

Original Research Article

Enhancing Rehabilitation Access: A Program Evaluation of Embrace a Child Program for Children with Disabilities

Rod Charlie Delos Reyes^{1,2*}, Edwin Lineses¹

1 The School of Governance, Public Service, and Corporate Leadership, De La Salle University – Dasmariñas (Philippines)

2 College of Allied Medical Sciences, University of Batangas (Philippines)

* Correspondence: delosreyes.rodcharlie@yahoo.com

ABSTRACT

Aim: This study evaluates the potential of the *Embrace A Child Program*, an initiative of the Open Arms Organization delivering telehealth-based occupational therapy, as a model for inclusive development and service delivery in the Philippines. The program responds to gaps in access to rehabilitation services for children with disabilities (CWD) in developing countries, where high costs, geographic isolation, and social exclusion remain persistent barriers.

Method: Using a concurrent mixed-methods design guided by the PACE Framework (Population and Health Outcomes, Access, Cost-Effectiveness, and Stakeholder Experiences), the study purposively sampled twenty-five caregivers and five volunteers for surveys and semi-structured interviews. Data were analyzed through descriptive statistics and thematic analysis, with triangulation employed to enhance rigor and trustworthiness.

Results: Findings indicate that the program contributed to notable improvements in children's functional participation, communication, and emotional and behavioral regulation. Telehealth delivery effectively extended services to underserved and geographically isolated communities while significantly reducing the financial burden on families. Stakeholders reported high satisfaction, citing strong therapeutic relationships and sustained caregiver engagement

Conclusions: The study demonstrates how Embrace A Child Program expands access to rehabilitation services through a cost-effective, stakeholder-endorsed, and community-based approach, albeit limited by a small sample size and the inherent risk of unconscious bias. The findings hold significant implications for the future practice of occupational therapists and related professionals, who may benefit from incorporating telehealth into community-based rehabilitation (CBR) models to enhance service delivery and inclusivity in underserved settings. Stakeholders are urged to explore telehealth-driven CBR models as viable approaches.

Keywords: Program assessment, Community-based rehabilitation, telehealth, Philippines

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INTRODUCTION

Children with disabilities (CWD), particularly those in remote communities of developing countries, face significant challenges in reaching basic services, including rehabilitation (Dew et al., 2013). In the Philippines, high cost, geographical inaccessibility, and cultural disability aggravate the situation, many of people being deprived of proper care (Mwangi et al., 2022). Financial constraints feature centrally in challenges that face households with CWD. Having a disability normally has the effect of incurring additional costs for a family, with this having a probable impact on the household budget. Research shows that CWD need around 40% to 80% additional expenditure to reach the same standards of living as children without disabilities, and poverty rates are higher in households with CWD (United Nations Children's Fund [UNICEF] Philippines, 2022). This financial cost is even higher in far-flung areas, where there are fewer work prospects and the expenditure of acquiring goods and services is higher due to remoteness (Dew et al., 2019; Liao et al., 2022). Disability and poverty have been extensively documented, with poor children being more prone to disabilities due to malnutrition and low access to healthcare (Rahman, 2024). Besides economic difficulties, social exclusion continues to be a pressing concern for CWD in such contexts. The children are often discriminated against and stigmatized, leading to social isolation from communities and peers (Asuman et al., 2020; Sarkar & Parween, 2021). Exclusion is especially acute in rural communities, where cultural values surrounding disability might not be as progressive, and there might be a shortage of inclusive programs (Frączek, 2022). Their marginalization is also compounded by the lack of community-based rehabilitation (CBR) services, which are essential in promoting participation and integration into society (Olaogun et al., 2009). Even though CBR is being done in over 90 countries as an effective strategy for rehabilitation, poverty alleviation, and social inclusion of persons with disabilities, there is only a few people with disabilities, approximately 2%, have access to basic health and rehabilitation services (World Health Organization [WHO], 2010; World Physiotherapy, 2023), demonstrating the need to scale up evidenced-based and community-focused strategies. While existing studies provide insights on these barriers extensively, it tends to show them in isolation rather than exploring how intersecting forces, including but not limited to poverty, geography, digital inequity and stigma, compound one another to systematically exclude CWD from rehabilitation. This gap in analytical framing hinders the development of integrated and context-related interventions and solutions.

The introduction of telehealth has been suggested by many as a solution for addressing such gaps, but how it can work in the context of low- and middle-income countries (LMICs) has not received adequate attention. Telerehabilitation was widely adopted in LMICs following the onset of the pandemic, leading to an increase in telehealth-based initiatives whose efficacy and feasibility have not yet been fully explored (Bonnechère et al., 2023). As for the Philippine context, there is a dearth of information regarding the role of telerehabilitation in LMICs, where problems such as slow internet speed, legality, and skepticism are prevalent among practitioners (Leochico & Valera, 2020). Such issues are reminiscent of those linked to the digital divide, a structural problem that threatens the equal utilization of telehealth: factors such as poverty, low literacy rates, lack of motivation for using technology, and lack of technology are among the reasons that the digital divide constitutes a global issue (Zhang et al., 2025). These concerns apply in the case of CWD in developing nations. Despite this, few studies have rigorously evaluated how community-based telehealth programs serving CWD navigate the digital divide while sustaining therapeutic effectiveness, cost effectiveness, and stakeholder engagement simultaneously.

The disparity is particularly noticeable in the Philippines, where telehealth policies have matured over time, with telemedicine being considered as far back as 2012 as a possible approach to serve the needs of around 600 municipalities that have difficulty accessing health care services (Padmanaban & Udayasankaran, 2021), but there is an absence of reviews about the effectiveness of telerehabilitation for CWD. In the current literature, studies on telerehabilitation in the Philippines mostly involve assessments of the implementation and uptake of technology among adults or healthcare professionals, while the holistic outcomes of pediatric rehabilitation interventions supported by telemedicine within communities are rarely explored (Leochico & Valera, 2020; Dulawan et al., 2022). Furthermore, the integration of telehealth approaches with the CBR paradigm, which highlights the involvement of the community, caregivers' agency, and cross-sectoral cooperation, has received little attention both in the context of the Philippines and other comparable LMICs. This is a notable gap in the literature, as CBR supported by telehealth could be a promising model of disability services provision in LMICs.

Embrace A Child Program

The "Embrace A Child" program is an outreach program of the Open Arms Organization in the Philippines that seeks to empower families through accessible social support and rehabilitation services (Open Arms Organization, 2024). Open Arms Organization offers occupational therapy, among other holistic rehabilitation services, to CWD under this program. Besides therapy, the program also offers social support to families to enable them to overcome challenges and access resources they need (Embrace-A-Child Online Community, 2025). Potential and actual clients have access to the organization via the Facebook page, where they are scheduled and matched with interns or staff for therapy. The program also offers webinars and a private Facebook group community to further support them. With a focus on rehabilitation and support, the Embrace A Child program is integral to the promotion of the welfare of CWD and their families in the Philippines. This initiative, launched in 2019 (Open Arms Organization, 2025), has been successfully providing accessible services (Roja, 2023), but its impact evaluation has not yet been pursued extensively and sustainably. As it aims to address the identified key challenges that include prohibitive costs, inaccessibility of services, and systemic discrimination based on cultural and ethnic diversity (Carraro et al., 2023), the lack of assessment inhibits the scope of understanding of the program's effectiveness and the establishment of its areas for improvement. With the increasing scale and reputation of the program, a formal assessment is necessary to assess its reach, impact, and sustainability, and ensure responsiveness to the evolving needs of CWD in the Philippines.

Aims and Research Questions

This study aims to comprehensively evaluate the Embrace A Child program by looking at the program's effectiveness, accessibility, cost implications, and its stakeholder experiences. Specifically, the study seeks to: (1) assess health outcomes and functional improvements among CWD enrolled in the program; (2) examine how telehealth delivery extends or constrains access to rehabilitation services across geographic and socioeconomic contexts; (3) analyze the program's cost-related impact on families; and (4) document the experiences of caregivers and program volunteers as key stakeholders. In essence, the research tries to bridge two major gaps in the existing literature that are interrelated, which include the need for more empirical studies evaluating the effectiveness of telehealth-based occupational therapy programs for CWDs in the Philippines and the limited information regarding the structure of digital CBR models necessary to ensure inclusivity, affordability, and sustainability in LMICs. The findings are intended to contribute to evidence-based policy and practice discussions on scaling inclusive rehabilitation for marginalized children and families in LMICs.

Moreover, to organize this study, the PACE Framework was utilized. It was developed by Little and his associates in 2021 to help understand and assess telehealth programs. The PACE Framework comprises four domains: (1) Population and Health Outcomes, (2) Access for All Clients, (3) Costs and Cost Effectiveness, and (4) Client and Practitioner Experiences. Each domain includes specific outcomes and operational definitions according to the American Occupational Therapy Association's [AOTA] Occupational Therapy Practice Framework – 4th Edition (2020) and/or WHO (2001), as applicable. It was specifically designed for evaluating evidence-based telehealth interventions with an emphasis on outcome and process. Instead of acting as a strict list of criteria to follow, the PACE Framework acts more as an evaluation tool that is adaptable enough to be used in evaluating a program such as Embrace A Child, where outcomes span functional, relational, financial, and systemic domains. A concurrent mixed-methods design, combining quantitative surveys and qualitative interviews, was selected to ensure that both measurable outcomes and lived stakeholder experiences are captured with appropriate depth and rigor.

METHODS

Research Design

Mixed methods research is currently a standard methodology in contemporary research, providing a more effective examination of research questions (Damyonov, 2023). Concurrent mixed-method design has been employed in this research to fulfill its research objectives. A concurrent mixed-method design involves the simultaneous collection of quantitative and qualitative data (Castro et al., 2010). In this study, priority is placed on evaluating the probable worth and usefulness of the Embrace A Child program across the various dimensions outlined in the PACE Framework. A concurrent mixed-methods approach is the best choice for evaluating the Embrace A Child Program because it allows for a comprehensive analysis of the program's effectiveness, accessibility, and stakeholder experiences.

Participants Recruitment

The study applied a purposive sampling approach study (Palinkas et al., 2015) since the perspectives of participants who were engaged in the Embrace A Child program is critical to the process of further improving its implementation. This sampling method was intentionally chosen to capture the experiences of those most directly affected by the program. However, the authors acknowledge that this approach may limit the generalizability of findings, as participants were drawn exclusively from within the program's existing stakeholder pool. For the qualitative part, which included in-depth interviews, participants were primary caregivers or family members of children in the Embrace A Child program who are at least 18 years old, have provided extensive care to the child, have direct experience of the child's participation in the program, and are able to read and communicate in conversational English and/or Tagalog. See Table 1.1 for the demographic data of the carers' included in the study. Moreover, volunteers or interns who have been part of the program and have directly cared for at least one child were recruited, provided they are aged 18 and above, have prior or ongoing experience with the program, possess conversational knowledge of English and/or Tagalog, and reside in the Philippines. See Table 1.2 for the details.

Table 1.1 Demographic Details of Interviewees

Code	Gender	Age
Carer 1	Female	46 years old
Carer 2	Female	39 years old
Carer 3	Female	34 years old

Carer 4	Female	42 years old
Carer 5	Female	43 years old

Table 1.2 Demographic Details of Volunteers

Code	Gender	Age
Volunteer 1	Male	24 years old
Volunteer 2	Male	23 years old
Volunteer 3	Female	23 years old
Volunteer 4	Female	21 years old
Volunteer 5	Female	36 years old

For the quantitative phase, old and/or current caregivers or family members of the enrolled children were reached through various platforms to send them the validated survey questionnaire. To ensure accessibility, study participants selected must be able to use one or more functional gadgets (e.g., smartphone, tablet, or computer) to complete the survey, be at least 18 years old, and know basic Tagalog to be able to answer appropriately. See Table 2 for the demographic details of the survey participants for the quantitative part of the study.

Table 2 Demographic of Survey Respondents

Category	Total Number (n=20)	Percentage
Relation to Child		
Mother	20	100%
Father	0	0
Others	0	0
Age		
30–34	6	30%
35–39	3	15%
40–44	6	30%
45–49	5	25%
Location		
NCR	11	55%
Region IV-A (CALABARZON)	6	30%
Region III (Central Luzon)	2	10%
Region XII (SOCCSKSARGEN)	1	5%

By employing this participant recruitment method, the study got a whole picture of key stakeholders, having varied views that will help further develop and refine the *Embrace A Child* program.

Data Collection

The study commenced upon approval of a panel. Data collection for both qualitative and quantitative components was carried out simultaneously. A semi-structured interview guide for the major stakeholders, including clients (children’s caregivers and families), occupational therapy practitioners, interns, and volunteers, was developed. The semi-structured guide questions were organized around the domains of the PACE Framework to ensure alignment between the data collected and the program evaluation objectives. Moreover, the semi-structured guide questions were reviewed by an external expert. Participants were chosen through a purposive sampling method, and informed consent were obtained prior to conducting in-depth interviews to gather their opinions and experiences regarding the program. It took at least 45 minutes to a maximum of 60 minutes via an online platform to finish the interview. Each was recorded. The two (2) research assistants, who were trained by the primary author, facilitated the interview to mitigate biases and influence during the interactions. Research assistants were briefed on

standardized interview protocols and instructed to avoid leading questions, probe neutrally, and refrain from sharing personal opinions during sessions. The research assistants were interns with a background in occupational therapy and has experience in doing research. A sample of at least four (4) was targeted, since Tanovic (2024) cited that this is the minimum number of participants necessary to make an in-depth interview work. At the end, there were five (5) interviewed caregivers or parents and five (5) volunteers in the sample gathered.

For the quantitative component, a formal survey was designed for program clients and partners to establish accessibility, satisfaction, and health outcomes. The survey tool underwent content validation by at least three external experts, each holding a master's degree and with experience in research and program evaluation. Experts were asked to rate each item for relevance, clarity, and appropriateness, and revisions were made based on their consolidated feedback prior to administration. If the participant needed help to fill out the survey, the research assistants provided time to guide him/her. Like the qualitative process, participant recruitment was conducted according to inclusion criteria, and informed consent was sought before data collection. At least 10% (Fox, 2024) of the beneficiaries within the year 2025, as of writing, were targeted, which is at least 5 participants. The study was able to get at least 20 respondents.

Data Analysis

The analysis of data from both parts was directed in accordance with domains identified in the PACE Framework. The interviews were transcribed electronically and thematically analyzed with codes and themes developed to supply stakeholder experience, program success, and areas of improvement. It followed Braun and Clarke's steps (2006) in thematic analysis. Specifically, the process involved familiarization with the data, generation of initial codes, searching for and reviewing themes, and defining and naming themes. Initial coding was conducted independently by the authors, after which codes were compared and discrepancies resolved through discussion to strengthen inter-rater reliability. For the quantitative data, responses from the online survey were treated using descriptive statistical analysis (Kanade, 2023) to gauge critical program measures such as accessibility, perceived effectiveness, and levels of satisfaction. For ensuring comprehensive evaluation, data and methodological triangulation were employed in the study and included findings of thematic analysis and descriptive statistics. This process allowed integration of different sources of data to establish stronger validity in the findings.

Rigor and Trustworthiness

Ensuring rigor and authenticity is mandatory while constructing the reliability and credibility of research findings (Ahmed, 2024). To ensure the quality of this research, some significant standards were utilized. Credibility was ascertained by extended participation, persistent observation, and triangulation of data and collection methods. Transferability was ensured through the description in detail and depth of the context of research, thus allowing follow-up studies to evaluate the fitness for purpose of results in corresponding settings. Dependability was ensured through tight documentation of the research process itself, including an audit trail of ensuring consistency and traceability. Confirmability was enhanced through peer debriefing and member checking, so that the findings are grounded in participants' experiences rather than researcher bias. As the primary author is an active participant in the Embrace A Child program, additional measures were taken to ensure objectivity. This included the involvement of research assistants and a research adviser. The research adviser served as a check, overseeing the research process to ensure impartiality. Furthermore, participant validation (Hadi & Closs, 2016) occurred to verify that the results accurately mirror stakeholders' perceptions and contribute meaningfully

to program development. These research precautions corroborate the validity and integrity of the study, which ensure the rigor and impact of the evaluation of the Embrace A Child program.

Positionality

The primary author of this study is a Filipino occupational therapist with professional experience in clinical practice, academia, and community-based rehabilitation. He is also the current Executive Director of the Open Arms Organization, the program that is the subject of this evaluation. The author acknowledges that his position as a key internal stakeholder necessitates a transparent and rigorous approach to research. To critically address this potential conflict of interest, the primary author deliberately excluded himself from direct data collection, delegating all interviews and survey administration to trained research assistants. All preliminary findings were reviewed and validated by the research adviser prior to interpretation, providing an additional layer of independent oversight. Therefore, this study is framed from the perspective of an “engaged researcher.” This paradigm advocates for inclusivity and participatory methods such as action research, co-production, and co-creation to move beyond the limiting frames of conventional approaches. This reflects the core philosophy that research should be conducted “with” society, not “for” it. Notwithstanding the author’s personal connection to the program, he is deeply committed to the trustworthiness of the research findings, which were assessed and validated through each stage of the study’s methodology. The second author is the research adviser who has an extensive background in research and community-based programs.

Ethical Considerations

This study follows the research ethical rules specified in the World Medical Association’s Declaration of Helsinki (2024). The research protocol was reviewed and approved by the institutional panel of the School of Governance, Public Service, and Corporate Leadership of De La Salle University – Dasmariñas, in accordance with the capstone project requirements of the postgraduate program in which the primary author was enrolled. As this study involved minimal interaction with participants, posed no foreseeable physical or psychological risk, and utilized a small, purposively selected sample drawn from an existing community program, it was classified as exempt from full ethical review under the institution’s guidelines for low-risk capstone research. All participants received an informed consent form (ICF) prepared in plain and readable language. The participants’ rights and voluntariness of participation were emphasized. Confidentiality and anonymity were maintained strictly during the research. Data collected was stored securely by the principal researcher and passed on to the adviser as needed on a need-to-know basis only. The right to withdraw from participation at any time was also emphasized.

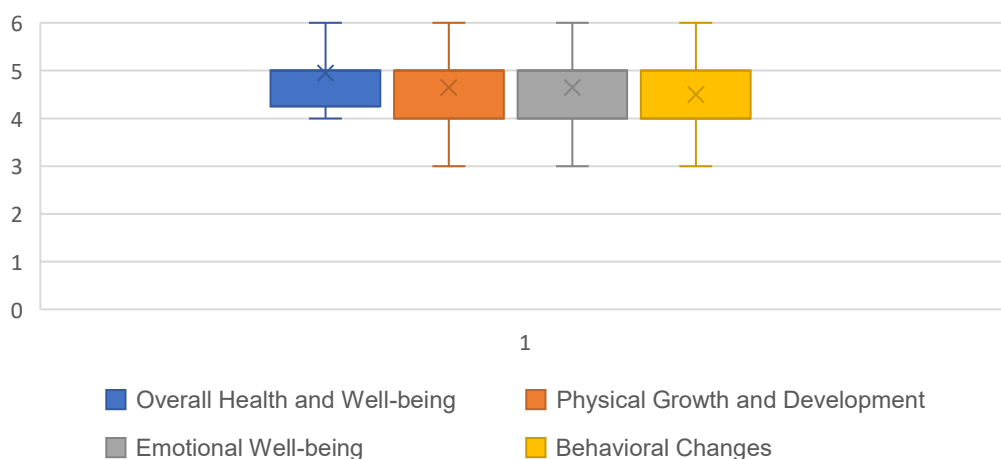
RESULTS

The study explored the perspectives of both volunteers and beneficiaries through one-on-one semi-structured interviews, generating rich narratives that were analyzed along with the quantitative ratings to enable a comprehensive evaluation of the Embrace A Child program. From these interviews, four (4) themes emerged that address the effectiveness of the program based on the PACE framework. The themes included (1) enhancing functional participation and health outcomes through telehealth-based occupational therapy, (2) expanding access to rehabilitation in underserved areas via telehealth, with persistent digital divide challenges, (3) reducing financial burdens through free and home-based services, yet hidden costs remain, and (4) building positive engagement and satisfaction among stakeholders, with opportunities for system strengthening. In a critical lens, these themes are distinct but not isolated, wherein they intersect and reinforce one

another. These are also a product of the analysis of both quantitative scores and qualitative stories, which can be read below.

Enhancing Functional Participation and Health Outcomes through Telehealth

The PACE framework’s foundational component is its focus on the population-level health outcomes, which highlights whether the program enables measurable improvements in the functional and developmental domains of its recipients. The Embrace A Child program was perceived by volunteers and carers in general as effective in enhancing the health status and functional participation of CWD. Carers reported notable improvement in their children's communication, emotional regulation, frustration tolerance, and fine motor skills, which were expressed in greater responsiveness during therapy and improved behavior at home and school. As one volunteer attested, *"The caregivers are very satisfied."* Another said, *"They observed improvements at home—fewer tantrums, and their child is now more cooperative."* Emotional acceptance of the child's condition was also brought about by the program among the families, enabling positive mental health outcomes. For the volunteers, they observed that *"[children] became more well-behaved and more responsive to instructions,"* which signifies observable change in functional behaviors. These qualitative remarks are corroborated by the quantitative data.



Note: 6 – Significantly Improved, 1 – Not Significantly Improved; X-axis: Health Outcome Domains; Y-Axis: Health Outcome Ratings

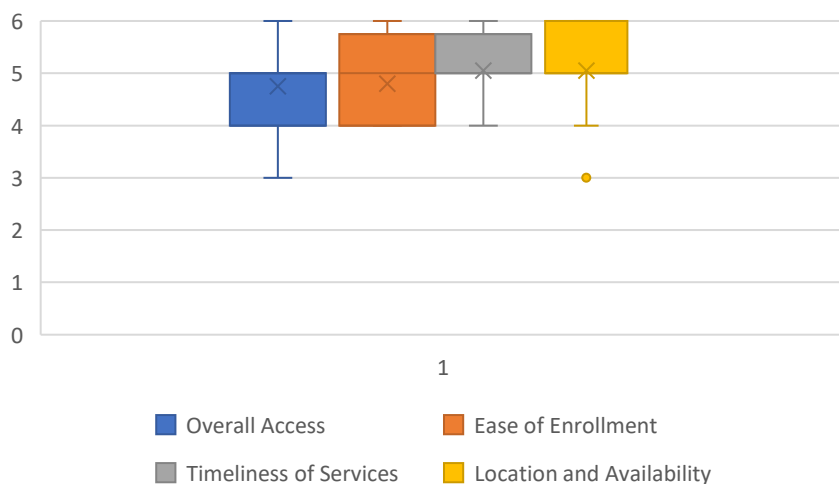
Figure 1. Population and Health Outcomes (P)

When asked whether they had seen changes in their child's physical and mental and/or emotional wellbeing since being in the program, all the participants said *"yes"* although one participant suggested a lack of confidence in physical development. This single reservation is analytically significant as it suggests that while emotional and behavioral gains are more readily perceptible to the caregivers, physical development may require longer timeframes or a more specific tool to be observable. Figure 1 illustrates perceived changes among children receiving the Embrace a Child program rated on a scale of 1 to 6, with 6 being a much improvement and 1 being no improvement at all. Rather than confirming positive ratings, the distribution of scores reveals meaningful variation that warrants interpretation. All the domains have a median score of 5, indicating that caregivers widely saw positive change in these domains. Of the four, Overall Health and Well-being is most consistent, with scores bunched over a narrow range from 4 to 6, reflecting strong consensus among caregivers that the child's overall health improved significantly. This consistency is notable given the diversity of the children within the program and suggests

that the program's holistic approach enables reliable gains even when individual circumstances vary. On the other hand, Physical Growth and Development, Emotional Well-being, and Changes in Behavior, while also positively rated, are more variable among ratings of 3 to 6. This is not a simple noise rather it reflects genuine heterogeneity in children's baseline conditions, the nature of children's disabilities and the duration of engagement with the program. As all four domains reached a maximum score of 6 indicates that some caregivers felt and seen transformative improvements, while the lower-end scores among a minority convey that program impact is moderated by individual factors that a one-size-fits-all telehealth model may not full address. These results collectively shed light to the program's effectiveness while pointing to an unmet need for differentiated treatment pathways and longitudinal follow-up. The volunteers of the program themselves acknowledged that short placement durations limited their ability to witness long-term outcomes, which is a structural gap that warrants attention.

Expanding access to Rehabilitation in Underserved Areas via Telehealth, with Persistent Digital Divide Challenges

Equitable access is essential to the PACE framework's evaluation criteria, which highlights whether the program is serving marginalized populations properly. The program was crucial in enhancing the accessibility of occupational therapy services, especially to disadvantaged and rural populations. Carers and volunteers alike highlighted how telehealth assisted geographically isolated and economically disadvantaged children in accessing therapy at no cost of transport or pricey services. According to one volunteer, *"Not everyone can afford therapy at a center because it can be quite expensive. That's why this program is very helpful."* Another added, *"...even though they were at a distance, they were still reached."* The caregiver-mediated model, where caregivers or parents were greatly involved, further enhanced access by equipping parents with the ability to offer therapy activities at home, thus making the program available in low-resource environments. These accounts of broad access must, however, be read alongside the structural constraints that simultaneously limit them. The digital divide emerged as a significant systemic challenge. Some of the carers described inconsistent internet connectivity, a lack of digital devices, and conflicting timetables. A carer commented, *"Access to the internet is really the biggest problem...especially in areas where the signal is weak, making it difficult to join the session."* This is not a simple inconvenience, but rather presents a structural inequity in which the very community the program is designed to serve are paradoxically the least equipped to access its services in digital space. Volunteers made suggestions such as providing tutorials, leaflets, and personal mentoring to enhance digital competence, and designing hybrid or offline delivery mechanisms to address connectivity problems. These findings highlight the importance of targeted infrastructure investments for bridging digital divides and upgrading more inclusive access to rehab services.



Note: 6 – Very Accessible, 1 – Not Very Accessible; X-axis: Accessibility Domains; Y-Axis: Accessibility Ratings

Figure 2. Access for All Clients (A)

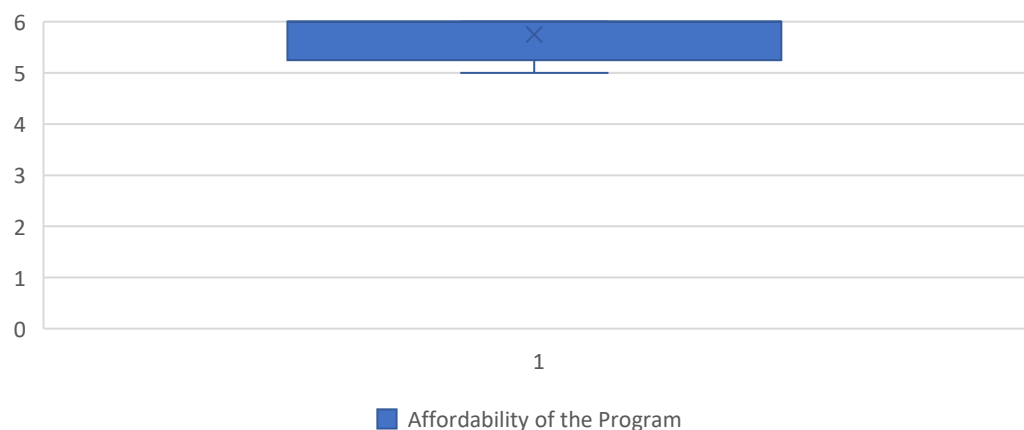
The quantitative data both confirm and complicate this picture. Most of the participants (80%) indicated that they were highly aware of the services of the Embrace A Child program. All the participants indicated that they were encouraged by their child's individual needs. Furthermore, all indicated that the program is comprehensive and caters to all the needs of their children with diverse backgrounds. Based on Figure 2, client satisfaction with program availability is generally good in all aspects being measured since all median scores are 4.5 or higher on a 6-point scale, with 6 indicating very satisfied. The differential pattern across these sub-dimensions is analytically instructive. Clients were most satisfied with Location and Availability and Timeliness of Services, indicating strong, consistent satisfaction. Ease of Enrollment was also held in the highest regard, with an extremely high median score of 5. These three dimensions are connected primarily to the program's design and administrative functioning, which are within the control of the program, and consistency of high scores suggest that the program's structural set-up is well-positioned for its population. In contrast, Overall Access had the most diversified feedback. Although still positive at a median of 4.5, it was most spread in a range of scores (3 to 6), highlighting to an experience that is positive in average but with significant uneven practice. One outlier in the Location and Availability dimension further explains that for some clients, even logistical arrangements that most find adequate remain problematic. Now, taken all together, both quantitative and qualitative data converge on a common conclusion: the program's administrative structures and design facilitate access effectively, but the digital infrastructure on which it depends introduces inequities that are external to the program itself and therefore need targeted, system-level proposals, including partnerships with local government units, organizations or telecommunication providers rather than program-level adjustments alone.

Reducing Financial Burdens through Free and Home-based services, yet Hidden Costs Remain

The next essential aspect of the PACE Framework is cost effectiveness, which is significant in the context of the program as it tries to address the economically disadvantaged population. The no-cost structure of the program and telehealth provision largely reduced the economic burden to families, which was always cited as one of the strongest points.

The carers appreciated not spending money on sessions that would otherwise cost them ₱1,000 to ₱1,500 (17 USD to 25 USD) per session in private clinics. Furthermore, the elimination of transport and other logistics expenses made the service more accessible. A volunteer corroborated, "...they don't have to spend on transportation, and the therapy is already completed even though it's done at home." Despite these positive notes, other remarks reveal a pattern of hidden costs that threaten to undermine the program's financial accessibility. Some families continued spending small money for printing worksheets or buying simple materials, while others faced problems, most critically, in paying for reliable internet or computing devices. A carer commented, "The [only] challenge sometimes is that Wi-Fi or data is still needed...not everyone has a device they can use." These costs are individually modest but collectively significant. They pose as regressive burdens, falling disproportionately on the families with the least resources and potentially deterring sustain participation and engagement. This dynamic echo a broader phenomenon in telehealth literature, wherein the programs designed to lower costs inadvertently shift certain expenditures to service users rather than eliminating them.

Figure 3. Costs and Cost Effectiveness (C)



Note: 6 – Very Cost-Effective, 1 – Not Very Cost-Effective; X-axis: Cost Domain; Y-Axis: Cost Ratings

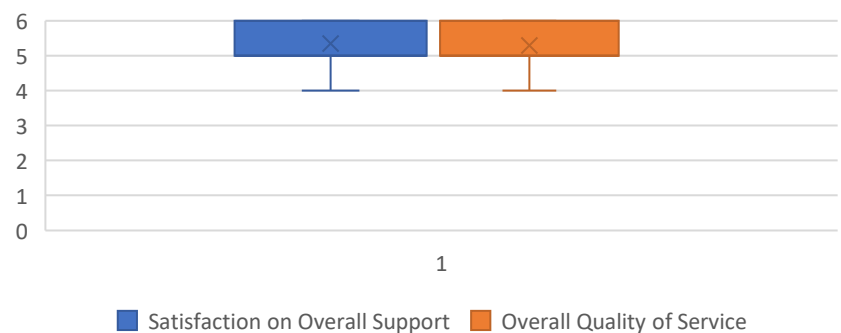
Figure 3. Cost and Cost Effectiveness (C)

The quantitative data on cost perceptions are really striking in their consistency. The majority (70%) of the interviewees marked on a 1-6 scale (where 6 would mean very worthwhile the cost and 1 not worth the cost) that the program is a 6, while 30% marked it as a 5. This means that no participant rated the program below the midpoint, a significant result finding given that even no-cost programs can be perceived as burdensome when hidden costs and time demands are factored in. As indicated by Figure 3, the perceived affordability of the program is very high, with all client comment tightly grouped in the range 5 through 6 on a scale of 6, where 6 is "very affordable." The compression of the scores towards the upper end of the scale, with at least 25% of clients awarding the maximum score, is analytically meaningful. This indicates that the program's cost structure is not merely acceptable but genuinely exceptional relative to what families would otherwise face. Furthermore, 20% of the clients reported obstacles to access despite these positive affordability ratings, sending signals that financial barriers do not account for all access difficulties. This disjuncture between affordability perceptions and access outcomes directs evaluation towards non-monetary barriers, which includes the demands of

caregiving, the inconsistency of the internet access, and the dynamics of single parenthood and other related constraints. Addressing these challenges would need targeted and non-financial support such as flexibility in scheduling, provision of offline and practical materials and community-based support.

Building Positive Engagement and Satisfaction among Stakeholders, with Opportunities for System Strengthening

Finally, the last part of the PACE Framework concerns the quality of stakeholder experience. This encompasses therapeutic relationships, caregiver engagement, and overall satisfaction with program delivery. Stakeholder experiences of the Embrace A Child program were overwhelmingly positive, with therapeutic relationships that were strong, caregiver engagement that was high, and satisfaction with the child-led, play-based focus of the therapy being reported. Carers felt respected, involved in goal setting, and heard by the therapists and volunteers. One volunteer said, "*Even small improvements, like the child being more open to communicate, are a big deal for us and the parents.*" These small successes were precious for families. Volunteers emphasized how caregiver attendance at sessions significantly impacted outcomes, and the need for family-centered practice was emphasized. Yet, several issues with implementation were noted that temper an otherwise positive picture. Volunteers noted last-minute session links, inconsistencies with therapist assignment, and child distraction during online sessions, wherein 75% of children were at times disengaged. Volunteers suggested stronger caregiver preparation, monthly workshops, and a school or government partnership to enable hybrid delivery. Carers also recommended including progress reports and follow-up procedures. These are not peripheral concerns since they directly affect the therapeutic gains reported under the first theme, and their recurrence across multiple informants suggests they are systemic rather than incidental.



Note: 6 – Very Satisfactory, 1 – Not Very Satisfactory; X-axis: Experience Domains; Y-Axis: Experience Ratings

Figure 4. Experience of Clients and Other Stakeholders (E)

The quantitative satisfaction data are consistent with this nuanced landscape of the program. Figure 4 shows caregiver ratings of Overall Quality of Service and Satisfaction with Overall Support, both on a 6-point scale. The Overall Quality of Service achieved the highest median value of 5.5, with Satisfaction with Overall Support at 5.0, and in both cases, at least 75% of clients rated the program at 5.0 or above. These are strong scores that indicate that the program has established genuine trust and relational quality with its clients. This is a foundation that is difficult to build and important to protect. The lowest score across both dimensions was 4, reported by 10% of respondents in the context of staff

interactions. Instead of dismissing this as marginal, it should be critically seen as a signal that even at high overall satisfaction levels, a meaningful minority encountered friction in staff communication, and this experience warrants staff training check-ins and feedback integration mechanisms.

All participants shared they would recommend the program to others. Moreover, their feedback was predominantly constructive and future oriented. This is itself a significant insight. Community-based programs are associated with strong social trust and perceived legitimacy, which are necessary preconditions for program sustainability and community-level uptake. Many suggest expansion of service scope, which includes speech and language therapy, increased staffing or interns, the possibility of physical offices and hybrid delivery options, and practical improvements like simplified registration procedures and more structured scheduling communication. Overall, this feedback does not point to dissatisfaction rather an opportunity. Stakeholders who are sufficiently engaged with the program to envision its evolution and advocate for its improvement are an additional win.

To sum it up, four intersecting themes that were revealed show a program whose core design is well-aligned with its population's needs, but whose implementation and delivery are challenged by infrastructural and systemic factors that lie partly beyond its direct control. The qualitative accounts and quantitative scores converge on a consistent finding. The Embrace A Child program delivers meaningful outcomes, high accessibility within its structural constraints, exceptional cost value, and strong stakeholder relationships. However, at the same time, the digital divide, hidden costs, inconsistent service delivery, and absence of longitudinal monitoring systems represent gaps that, if unaddressed, risk limiting the program's impact and equity over time.

This multi-layered understanding, through the lens of the PACE framework, affirms the value of narrative inquiry as an evaluative method. Quantitative data confirmed the program's reach and satisfaction levels, but it is the qualitative accounts of technological frustration, caregiver empowerment, and the meaning of small gains that reveal the mechanisms through which outcomes are produced and the conditions under which they are constrained. As Clandinin and Connelly (2000) argue, narratives and qualitative data are the primary mode through which human experience is rendered meaningful, and it produces situated, contextual knowledge that aggregate scores cannot capture. By integrating both data types within the PACE Framework, this evaluation moves beyond a simple verdict of success or failure toward the generation of actionable, specific insights for program improvement, which Patton (2015) identifies as the central purpose of developmental evaluation.

DISCUSSION

The Embrace A Child program has a salient beneficial effect on the health outcomes and functional participation of its clients, a conclusion well-supported by all sources of evidence. Qualitative interviewing of volunteers and carers provides rich testimony to improved children's communication, emotional regulation, and functional behavior, directly complemented by quantitative survey evidence of a high median score of 5 out of 6 across developmental areas. Furthermore, on the domains of physical growth, emotional well-being, and behavioral change, which scored with greater variability, correspond precisely to the qualitative narratives of individual differences in children's starting point and caregiver engagement levels, conveying that quantitative variance in these areas is not a sign of program inconsistency but rather a reflection of the heterogeneous nature of disability itself (WHO, 2021). This focus on the outcome is further grounded in the principles of CBR, which puts the family and members of the local community as active agents

in the rehabilitation process rather than passive recipients of interventions (ILO, UNESCO, & WHO, 2004). The Embrace A Child program's caregiver-mediated approach aligns closely with this framework, which effectively extends therapeutic reach into the home environment and reinforces capacities of the family.

Such an emphasis on enablement aligns with growing evidence for the efficacy of telehealth for childhood rehabilitation. For instance, a telehealth-based study by Bagner and peers (2023) of developmentally delayed children also registered similar gains in functional skills and caregiver empowerment. The primary problem against the effectiveness of the program, the limited duration of volunteer assignments precluding long-term measurement, is a recognized issue even in the general domain of telerehabilitation. In accordance with a systematic review by Seron and peers (2021), while telehealth interventions consistently demonstrate high short-term effectiveness and patient satisfaction, proving long-term sustainability of the outcome is a methodological issue requiring longitudinal research designs.

The program greatly improves access to rehabilitation services by utilizing a telehealth model, particularly for rural and underserved families, even though the digital divide is one of the main barriers to equal access. The praise for the model in eliminating geographical and travel burdens is a well-known benefit of telehealth. Yet, users still face barriers due to unstable internet, lack of devices, and low digital literacy that reveals a fundamental paradox. This "digital paradox," wherein a technology intended to increase equity may inadvertently reinforce existing inequalities, is a central theme of contemporary telehealth research (Petretto et al., 2024). These barriers are now understood not as mere inconveniences but as powerful "digital determinants of health" that effectively decide who can, and cannot, take advantage of modern healthcare innovations (WHO, 2024). This challenge is especially acute in LMIC contexts, where infrastructure barriers remain significant and telehealth adoption has outpaced the development of enabling conditions (Mahmoud et al., 2022). The results of this research thus confirm that for telehealth to be equitably effective, programmatic support will have to extend beyond clinical care to address these fundamental infrastructural and educational inequities.

Financially, the program is highly successful in lowering costs to families, although certain "hidden costs" associated with the telehealth model still are a problem. The great relief provided to carers from the otherwise prohibitive costs of private therapy costs and travel costs is one of the key drivers of the value proposition of telehealth. These advantages have been monetarily measured by research, with telehealth proven to save families hundreds of dollars per visit in travel avoided and wages not lost (Jungbauer et al., 2023). However, this study's acknowledgment of "hidden costs"—e.g., for internet data, printing papers, or a suitable digital device—resonates with concerns raised by Ramsetty and Adams (2020), who found that patient-side costs in resource-poor settings can present new, if smaller, financial barriers. From the lens of CBR, this underscores the importance of embedding programs within current community support structures and utilizing local resources to offset indirect costs, rather than relying solely on families to absorb them (Iemmi et al., 2017). This means that for programs aimed at economically disadvantaged populations, true cost-effectiveness requires a strategy for limiting these indirect costs, for instance, through providing data subsidies or non-digital material packet.

Stakeholders' experiences with the program are overwhelmingly positive, with high satisfaction and good therapeutic alliances, yet several challenges in implementation suggest clear opportunities for system-level improvement. These levels of satisfaction are a recurring motif within the telehealth literature and are frequently attributable to convenience and the focused, one-on-one nature of virtual visits (Seron et al., 2021). Qualitative comments regarding the "kind and accommodating" staff highlight the critical role of the

therapeutic alliance that Fairweather and associates (2021) found was just as vital in virtual as in in-person relationships. However, the issues observed, such as child distraction during virtual sessions and administrative inconsistencies, are likewise common. The difficulty in maintaining ongoing attentiveness of pediatric clients while in the home environment is an extensively cited issue for clinicians (Fairweather, 2021). Recent research further suggests that structured caregiver preparation protocols and session-readiness checklists can reduce disengagement among clients in telehealth settings, offering a practical and low-cost mechanism for improvement (Quon et al., 2026). In line with this, therefore, the stakeholders in this study's unanimous recommendation of hybrid models blending telehealth with face-to-face elements reflects an emerging consensus in the literature. Most now recommend that hybrid care is not a temporary solution but the perfect going forward because it leverages telehealth's access while preserving the high-touch benefit of in-person contact (Thomas, 2022).

CONCLUSION

This comprehensive evaluation answered the key objectives from the PACE perspective in a systematic manner and concluded that Embrace A Child is a highly valued, effective program. The evidence shows that the program has a categorically positive impact, with clear gains in children's communication, control of emotions, and function behavior as reported by stakeholders, which are upheld by high quantitative indicators for health and well-being.

Telehealth has been instrumental in growing services to economically and geographically disadvantaged populations, though fair access is hampered by a widespread digital divide. Moreover, the program is amazingly effective at lowering costs, but minor hidden technology and material-related expenses continue to be a problem. Finally, participants universally reported good interactions and high satisfaction, while still identifying scheduling and communication inconsistencies that offer clear potential for system-wide improvement. The Embrace A Child program is a successful and valuable service whose sustainability and impact in the long term can be significantly enhanced by strategically addressing the challenges identified in each section of the PACE framework.

From a policy standpoint, the results carry direct implications for local and even national rehabilitation systems in the Philippines and similar LMIC. Integrating volunteer-driven telehealth models into existing CBR frameworks could extend the reach of services without proportional increases in government expenditure (Mwangi et al., 2022; Carraro et al., 2023). The replication of the program model is feasible under conditions of adequate digital infrastructure, trained volunteer pools, and institutional partnerships with local government units or schools: priority areas that policymakers should investigate when designing inclusive rehabilitation initiatives.

The multi-domain strategy was critical in integrating the mixed-methods data so that quantitative measures (e.g., high satisfaction ratings) could be grounded and enriched by qualitative depths (e.g., stories about the digital divide). The PACE framework really came to be the analytical backbone of the study, crystallizing disparate data points into one cohesive and integrated assessment of the Embrace A Child program. As the program evolves, it continues to lead in the empowerment of children and families, a beacon of what is possible through compassion, imagination, and uncompromising dedication to public service. Future studies with larger, more diverse samples are needed to test whether these patterns hold beyond the current setting.

Limitations

It must be pointed out that this research has its own limits to provide an accurate reflection of its results. To start with, the study was restricted by a small sample of respondents analyzed. Hence, this research was not designed as an exhaustive, summative

review of the Embrace a Child program. Instead, it gives an exploratory image of the existing situation of the program to inform existing development and leave room for potential replication. Second, the application of the PACE framework is based on its broad conceptual areas rather than an exhaustive detailing of all delicate items. This degree of analysis helped provide an overview but could have overlooked some finer nuances. Also, being an insider researcher invested in the program, the author's positionality is an aspect that needs to be considered. Even with cautious procedures followed to determine trustworthiness and counteract bias, the scope for unconscious bias in interpreting data cannot be eliminated entirely. Lastly, the research was conducted under the large time constraints characteristic of a project, which restricted the overall scope and depth of the investigation. These constraints define the boundaries of this current study and identify lucrative directions for subsequent, more in-depth studies.

Ways Forward

It is possible for future studies to contemplate a longitudinal design that would allow them to monitor the same group of people for several years. This design would reveal the long-term effects of telehealth practices on children's development, independence, and social acceptance. Using comparative studies, resource distribution may be directed and service delivery optimized in areas with little resources by examining models based on telehealth only, a combination of telehealth and face-to-face, and face-to-face only. The integration of programs like Embrace A Child into public health and education systems may be hindered by certain factors or supported by others, thus indicating, through some case studies of LGU and school partnership, what the best way is for scaling inclusive rehabilitation services. Using the PACE framework in such studies may facilitate the methodical evaluation of outcomes, accessibility, cost-effectiveness, and stakeholders' experiences, which will, in turn, provide actionable insights for program refinement and sustainability.

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