	**91**	**45.3**
Rizal	Household Without C/PWD in the Family (R1)	6	3.0	20	10.0	3	1.5	7	3.5	0	0.0	36	17.9
	Household With C/PWD in the Family (R2)	6	3.0	12	6.0	4	2.0	17	8.5	0	0.0	39	19.4
	Household With Disability in Breadwinner (R3)	6	3.0	3	1.5	1	0.5	13	6.5	0	0.0	23	11.4
	Sub-total	**18**	**9.0**	**35**	**17.4**	**8**	**4.0**	**37**	**18.4**	**0**	**0.0**	**98**	**48.8**
Grand Total		**27**	**13.4**	**39**	**19.4**	**8**	**4.0**	**115**	**57.2**	**12**	**6.0**	**201**	**100.0**

Note: Two respondents from Eastern Samar R1 code, and 1 respondent from Rizal R2 code and 2 respondents from R3 code gave answers other than the given choices. One respondent from R3 code didn't give any answer.

7. Number of Family Members

Most respondents (53.9%) have 4-6 family members as shown in Table 7. Next are respondents (26.2%) who have 1-3 family members. And least are respondents who have 7 or more family members (19.9%).

In both study areas of Eastern Samar and Rizal Provinces, most of the respondents from all household categories, i.e. R1, R2 and R3, all have 4-6 family members.

Table 7. Distribution of Respondents Based on the Number of Family Members

Location	Household of the Respondents	Number of Family Members							
		1-3 Members		4-6 Members		7 and above Members		Total	
		F	%	F	%	F	%	F	%
Eastern Samar	Household Without C/PWD in the Family (R1)	6	2.9	23	11.2	7	3.4	36	17.5
	Household With C/PWD in the Family (R2)	4	1.9	16	7.8	14	6.8	34	16.5
	Household With Disability in Breadwinner (R3)	14	6.8	17	8.3	4	1.9	35	17.0
	Sub-total	**24**	**11.7**	**56**	**27.2**	**25**	**12.1**	**105**	**51.0**
Rizal	Household Without C/PWD in the Family (R1)	13	6.3	21	10.2	2	1.0	36	17.5
	Household With C/PWD in the Family (R2)	9	4.4	23	11.2	9	4.4	41	19.9
	Household With Disability in Breadwinner (R3)	8	3.9	11	5.3	5	2.4	24	11.7
	Sub-total	**30**	**14.6**	**55**	**26.7**	**16**	**7.8**	**101**	**49.0**
Grand Total		**54**	**26.2**	**111**	**53.9**	**41**	**19.9**	**206**	**100.0**

Note: One Rizal respondent from R3 code didn't give any answer.

8. Total Monthly Income

As shown in Table 8, the most number of respondents (75.8%) earn a total monthly income of Php 10,000 and below. In second place are respondents (16.4%) who earn a salary ranging from above Php 10,000 to Php 20,000 monthly. In third place are respondents (5.3%) who receive a monthly income of Php 30,000 and above. The rest (2.4%) are those who receive a monthly income above Php 20,000 to Php 30,000.

In both Eastern Samar and Rizal Province, the majority of respondents coming from R1, R2 and R3 households report a total monthly income of Php 10,000 and below. In Rizal Province, respondents from households with C/PWDs (R2) and those from households without disability in the family (R2) report the second to the highest income of above Php 10,000 to Php 20,000 monthly.

Table 8. Distribution of Respondents Based on Their Total Monthly Income

Location	Household of the Respondents	Monthly Income (Php)									
		Below 1,000-10,000		Above 10,000-20,000		Above 20,000-30,000		30,000 and above		Total	
		F	%	F	%	F	%	F	%	F	%
Eastern Samar	Household Without Disability (R1)	30	14.5	1	0.5	1	0.5	4	1.9	36	17.4
	Household With C/PWD in the Family (R2)	31	15.0	2	1.0	0	0.0	1	0.5	34	16.4
	Household With Disability in Breadwinner (R3)	32	15.5	2	1.0	0	0.0	1	0.5	35	16.9
	Sub-total	**93**	**44.9**	**5**	**2.4**	**1**	**0.5**	**6**	**2.9**	**105**	**50.7**
Rizal	Household Without Disability (R1)	19	9.2	12	5.8	2	1.0	3	1.4	36	17.4
	Household With C/PWD in the Family (R2)	26	12.6	13	6.3	1	0.5	2	1.0	42	20.3
	Household With Disability in Breadwinner (R3)	19	9.2	4	1.9	1	0.5	0	0.0	24	11.6
	Sub-total	**64**	**30.9**	**29**	**14.0**	**4**	**1.9**	**5**	**2.4**	**102**	**49.3**
Grand Total		**157**	**75.8**	**34**	**16.4**	**5**	**2.4**	**11**	**5.3**	**207**	**100.0**

The Philippine Government has set a monthly income of Php 8,022.00 for a family with members as the *monthly poverty threshold* (MPT). Such monthly income is estimated to be enough to cover the needs of a family with six members. As pointed out by the government, families whose monthly income are located within or above this threshold are considered "not poor." This monthly poverty threshold was raised to Php 8,778.00 during the first semester of 2014 (Philippine Statistics Authority, 2015).

Although they are considered as "not poor," such families are still considered as "near poor" because their income is close to the Total Poverty Threshold (TPT). There is a proposed threshold called the *near poor threshold* (NPT), which is estimated to be the income at 1.28% above the TPT. The current Philippine TPT is at Php 9,686.00, which makes NPT to be estimated at around Php 12,400.00 (Gavilan, 2014). Families living between the TPT and NPT are 50% likely to become poor. One of the factors, as Gavilan pointed out, that contributes to this risk of going poor is an unexpected financial burden such as a health issue, which may prevent the family from being capable of meeting basic needs (Gavilan, 2014).

B. Type of Disability and Age of C/PWDs who are being Supported by the Respondents

1. Type of Disability

As presented in Table 9, there are 81individuals in the respondents' households who have disabilities. In households with C/PWDs as family members, the main type of disability is orthopedic (39%). In second place are family members who have psycho-social/mental

disability (16%). Next are households whose members have visual disability (14%). In fourth place are family members who have hearing and speech impairment (11%), which fall under communication disability. Lastly are households with family members who have intellectual and learning disability (9%).

Table 9. Distribution of Respondents with C/PWDs in the Family and Type of Their Disability

Type of Disability	Eastern Samar		Rizal		Total	
	F	%	F	%	F	%
a. Hearing	4	11	5	11	9	11
b. Visual	5	14	6	13	11	14
c. Speech	2	6	7	15	9	11
d. Orthopedic	13	37	19	41	32	39
e. Intellectual and Learning	5	14	2	4	7	9
f. Psycho-social/Mental	6	18	7	16	13	16
Total	**35**	**100**	**46**	**100**	**81**	**100**

2. Age of the C/PWDs in the Family

As for the age of C/PWDs in the family, Table 10 shows that most belong to the "46-60 years old" group (27%). In second place are C/PWDs who are "1-15 years old" (20%). In third place are C/PWDs in the "16-30 years of age" group (18%). In fourth place are those who belong to the "31-45 years old" group (17%). In last place are those aged "61 years old and above" (12%).

Table 10. Age of C/PWDs in the Family

Age	Eastern Samar (35)		Rizal (46)		Total	
	F	%	F	%	F	%
1-15 years old	11	31	5	11	16	20
16-30 years old	9	26	6	13	15	18
31-45 years old	6	17	8	17	14	17
46-60 years old	4	11	18	39	22	27
61 years old and above	1	3	9	20	10	12
Total	31	88	46	100	77	94

Note: Four households with C/PWDs in Eastern Samar did not indicate their age.

Although four households with C/PWDs in Eastern Samar did not indicate their age, the highest number of C/PWDs is from the group of "1-15 years old" (31%). In Rizal Province, most C/PWDs belong to the "46-60 years old" group (39%). In Eastern Samar, the least number of C/PWDs belong to the "61 years old and above" group. In Rizal Province, the least number is in the "1-15 years old" group.

Based on the 2010 Census of Population and Housing (CPH), the province of Eastern Samar posted a total population of 7,300 persons with disability as of May 1, 2010, while the province of Rizal posted a total population of 43,500 persons with disability (Philippine Statistics Authority, 2013).

C. Support from the National Government Agencies and Local Government Units to the Respondents

Respondents stated the services they availed of from the government within the last five years.

1. Health Services

In Eastern Samar, almost 50% of the respondents were provided with health services by the government. In Rizal Province, 37% of respondents were assisted by the government. Nonetheless, 33 out of 69 individuals with disabilities in Eastern Samar were given health services support. In Rizal Province, 25 out 66 individuals with disabilities have received government assistance.

The LGUs (the Office of the Mayor, in coordination with the Barangay/City/Municipal Health Office), the Department of Health (DOH), and the Department of Social Welfare and Development (DSWD) are the often mentioned agencies by respondents in both Eastern Samar and Rizal Province for the delivery of health services. Only the Philippine Charity Sweepstakes Office (PCSO) was mentioned in Rizal Province for giving support to respondents.

As shown in Table 11, out of 105 respondents in Eastern Samar, 25 individuals claimed they were given free medicines by the DOH, and 24 respondents have acknowledged the support of the LGUs. In general, the respondents together with the sick family member would go to the Barangay/City/ Municipal Health Office (B/C/MHO) to get a medical prescription. They would then proceed to the Office of the Mayor (OM) for the medicines. In terms of assistive devices, only one respondent has received an assistive device from the Department of Education (DepEd). One respondent has received a non-financial support from the DOH in the form of transportation to the public health center.

Table 11. Summary for Eastern Samar on Health Services

Health	Financial Support				Non-Financial Support				Specify which Agency				
	R1	**R2**	**R3**	**T**	**R1**	**R2**	**R3**	**T**	**Agency**	**R1**	**R2**	**R3**	**T**
1. Medicines	0	0	1	**1**	12	4	7	**23**	LGUs	12	4	8	**24**
	0	0	1	**1**	6	4	3	**13**	DOH	6	4	3	**14**
	0	4	2	**6**	2	2	1	**5**	RHO	2	6	3	**11**
	0	0	0	**0**	0	1	1	**2**	DepEd	0	1	1	**2**
2. Assistive devices	0	0	0	**0**	0	1	0	**1**	DepEd	0	1	0	**1**
	0	0	0	**0**	0	0	0	**0**	-----	0	0	0	**0**
3. Medical professional fees	0	0	0	**0**	0	0	0	**0**	----	0	0	0	**0**
4. Transportation in going to the public health center	0	0	0	**0**	0	1	0	**1**	DOH	0	1	0	**1**
5. Others, please specify	2	0	0	**2**	1	0	0	**1**	DSWD	3	0	0	**3**

In Table 12, out of 102 respondents in Rizal, only 27 individuals have received free medicines from the LGUs, particularly from the Barangay Health Center (BHC), the Municipal Health Office (MHO) and the Office of the Mayor (OM). Four respondents have said they were supported by DSWD. Three respondents have received support from the DOH, while one respondent has received support from the PCSO. On medical professional fees, one respondent has received support from the DOH, and another respondent from the LGU. Moreover, the PCSO and the LGU, like the OM, have extended their support by paying the hospital bills for two of the respondents.

Table 12. Summary for Rizal Province on Health Services

Health	Financial Support				Non-Financial Support				Specify which Agency				
	R1	**R2**	**R3**	**T**	**R1**	**R2**	**R3**	**T**	**Agency**	**R 1**	**R2**	**R3**	**T**
1. Medicines	1	4	2	**7**	9	5	6	**20**	LGUs	10	9	8	**27**
	1	2	0	**3**	0	1	0	**1**	DSWD	1	3	0	**4**
	0	0	1	**1**	1	1	0	**2**	DOH	1	1	1	**3**
	0	0	0	**0**	0	1	0	**1**	PCSO	0	1	0	**1**
2. Assistive devices	0	0	0	**0**	0	0	0	**0**	------	0	0	0	**0**
3. Medical professional fees	0	0	0	**0**	0	1	0	**1**	DOH	0	1	0	**1**
	0	0	1	**1**	0	0	0	**0**	LGU	0	0	1	**1**
4. Transportation in going to the public health center	0	0	0	**0**	0	0	0	**0**	------	0	0	0	**0**
5. Others, please specify (hospital bills)	0	1	0	**1**	0	0	0	**0**	PCSO	0	1	0	**1**
	0	1	0	**1**	0	0	0	**0**	LGU	0	1	0	**1**

2. Educational Assistance

In both Eastern Samar and Rizal Province, the DSWD and the LGU, particularly the OM, were mentioned by 48 respondents in relation to educational assistance. The DepEd in

Eastern Samar, and the Municipal Social Welfare and Development Office (MSWDO) in Rizal Province were cited by the other 34 respondents.

With regard to school fees, Table 13 shows that 14 individuals out of the 105 respondents in Eastern Samar, have said that they are supported by the DSWD. On school supplies, six respondents are assisted by the DSWD, and five respondents are supported by the DepEd. Furthermore, five respondents said that they are financially supported by the DSWD for their transportation in going to school. With regards to non-financial support, only one respondent has received assistance from the DSWD. The LGUs, specifically the OMM and the MSWDO, have assisted (non-financial) two respondents in going to school.

Table 13. Summary for Eastern Samar on Educational Assistance

Education	Financial Support				Non-Financial Support				Specify which Agency				
	R1	R2	R3	T	R1	R2	R3	T	Agency	R1	R2	R3	T
1. School fees	9	3	1	**13**	0	1	0	**1**	DSWD	9	4	1	**14**
	2	0	1	**3**	0	0	0	**0**	LGU	2	0	1	**3**
	0	0	0	**0**	0	7	0	**7**	DepEd	0	7	0	**7**
2. School supplies	2	2	0	**4**	0	1	1	**2**	DSWD	2	3	1	**6**
	0	0	0	**0**	0	1	0	**1**	LGU	0	1	0	**1**
	0	0	0	**0**	0	5	0	**5**	DepEd	0	5	0	**5**
3. School uniform	0	0	0	**0**	0	0	0	**0**	----------	0	0	0	**0**
4.Transportation in going to school	3	1	1	**5**	0	1	0	**1**	DSWD	3	2	1	**6**
	0	0	0	**0**	0	2	0	**2**	LGU	0	2	0	**2**
5. Others	0	0	0	**0**	0	1	0	**1**	DepEd	0	1	0	**1**

In Rizal Province, the data inTable 14 indicate that out of the 102 respondents, only 11 have said that they are financially supported by the DSWD on school fees. The LGU, particularly the OMM, has supported one respondent. On school supplies, 21 respondents are supported by the MSWDO. Two respondents are being assisted by the LGU, particularly the OMM.

Table 14. Summary for Rizal Province on Educational Assistance

Education	Financial Support				Non-Financial Support				Specify which Agency				
	R1	R2	R3	T	R1	R2	R3	T	Agency	R1	R2	R3	T
1. School fees	5	4	2	**11**	0	0	0	**0**	DSWD	5	4	2	**11**
	0	0	1	**1**	0	0	0	**0**	LGU	0	0	1	**1**
2. School supplies	0	0	0	**0**	1	0	1	**2**	LGU	1	0	1	**2**
	0	1	0	**1**	0	0	0	**0**	DSWD	0	1	0	**1**
	0	0	0	**0**	0	0	21	**21**	MSWDO	0	0	21	**21**
3. School uniform	0	0	0	**0**	0	0	0	**0**	--------	0	0	0	**0**
4.Transportation in going to school	0	0	0	**0**	0	0	0	**0**	--------	0	0	0	**0**
5. Others (Feeding)	0	0	1	**1**	0	0	0	**0**	DSWD	0	0	1	**1**

In Eastern Samar, about 43% of the total respondents are provided with educational support. In Rizal Province, around 36% of the total respondents are assisted by the concerned agencies. As for school-age family members with disability in Eastern Samar, only 29 out of 69 individuals are assisted, while in Rizal Province, 31 out of 66 have received services from the government.

3. Employment Assistance

In both Eastern Samar and Rizal Province, the LGU, particularly the OM, the C/MSWDO, the DSWD, and TESDA were identified by the respondents as supporting them through employment assistance. In addition, the Department of Labor and Employment (DOLE) and the Department of Interior and Local Government (DILG) have given some support to other respondents in Rizal Province.

On skills training for employment, as shown in Table 15, only six out of the 105 respondents in Eastern Samar mentioned that they are being assisted by their LGU. A total of six respondents said that they are being supported by the MSWD and the DSWD on skills training to non-financial support. In addition, two respondents are being supported by TESDA.

On job placement, three respondents are being assisted by the C/MSWDO, and two are supported by their LGU. Only one is supported by the DSWD.

Table 15. Summary for Eastern Samar on Employment Assistance

Employment	Financial Support				Non-Financial Support				Specify which Agency				
	R1	R2	R3	T	R1	R2	R3	T	Agency	R1	R2	R3	T
1. Skills training	0	0	2	**2**	0	0	1	**1**	C/MSWDO	0	0	3	**3**
	0	0	0	**0**	1	0	2	**3**	DSWD	1	0	2	**3**
	0	0	0	**0**	3	1	2	**6**	LGU	3	1	2	**6**
	0	0	0	**0**	0	1	1	**2**	TESDA	0	1	1	**2**
2. Job placement	0	0	0	**0**	1	0	1	**2**	LGU	1	0	1	**2**
	0	0	0	**0**	0	0	1	**1**	DSWD	0	0	1	**1**
	0	0	0	**0**	0	0	3	**3**	C/MSWDO	0	0	3	**3**
3. Others	0	0	0	**0**	0	0	0	**0**	------	0	0	0	**0**

As shown during the focus group sessions, one participant said he attended the MSWDO training in Cebu on therapeutic massage for the blind. Such skills training helped him to be hired by a massage center, enabling him to support himself and his mother. Another respondent mentioned that she has received non-financial support in the form of a refrigerator from DOLE. She has been using it for her small business at the PWD center.

As shown in Table 16, only five out of the 102 respondents in Rizal Province said they have received support from the DSWD on skills training. Three respondents received support from the DILG. Three other respondents were given assistance by the DOH. TESDA, and the

DOLE. The LGU, and the MSWDO have supported one respondent each. As for job placement, three respondents said that they were supported by the LGU.

Table 16. Summary for Rizal Province on Employment Assistance

Employment	Financial Support				Non-Financial Support				Specify which Agency				
	R1	R2	R3	T	R1	R2	R3	T	Agency	R1	R2	R3	T
1. Skills training	0	0	0	**0**	2	1	0	**3**	DOH	2	1	0	**3**
	0	0	0	**0**	2	1	2	**5**	DSWD	2	1	2	**5**
	0	0	0	**0**	2	0	1	**3**	DILG	2	0	1	**3**
	0	0	0	**0**	0	0	1	**1**	DOLE	0	0	1	**1**
	0	0	0	**0**	1	0	0	**1**	TESDA	1	0	0	**1**
	0	0	0	**0**	1	0	0	**1**	LGU	1	0	0	**1**
	0	0	0	**0**	0	0	1	**1**	MSWDO	0	0	1	**1**
2. Job placement	0	0	0	**0**	1	1	1	**3**	LGU	1	1	1	**3**
3. Others	0	0	0	**0**	0	0	0	**0**	-------	0	0	0	**0**

In Eastern Samar, only19% of the respondents have received employment support from the government. In Rizal Province, about 18% of the respondents were assisted by the concerned agencies. For respondents with disabilities in Eastern Samar, 13 out 34 were supported, while in Rizal Province, six out of 24 were reached by government agencies.

Most of the identified respondents with disabilities have yet to be given employment assistance by the government. The National Economic and Development Authority (NEDA) cited various factors which prevent PWDs from accessing the conventional labor market. These are the lack of training and education when compared to people with no disabilities. PWDs also suffer from social exclusion because of their disabilities (National Economic and Development Authority, 2011). Although most of the respondents (73% from Eastern Samar and almost 50% from Rizal Province) are self-employed, the government needs to look again into their concerns.

4. Social Protection Support

The respondents in both Eastern Samar and Rizal Province have mentioned the DSWD, and the LGUs, specifically the C/MSWDO in coordination with the Office of the Mayor, for giving them support through social protection.

As shown in Table 17, 44 respondents in Eastern Samar said they are recipients of DSWD support pertaining to PhilHealth sponsorship. Likewise, 22 respondents pointed out that they are supported by the LGUs.

With regards to Social Security System (SSS)/ Government Service Insurance System (GSIS) coverage, six respondents said they have received support from the LGUs. With regards to Pag-IBIG contributions, five respondents said that they are beneficiaries of the LGUs.

Table 17. Summary for Eastern Samar on Social Protection Support

Social Protection	Financial Support				Non-Financial Support				Specify which Agency				
	R1	R2	R3	T	R1	R2	R3	T	Agency	R1	R2	R3	T
PhilHealth Sponsorship	5	1	0	6	6	6	4	16	LGUs	11	7	4	22
	3	2	3	8	17	13	6	36	DSWD	20	15	9	44
SSS/GSIS	0	0	0	0	4	1	1	6	LGUs	4	1	1	6
Pag-IBIG	0	0	0	0	4	1	0	5	LGUs	4	1	0	5

In relation to social protection, as indicated in Table 18, only eight respondents from Rizal Province claimed that they are supported by DSWD with regards to PhilHealth sponsorship. Two respondents from R3 households said that they are supported by LGUs.

For other support such as the PWD and Senior Citizen Identification Cards and burial assistance, 11 respondents mentioned that they are supported by their LGUs. Only one respondent said that he has received support from the DSWD.

Table 18. Summary for Rizal on Social Protection Support

Social Protection	Financial Support				Non-Financial Support				Specify which Agency				
	R1	R2	R3	T	R1	R2	R3	T	Agency	R1	R2	R3	T
PhilHealth Sponsorship	1	4	0	**5**	1	2	0	**3**	DSWD	2	6	0	**8**
	0	0	2	**2**	0	0	0	**0**	LGUs	0	0	2	**2**
SSS/GSIS	0	0	0	**0**	0	0	0	**0**	--------	0	0	0	**0**
Pag-IBIG	0	0	0	**0**	0	0	0	**0**	-------	0	0	0	**0**
Others (PWD & Senior IDs, & Burial Assistance)	0	2	3	**5**	4	2	0	**6**	LGUs	4	4	3	**11**
	0	0	0	**0**	0	0	1	**1**	DSWD	0	0	1	**1**

In Eastern Samar, 79% of the respondents have received social protection from the government, while 22% of the respondents from Rizal Province were supported. With regards to respondents with C/PWDs in their households and respondents with disabilities, 40 out of 69 respondents from Eastern Samar were assisted by the government in terms of social protection. In Rizal Province only 15 out of the 66 respondents have received support from the government.

D. Expenditures Consumed most from the Household Monthly Budget

1. Total Monthly Expenses

Data in Table 19 show that most respondents (69.3%) have a total monthly expenditures amounting to Php 10,000 and below. In second place are respondents (20.8%) whose total monthly expenses range from above Php 10,000 up to Php20,000. Next are the respondents

(5.9%) who spend above Php 20,000 and up to Php 30,000 monthly. The rest (4.0%) spend Php30,000 and above monthly.

In Eastern Samar, the highest total monthly expenses of 44.6% of the respondents from R1, R2 and R3 are in the range of Php 10,000 and below. Among these household categories, the number of respondents from R2 and R3 are the same (15.3%), compared to 13.9% of respondents from R1 households.

In Rizal Province, the highest total monthly expenses of 24.8% of respondents from R1, R2 and R3 are in the range of Php 10,000 and below. Among these household categories, 11.9% of R2 respondents, 7.9% of R3 respondents and 5.0% of R1 respondents reported the amount of Php 10,000 and below as their total monthly expenses.

Table 19. Total Monthly Expenses of Respondents

Location	Household of the Respondents	Total Monthly Expenses (Php)									
		Below 1,000-10,000		Above 10,000-20,000		Above 20,000-30,000		30,000 and above		Total	
		F	%	F	%	F	%	F	%	F	%
Eastern Samar	Household Without C/PWD in the Family (R1)	28	13.9	3	1.5	2	1.0	3	1.5	36	17.8
	Household With C/PWD in the Family (R2)	31	15.3	1	0.5	1	0.5	0	0.0	33	16.3
	Household With Disability in Breadwinner (R3)	31	15.3	1	0.5	0	0.0	1	0.5	33	16.3
	Sub-total	**90**	**44.6**	**5**	**2.5**	**3**	**1.5**	**4**	**2.0**	**102**	**50.5**
Rizal	Household Without C/PWD in the Family (R1)	10	5.0	19	9.4	4	2.0	2	1.0	35	17.3
	Household With C/PWD in the Family (R2)	24	11.9	12	5.9	3	1.5	2	1.0	41	20.3
	Household With Disability in Breadwinner (R3)	16	7.9	6	3.0	2	1.0	0	0.0	24	11.9
	Sub-total	**50**	**24.8**	**37**	**18.3**	**9**	**4.5**	**4**	**2.0**	**100**	**49.5**
Grand Total		**140**	**69.3**	**42**	**20.8**	**12**	**5.9**	**8**	**4.0**	**202**	**100.0**

Note: From Eastern Samar respondents, 1 from R2 and 2 from R3 didn't give any answer, while from Rizal, 1 respondent each from R1 and R3 didn't give any answer.

2. **Monthly Budget on Consumed Necessities**

Table 20 shows that among 175 respondents, "Food" ranks the highest in monthly expenses in both in Eastern Samar and Rizal Provinces. In Eastern Samar, "Education" ranks second in highest monthly expenses with 23 respondents, whereas in Rizal Province, "Utilities" ranks second with nine respondents. "Utilities" is ranked third in Eastern Samar with 21 respondents, while "Medicines" and "Transportation" are ranked third in Rizal Province with seven respondents.

Majority of the respondents from R2 (67 respondents) and R3 (50 respondents) in both Eastern Samar and Rizal Province have expressed that "Food" is their highest monthly expense. In second place in monthly expenses for R2 households in Eastern Samar are the "Education" and "Utilities." For R2 households in Rizal Province, "Transportation" is in second place. For R3 households in Eastern Samar and Rizal Province, in second place is "Utilities."

Table 20. Budget on Consumed Necessities

Budget Consumed Necessities	Eastern Samar					Rizal					Grand	
	R1	R2	R3	Total	Rank	R1	R2	R3	Total	Rank	Total	Rank
1. Food	32	32	33	97	1	26	35	17	78	1	175	1
2. Education	10	7	6	23	2	2	2	2	6	5	29	3
3. Utilities	7	7	7	21	3	4	2	3	9	2	30	2
4. Medicines	0	6	3	9	4	2	3	2	7	3.5	16	4
5. Transportation	0	3	1	4	5	3	4	0	7	3.5	11	5
6. Dole-out	0	0	1	1	6.5	1	1	0	2	7	3	6.5
7. House Rental	0	0	1	1	6.5	0	0	2	2	7	3	6.5
8. Loan	0	0	0	0	0	1	0	1	2	7	2	8

E. Out-of-Pocket Expenses of R2 and R3 Households

1. Breakdown of Additional Costs as Out-of-Pocket Expenses

As shown in Table 21, the cost of medicines ranks first among the top additional out-of-pocket expenses. In Eastern Samar, transportation cost ranks second, while in Rizal Province, both transportation cost and doctor's professional fees rank second. In Eastern Samar, the doctors' professional fees and assistive devices rank third and fourth, respectively among disability-related out-of-pocket expenses. In Rizal Province, assistive devices and personal assistant rank third and fourth, respectively.

Table 21. Breakdown of Additional Costs

Cost of Items	Eastern Samar		Mean	Rank	Rizal		Mean	Rank
	R2	R3			R2	R3		
Medicines	6.12	4.20	5.16	1	5.12	4.17	4.64	1
Medical professional fees	1.50	1.89	1.69	3	1.43	1.25	1.34	2
Assistive devices	0.19	1.37	0.78	4	0.60	0.21	0.4	3
School payments	0.81	0.29	0.55	5	0.00	0.00	0.00	5
Transportation cost	1.68	2.29	1.98	2	1.43	1.25	1.34	2
Personal assistant	0.00	0.00	0.00	6	0.36	0.42	0.39	4
	10.3	10.04	10.17		8.93	7.29	5.73	

a. Cost of Medicines Ranked First among Top Additional Out-of-Pocket Expenses in both Provinces

Table 22 shows that in Eastern Samar, 40 out of 69 respondents (or 58%) have expressed that they did not avail of free medicines from the public health center. In Rizal Province, 47 out of 66 respondents (71%) have availed of free medicines.

Table 22. Distribution of Respondents in Availing of Free Medicines from the Public Health Center

Location	Household of the Respondents	Availing free medicines from public health center					
		Yes		No		Total	
		F	%	F	%	F	%
Eastern Samar	Household with C/PWD in the Family (R2)	15	43	20	57	35	100
	Household with Disability in Breadwinner (R3)	14	41	20	59	34	100
	Sub-total	**29**		**40**		**69**	
Rizal	Household with C/PWD in the Family (R2)	27	64	15	36	42	100
	Household with Disability in Breadwinner (R3)	14	58	10	42	24	100
	Sub-total	**41**		**25**		**66**	
Grand Total		**70**	**52**	**65**	**42**	**135**	**100**

The three main reasons why respondents have not availed of medicines from the public health centers are: (a) First, there are no available or not enough medicines in the center; (b) Second, respondents are not interested in going to the center because of the distance from their house; and (c) Third, respondents are not aware that medicines are being provided by the public health center.

One respondent from Eastern Samar said that at the provincial hospital, patients are the ones buying their medicines, especially if the hospital has no stock of the medicines. Another respondent said there were free medicines, but only for mild sicknesses, such as paracetamol, cotrimoxazole for children, and metpormine for blood pressure maintenance. But for disabilities like epilepsy, cerebral palsy and other psycho-social or mental impairment in their children, the respondents bought the needed medicines themselves.

In Rizal Province, one respondent said that medicines for children with disabilities (CWDs) are very expensive. They are hoping that they could avail of such medicines for free from the public health center.

The cost of medicine ranges generally from Php 200 to Php 1,200 monthly, depending on the type of disability. Respondents reported, as shown in Table 23, the average cost of

medicines a month per disability. In both provinces, the psycho-social/mental/behavioral impairment has the highest cost. In second place are orthopedic and intellectual and learning impairments. The rest of the expense are on basic medicine they have purchased.

Table 23. Monthly costs of medicines per type of disability

Type of Disability	Cost of Medicines (Average)
a. Hearing	Php 200 – 500
b. Visual	Php 300 – 500
c. Speech	Php 200 – 350
d. Orthopedic	Php 400 – 600
e. Intellectual and Learning	Php 300 – 600
f. Psycho-social/Mental	Php 250 – 1,200

People who have a more severe form of physical, intellectual and mental health disability would definitely have a higher expense for medicine when compared to those with high vision or with hearing disabilities (Ministry of Social Development, July 2010).

b. Transportation Cost Ranked Second among Top Additional Out-of-Pocket Expenses in Both Provinces

In Rizal Province, 22 out of 42 respondents with C/PWDs in the family said that transportation is costly in going to the public health center, specifically for those with disability.

One respondent from Eastern Samar said that while their health center in a rural area is accessible by public transportation, he goes there for therapy for a total of three rides a week, which makes it costly.

Other respondents said that they have no budget for transportation because of the high cost of renting a tricycle in order to bring their child with disability to the health center.

As stated by the respondents, the cost of transportation in going to and back from the health center ranges from Php 80 to Php 500 a month, using a chartered tricycle for special trip only. The cost also varies if the PWD is from the city or municipality. Thus, the high cost of transportation for persons who have impairment is one of the factors that lead to poverty (Life Haven Inc. 2013).

In addition, Table 24 indicates that in both in Eastern Samar and Rizal Provinces, respondents have preferred the “affordability of the cost” for choosing the school. In general, they have expressed concerns on the transportation cost of going to school.

Table 24. Reasons for Choosing the School Attended by their Family Members

Location	Household of the Respondents	Reasons for Choosing the School Attended by their Family Members													
		Physical Accessi-bility of School Facilities		Afford-ability of the Cost		Attitudes of Educational Personnel Towards PWDs		Availability of Educational Materials		Proximity and Transport Accessi-bility		Safety and Security of the School		No Other School in the Community	
		F	%	F	%	F	%	F	%	F	%	F	%	F	%
Eastern Samar	Household with C/PWD in the Family (R2)	20	24.69	24	22.43	14	33.33	12	38.71	17	23.29	18	23.38	15	46.88
	Household with Disability in Breadwinner (R3)	17	20.99	21	19.63	6	14.29	6	19.35	16	21.92	17	22.08	11	34.38
	Sub-total	**37**	**45.68**	**45**	**42.06**	**20**	**47.62**	**18**	**58.06**	**33**	**45.21**	**35**	**45.45**	**26**	**81.25**
Rizal	Household with C/PWD in the Family (R2)	37	45.68	41	38.32	14	33.33	10	32.26	34	46.58	34	44.16	3	9.38
	Household with Disability in Breadwinner (R3)	17	20.99	21	19.63	8	19.05	3	9.68	16	21.92	18	23.38	3	9.38
	Sub-total	**44**	**54.32**	**62**	**57.94**	**22**	**52.38**	**13**	**41.94**	**40**	**54.79**	**42**	**54.55**	**6**	**18.75**
Grand Total		**81**	**100**	**107**	**100**	**42**	**100**	**31**	**100**	**73**	**100**	**77**	**100**	**32**	**100**
Mean and Rank		**0.39**	**2**	**0.52**	**1**	**0.20**	**5**	**0.15**	**7**	**0.35**	**4**	**0.37**	**3**	**0.15**	**6**

Note: n=207

The cost of transportation ranges from Php 800 to Php 1,500 a month, using a contracted tricycle to transport the CWD to and back from school. One of the respondents from Eastern Samar said, *"Transportation cost is always the reason why children cannot go to school. There are also cases where they need to stop schooling because of poverty."* Another respondent pointed out that the income source of families is very limited, especially for those whose children have disabilities. That's the reason why they cannot go to school.

Households of children with disability experience economic difficulty when children travel to school because of the high cost of transportation. This implies that parents of children with disabilities need support services to improve their socio-economic status (Life Haven Inc. 2013).

c. Medical Professional Fees is Ranked Second in Rizal and Third in Eastern Samar

Data in Table 25 show that in Eastern Samar, more than half of the respondents whose family members have disabilities as well as respondents with disabilities have visited private health clinics. In Rizal Province, 35% of the respondents have visited private health clinics.

Table 25. Distribution of Respondents in Visiting Private Health Clinic for Medical Check-up

Location	Household of the Respondents	Visits private health clinic for medical check-up					
		Yes		No		Total	
		F	%	F	%	F	%
Eastern Samar	Household with C/PWD in the Family (R2)	21	60	11	31	32	91
	Household with Disability in Breadwinner (R3)	20	59	14	41	34	100
	Sub-total	**41**		**25**		**66**	
Rizal	Household with C/PWD in the Family (R2)	10	24	32	76	42	100
	Household with Disability in Breadwinner (R3)	13	54	11	46	24	100
	Sub-total	**23**		**43**		**66**	
Grand Total		**64**		**68**		**132**	**98**

Note: Three respondents from R2 in Eastern Samar did not reply.

Some of the reasons why the respondents have visited private health center are following: (a) Private health centers are more reliable on medication and facilities, (b) Expertise of the medical doctors, and (c) Fast service compared to the public health center.

On the other hand, the respondents who don't visit private health clinics say they cannot afford the medical consultation fees and other medical services. The professional fees of medical specialists range from Php 400 to Php 600 per consultation. Such fees and other medical services are more expensive in Rizal Province than in Eastern Samar.

2. Insufficiency of Total Monthly Income for Family Needs

Table 26 shows that the majority of respondents (79%) in both provinces have pointed out that their total monthly income is insufficient to support the needs of their family.

Table 26. Distribution of Respondents Based on the Sufficiency of Their Total Monthly Income

Location	Household of the Respondents	Sufficiency of Total Monthly Income					
		Sufficient		Not Sufficient		Total	
		F	%	F	%	F	%
Eastern Samar	Household with C/PWD in the Family (R2)	2	6	31	88	33	94
	Household with Disability in Breadwinner (R3)	10	29	24	71	34	100
	Sub-total	**12**		**55**		**67**	
Rizal	Household with C/PWD in the Family (R2)	8	19	33	78	41	98
	Household with Disability in Breadwinner (R3)	5	21	19	79	24	100
	Sub-total	**13**		**52**		**65**	
Grand Total		**25**	**19**	**107**	**79**	**132**	**98**

Note: Two respondents from R2 in Eastern Samar and one from R2 in Rizal Province did not reply.

Eighty percent (80%) of the respondents from Eastern Samar and Rizal Province are earning Php 10,000 and below as their total monthly income. Other respondents (16%) are earning from Php 10,000 up to Php 20,000 monthly. (See Table 8. Distribution of Respondents Based on Their Total Monthly Income on page 37.)

In Eastern Samar, 73% of respondents are self-employed. In Rizal Province, almost half of the respondents are also self-employed. Other respondents work in private companies or in government agencies. (See Table 6. Distribution of Respondents Based on Their Sector of Employment on page 35.)

In Table 27, one of the major reasons of the respondents for the insufficiency of their total monthly income is the presence of “needs that are related to disability expenditures.” With their meager income, the respondents could not support such needs. Another issue for other respondents has something to do with “irregular or unstable source of income.”

Table 27. Reasons for the Insufficiency of Total Monthly Income

Reasons for the Insufficiency of Total Monthly Income	Eastern Samar			Rizal			Grand Total	Rank
	R2	R3	Sub-Total	R2	R3	Sub-Total		
a. Irregular or unstable source of income	7	0	7	4	1	5	12	3
b. Big family	3	1	4	0	0	0	4	
c. No other source of income	0	4	4	0	0	0	4	
d. Can't afford other necessities	0	2	2	0	0	0	2	
e. Needs that are related to disability expenditures	14	6	20	3	5	8	28	1
f. High price of commodities	0	0	0	7	3	10	10	4
g. Have a sickly family member	0	0	0	3	0	3	3	
h. With loans to pay	0	0	0	3	0	3	3	
i. Medication needs	3	2	5	0	0	0	5	
j. With jobless husband/no other support	1	1	2	0	0	0	2	
k. Less opportunity and hindered by disability	0	2	2	0	7	7	9	5
l. Low salary	0	2	2	11	0	11	13	2
m. Distant workplace	0	0	0	0	0	0	0	
n. Single parent/solo breadwinner	0	0	0	1	0	1	1	
o. With studying children	0	0	0	0	1	1	1	

Note: Only the top five reasons were ranked.

In Eastern Samar, one respondent with C/PWD in the family said that their daily income is simply not sufficient for their daily needs. One respondent with disability and also a breadwinner said that job opportunities are limited for PWDs. As a masseur in Borongan, he said:

> *"A PWD gets Php70 per massage share, and if he is totally blind, his guide/assistant also has a share. Likewise, the center and the PWD organization have their share, too. Our sharing is good if there are many customers. But there are times when we need to borrow money for our fare in going home because of the small number of customers."*

In Rizal Province, one respondent said that she borrowed money to sustain her small food business. Another respondent suggested that an additional income is needed especially by families with C/PWDs, and by PWDs who are family breadwinners.

Indeed, their expenditures are higher compared to families without C/PWDs (Stabile et al, 2012). Such families face financial burdens, and are in greater risk of getting into economic difficulties. They have fewer resources, which are used to pay for services and goods to meet the special needs of family members with disabilities (Meyers, 2000).

In one of the related literature, Mitra pointed out that disability may lead to additional expenditures for the individual and for the household with disabilities in family members, particularly in relation to specific services such as health care, transportation, assistive devices, personal assistance, and house adaptation. Such increase in spending will vary, depending on the availability and financial accessibility of specific services. But if such services are not available, or are not affordable, no extra cost might be incurred (Mitra, 2011).

V. SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter includes the summary and conclusions of the study. On the basis of the conclusions, the corresponding recommendations are provided by NCDA.

The study focused on an analysis on the relationship between government support and disability-related costs in Eastern Samar and Rizal Provinces. There were 207 individuals who answered the questionnaire forms, and 26 respondents who participated in the focus group discussions.

Specifically, the study addressed the following:

1. What are the demographic characteristics of the respondents from Eastern Samar and Rizal Provinces?
   a. Categories
   b. Sex
   c. Age
   d. Civil Status
   e. Highest Educational Attainment
   f. Sector of Employment
   g. Number of Family Members
   h. Total Monthly Income
2. What are the types of disability and ages of the C/PWDs who are supported by the household respondents?
3. What are the support from the national government agencies and local government units to the respondents?
4. What are the disability-related expenditures of households with C/PWDs?

A. Summary of Findings

1. Demographic Characteristics of the Respondents from Eastern Samar and Rizal Provinces

   a. Categories

   A big percentage of the respondents belong to households with C/PWDs in the family (37.2%); next are households without C/PWDs in the family (34.8%); and lastly, households with disability in the breadwinners (28%).

   b. Sex

   Majority of the respondents are males (51.2%). But Rizal Province (26.1%) had more female respondents than in Eastern Samar Province (22.7%).

c. Age

The highest number of respondents belongs to the 41-60 years old category (53.9%); followed by those from 20-40 years old group (32.5%); and lastly from group of 61 years old and above (13.6%).

The same pattern in the ranking of the respondents' age is seen in (a) households without C/PWDs in the family (R1), in (b) households with PWDs who are family breadwinners (R3), and in (c) households with C/PWD in the family (R2) in Eastern Samar and in Rizal Provinces.

d. Civil Status

Sixty-five percent (65%) of the respondents are married; 24% are single; 6% are widowers, and 2% are separated. This same pattern in civil status is seen in both provinces.

e. Highest Educational Attainment

In Eastern Samar, 11% of the respondents have completed their college degree, while 38% of the respondents in Rizal Province have completed theirs. Five out of 34 respondents with disabilities in Eastern Samar, and 12 out of 24 respondents in Rizal Province have completed their college degree.

f. Sector of Employment

The majority of respondents are self-employed (57.2%); others are private company employees (19.4%), government employees (13.4%), jobless (6%), and the rest work in private households (6%).

Respondents from Eastern Samar have the most number working as self-employed. In Rizal Province, the most number working as self-employed are respondents with C/PWDs in the family or those with disabilities themselves. And respondents without C/PWDs in the family have the most number working in the private sector.

g. Number of Family Members

The majority of respondents in both provinces have 4-6 members in the family (53.9%). Twenty-six percent (26.2%) are those with 1-3 members. And 19.9% are those who have seven and above members in the family.

2. Types of Disability and Age of the C/PWDs who are Supported by the Household Respondents

Of the 81 C/PWDs who are family members of the respondents, most have orthopedic disability (39%). The rest have psycho-social/mental disability (16%), visual disability (14%), communication disability [hearing and speech] (11%), and intellectual and learning disability (9%).

Most of the C/PWDs come from the "46-60 years old" group (27%). This is followed by those in the "1-15 years old" (20%); and then by those in the "16-30 years old" group (18%). Next are those in the "31-45 years old" group (17%), and lastly, by those in the "61 years old and above" group (12%).

In Eastern Samar, the highest number of C/PWDs comes from the "1-15 years old" group (31%), while in Rizal Province, most C/PWDs are found in "46-60 years old group (39%).

3. Support from National Government Agencies and Local Government Units to the Respondents

   a. Health Services

   Several support given to respondents by the government are focused on the provision of free medicines, assistive devices, medical professional fees, and transportation in going to the public health center. The DSWD, the DOH, and LGUs were often cited in the delivery of health services to the respondents.

   In Eastern Samar, 82% of the respondents were provided with non-financial support, while in Rizal Province, 64% of respondents received non-financial support. In Eastern Samar, 47.8% of C/PWDs were given health services support, while 37.8% of C/PWDs in Rizal Province received theirs.

   b. Educational Assistance

   School fees, school supplies, school uniform, and even transportation in going to school were provided by government agencies to the respondents. These agencies are the DSWD, the DepEd, and the LGUs, specifically the Office of the Mayor (OM) and the City/Municipal Social Welfare and Development Office (C/MSWDO).

   In Eastern Samar, 55.5% of the respondents were given financial assistance compared to 37.8% respondents in Rizal Province. For respondents with disability, 42% in Eastern Samar have received assistance, and 46% in Rizal Province.

   c. Employment Assistance

   The DSWD, the DOLE, TESDA, the DILG, the LGUs such as the OM, and the C/MSWDO were mentioned by the respondents in relation to employment assistance. Such assistance focused on skills training and job placement through non-financial

support. In Eastern Samar, 38% of respondents with disabilities were supported, compared to 25% of the respondents in Rizal Province.

d. Social Protection Support

In both provinces, the DSWD and the LGUs, specifically the C/MSWDO in coordination with the OM, are mostly mentioned by the respondents for supporting them in social protection. These agencies enrolled the respondents in PhilHealth, SSS/GSIS, and/or Pag-IBIG, and sponsor their monthly contributions.

In Eastern Samar, 81.8% of respondents received non-financial support, while 45.4% of respondents in Rizal Province did. With regard to respondents with C/PWDs as family members and respondents with disabilities, 57% in Eastern Samar were assisted, and 22% in Rizal Province.

4. Expenditures that Consumed the Most from the Household Monthly Budget

a. Total Monthly Expenses

Sixty-nine point three percent (69.3%) of the respondents have a total monthly expenditures amounting to Php 10,000 and below.

In Eastern Samar, the highest total monthly expenses of 44.6% of the respondents from R1, R2 and R3 are in the range of Php 10,000 and below. Among these household categories, the number of respondents from R2 and R3 is the same (15.3%), compared to 13.9% of respondents from R1 households.

In Rizal Province, the highest total monthly expenses of 24.8% of respondents from R1, R2 and R3 are in the range of Php 10,000 and below. Among these household categories, 11.9% of R2 respondents, 7.9% of R3 respondents and 5.0% of R1 respondents reported the amount of Php 10,000 and below as their total monthly expenses.

b. Budget Consuming Necessities on Monthly Expenses

Findings show that “Food” ranks (85.3%) the highest in monthly expenses in both provinces. “Education” and “Utilities” rank second (20%) among respondents with C/PWDs in the family in Eastern Samar. In Rizal Province, “Transportation” ranks second among respondents with C/PWDs (9%). And for the respondents with disabilities, “Utilities” ranks second in both in Eastern Samar (20.5%) and Rizal Province (12.5%).

5. Out-of-Pocket Expenses from Households with C/PWDs in the Family and Households with Disabilities in Breadwinners

For respondents with C/PWDs in the family and respondents with disabilities from the two provinces, the cost of medicines is ranked first among the top additional out-of-pocket expenses. Respondents said that the cost of medicines ranges from Php 200 to Php 1,200 per month, depending on the type of disability.

In second place is transportation cost in Eastern Samar, and transportation cost and medical professional fees in Rizal Province. In third place is the doctor's professional fees in Eastern Samar, and assistive devices in Rizal Province. The cost of transportation, using a chartered tricycle to and from the health center ranges from Php 80 to Php 500 monthly. The cost of school transport service for C/PWDs ranges from Php 800 to Php 1,500 monthly. The professional fees of medical specialists range from Php 400 to Php 600 per consultation.

Since 80% of the respondents from the two provinces earn Php 10,000 and below as their total monthly income, and most of them are self-employed, 79% of the respondents have pointed out that their total monthly income is simply insufficient to support the needs of their families.

B. Conclusions

1. From the three household categories, the study has shown a larger number of respondents from households with C/PWDs in the family. Majority of these respondents are males. Respondents are predominantly from the "41-60 years old" group. Most are married. There are more respondents from Rizal Province who have completed a college degree than those in Eastern Samar. In particular, there are less respondents with disabilities from Eastern Samar who have completed a college degree than those from Rizal Province.

   Most respondents from Eastern Samar, and those from Rizal Province with C/PWDs in the family, or are breadwinners with disabilities, are mainly self-employed. In both provinces, most families have 4-6 members.

2. Among the households with C/PWDs, the most common type of disability is orthopedic. Next is psycho-social/mental disability, and followed by with visual disability. The majority of C/PWDs in Eastern Samar are younger than those in Rizal Province.

   With regard to health services, the DSWD, the DOH, and the LGUs have provided non-financial support largely in Eastern Samar than in Rizal Province. Less than half of C/PWDs from the respondents' families and among respondents with disabilities were given assistance in both provinces.

   As for educational assistance, the DSWD, the DepEd, and the LGUs, particularly the C/MSWDO and the OM, have all supported the respondents. More than half of the respondents from Eastern Samar, and less than half in Rizal Province have received financial support from the government.

On employment assistance, the DSWD, the DOLE, TESDA, the DILG, and the LGUs such as the OM and the C/MSWDO have all provided non-financial support to the respondents. Less than half of respondents with disabilities were supported in both provinces.

With regard to social protection support, the DSWD and the LGUs, mainly the C/MSWDO and the OM have contributed to the PhilHealth, SSS/GSIS, and/or Pag-IBIG dues of the respondents. More than half of the respondents with C/PWDs and respondents with disabilities in Eastern Samar were supported, while less than half of the respondents in Rizal Province were supported.

For the MCCT or 4Ps program, the DSWD has actively partnered with the Commission on Higher Education (CHED), the Department of Labor and Employment (DOLE), and the Philippine Association of State Universities and Colleges (PASUC), and with PhilHealth under the National Health Insurance Program. This is the reason why the DSWD is the most cited government agency that is delivering programs and services to the respondents.

With the assistance of the Persons with Disabilities Affairs Office (PDAO), and acting as a consultative body for PWD sector concerns, the DSWD could come up with plans and become the bridge to other government agencies, which could, in turn, shoulder the out-of-pocket expenses of households with C/PWDs and respondents with disabilities. Or, these agencies could come up with appropriate services on how to increase the income of these households.

4. In Eastern Samar and Rizal provinces, respondents with C/PWDs in the family and respondents with disabilities have a higher monthly expenditures compared to respondents without C/PWDs. Food, education, utilities, and transportation costs ranked high in their monthly expenses.

   In this regard, their daily priorities are concentrated on meeting the immediate basic needs of their family. As pointed out, the minimum level of consumption of "basic needs" are not just food, water, clothing and shelter, but also education, and healthcare. These are really important concerns of families with C/PWDs and breadwinners with disability.

5. The top three additional out- of-pocket expenses for respondents with C/PWDs in the family and respondents with disabilities from the two provinces are: (a) cost of medicines, (b) transportation cost in going to the health center and to school, and (c) medical professional fees. These are disability-related costs that respondents incur monthly. Respondents from households with C/PWDs and those with disabilities themselves have pointed out that with their meager monthly income, they could not simply meet their family's needs sustainably.

   Consequently, some parents with C/PWDs would go to a loan shark (*a person who offers loans at extremely high interest rates*) to borrow money just to continue providing healthcare and education for family members with disability. Other families, on the other hand, won't

hesitate to let their children with disability stop going to school or to the health/rehabilitation center for treatment. They would only use their meager monthly income mainly on food, transportation, and utilities. In some cases, their meager income might go to the education of their abled children at the public school because these children can walk and have no additional expenses.

C. Recommendations

On the basis of the conclusions of the study, the researcher hereby proposes the following recommendations:

1. If possible, family breadwinners with disabilities should be encouraged to finish a college degree or a vocational/technical course. And together with PWDs in the family who are self-employed, they could be persuaded to plan and to work out how they could increase their family income.

2. For preventive measures and awareness raising, households should be provided with understanding on handling issues and concerns about family members with disabilities based on their age and type of disability, the rights of C/PWDs, programs and services for C/PWDs, and other disability-related laws.

3. The study shows that the DSWD and the LGUs like OM and C/MSWDO are the often cited government agencies that have rendered services to household with C/PWDs in both Eastern Samar and Rizal provinces. The other government agencies like the DOH, the DepEd, the CHED, TESDA, the LGUs and other concerned government entities need to fulfill their roles and tasks with more vigor so as to deliver appropriate services that meet the needs of C/PWDs and their families in the two provinces. Likewise, the local chief executives may need to create and strengthen the PDAO to ensure the implementation of programs and services for PWDs.

   The DepEd, the CHED, and TESDA need to make appropriate programs and services for sustaining educational support to C/PWDs with regard to disability-related costs. Such efforts would ease up the out-of-pocket expenditures of the families of C/PWDs.

   The PhilHealth, the DSWD and even the C/MSWDO could come up with guidelines and/or policies on disability-related costs so as to spread out support on social protection to parents of C/PWDs. Such parents are spending more for their family's needs, especially for members with special needs.

   The presence of Persons with Disabilities Affairs Office (PDAO) in a municipality or city, as a consultative body for PWD sector concerns, can actively enhance the delivery of programs and services to persons with disabilities.

4. Households should be provided with formal and informal training to become creative in utilizing and conserving resources. The government could also find more ways to link these households with the private sector so as to generate more jobs or livelihood opportunities for them. With the DSWD, the Sustainable Livelihood Program (SLP) for families with C/PWDs and breadwinners with disability should be intensified. The program should not cease creating more employment and entrepreneurial opportunities for them.

5. Other recommendations are the following:
   a. Provisions for employment-related support services.
   b. Gather the concerned stakeholders and come up with a mechanism at the local level that will streamline support to households with C/PWDs and households with disabilities in breadwinners with regard to disability-related costs.
   c. To strengthen the participation and collaboration of stakeholders, bring the duty bearers and the rights holders together at the national level to develop and propose a comprehensive program for PWDs and their families.
   d. Suggest to revise the Modified Conditional Cash Transfer (MCCT) and propose to include a Comprehensive Program on Disability Living Allowance (CPDLA) for PWDs and their families to be managed by DSWD. And this should be based on equity.
      1) Health care and rehabilitation assistance should be included under the "health grant." Costs of medicine and transportation for rehabilitation as well as medical professional fees should be part of the MCCT. The rate would depend on the type and severity of disability, medicines, transportation, and medical specialist(s) needed by the C/PWDs.
      2) Educational assistance through transportation cost should be given to C/PWDs who are attending school. The rate would depend on the type of disability and distance of house to school. Under the proposal for the revision of MCCT, this cost should be under the "education grant."
   e. Identify existing PWD organizations and organizations of parents with C/PWDs at the provincial level. Such organizations should then be capacitated by the concerned local government units. In addition, they should be provided with series of training activities on skills and knowledge enhancement, and partnership development. These activities shall expand their cooperation and linkages with the government entities, private sector, and civil society groups.
   f. Encourage representatives from PWD organizations, organizations of parents with C/PWDs, and from organized coalitions to join forums, meetings and discussions with the DSWD, DepEd, CHED, TESDA, DOLE, DOH, PhilHealth, and other concerned national government entities, and then to advocate and lobby about concerns on disability-related costs.

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