

ความเหลื่อมล้ำในการมีส่วนร่วมทางสังคมของผู้พิการ ระหว่างการระบาดของ COVID-19 ในฟิลิปปินส์

ซาร่าห์ เกรซ แอล กันเตลาริโอ¹ และ มา โจเซฟิน เทเรส เอมิลี จี เทเวส²
วิทยาลัยการศึกษา มหาวิทยาลัยฟิลิปปินส์ ดิลิมัน¹
โครงการศึกษาการพัฒนา ภาควิชาสังคมศาสตร์ มหาวิทยาลัยฟิลิปปินส์ มะนิลา²
E-mail: mgteves@up.edu.ph²

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บทคัดย่อ

การศึกษาล่าสุดเน้นย้ำถึงการที่ความรุนแรงของความไม่เท่าเทียมกันทางสังคมในช่วงการระบาดของ COVID-19 โดยเฉพาะอย่างยิ่งต่อผู้พิการ การศึกษานี้ขยายขอบเขตของวรรณกรรมเกี่ยวกับผู้พิการโดยการตรวจสอบการมีส่วนร่วมที่จำกัดของบุคคลที่มีความพิการ (PWDs)³ ในการวางแผน การจัดโปรแกรม และการจัดทำงบประมาณ COVID-19 ในประเทศฟิลิปปินส์ โดยใช้แบบจำลองความเปราะบางทางเศรษฐกิจที่ขับเคลื่อนโดยผู้พิการ การศึกษาชาติพันธุ์วรรณนาเป็นเวลาสี่เดือนสำรวจโอกาสที่เกี่ยวข้องกับความพิการและค่าใช้จ่ายส่วนตัวที่ส่งผลกระทบต่อ PWD ในช่วงการระบาด ผลการศึกษาได้ระบุประเด็นหลัก 2 ประการ ได้แก่ 1) มาตรการกักกันในชุมชนจำกัดการมีส่วนร่วมของ PWD ในการวางแผนการจัดโปรแกรม และการจัดทำงบประมาณ COVID-19 อย่างมาก และ 2) การมีส่วนร่วมของ PWD ในการตอบสนองต่อ COVID-19 ส่วนใหญ่จำกัดอยู่เพียงการรับสินค้าที่จำเป็นและบริการสนับสนุน การศึกษานี้เผยให้เห็นว่าข้อจำกัดเหล่านี้ส่งผลให้ PWD พลัดโอกาสและต้องแบกรับต้นทุนต่าง ๆ อย่างไร มีการโต้แย้งว่าในขณะที่รัฐบาลได้ดำเนินการแทรกแซง COVID-19 แต่ขาดแนวทางที่ครอบคลุมถึงความพิการ ซึ่งสะท้อนถึงความแตกต่างทางโครงสร้างที่ยังคงมีอยู่และการเตรียมพร้อมรับมือเหตุการณ์ฉุกเฉินที่ไม่เพียงพอ ผลการศึกษาเน้นย้ำถึงความจำเป็นในการมีส่วนร่วมอย่างมีนัยสำคัญของ PWD ในความพยายามตอบสนองต่อการระบาดใหญ่เกินกว่าแค่การรวมอยู่ในโปรแกรมการบรรเทาทุกข์เท่านั้น

คำสำคัญ: คนพิการ โควิด-19 การมีส่วนร่วม

³เป็นคำที่ใช้เรียกผู้พิการทุกประเภท รวมทั้งผู้ที่มีความบกพร่องทางร่างกาย จิตใจ สติปัญญา หรือประสาทสัมผัสเรื้อรัง ซึ่งเมื่อกระทบกับอุปสรรคด้านทัศนคติและสิ่งแวดล้อมต่าง ๆ จะขัดขวางการมีส่วนร่วมอย่างเต็มที่และมีประสิทธิภาพในสังคมอย่างเท่าเทียมกับผู้อื่น

Disparities in Social Participation for Persons with Disabilities During the COVID-19 Pandemic in the Philippines

Sarah Grace L. Candelario¹ and Ma. Josephine Therese Emily G. Teves²

College of Education, University of the Philippines Diliman¹
Development Studies Program, Department of Social Sciences,
University of the Philippines Manila²
E-mail: mgteves@up.edu.ph²

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Abstract

A recent study highlights the exacerbation of social inequities during the COVID-19 pandemic, particularly affecting persons with disabilities (PWDs).³ This study expands the disability literature by examining the limited involvement of people with disabilities (PWDs) in COVID-19 planning, programming, and budgeting in the Philippines. Using the disability-driven economic vulnerability model, a four-month ethnographic study explores the disability-related opportunities and out-of-pocket costs impacting PWDs during the pandemic. The results of the study found two emerging themes: 1) Community quarantine measures significantly restricted PWDs' participation in COVID-19 planning, programming, and budgeting, and 2) PWDs' involvement in the COVID-19 response was largely confined to receiving essential goods and support services. The study reveals how these restrictions resulted in missed opportunities and various costs borne by PWDs. It argues that while the government implemented COVID-19 interventions, these lacked a disability-inclusive approach, reflecting ongoing structural disparities and inadequate emergency preparedness. The findings underscore the need for more meaningful participation of people with disabilities (PWDs) in pandemic response efforts, extending beyond mere inclusion in relief distribution.

Keywords: Persons with Disabilities, COVID-19, participation

³The term persons with disabilities is used to apply to all persons with disabilities including those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various attitudinal and environmental barriers, hinders their full and effective participation in society on an equal basis with others.

Introduction

The COVID-19 pandemic, declared a global health emergency by the World Health Organisation (WHO) on March 11, 2020, has posed unique challenges to global health and the economy (World Health Organization, 2020). In Southeast Asia, the Philippines was notably hard-hit, ranking second in the region for COVID-19 infections, according to the Center for Strategic and International Studies (CSIS, 2020). The pandemic response in the Philippines has uncovered significant issues and challenges, particularly for marginalized groups such as persons with disabilities (PWDs).

People with disabilities (PWDs) face unique risks during the pandemic due to their reliance on physical contact, assistive devices, and specialised information formats, such as braille, which heightens their exposure to the virus (Oliver, 2020). Movement restrictions and lockdowns exacerbated these risks by limiting their access to essential services and information, compounding their financial and resource strains (Goggin & Ellis, 2020). The pandemic has intensified pre-existing disparities, leaving PWDs increasingly isolated and underserved by public health measures and social protection systems (International Disability Alliance, 2020; Xu et al., 2021). For instance, restrictions on movement hindered their access to critical rehabilitation services and information about available support, negatively impacting their health and wellbeing. Additionally, Jesus et al. (2021) synthesised a range of interlinked health, social participation, and socioeconomic disparities that people with disabilities (PWDs) experienced during the first wave of the COVID-19 pandemic as a result of lockdown-related measures. They experienced restricted access to essential health, education, and community services, including those that meet their basic life and functional needs. They also experienced risks of maltreatment, psychological consequences and difficulties accessing digital solutions that are not inclusive of their needs. Their families and informal caregivers also experienced a disproportionate burden and stress. Reduced employment and income exacerbated socioeconomic disparities, limiting access to essential services. This analysis suggests that all



these pandemic disparities arise from the lack of disability-inclusive responses and preparedness and seminally from socially-determined inequality that people with disabilities have been experiencing for a long time.

In the Philippines, where approximately 1.44 million individuals, or 1.57% of the population, live with disabilities, the pandemic has further marginalized this already vulnerable group (de Neubourg et al., 2021b). Before the pandemic, PWDs faced inadequate support and recognition. The pandemic has intensified these issues, highlighting the urgent need for inclusive and effective social protection policies. However, a lack of comprehensive cost data has hindered the development of targeted policies and support systems for households with children with disabilities (COVID-19 Disability Rights Monitor, 2020; EDF, 2021). In this context, the authors hypothesize that PWDs in the Philippines faced significant barriers to involvement in COVID-19 planning, programming, and response activities. These barriers, primarily stemming from systemic accessibility issues, a lack of tailored communication strategies, and insufficient representation in decision-making processes, led to lower levels of participation. Furthermore, PWDs experienced increased costs related to healthcare, mobility, and access to information during the pandemic response, further deepening the social participation disparities (Jesus et al., 2021).

Initial efforts have been made to support people with disabilities (PWDs) during the COVID-19 crisis. For instance, PWDs are included in the recent Republic Act No. 11469 provisions, which mandate the distribution of cash assistance to vulnerable populations in response to the pandemic. Additionally, children with disabilities are part of a collaboration between Save the Children Philippines and the Department of Education to implement adaptive learning strategies in the new normal educational landscape (Office for the Coordination of Humanitarian Affairs, 2020). However, these interventions served as short-term mechanisms to address the immediate impacts of the pandemic (Rotas & Cahapay, 2021).

This study examines the disability-related opportunity and out-of-pocket costs faced by PWDs in the Philippines due to limited social participation during the COVID-19 pandemic, with a particular focus on their access to social protection interventions. By employing a conceptual framework that assesses pandemic-related and shock-responsive social protection measures, the study aims to reveal the diverse lived experiences of Filipino people with disabilities (PWDs) and their interactions with existing support systems. Through a scoping review, it identifies gaps, evaluates program effectiveness, and provides recommendations for best practices in crafting comprehensive, disability-inclusive social protection policies. This approach is intended to guide policymaking and enhance the development of robust, shock-responsive social protection frameworks in the country. The findings of this study are consistent with those of Malfitano et al. (2009) and Shandra (2018), which emphasize that PWDs consistently face disparities in social participation when excluded or denied equal opportunities to engage in meaningful activities.

Two key themes emerged: 1) Community quarantine measures significantly restricted PWDs' participation in COVID-19 planning, programming, and budgeting, and 2) PWDs' involvement in the COVID-19 response was largely confined to receiving essential goods and support services.

Research Questions

How were persons with disabilities (PWDs) involved in the COVID-19 planning, programming, and response activities in the Philippines, and what barriers or costs did they face in their participation?

Research Objectives

The primary objectives of this research are twofold. First, to assess the level of participation of PWDs in COVID-19 planning, programming, and response activities across the Philippines and to understand how this involvement varies across different levels of consultation, including Barangay,

Municipality, City, and Provincial levels. Second, to study the extent of PWDs' engagement in the COVID-19 response and to identify the costs they incurred as a result of their involvement. This includes examining both direct and indirect expenses associated with their participation during the pandemic.

Knowledge Gaps

Studies on the impact of COVID-19 on persons with disabilities (PWDs) reveal several key research gaps. First, there is a lack of localized assessments that detail how COVID-19 public health measures, such as lockdowns and quarantines, differentially affected PWDs in specific provinces. Second, existing research insufficiently explores the intersectionality of disability with socioeconomic factors, including how socioeconomic status, living conditions, and access to resources influenced PWDs' social participation during the pandemic. Third, there is a need to evaluate the accessibility and inclusivity of digital and remote services for people with disabilities (PWDs), identifying barriers to their effective use. Finally, there is a gap in understanding how disruptions to community support systems and social networks during the pandemic impacted PWDs' social participation.

Significance of the Study

This study addresses critical research gaps by examining the involvement of people with disabilities (PWDs) in COVID-19 response activities across various levels of local governance, from barangay to Provincial Levels. By analyzing PWDs' participation, including the associated opportunity and out-of-pocket costs, the study aims to determine whether their engagement aligns with pandemic response objectives and highlight participation disparities. Additionally, the study will assess whether PWDs' roles were predominantly limited to receiving essential goods and support services and identify the factors contributing to these limitations. Addressing these gaps will help refine pandemic response strategies to be more inclusive and equitable. The study will also explore the intersectionality of disability with socioeconomic

factors, evaluate the accessibility of basic services, and examine the impact of community support, thereby informing future policies and interventions that provide better support for people with disabilities in crises. This study employs a mixed-methods approach, combining a nationally representative survey with in-depth interviews of families and health professionals in the Philippines to provide comprehensive insights into these issues.

Literature Review

Barriers to Social Participation for Persons with Disabilities During COVID-19

Diba and Zakaria (2021) demonstrated how the COVID-19 pandemic and the accompanying disease-mitigation measures, such as lockdowns, severely restricted the social participation of people with disabilities (PWDs). They highlighted how the pandemic exacerbated attitudinal, environmental, and institutional barriers, leaving many PWDs, especially those dependent on external support for daily living, isolated and struggling to survive during lockdowns. In terms of livelihood, income support, and access to essential services, PWDs consistently faced discrimination and numerous challenges, particularly in accessing health care and other services. Vulnerable groups, such as homeless PWDs or those without adequate housing, experienced even greater levels of vulnerability. Studies by the International Disability Alliance (IDA, 2020), Jeon (2020), and Lee and Lee (2020) further illustrate that the prolonged effects of COVID-19 have diminished access to community resources and social participation for people with disabilities (PWDs), resulting in heightened stress and challenges.

The COVID-19 pandemic has exacerbated the challenges faced by PWDs, amplifying existing barriers to social participation, access to services, and economic security. The studies underscore the urgent need for inclusive, disability-sensitive policies and interventions to ensure that PWDs are not further marginalized during crises. By addressing the systemic attitudinal, environmental, and institutional barriers identified in this study, authorities

can work towards a more equitable and supportive environment for persons with disabilities, both during and after global crises.

COVID-19 Pandemic and the Limitations of Social Protection Programs in the Philippines

The Philippines has established conventional social protection schemes to strengthen its population's socioeconomic resilience. These programs are designed to build safe, resilient, and sustainable communities by expanding social protection coverage. However, these schemes lack specific provisions for PWDs (NEDA, 2022). During the COVID-19 pandemic, various social protection initiatives were extended to PWDs, including access to healthcare and income security. Still, a significant need remains to assess how these measures affected their access to essential services.

The pandemic exacerbated the shortcomings of pre-existing social protection programs, which were already inadequate before COVID-19 (Onyeaka et al., 2021). The Philippines struggled with issues such as vaccine distribution and high case mortality rates (Flores, 2022), which were further compounded by the barriers faced by PWDs, including attitudinal, physical, environmental, and institutional obstacles. Government-imposed restrictions, such as lockdowns and quarantines, disrupted their access to vital services and information necessary for their survival (OHC, UNCR, 2020).

Despite the creation of an Emergency Subsidy Program in March 2020, which aimed to provide cash or in-kind benefits to informal economy workers and vulnerable groups, including PWDs, the implementation was flawed. Government relief efforts often prioritized the general public, leaving many PWDs without essential assistance. For example, significant portions of households with PWDs were missed in food distribution efforts, and many did not receive the necessary support for medicines, therapy, assistive devices, or psychosocial support (Cho et al., 2021; Heffron, 2022; Sphere, 2023). While there is some government recognition of PWDs' needs, the implementation of social protection measures remains inadequate (Velasco et al., 2021).

PWDs are among the most vulnerable groups affected by the pandemic. According to the UN Convention on the Rights of Persons with Disabilities, PWDs face long-term impairments that interact with various barriers, limiting their full participation in society (Equality and Human Rights Commission, 2022). Similarly, the Philippine Magna Carta for Disabled Persons defines them as individuals with impairments that restrict their ability to perform activities within normal ranges (Republic Act No. 7277).

Despite the goal of inclusive education to ensure PWDs are effectively educated and integrated into the community (Hornby, 2015), many PWDs in the Philippines remain excluded from essential services and support. The current poverty-targeting initiatives often fail to address disability-specific needs, leading to further marginalization of PWDs, who face additional costs related to maintenance medicine, personal assistance, and assistive devices (Sphere, 2023).

Upon scrutinizing observed studies related to the disability-driven economic vulnerability model, it was found that there is a lack of research conducted in the Philippines during the pandemic that focuses solely on the PWDs' disability-related opportunity costs, out-of-pocket costs and the social protection mechanisms that compensate to those costs. The lack of connected topics related to the pandemic presents an opportunity to examine and investigate the costs that could affect their intention to seek social protection. The lack of robust cost data in the Philippines has significantly hindered the development of effective disability-related policies and social protection measures for households with PWDs. This study addresses a critical gap by exploring the experiences of PWDs across the three major regions of Luzon, Visayas, and Mindanao. Current literature indicates that despite the heightened vulnerability of PWDs, their needs were not adequately addressed during the COVID-19 pandemic. This underscores the urgent need to overcome these barriers and ensure that PWDs receive the necessary protection and support in times of crisis. The findings will highlight the need for more targeted and effective social protection policies to better support PWDs and address their unique challenges.



Research Processes

a. Theoretical Concepts and Research Frameworks

Although there is general agreement that people with disabilities (PWDs) are disproportionately affected during the COVID-19 pandemic, little evidence exists regarding their increased vulnerability, the social, political, economic, and cultural barriers they face, and the impact of the social protection they accessed during the pandemic. This scarcity in studies limits understanding of the inclusive provision of social protection programs and how those should be implemented to mitigate the impact of the pandemic on the marginalized sector, especially those with the person with disabilities.

Amartya Sen's concept of the 'conversion gap' provides a framework for understanding why persons with disabilities (PWDs) often face higher expenses to achieve the same outcomes as those without disabilities. According to Sen (2010), if two households have the same income level and similar characteristics, such as location and household size, but differ in their standard of living due to one household having a PWD, the disparity is attributed to disability-related costs (Mont, 2022).

The Disability-Driven Economic Vulnerability Model, developed by Hanass-Hancock et al. (2017), illustrates how economic vulnerability arises from disability-related opportunity costs and out-of-pocket expenses, which significantly impact an individual's income. Disability-related opportunity costs refer to the financial challenges individuals with disabilities face due to factors such as limited earning potential, restricted access to essential goods and services, and reduced employment opportunities. These opportunity costs highlight the broader financial burdens experienced by people with disabilities beyond direct expenses. Many individuals with disabilities report increased out-of-pocket expenses, particularly for transportation and essential goods, which exacerbates their financial vulnerability. These costs, combined with barriers to accessing income-generating opportunities, further intensify the economic challenges faced by PWDs, contributing to their overall economic vulnerability.

Additionally, they received minimal support from the government and could not rely on extended family networks, as these families were also severely impacted by the pandemic. For instance, PWDs may face opportunity costs from having to leave the workforce, forgo potential earnings, or accept lower-paying jobs with flexible hours due to their disability. Research also shows that the extra costs associated with disability vary depending on the severity of the impairment, employment status, and gender (Banks et al., 2021). These factors collectively highlight the financial burdens faced by persons with disabilities, underscoring the need for targeted support and policy interventions to address these disparities.

A study by Carraro et al. (2023) highlights that out-of-pocket costs for households with PWDs are significantly higher compared to those without disabilities, with healthcare expenses being three times greater. These costs include not only medical expenses, such as out-of-pocket payments, medications, and specialised healthcare services but also non-medical expenses, including transportation and assistance with daily activities. Additionally, research identifies allied health services, education, and transportation as major contributors to the additional financial burden faced by PWDs. This underscores the need for comprehensive policy measures to address both medical and non-medical costs and reduce the financial strain on households with PWDs.

According to Hancock et al. (2017), the costs came from three different areas: care and support for survival and safety, accessibility of services, and community participation. He also shared those costs varied depending on care and support needs, accessibility availability, and knowledge of services and assistive devices. Hence, these costs can be compensated through social protection mechanisms such as health, education, and other services that are helpful to the individual.

Batavia and Beaulaurier (2001) cited a list of disability costs that kept persons with disabilities financially vulnerable, such as reduced income often associated with functional limitations, substantial costs of accommodating



those functional limitations, and their high susceptibility to financial shocks, while Kaye (1998) shared that most persons with disabilities live below the poverty line as they have limited financial reserves and inadequate earning potential without potential cushion to absorb shocks related to poverty.

In this study, the model will be employed to analyze the disability-related and out-of-pocket costs incurred by PWDs in relation to their social participation during COVID-19 planning, programming, and response activities across the Philippines. The model will help elucidate how PWDs' involvement varied across different levels of consultation. Additionally, it will evaluate the extent of PWDs' engagement in the COVID-19 response and identify the direct and indirect costs resulting from their participation during the pandemic. Specifically, it will determine the disability-related opportunity costs and out-of-pocket expenses faced by PWDs and evaluate the effectiveness of social protection mechanisms provided by the government to mitigate these costs. This analysis aims to shed light on the socioeconomic vulnerability of PWDs in the Philippines and inform improvements in support systems.

b. Study Setting

This study involved face-to-face data collection in selected municipalities to ensure inclusivity and capture the real-life contexts and perspectives of PWDs at the grassroots level during the pandemic while adhering to public health measures and strict travel protocols. Additionally, both face-to-face and online surveys were conducted in various research sites across three major regions in the Philippines: Luzon, Visayas, and Mindanao.

The study covers participants from six diverse locations in the Philippines, each representing different regions and urban classifications. The specific locations included (a) Cotabato and Maguindanao, (b) Koronadal, South Cotabato, (c) Legazpi, Albay, (d) Gandara, Samar, (e) Cagayan de Oro, and (f) Valenzuela City, Metro Manila. Valenzuela City, a highly urbanized city in the National Capital Region (NCR), had a regional population of 11,855,852 in 2010, with 166,716 individuals with disabilities within its household population. Legazpi, a component city in Region V (Bicol Region),

had a regional population of 5,420,411, with 100,147 persons with disabilities residing in its households. In Gandara, a second-class municipality in Region VIII (Eastern Visayas), the regional population was 4,101,322, and the household population with disabilities was 71,714. Cotabato, an independent component city in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), formerly part of Region XII (SOCCSKSARGEN), had a regional population of 4,109,571 and 58,513 individuals with disabilities. Cagayan de Oro, a highly urbanized city in Region X (Northern Mindanao), had a regional population of 4,297,323, with 66,744 persons with disabilities. Lastly, Koronadal, a component city in Region XII (SOCCSKSARGEN), had a regional population of 4,109,571 and 58,513 persons with disabilities within its household population. These locations were selected to provide a comprehensive understanding of the challenges faced by PWDs across various urban and regional contexts in the Philippines.

c. Participant Selection

The invitation to participate in the face-to-face and online surveys was distributed through nationwide organizations of persons with disabilities (OPDs) and the Persons with Disability Affairs Office (PDAO). OPDs and PDAO recommended participants from their active lists of registered persons with disabilities, ensuring comprehensive representation of all disability types. The online survey was also administered to OPD members in Cagayan de Oro City and Valenzuela City. The researcher provided detailed information about the study's purpose, the use of results, and the measures taken to ensure anonymity, data privacy, and confidentiality. Informed consent was obtained from respondents prior to their participation in the survey. A total of 141 participants were selected through purposive sampling in collaboration with national and local government units and partner organizations.

d. Data Collection

The researcher coordinated with local government units (LGUs) at each research site to schedule interview appointments for the research team. Before the interviews, respondents received a protocol kit that included



the interviewer's code of conduct, an information sheet about the research (Plain Language Statement), and an informed consent form for signature. Preparatory activities lasted approximately 15 minutes, with interviews and focus group discussions (FGDs) conducted over 45 minutes to 1 hour.

Data for this study were collected from November to December 2021 using both primary and secondary sources. Primary data were obtained through online and face-to-face assisted surveys, FGDs with PWDs, and key informant interviews with relevant stakeholders, all conducted in adherence to health and safety protocols. Secondary data were gathered by reviewing related literature, international conventions, local laws, and COVID-19 response programs.

e. Process Analysis

The survey data were analyzed using both quantitative and qualitative methods. Data quality assurance was rigorously applied to ensure the integrity of the results, involving the removal of duplicate records, correction of data entry errors, reassignment of codes, and validation of responses. Open-ended questions were analyzed through thematic content analysis, categorizing responses into meaningful themes.

For the qualitative component, both content analysis (CA) and discourse analysis (DA) were employed to thoroughly examine survey and interview transcripts. Content analysis was used to identify patterns and themes in the data, providing insights into trends and perspectives within participants' responses to semi-structured interviews (Akyildiz & Ahmed, 2021). This method categorizes content into thematic groups, enhancing the understanding of key issues and contributing to informed interpretations and empirical insights (Akyildiz & Ahmed, 2021; Moretti et al., 2011). Discourse analysis complemented this approach by examining the language and context of responses to further enrich the analysis.

Results and Discussions

Out of the 92.1 million households in the Philippines, 1.4 million individuals were reported to have a disability (Narido & Tacadao, 2016). The social context in the Philippines, particularly during the COVID-19 pandemic, highlights the persistent challenges faced by persons with disabilities (PWDs) in their daily lives (Velasco et al., 2021). Disability in the country is often stigmatized, leading to social exclusion and marginalization. This stigma exacerbates barriers to education, employment, and healthcare, which further limits PWDs' participation in society (Agbon & Mina, 2017; Mina, 2013; Reyes et al., 2017). During the pandemic, the widespread isolation imposed by lockdown measures disproportionately affected PWDs, especially those already lacking access to essential services, healthcare, and inclusive education (Velasco et al., 2021).

Social attitudes toward disability in the Philippines are often marked by a lack of inclusivity, further contributing to the marginalization of PWDs. As a result of these attitudinal barriers, many PWDs are confined to their households due to feelings of shame or fear of judgment, hindering their access to pandemic-related relief and public health information (Bruijn et al., 2012). These inequalities were further exacerbated during the pandemic, as government responses were often not tailored to the specific needs of individuals with disabilities, deepening the social divide.

The geographical structure of the Philippines plays a crucial role in shaping the social participation of PWDs during the pandemic. As an archipelagic country in the Pacific Ring of Fire and the Western Pacific typhoon belt, the Philippines has densely populated urban centers and remote rural areas (Bollettino et al., 2018). This geographic divide significantly impacts access to healthcare services, transportation, and government relief programs, all of which are essential for individuals with disabilities (Lasco et al., 2023; Leyso & Masahiro, 2024; Sunio et al., 2023).

Urban areas, such as Metro Manila, generally have better healthcare facilities, infrastructure, and access to social services compared to more rural



or isolated regions. However, challenges persist in urban areas, including inadequate public transportation and a lack of disability-friendly infrastructure. In rural areas, where healthcare and social services are often limited, persons with disabilities face even greater difficulties. These geographical disparities mean that individuals in rural regions are disproportionately affected by social exclusion, especially during a pandemic when mobility and access to services are restricted.

Furthermore, the uneven distribution of resources and aid during the pandemic meant that people in geographically isolated areas were less likely to receive government assistance, further intensifying existing social and economic inequalities.

a. Participants' Profile

A sample of 141 participants from six project sites participated in the study. After data quality assurance was carried out, the same respondents were retained. Ninety-three per cent of the participants were over 25 years old. In addition, 85 (60%) are females, 54 (38 %) are males, and 3 (2%) identified themselves as members of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ). Of the final set of respondents, 114 (81%) are PWDs. Among them, 77 (55%) are members of OPDs, 23 (16%) are parents of persons with disabilities, and 4 (3%) identify as family members, network members, or legal guardians.

The Washington Group on Disability Statistics Short Set on Functioning (WGQ-SS) was administered to 141 participants to collect disaggregated disability data. Approximately one-third of participants reported experiencing significant difficulty (“some difficulty,” “a lot of difficulty,” or “cannot do at all”) in at least one domain: 39% of women, 37% of men, and 33% of LGBTQ individuals. Of these, 44% reported sensory or physical impairments, including vision, hearing, or issues with physical functioning. Additionally, 32% faced non-sensory and non-physical difficulties, including challenges in learning and emotional and behavioral issues.⁴

⁴ Disclaimer: Due to lack of a controlled group, the percentage of the disability per gender does not mean high disability incidence in a gender group.

Data regarding each municipality's category, region, and population were retrieved from the Department of Trade and Industries' Cities and Municipalities Competitive Index (CMCI) – 2020 Rankings. CMCI is an annual ranking of Philippine cities and municipalities developed by the National Competitiveness Council through the Regional Competitiveness Committees (RCCs). Additionally, the household population with disabilities in the region is based on the Philippine Statistics Authority's 2010 Census on Population and Housing, as well as the population in the region.

b. Discussion

Community Quarantine Restrict Participation of Persons with Disabilities in COVID-19 planning, programming, and budgeting

Participation in COVID-19 response processes is a fundamental human right. According to Article 11 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which the Philippines ratified in 2007, states are required to ensure coordination, participation, and meaningful consultation with persons with disabilities and their representative organizations, including women, boys, and girls with disabilities. This right enables individuals to participate fully in socio-political life, contributing to their personal growth and enriching the democratic nature of society. It also fosters active citizenship, effective governance, and social accountability.

In this report, 62% of participants indicated that they were not involved in COVID-19 planning, programming, and budgeting consultations. Many cited a lack of opportunity to participate, compounded by lockdowns and social distancing protocols that made transportation costly and inaccessible, further impeding their ability to engage with authorities. Despite formal guarantees, these individuals remained largely excluded from local, regional, and national decision-making processes, hindering their participation rights. One participant expressed concern that their voice, as an ordinary person with a disability, would have minimal impact on LGUs.

Among those who participated, 38 percent were male, 60 percent were female, and 2 percent identified as LGBTQ. Additionally, 94 percent



were over 25 years old, while 6 percent were between 18 and 24 years old. This situation highlights significant gaps in the inclusion of PWDs in critical decision-making processes during the pandemic. This scenario is a manifestation of disability-related opportunity costs. For instance, the lack of communication resulted in limited accessibility to information and decision-making processes. Quarantine restrictions led to restricted access to public meetings, consultations, and decision-making processes. PWDs faced barriers such as inaccessible digital platforms or a lack of inclusive communication methods, preventing them from contributing to or staying informed about COVID-19 planning and programming. A participant from Koronadal, South Cotabato, shared:

Due to the lack of means to communicate with each other in person, I think we missed the opportunity to be involved in the decisions implemented by the mayor during the COVID-19 pandemic. Of course, asking us would have been more costly because transportation would be required. We didn't have cell phones or laptops to consult with. I understand that, but I know that we were deprioritized by the government because there were few ways for us to be consulted. For instance, appointing a local community representative from the local Persons with Disability Affairs Office to focus on us and act as intermediaries between the government and residents would have ensured that we were properly consulted despite our lack of direct access to technology

(personal communication, November 21, 2021)

In this context, the opportunity costs related to disability were the diminished chances for advocacy. The community lockdowns and movement restrictions made it difficult for disability organizations and advocates

to organize events, campaigns, or advocacy efforts. This led to reduced representation of PWDs in discussions and decision-making about pandemic responses. One participant noted that their planned meetings for the month and the next quarter did not take place because many were unprepared for an online format, to wit:

For the scheduled meetings, we were supposed to discuss the budget we would lobby for in Valenzuela, but it wasn't given attention because we became too busy coping with the COVID-19 pandemic. We really lost time, and some of us even passed away due to pre-existing conditions. The programs planned for us throughout the year were not implemented because the budget was redirected to the COVID-19 response. I am deeply hurt by this because we were not consulted about what kind of interventions they would implement. They kept giving out canned goods and rice, but I wish there had been a budget for medicine and transportation.

(personal communication, November 04, 2021)

Another participant from Gandara, Samar, shared that during the COVID-19 pandemic, their organization had no meetings or consultations regarding the LGU's COVID-19 response strategies. There was no discussion regarding the specific needs of PWDs due to the absence of a designated focal person for PWDs, as most LGU employees were primarily focused on distributing aid to the general population, to wit:

No LGU helped or consulted us for our needs. All the responses were generic, like distributing food to each family. It wasn't even enough. We really weren't part of the government's plans, maybe because we were deemed useless during that time. Even the budget for our

medicine wasn't provided, nor was there any load for us to stay informed about what the government was doing. It felt like we were dead during the COVID-19 pandemic.

(personal communication, November 05, 2021)

One participant from Maguindanao highlighted a significant disability-related opportunity cost due to the lack of consultation during the COVID-19 pandemic. The quarantine measures severely impacted their ability to work and engage in economic activities, resulting in lost income and professional opportunities. Additionally, they were unable to access essential services and support networks critical to their daily needs. Local regulations imposed by the LGU, such as restrictions on tricycle passenger capacity and the mandatory use of face masks, further exacerbated their financial strain. The cost of tricycle rides increased from PHP 50 (\$1) to PHP 100 (\$2), and the additional expense of PHP 25 (\$ 0.50) per day for masks was added to their daily costs. These changes, enacted without any prior consultation, created significant financial burdens that impeded their ability to work, to wit:

The LGU did not consult us regarding the policies at the local level. For instance, they restricted the number of passengers each tricycle could service, increasing the cost from PHP 50 (\$1) to PHP 100 (\$2). They also mandated the use of face masks, which cost us an additional PHP 25 (\$0.5) per day. These regulations were imposed without consulting us. They created additional expenses, which then prevented me from going to work. My expenses became higher compared to my income. I lost my income and professional opportunities during the COVID-19 pandemic due to the government's militaristic response. There were soldiers, which is questionable. I wish they had used the soldiers to help us get from our homes. We are PWDs. We needed help, not force.

(personal communication, November 07, 2021)

Consequently, their expenses exceeded their income, resulting in a loss of both income and career opportunities. This situation was exacerbated by the government's militaristic approach where soldiers were deployed (Paras, 2022). They felt that the soldiers could have been better employed in helping PWDs access essential services rather than enforcing restrictions.

Furthermore, another participant from Cagayan de Oro noted that the lack of consultation during COVID-19 significantly impacted their social and community engagement. The reduced opportunities for participation in pandemic response activities led to diminished social interaction, weakened network-building, and a decreased ability to influence public policy and contribute to community resilience, to wit:

We really weren't part of the picture in the COVID-19 pandemic response. There were no texts asking what we needed. No one helped to organize activities for the PWDs. We were left out of the government's plans. We didn't have money to organize activities. No (cellphone) load, and no cell phones to use for Zoom. We lost planned activities for the next 3 months. All plans were halted. We had no engagements. Some PWDs became depressed, and two even passed away.

(personal communication, November 11, 2021)

Due to limited participation during the COVID-19 pandemic, many participants reported experiencing gaps in educational and skill development, resulting from restrictions on their participation in various programs. These restrictions hindered their access to educational and training opportunities, leading to skill development deficits and reduced prospects for personal and professional growth, a manifestation of a disability-related opportunity cost. Notably, 62 percent of participants indicated a lack of access to skills and entrepreneurial training. This group comprises 64 percent females, 34 percent males, and 2 percent LGBTQ individuals, 94 percent being over 25 years old.



Participants generally cited accessibility issues, such as inadequate information in accessible formats, a lack of assistive devices, and insufficient funds for internet services. Additionally, some were unaware of any government-offered training programs.

Additionally, 56 percent of participants reported having insufficient access to educational services and learning resources for both themselves and their school-aged children. Among these participants, 57 percent are female, and 43 percent are male, with 97 percent being over 25 years old. The Department of Education's modular learning system required parents to submit and collect new modules on a weekly basis. Although most participants received these modules, they found them inadequate. This lack of resources had a negative impact on their children's education, exacerbated by the absence of school meal programs, special education services, therapy, counselling, peer support, and social activities. Consequently, this situation increased out-of-pocket expenses for families who faced higher daily living costs. The pandemic further strained financial resources, particularly for PWDs who had to purchase items through specialized channels or faced additional challenges in meeting their needs.

In Cagayan de Oro, a female participant suggested:

It would be better if teachers could teach our children while observing social distancing. Children benefit more from in-person schooling by receiving complete and uninterrupted educational services.

(personal communication, November 11, 2021)

Children with disabilities face additional barriers, including inaccessible learning content and a digital divide caused by insufficient equipment, electricity, and internet access. Participants noted they lacked gadgets and funds for internet connectivity. Although online training was available, many individuals were unable to access it due to poor internet connections and a lack of suitable devices. One male participant enrolled in

online classes highlighted difficulties due to inadequate devices and financial constraints for school requirements, expressing a preference for face-to-face classes.

Overall, participants struggled with remote learning because platforms were not adapted to their specific needs, exacerbating their exclusion from educational opportunities. Effective student participation requires reliable internet connectivity, appropriate devices, and individualized support tailored to learners' communication abilities and educational needs. For example, a parent with a disability from Camalig, Albay, reported that her teenager experienced stress from online classes, affecting academic performance. Another parent noted that students had to travel to higher areas for signal reception and returned home late. Additionally, a female participant mentioned that while some classes shifted to a blended format, her lack of resources and skills in using online platforms led her to prefer face-to-face classes for her child's optimal learning.

Limited consultations at the LGU level

Most participants reported that local and national government units did not consult them or their organizations during the policy design and implementation processes. As a result, they felt the government missed opportunities to collaborate with them as service delivery partners and to leverage their expertise. Many identified policy barriers as a significant obstacle to their participation. For instance, decision-makers often fail to enforce laws and regulations that make COVID-19 measures accessible and tailored to their needs. Additionally, accessibility issues, such as the absence of inclusive communication platforms, further hinder their ability to engage directly with decision-makers.

In Cagayan de Oro, a male participant noted:

Our local politicians make decisions about the COVID-19 response without consulting us. We are often surprised by



new prohibitions. Even before COVID-19, our politicians rarely consulted us or our organizations.

(personal communication, November 11, 2021)

This reflects a longstanding pattern of exclusion from decision-making processes within their local government units (LGUs). The situation was further aggravated by lockdowns and social distancing protocols, which made transportation costly and difficult, preventing them from traveling to or communicating with authorities.

Although the internet is a potential platform for political participation, participants face challenges in engaging in online discussions due to poor signal and internet access, as well as a lack of devices among persons with disabilities. In Koronadal, a female participant explained:

We want to be involved in COVID-19 decision-making to ensure our needs are considered. However, our lack of coordination with the government due to the lockdown and our lack of internet access prevented us from participating.

(personal communication, November 11, 2021)

Similarly, participants from Albay reported that all organizational activities and meetings stopped during the pandemic, and they did not receive any honorarium from the local government during this period. Overall, 20% of males, 41% of females, and 1% of LGBTQ individuals reported that they did not participate in any COVID-19 consultations. Among these non-participants, at least 58% were over 25, while 4% were between 18 and 25 years old. In contrast, 19% of both males and females reported that they did not participate in COVID-19 consultations. Of these participants, 35% were over 25 years old, and 4% were between 18 and 25 years old.

This reflects a significant disability-related opportunity cost, as individuals missed out on chances to advocate for policies and programs

that address their specific needs beyond essential goods and services. Their limited involvement in decision-making processes resulted in less tailored and ineffective pandemic responses. It highlights the need for authorities to implement inclusive technology-based solutions and provide accessible distance education to address infrastructure and connectivity issues, thereby ensuring adequate support during the pandemic.

On the other hand, 37 percent of participants reported engaging in consultations related to COVID-19 planning, programming, and budgeting. For example, some participants took part in their local government unit's online needs assessment, while others were consulted about the contents of relief packs and their distribution methods. Among those who participated, 42 percent were male, 52 percent were female, and 6 percent identified themselves as LGBTQ+. Additionally, 88 percent were over 25 years old, while 13 percent were 18-25.

Of those who agreed to participate in the COVID-19 response, 47 percent were male, while 53 percent were female. Ninety-four percent were over 25 years of age. Fifty-seven percent facilitated the distribution of necessities such as food packs and hygiene kits, 26 percent provided medical services (e.g., Antigen Test Volunteer, the encoder of health information), and 7 percent disseminated COVID-19 information within the community. Notably, 62 percent of participants from Albay reported their involvement in these processes. Some shared that their PDAO officer asked them important questions about the needs of PWDs in their community. One male participant mentioned that, even during lockdown, he continuously gathered feedback from the community and forwarded this information to support the planning of COVID-19 activities, to wit:

I really try to share information from the ground because I know that if we cannot provide them with such information, we will lose the opportunity to voice out our needs that must be included in the LGU plans. It is a long process, but

I have seen some improvements in the decision-making process. Somehow, from not being able to participate, we can say that we contribute because of the information we share from the grassroots.

(personal communication, November 13, 2021)

Some PWD leaders developed proposals and designed programs for their members, such as the Communal Garden in Brgy. Guinobatan, Albay. Most acted as point persons for information dissemination and relief distribution. However, participants reported that they were primarily utilized as service providers and aid recipients, with limited involvement in decision-making, planning, and programming for the COVID-19 response. They believe their participation is crucial for delivering responses that truly address their needs. As one male participant expressed,

We just followed their instructions for the COVID-19 response, but I hope they will include us so we can suggest what is needed on the ground.

(personal communication, November 13, 2021)

However, despite the consultations, necessary interventions were not implemented due to a lack of budget. The same participant noted that, although information dissemination was conducted, the actual needs of PWDs were not met due to insufficient funds. Specifically, the budget was allocated primarily for food, with little to no funding for additional costs such as transportation and assistive devices required by PWDs. This situation indicates that the LGU's consultation process was superficial, as it failed to address the real needs and concerns of the community.

Overall, most participants reported experiencing inaccessible and non-inclusive decision-making processes at the LGU level. The primary reason for this lack of inclusiveness is a persistent and incomplete understanding of PWDs' issues among decision-makers, which existed even before the

pandemic. Many participants believe that their involvement in LGU processes is crucial for addressing this non-inclusiveness and promoting participatory decision-making, particularly during a pandemic. However, the low motivation of PWDs to engage in or influence decision-making is also a significant barrier. Participants identified dissatisfaction with the government's handling of the pandemic, insufficient education, and lack of awareness as key factors contributing to this lack of motivation.

Inclusive decision-making requires a reciprocal process. While PWDs are ready and motivated to participate in decision-making, the government must ensure that their voices are heard and considered. This can be achieved by fostering greater awareness and empowerment among PWDs, providing accessible communication channels, and appointing local community representatives to bridge the gap between PWDs and decision-makers. Such initiatives would help increase PWDs' motivation to engage, ensuring their participation is a formality and a meaningful contribution. This aligns with the principle "Nothing about us, without us," championed by disability rights advocates. Although there is apparent cooperation among stakeholders, these initiatives often appear to be mere formalities due to the continued exclusion of most disability leaders from the decision-making process.

Participation of Persons with Disabilities in the COVID-19 response is limited to the distribution of essential goods and the provision of support services

On the other hand, 49 percent of participants reported their involvement in the COVID-19 response. Among them, 47 percent were male, and 53 percent were female, with 94 percent being over 25 years old. Of those who participated, 57 percent helped distribute necessities such as food packs and hygiene kits, 26 percent provided medical services (e.g., antigen testing volunteers and health information encoders), and 7 percent disseminated COVID-19 information within their communities. Some PWD leaders also contributed by drafting proposals and designing programs such as the Communal Garden in Brgy. Guinobatan, Albay.



Despite their active roles, PWDs were primarily used as service providers and recipients of aid, with limited involvement in decision-making, planning, and programming for the COVID-19 response. Participants felt that their inclusion in these processes was crucial for tailoring responses to their specific needs. One male participant noted,

We just followed their instructions for the COVID-19 response, but I hope they will include us so we can suggest what is needed on the ground.

(personal communication, November 13, 2021)

This situation underscores the economic hardships and out-of-pocket costs faced by PWDs. In Albay, PWDs incurred additional expenses due to quarantine measures and health-related costs, including those for assistive devices and services. For example, some participants faced higher costs for medical supplies or health services not fully covered by insurance or government aid. Additionally, 21 percent of participants reported difficulties accessing medications and having to postpone medical appointments due to lockdown restrictions. Among these, 69 percent were female, and 31 percent were male, with 97 percent being over 25 years old.

Participants from Valenzuela City reported having access to medication, though it was limited. While they benefited from discounts through their PWD identification cards, many were unable to utilize these discounts due to a lack of doctor's prescriptions, which was attributed to limited clinic visits during the lockdown. In Koronadal, one male participant suggested:

They should be more lenient with prescription requirements and allow us to use old prescriptions. Unfortunately, we did not have access to doctors during the pandemic.

(personal communication, November 14, 2021)

Despite these challenges, participants acknowledged that vitamins and standard medications remained available at their health centers throughout the pandemic.

Participants from Cotabato City reported challenges in accessing mandated medicine discounts due to pharmacies' requirements for doctors' prescriptions, which became difficult to obtain as healthcare facilities focused on COVID-19 cases. Consequently, this limited access to prescription services led to increased out-of-pocket expenses for PWDs during the pandemic.

Furthermore, 67 percent of those needing assistive and mobility devices, as well as therapy and rehabilitation services (such as physical, speech, and occupational therapy), were unable to access these services in both public and private institutions. Among those who faced these difficulties, 63 percent were female, 36 percent were male, and 1 percent identified themselves as LGBTQ, with 93 percent being over 25 years old. The challenges in accessing these services were consistent across various research sites, indicating that PWDs' concerns related to physical and functional rehabilitation are widespread throughout the country.

Many participants specifically noted that their access to physical therapy was severely restricted during the lockdown. They highlighted issues such as the lack of accessible assistive and mobility devices, as well as therapy and rehabilitation services, including physical and occupational therapy. For instance, participants from Albay mentioned that their LGUs provided assistive devices like wheelchairs, while the regional Department of Social Welfare and Development (DSWD) offered complementary services such as mental health assessments.

Sixty-nine percent of respondents reported lacking access to free physical and occupational therapy, which is typically only available through private clinics. Among these respondents, 56 percent are female, 41 percent are male, and 3 percent identify themselves as LGBTQ, with 91% being over 25 years old. Additionally, 74 percent of respondents indicated that they do not have access to platforms for supporting and conducting follow-up



therapeutic activities, with only participants in the KaGabay program receiving such support.

Participants across various research sites highlighted the scarcity of these services. For example, three individuals from Koronadal mentioned that they must travel for four hours to Davao to obtain assistive devices from a foundation, with the lack of affordable public transportation exacerbating their difficulties.

Most participants also reported that their LGUs do not offer rehabilitation services or discounts on assistive devices, and they have not received information about free therapy sessions from the government or other organizations. During focus group discussions, participants emphasized the importance of these services for their recovery and overall wellbeing. One participant noted,

It is vital for persons with disabilities to have access to therapy services to help them recover and start anew. Such programs must be free and sustainable to encourage other LGUs to join this initiative.

(personal communication, November 14, 2021)

This participant also cautioned against relying on free online therapy services, as many lack the necessary gadgets and reliable internet access to use these platforms effectively.

Another participant from Albay reported a 15 percent increase in the costs of assistive devices and services during the COVID-19 pandemic, excluding government subsidies. The urgency for specialized assistive devices and services increased during the pandemic. Participants highlighted their need for specialized equipment and modifications, which led to additional expenses. Their current devices often required modifications to living spaces or the purchase of new specialized equipment to ensure safety and accessibility during quarantine or lockdown periods. These additional costs were not covered by existing support systems, resulting in significant out-

of-pocket expenses for obtaining or maintaining these essential tools and support.

PWDs faced significant out-of-pocket costs for healthcare needs related to COVID-19, including increased expenses for medical supplies, treatments, or medications not covered by insurance or government aid. These additional costs were exacerbated by systemic issues, including inequitable resource allocation and inadequate support services. Specifically, the planning and budgeting processes failed to adequately incorporate the perspectives and needs of PWDs. Consequently, resources were not allocated to address their unique challenges, resulting in insufficient support and higher costs. Furthermore, restrictions disrupted essential support services like personal assistance, therapy, and caregiving, which further isolated PWDs and intensified their difficulties.

Several operational issues and gaps have been identified that must be addressed to improve support for PWDs. These include enhancing multi-sectoral coordination to align stakeholder efforts, clarifying the roles and responsibilities of LGUs and relevant government agencies, and bolstering national capacity by strengthening infrastructure and workforce. Additionally, there is a pressing need to ensure that rehabilitation services are available at all levels of care, from primary to tertiary, and that health facilities are adequately equipped to meet the needs of PWDs.

Conclusion, Discussion and Suggestions

This study underscores the heightened vulnerability of PWDs during the COVID-19 pandemic, revealing significant disparities in their social participation and access to essential services. The disruption of disability-specific services and the imposition of community quarantines have exacerbated existing challenges, leading to increased opportunity and out-of-pocket costs for PWDs. These costs have been driven by barriers to accessing necessary services and the limited involvement of PWDs and their representative organizations in COVID-19 response planning and implementation.



The findings highlight that PWDs are among the most marginalized groups in crisis-affected communities, and the pandemic has intensified these disparities. Despite national efforts to facilitate social amelioration and the unrestricted movement of goods, the varied implementation by LGUs has resulted in inconsistent experiences for PWDs regarding COVID-19 programming and response.

An integrated, customised, and sustainable approach is essential to address these issues effectively and build a more inclusive future. This includes:

1. Enhancing Inclusivity: Ensure that PWDs are actively included in all aspects of COVID-19 planning, response, and policymaking to comprehensively address their needs. This can be achieved by appointing local community representatives who can serve as intermediaries between the government and individuals with limited access to communication technologies. These representatives would gather feedback from their communities and relay it to the mayor or relevant authorities, ensuring that PWDs' voices are heard and their needs are considered.

2. Expanding Support: Provide holistic support that goes beyond essential goods, addressing the broader needs of PWDs, such as healthcare, assistive devices, and personal support services.

3. Improving Accessibility: Ensure that pandemic response measures are universally accessible, including communication channels, physical spaces, and digital platforms.

4. Promoting Financial Assistance: Offer targeted financial aid and subsidies to cover additional out-of-pocket costs incurred by PWDs during the pandemic.

Meaningful participation of PWDs in pandemic response and recovery is crucial for upholding their rights and achieving disability-inclusive interventions. This aligns with the UN Convention on the Rights of Persons with Disabilities (UNCRPD) principle of full and effective participation. By incorporating their insights and experiences into planning and decision-

making processes, we can ensure a more responsive and equitable system that benefits everyone.

Broader Implications for Disability Rights and Crisis Management

This study's findings contribute to the broader conversation on disability rights and inclusive crisis management. The gaps identified in participation frameworks during the pandemic highlight the urgent need for reform in how disability inclusion is approached within crisis response systems. While significant progress has been made, this study shows that PWDs remain largely excluded from crucial decision-making processes, which compromises their wellbeing and resilience during times of crisis.

By examining these gaps, the study proposes interventions that could inform more inclusive disaster preparedness, response, and recovery efforts in the future. These emphasize the importance of involving PWDs at every stage of crisis planning and ensuring that crisis management policies are not only accessible but also actively support the rights and needs of marginalized groups.

This study encourages further research and debate on how policies can be more effectively designed to include PWDs during crises, ensuring equitable outcomes and advancing the global agenda for disability-inclusive development. By doing so, the study can contribute to a more inclusive society during times of disaster and a more resilient one in the face of future challenges.

In addition, the study addresses the theoretical challenges of the participation approach during the COVID-19 pandemic, particularly how PWDs' social participation is hindered by physical barriers and systemic exclusions embedded in policymaking and crisis management frameworks. The person-in-environment framework illustrates these challenges, emphasizing that both individuals and their environments are in a dynamic, interactive relationship that influences and shapes each other (Lesser & Pope, 2011). In this framework, the environment includes natural and built surroundings, social networks,



political and economic systems, services, and policies, all of which can act as facilitators or barriers. For example, an inaccessible built environment, such as one lacking wheelchair ramps or elevators, can significantly contribute to the social exclusion of PWDs. The study underscores a critical gap in crisis management frameworks: they fail to fully incorporate the lived experiences and needs of marginalized groups like PWDs. By critically analyzing these gaps, this manuscript offers significant insights for academic advancement, providing new perspectives on how inclusive participation models can be more effectively integrated into crisis management and response strategies, particularly in resource-constrained settings.

Rohman and Pitaloka (2023) explore the challenges faced by PWDs in the Global South, revealing how the pandemic deepened existing barriers to social participation and exacerbated the marginalization of PWDs in Indonesia, Myanmar, Vietnam, and other Southeast Asian nations. Ayuningtyas et al. (2023) demonstrate that the pandemic further exposed the vulnerabilities of PWDs in Indonesia, emphasizing systemic issues in workplace inclusion and acceptance. They emphasize the importance of education, policy, infrastructure, and employer commitment in fostering inclusivity, providing recommendations for enhancing cross-sector collaboration, educational support, and workplace accessibility for people with disabilities (PWDs). Similarly, Khai et al. (2024) highlight the impact of Myanmar's limited welfare systems on PWDs during the pandemic, urging the development of inclusive policies and programs for sustainable development. They recommend improving social protection systems, healthcare access, and addressing human rights violations against PWDs. In Vietnam, Rohman and Pitaloka (2023) illustrate how PWDs navigated the blurred boundaries between personal, social, and professional domains, leveraging accessible digital platforms to meet their evolving needs while adhering to pandemic guidelines. They advocate for integrating disability rights and digital inclusion into pandemic preparedness, response, and recovery plans, especially in resource-limited contexts across Southeast Asia.

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