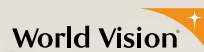
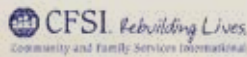




# TRAINING MANUAL ON Republic Act 10821 and the Minimum Standards for Child Protection in Humanitarian Action

Version 1.0



This Training Manual was produced as part of the Strengthening Child-Centered Disaster Risk Reduction and Emergency Response. The publication was made possible through the funding of German Foreign Federal Office.

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**Training Manual on**  
REPUBLIC ACT 10821 AND THE CHILD  
PROTECTION MINIMUM STANDARDS  
IN HUMANITARIAN ACTION

**Version 1.0**





# FOREWORD

This training handbook is part of the movement to strengthen coordination and response during humanitarian crises at all levels. Together, we envision that children are protected – that they are provided the avenues to fulfill their rights even in the face of disasters and emergencies.

While we laudably have existing child-friendly systems and mechanisms in place, we recognize the need to further improve the mainstreaming of humanitarian endeavors. To address this, the Council for the Welfare of Children (CWC), through the Technical Working Group (TWG) of the National Child Protection Working Group (NCPWG), assiduously developed this handbook to engage a community of experts knowledgeable on child protection in emergencies. This shall enable and empower them to undertake capacity building initiatives, and in turn, equipping others with skills and knowledge to handle preparedness, mitigation and response in addressing child protection needs.

This manual is primarily guided by existing policies and guidelines on child protection in emergencies (CPiE), namely the Child Protection Minimum Standards in Humanitarian Action (CPMS) and the landmark legislation, Republic Act 10821 (Children's Emergency Relief and Protection Act). By combining both, this trainer's guide provides an overview of the plausible risks that children may face such as violence, separation from families, and association or involvement in armed groups. It also includes a brief introduction to child-friendly spaces, case management, mental health and psychosocial support, and data gathering and monitoring.

It is our hope that this be utilized as a tool for child protection practitioners and service providers to increase their knowledge, confidence and overall capacity to improve the quality of child protection programming in emergency preparedness and response.

**MARY MITZI "MITCH" CAJAYON-UY**

Executive Director  
Council for the Welfare of Children





# MESSAGES

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## Message from UNICEF

*Co-Chair, National Child Protection Working Group (NCPWG)*

---

UNICEF congratulates the Council for the Welfare of Children (CWC) and the members of the National Child Protection Working Group (CPWG) for the development of the Training Manual on Child Protection Minimum Standards and Republic Act 10821.

In line with the overall goal of enhancing the protection of children in emergency situations, UNICEF acknowledges that this manual would contribute towards better promotion and observance of fundamental standards for child protection in humanitarian settings, and aid frontline service workers to align their interventions with the spirit of the Children's Emergency Relief and Protection Act of 2016.

UNICEF acknowledges that this capacity building manual will better equip the members of the National CPWG and the 17 Regional CPWGs with adequate knowledge and skills to handle preparedness, mitigation and response in addressing child protection needs in times of emergency. It is heartening to note that this training manual gleans from the lessons learned from emergencies that have affected the nation. This includes lessons drawn from Typhoon Haiyan, Bohol Earthquake, and the Zamboanga humanitarian crisis in 2013, as well as the ongoing Marawi crisis.

UNICEF strongly recommends the implementation of this training manual to further ensure that child protection is mainstreamed across the humanitarian sectors, ensuring that child protection considerations inform all aspects of humanitarian action and minimize risks to children, in compliance with the "do no harm" principle.

We hope that with this training manual, coordinators and service providers in the field level, as well as programme managers and policy makers at national level, will be better supported and equipped in emergencies preparedness and response in the future.



  
**LOTTA SYLWANDER**  
Representative



Since the signing into law of the Republic Act 10821, The Children's Emergency Relief and Protection Act last May 18, 2016, government departments and governing councils have acted to immediately realize the protection of children in emergencies. Protecting children during emergencies is the mandate of the law.

This : **Training Design on Republic Act 10821 and the Child Protection Minimum Standards in Humanitarian Action** is a clear direct response to the mandate of RA 10821. The manual will ensure that a standard approach to prepare emergency responders, which is essential towards protection of children before, during, and after disasters and emergencies.

With the support of Federal Foreign Office of Germany, Save the Children-Philippines congratulates the Philippine government for enhancing the child protection training program, and particularly, the Council for the Welfare of Children (CWC) and the National Child Protection Working Group (NCPWG) for their commitment to protecting all children in emergencies.



A handwritten signature in black ink, appearing to read "Edward Olney".

**EDWARD OLNEY**

Country Director  
Save the Children



I wish to congratulate the National Child Protection Working Group (NCPWG) on the development of this publication.

For 36 years, CFSI has worked to protect and promote the welfare of children and youth, particularly those in exceptionally difficult circumstances and in need of special attention. This manual is indeed a suitable guide and inspiration for organizations and agencies that are committed to the same goal – the protection of children's rights, most especially during times of crises and emergencies, not only in the Philippines but anywhere in the world.

To our readers, I am pleased to present to you the NCPWG's training manual on child protection. It is my hope that you will use this manual to train other staff members and/or partners so as to strengthen the Child Protection Network across the country, and ensure that the rights of children are upheld.



**STEVEN MUNCY**

Executive Director  
Community and Family Services  
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**CHILDFUND PHILIPPINES** proudly expresses our recognition to the members of the National Child Protection Working Group (NCPWG) led by CWC in the production and publication of this **Training Manual on Republic Act 10821** and the Child Protection Minimum Standards in Humanitarian Action. This marks another milestone in the commitment and mandate of the NCPWG in ensuring that child centered initiatives are prioritized in emergency response.

This is very much aligned to ChildFund's own Global Destination 2020 strategy, which supports the strengthening of Child Protections systems and mechanisms in the Philippines, as embodied in the new law on Child Protection in Emergency.

As member of the NCPWG, we will fully support and join forces in the continuing technical capacity building of all CPiE advocates, implementers, and trainers at the national, regional, and local levels. This, of course, is meant to uphold the 'No harm to children' principle and assure accountability in emergency response.

Together we build a safe space for all Filipino children.

Sincerely,

A handwritten signature in black ink, appearing to read "Federico Luis Diaz-Abertini".

**FEDERICO LUIS DIAZ-ABERTINI**

Country Director ChildFund Philippines



## MESSAGES

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Plan International  
Philippines  
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205 Salcedo Street, Legaspi Village  
Makati City, 1229 Philippines

Plan International Philippines is together with the National Child Protection Working Group (NCPWG) in its aim to promote and protect the rights of children and youth. For nearly sixty years, Plan International has been working towards this same objective in the Philippines. We strive for a just world, working together with children, young people, our supporters, and partners to advance children's rights and equality for girls. Our goal is for girls, boys, and young people living in difficult situations to realize their rights in resilient, peaceful, and inclusive communities." As a member of the NCPWG, we are proud to be in partnership with the strong network of organizations and persons with values aligned with our own.

We are pleased to be working with and support the NCPWG and the development of the Training Manual on R.A. 10821 and Minimum Standards on Child Protection for Humanitarian Actors. It is another milestone achievement of the working group in pursuit of its commitment to improve the quality of child protection programming during emergencies. The collaborative effort of the network resulted in a design that will enable NGOs, child protection practitioners, and service providers to be better and more fully equipped in the implementation of quality programmes working to protect children in the aftermath of an emergency.

Plan International Philippines recognizes the importance of partnership, especially in efforts to protect children and young people before, during, and after a crisis. We work to mobilize and strengthen the capacities of children, families, and communities; as well as, influence and support government authorities, local civil society, and humanitarian service providers to ensure a safe environment for all affected girls and boys.

We believe that child protection is everybody's business - so together, let us commit ourselves to put forward our best efforts to ensure children feel safe and protected at all times.



*Dennis O'Brien*  
**DENNIS O' BRIEN**

Country Director  
Plan International Philippines



As a child-focused development and humanitarian organization, World Vision is dedicated to working with children, families, and their communities to create a protective environment that cares for and supports all children, especially during emergency contexts. Keeping children safe at all times is at the heart of our ministry as part of our commitment in bringing fullness of life for every child.

When Super Typhoon Haiyan hit central Philippines in 2013, World Vision is among the first responders to reach the area. To date, almost 1.6 million Filipino people have been reached in various relief, recovery, and rehabilitation efforts; including psychosocial support, education, and health interventions to children. World Vision continues to serve as catalyst in building resilience, fostering partnerships, and strengthening local and national mechanisms to provide well-coordinated child protection interventions during emergencies.

With the passage of Republic Act No. 10821 Children's Emergency Relief and Protection Act, World Vision lauds the government in legislating a comprehensive plan to strengthen the protection of children in times of disasters. The signing of this Children in Emergencies law is a boost for World Vision to pursue our advocacy for child-focused disaster risk reduction and inclusive child protection in emergencies.

World Vision salutes the Philippine government, particularly, the Council for the Welfare of Children in leading the development of the Minimum Standard for Child Protection in Humanitarian Action and RA 10821 Training Package. We also congratulate the National Child Protection Working Group (NCPWG), especially the NCPWG Technical Working Group, which World Vision takes great delight to be a part of, in crafting this Training Package.

It is our hope and prayer that we continue our endeavor to provide a better and safer world for children. It takes all of us to protect every child!



**ROMMEL V. FUERTE**  
National Director  
World Vision

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# **Introduction:**

# CHILD PROTECTION MINIMUM STANDARDS AND RA 10821 TRAINING MANUAL

In 2007, the Philippines adopted the humanitarian cluster approach with the issuance of National Disaster Coordinating Council (NDCC) Circular No. 05, s. 2007 (Institutionalization of the Cluster Approach in the Philippine Disaster Management System). Among these thematic structures is the Protection Cluster led by the Department of Social Welfare and Development (DSWD).

Under the Protection Cluster, the National and Regional Child Protection Working Group were formally organized in 2009 following Typhoon Ondoy (International Name: Ketsana). With the enactment of Republic Act 10821 in 2016, the NCPWG and RCPWGs are mandated to ensure that child-centered initiatives are prioritized in disaster response.

In line with this overall goal, the National Child Protection Working Group (NCPWG) in the Philippines implemented several capacity building efforts for duty bearers, organizations, and institutions working along child protection at all administrative levels.

To harmonize these capacity building efforts and ensure its consistency with Republic Act 10821 and the global Child Protection Minimum Standards in Humanitarian Action alternatively called Child Protection Minimum Standards (CPMS), this training manual was developed by the NCPWG to capacitate and equip the individual members and teams of both the NCPWG and the 17 RCPWGs with adequate knowledge and skills to handle preparedness, mitigation and response in addressing child protection needs in times of emergency.

## **WHAT ARE THE OBJECTIVES OF THIS TRAINING?**

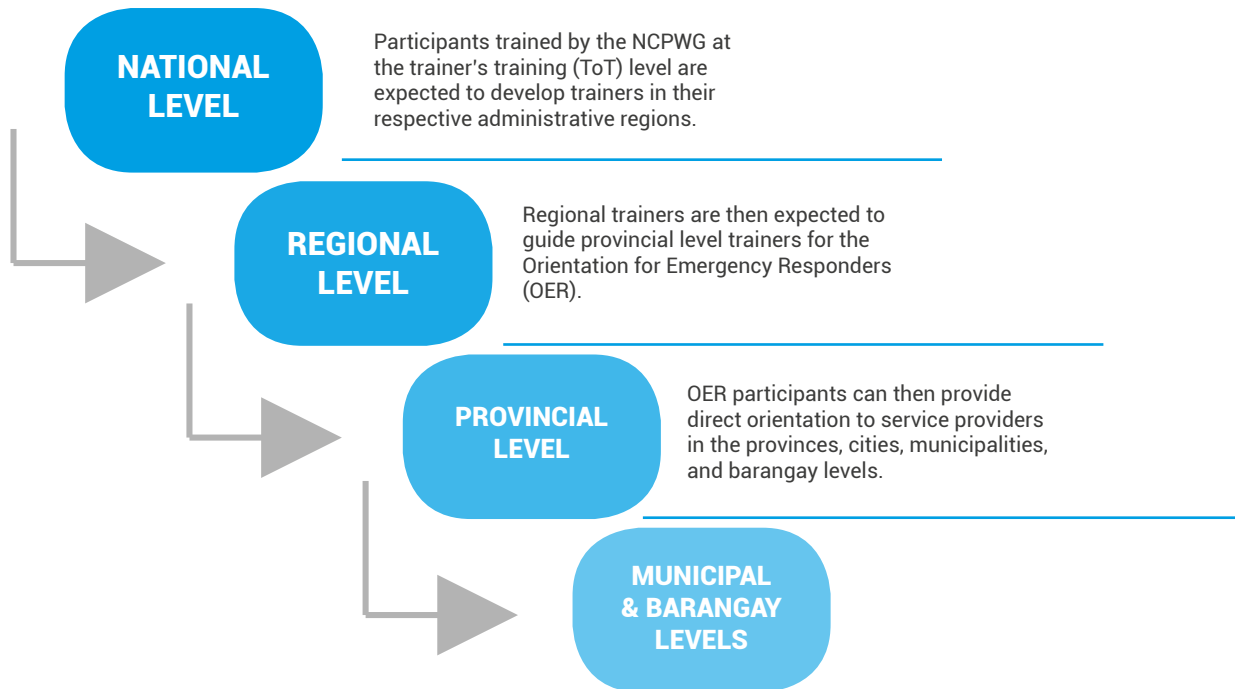
This training generally aims to capacitate and equip emergency responders and other service providers with adequate knowledge and skills to handle preparedness, mitigation, and response in addressing child protection needs in times of emergency.

Specifically, this training program has the following objectives:

1. Orient emergency responders with the salient provisions of Republic Act 10821 and the global Child Protection in Humanitarian Action, and demonstrate its relevance to their initiatives before, during, and after an emergency.
2. Mainstream Child Protection in other humanitarian sectors, ensuring that child protection considerations inform all aspects of humanitarian action and minimize risks to children, in compliance with the "do no harm" principle.

## **WHO ARE THE TARGET RECIPIENTS OF THIS TRAINING?**

This training is designed for emergency responders including but not limited to service providers and technical specialists from government institutions, civil society organizations, and international agencies. Participants to this training may include service providers from the sectors of social work, protection, education, health, peace and order, and other relevant disciplines.



Participants trained by the NCPWG at the trainer's training (ToT) level are expected to develop trainers in their respective administrative regions (see table 1). Second level regional trainers are then expected to guide provincial level trainers for the Orientation for Emergency Responders (OER), as shown in table 2. OFR participants can then provide direct orientation to emergency responders in the provinces, cities, municipalities, and barangay levels.

## WHAT ARE THE MODULES INCLUDED IN THIS TRAINING?

Consistent with the salient provisions of Republic Act 10821 and the global Minimum Standards for Child Protection in Humanitarian Action (CPMS), this training has five modules and 16 sessions. The five modules are (a) policies, frameworks and concepts on child protection in emergencies, (b) child protection needs in emergencies, (c) child protection strategies, (d) mainstreaming child protection, and (e) demo teaching.

The first module on policies, frameworks and concepts on child protection in emergencies, consist of six sessions.

These are:

- (1) Rights of a Child
- (2) Introduction to Republic Act 10821 and Comprehensive Emergency Program for Children
- (3) Introduction to Child Protection in Emergencies (CPiE)
- (4) Overview of the Child Protection Minimum Standards (CPMS)
- (5) Child Protection Systems Strengthening Child Protection System in the Philippines
- (6) Humanitarian Coordination

These are considered as the foundational sessions, compulsory for all participants at ToT level. Only the first session may be dropped if the Training Needs Assessment shows an advanced degree of understanding on the Rights of a Child.

The second module, child protection needs in emergencies, has four sessions namely:

- (7) Children Associated with Armed Forces or Armed Groups
- (8) Protecting Excluded Children
- (9) Sexual and Gender-Based Violence, Physical Violence and Other Harmful Practices
- (10) Child Labor

These are considered core sessions and include the group of standards that represent the core critical issues in child protection in emergencies. Session 8 is the compulsory component from this module, while sessions 7, 9, and 10 will be added in the training design based on the local context and results of the Training Needs Assessment. It is suggested that at least two of these sessions (sessions 7, 9 or 10), would be included in the training design, along with session 8.

The third module focuses on Child Protection Strategies. The standards in this module include the key strategies to respond to the child protection needs. This module consist of four sessions:

- (11) Family Tracing and Reunification
- (12) Psychosocial Support
- (13) Child-Friendly Spaces
- (14) Case Management

It is suggested that at least three of the four sessions would be included in the training design, based on the local context and results of the Training Needs Assessment.

The fourth module is dedicated to Mainstreaming Child Protection in other humanitarian sectors. This module discusses how child protection and other humanitarian sectors can work together to ensure children are protected in all humanitarian interventions. It has two sessions:

- (15) Informational Management
- (16) Mainstreaming CP in other sectors

These sessions provide guidance for service providers in linking other sectoral humanitarian initiatives

*Table 1: Design for ToT*

DAY	MODULES	SESSIONS	CONSIDERATIONS
Day 1 (Starts at 10 AM)	Opening/Introduction Module 1	2 hours Session 2 (60 Minutes) Session 3 (60 Minutes) Session 4 (60 Minutes)	
Day 2	Module 1  Module 2	Session 5 Session 6 Session 8 Sessions 7,9,10	(at most 2)
Day 3	Module 3 Module 4	Sessions 11,12,13,14 Session 15, 16 Action Planning	(at most 2)
Day 4	Module 5  Closing activities	Demo teaching (3 hours) 2 hours	

and child protection. It also provide key actions to consider to ensure that sectoral emergency response programmes are assessable and beneficial to children.

The last module is on Demo Teaching. This component is compulsory for the trainer's training (ToT) level, as participants are expected to conduct the orientation for other future trainers and resource persons. This module is optional for the training design for Orientation for Emergency Responders (OER). Facilitators can proceed with Action Planning.

## WHAT IS THE RECOMMENDED TRAINING DESIGN FOR THE ROLL-OUT?

Facilitators may tailor the training design depending on the intended level: (1) Training of Trainers (ToT) or (2) Orientation for Emergency Responders (OER). As discussed above, some sessions would be included in the training design based on the local context and results of the Training Needs Assessment.

The ToT will run all five modules. It is designed for a minimum of three to four days, targeting participants with the following qualifications:

- Have at least 1 year experience as Child Protection focal person
- Knowledgeable on Child Rights
- Willing to be a trainer for the region
- With signed approval from their immediate superior

Meanwhile, the Orientation for Emergency Responders can be completed in two days. This level is intended for field-level service providers from government institutions, civil society organizations, and international agencies. Participants to this training may include service providers from the sectors of social work, protection, education, health, peace and order, and other relevant disciplines. The OER will include modules 1 to 4. Below is the suggested training design:

*Table 2: Design for OER*

DAY	MODULES	SESSIONS	CONSIDERATIONS
Day 1	Opening/Introduction Module 1  Module 2	1 hour Session 2 (60 Minutes) Session 3 (60 Minutes) Session 4 (60 Minutes) Session 8 (60 Minutes) Sessions 7,9,10	Just one
Day 2	Module 3 Module 4  Closing activities	Sessions 11,12,13,14 Session 15, 16 Action Planning	Just two

Alternatively, trained resource persons may choose to use relevant session guides as reference in designing their chosen topic for presentation or sharing in relevant meetings and forums.



## MODULE 1

# POLICIES, FRAMEWORKS, AND CONCEPTS



# SESSION GUIDE | WELCOME AMENITIES

## INTRODUCTIONS, OBJECTIVES AND EXPECTATIONS

**DURATION:** 45 minutes



### OBJECTIVES:

At the end of the session, participants will be able to:

1. Introduce themselves and know their co-participants and training team; and,
2. Understand training objectives and level expectations and house rules.



### METHODOLOGY/STEPS:

- A. Getting to Know You (15 minutes)
  1. Ice Breakers/Energizers
- B. Setting Expectations and Presentation of Training Objectives (30 minutes)



### MATERIALS NEEDED:

- A. Getting to Know You
  1. Assorted colored metacards
  2. Sound system
  3. LCD
- B. Setting Expectations and Presentation of Training Objectives
  1. Assorted colored metacards
  2. Pentel pens
  3. Flip charts



### PROCESS

#### A. GETTING TO KNOW YOU (GTKY)

*Names and participants.* Give everyone 2 minutes to pair up and get to know their partner's name, what they do in their organization/agency, find out something that the other finds interesting about him/her (e.g., hobbies, aspirations, first job, favorite color, nicknames, if they were an animal what they would like to be), and their expectations for the training. Then, give each pair another 2 minutes to introduce themselves using the information from their discussion, and to talk about their expectations.

*Icebreakers/energizers:* Ask the participants to group themselves according to: age, birthday, length of employment, etc.. Set a time limit for the teams to strategize and organize themselves. The first to complete correctly will get points. Provide simple group prizes.

## B. SETTING EXPECTATIONS AND PRESENTATION OF TRAINING OBJECTIVES

(30 minutes)

1. Write down the participants' expectations as the pairs share these during the introductions. Categorize their responses using the following: topics/content; participants, facilitators/resource persons; logistics (supplies, food, venue and accommodation). Summarize the expectations and refer to these when you present the objectives of the training. If there are expectations that cannot be covered by training, you can point these out and explain why these will not be covered; or if possible, how you can try to meet those expectations as well.
2. For the House Rules, ask the participants for inputs and list all these down on a manila or flipchart paper, which should be posted on a prominent place in the room.
3. Summarize the agreements and issues (if any) raised during the session.

### KEY MESSAGE

#### 1) OBJECTIVE OF THE TRAINING

At the end of the training, the participants would have:

- a) An appreciation of the concepts related to Child Protection in Emergencies (CPiE), and of the Child Protection Minimum Standards in Humanitarian Action (CPMS) as bases for providing child-sensitive humanitarian interventions ;
- b) Recognized the importance of strengthening Child Protection Systems to ensure the sustained protection of children in all contexts;
- c) Identified ways of mainstreaming Child Protection in all aspects and phased of the humanitarian response; and
- d) Articulated the salient features of Republic Act No. 10821 and identified specific Standards that need to be highlighted in our CPIE responses.

#### 2) HOUSE RULES

### REFERENCES

# MODULE 1 | OPTIONAL SESSION 1

## RIGHTS OF THE CHILD

**DURATION:** 60 minutes

### **OBJECTIVES:**

At the end of the session, participants will be able to:

1. Articulate what children's rights are and how these relate to humanitarian responses; and
2. Define their roles as duty-bearers of children's rights.

### **METHODOLOGY/STEPS:**

- A. Input/Discussion
- B. Game "The Power Walk"
- C. Plenary discussion/Processing

### **MATERIALS NEEDED:**

1. Laptop, LCD Projector
  - a) Slide show of the "Power Walk"
  - b) Printed Copies of the Power Walk identities
2. Copies of the Section 1 Handout 1 - Power Walk Identities for each of the participants
3. Markers
4. Masking tape
5. Metacards
  - a) The Identities need to be written in assorted colored metacards in bold or big letters.
6. Scissors
7. Space to line up participants, who can then take up to 25 paces forward (try going outside for some fresh air if the room is too small)

## PROCESS

1. Start the session by conducting the activity called the “Power Walk”.
2. Secretly assign an identity to each of the participants by handing out pieces of paper that define particular identities. Give them a few minutes to think about the realities of the lives of the persons whose identity they are acting out. How do these persons spend their day and with whom? How do they cope with problems? From what do they derive pleasure? Participants should not reveal their identities until the end of the exercise.
3. Identities for 20 participants might include the following:
  - a. 10 children who have a mix of attributes reflecting combinations of age, gender, disability, ethnicity, family environment (or absence of), method of living, etc. Include in the range, children who are relatively better off to children who experience multiple disadvantages.
  - b. Five people with decision-making responsibilities that affect children’s lives. These can include identities from the participants’ work environment: head of their agency in country, relief coordinator, head of a local NGO, village leader, mayor, army officer, and other elected persons.
  - c. Five people who have contact with children, as a parent, caregiver, or as a professional, (e.g., teacher, social worker, policewoman (WCPD) or agency fieldworker).



4. Ensure that all statements relate to a holistic range of rights and cover economic, social, cultural, civil and political areas. Several should relate to the identities’ access to systems of protection, access to information and to opportunities to participate in decisions. There should also be statements relating to access to food, shelter, clothing, health services and education.
5. Organize the participants into a line and read the statements aloud to them. Each time a participant (in character with their given identity) can agree with a statement they take a step forward.
6. At the end of the statements, participants will be spread out. Some will have answered “Yes” to many of the questions, others may have been able to answer “Yes” to very few.
7. Part of the strength of this exercise comes from the physical separation of people, as well as the insights of each participant through having, albeit briefly, lived the life of another person.



8. In the plenary, questioning can draw out a range of information that can include:
  - a. Asking participants to share feelings of disempowerment, frustration, even anger; or alternatively, feelings of comfort or guilt.
    - i. What did it feel like as the questions were being asked?
    - ii. How do you feel about the result of the exercise?
  - b. Asking participants to identify the characteristics of those at the front or those at the back, followed by revealing the actual identities, can provide an opportunity to consider risk factors.
  - c. Asking participants if they thought that they should be able to answer yes to the questions can provide an opening to ask if participants think the questions (none, some, all) relate to the Rights of the Child. How confident are they that these are questions about Rights of the Child? Would their identities know these were rights which should be claimed?
  - d. Asking how confident they were about their responses to questions can provide an opening to discuss where participants get their knowledge about the reality of people's lives and can lead to discussion on the risks of stereotyping. Suggestions as to good programming practice around participation can be provided by asking: How can false stereotyping be avoided?
9. Provide the input on the Rights of the Child, making sure that the key points raised during the Power Walk discussion is related to the lecture.
10. In the discussion of the UNCRC Principles, make sure that you are asking the participants for examples from their own work; and what they think could be the implications of these in their work including in the emergency context.



## KEY MESSAGE

### (1) HUMAN RIGHTS

- a) Human rights are universal legal guarantees that protect individuals and groups against actions and omissions that affect their freedoms and human dignity. These are also standards by which each human being is to be treated.
- b) Human rights are:
  - i. Universal - Applied equally and without discrimination to everyone wherever they are, regardless of age, sex, ethnicity, economic status or political belief.
  - ii. Indivisible, Interrelated and Interdependent - All human rights have equal importance for life and dignity. No one right is more important than the other, and must be addressed simultaneously.
  - iii. Inalienable - Cannot be removed from us. No one can have his or her human rights taken away. All people are born with the same human rights.

### (2) CHILDREN'S RIGHTS

- a) Children have human rights. Because human rights are universal, children have rights and these rights are embodied in the UN Convention on the Rights of the Child (UNCRC).
- b) The UNCRC is a comprehensive instrument which sets out rights that define universal principles and norms for children.
- c) It provides children with fundamental human rights and freedoms as well as takes into account their need for special assistance and protection due to their vulnerabilities.
- d) A child is anyone below the age of 18 under the UN Convention on the Rights of the Child. In Republic Act 7610, "Children" is defined as "persons below eighteen (18) years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition"
- e) The UNCRC represents a significant departure from the traditional view of the child in international law. Children are seen not as mere recipients of welfare, but as rights bearers and as having a vital role in the promotion and protection of their own rights.
- f) It is the first international human rights treaty to include civil, political, economic, social and cultural rights in a single comprehensive document; and it is also the most widely ratified international human rights instrument (193).

### (3) PRINCIPLES OF THE UNCRC

#### A) NON-DISCRIMINATION AND INCLUSION

No child should be oppressed or marginalized because of age, sex, race, religion, language, abilities or economic status. The Philippines, as a State Party, should ensure that ALL children must have access to or benefit from programs and services; and that groups of children who are often marginalized should be prioritized (e.g., girl children, Muslim children, IP children, children with disabilities, out of school, street children).

#### B) BEST INTEREST OF THE CHILD

In all decision-making that affects the life of a child, his or her best interest should be the primary and utmost concern. To determine the child's best interest, the following must be considered: the child's situation; the opinion of parents, and of expert professionals; existing laws and policies including International Human Rights Agreements; the child's perspective or opinion; and short and long-term effects of the decision on the child.

#### C) SURVIVAL AND DEVELOPMENT

All the child's basic needs should be met; his or her holistic development should be the focus – right to develop physically, emotionally, socially, mentally/intellectually and spiritually. It must be ensured that there is enough, appropriate and quality programs and services that can be accessed by children and their families.

#### D) PARTICIPATION

Children have the right to participate in decision-making that affects their lives. It is also their right to receive correct, appropriate and sufficient information, form or join groups, express their own opinions, and be listened to.

## REFERENCES

(1) *UN Convention of the Rights of the Child*

# INTRODUCTION TO REPUBLIC ACT 10821 AND OVERVIEW OF THE COMPREHENSIVE EMERGENCY PROGRAM FOR CHILDREN (CEPC)

**DURATION:** 60 minutes

## OBJECTIVES

At the end of the session, participants will be able to:

1. Articulate and familiarize on the salient features of Republic Act No. 10821

## METHODOLOGY/STEPS

- A. Video: Republic Act 10821
- B. Interactive Discussion on Salient Features of RA 10821

## MATERIALS NEEDED

1. Metacards
2. Manila paper
3. Masking tape
4. Markers
5. Video: Republic Act 10821

## PROCESS

- A. Video: Republic Act 10821
- B. Interactive Discussion/Game
  - a) Ask each group to list down on metacards all the provisions that they think should be in Republic Act 10821.
  - b) Each group shall present their inputs with the facilitator guiding them on the salient features of the law

*Note: The PowerPoint on Republic Act 10821 can be used as reference (Salient Features of the Law: Slides 16-26)*

The session should answer the following questions:

- What is RA 10821 all about?
- What are the salient features of the law?
- What is the role of the local government?
- What is CEPC?
- Who are involved in the CEPC?
- What are the components of the CEPC?
  - i. Evacuation Centers
  - ii. Transitional Shelters for Orphaned, Separated, and Unaccompanied Children
  - iii. Delivery of Basic Necessities and Services
  - iv. Safety and Security of Affected Children
  - v. Health, Medical and Nutrition Service
  - vi. Prompt Resumption of Educational Services for Children
  - vii. Child-Friendly Spaces
  - viii. Children's Rights

## KEY MESSAGE

1. RA No. 10821 or the Children's Emergency Relief and Protection Act, is the ground-breaking legal framework for child protection in the context of emergencies.
2. The law articulates the protection of children, unborn children, and dependent children "before, during, and after disasters and other emergency situations."
3. RA No. 10821 calls for the design of the Comprehensive Emergency Program for Children (CEPC) to serve as a strategic framework to protect children and new mothers from violence, abuse, neglect, and exploitation in disasters and other emergency situations
4. CEPC emphasizes collaborative approach to disaster response involving various government agencies and NGO stakeholders as the principal providers of services to address the needs of vulnerable groups.
5. DSWD is the lead agency in formulating and implementing the CEPC.
6. Other players: PNP; AFP; NDRRMC (composed of the DOH, DILG, DepEd, DND, and OCD), NHA, DPWH, CWC, LGUs.

## REFERENCES

- (1) *Comprehensive Emergency Program for Children Handbook (For finalization)*
- (2) *Comprehensive Emergency Program for Children Manual of Operations (Development on-going)*
- (3) *Republic Act No. 10821 or the Children's Emergency Relief and Protection Act*

## MODULE 1 | SESSION 3

# COMMON UNDERSTANDING OF CHILD PROTECTION IN EMERGENCIES (CPIE)

**DURATION:** 60 minutes

### OBJECTIVES

At the end of the session, participants will be able to:

1. Articulate the basic concepts related to Child Protection in Emergencies;
2. Identify the impact of emergency situations on the protection of children; and
3. Identify key child protection issues in the context of emergencies.

### METHODOLOGY/STEPS

1. Collage making
2. Brief lecture
3. Video showing (Samira) and processing

### MATERIALS NEEDED

1. Laptop
2. LCD projector
3. Audio jack (good sound system)
4. Old newspapers and magazines
5. Glue
6. Scissors
7. Sheets of flipchart paper/ manila paper
8. Markers
9. Masking tape
10. Samira video



## PROCESS

1. Divide the participants into small groups and ask them to come up with a collage to illustrate how they understand the following situations regarding child protection in emergencies:
  - (a) child protection issues and concerns during an emergency in the Philippines; and
  - (b) What humanitarian actors do to respond to these issues and concerns. *(20 minutes)*
2. Have each group present in plenary note down how the groups understand child protection particularly in the context of emergencies based on the report, and make sure that these will be referred to or if there are misconceptions addressed in the lecture. *(5 minutes)*
3. Follow this up with a brief lecture on CPiE using the PowerPoint presentation. *(15 minutes)*
  - a. Slide 13: Facilitator asks for types of emergencies that affect children in this country
  - b. Slide 13: Show diagram from CCCs
4. Show the Samira video to sum up the discussion. *(10 minutes)*
5. Ask the participants for a brief reflection on the video and for questions. *(5 minutes)*
6. Briefly go over the session objectives, and thank the group for listening and for their cooperation and attention during the session.

## KEY MESSAGE

1. **CHILD PROTECTION** is the prevention of and response to abuse, neglect, exploitation and violence against children. It is not about the protection of all children's rights but refers instead to a subset of these rights.
2. **A CRISIS OR EMERGENCY** is broadly defined as a threatening condition that requires urgent action. Emergencies can be man-made such as conflict or civil unrest; they can result from natural hazards, such as floods and earthquakes; or they can be a combination of both.
3. **EMERGENCIES** often have devastating effects on children's lives – individual, within the family, and within the community.
4. **ABUSE** is the deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity and development. It includes all forms of physical, sexual, psychological or emotional ill treatment. Examples are: physical abuse, emotional or psychological abuse, and sexual abuse.
  - a. **PHYSICAL ABUSE** involves the use of violent physical force so as to cause actual or likely physical injury or suffering (e.g. hitting, shaking, burning, female genital mutilation, torture.)
  - b. **EMOTIONAL OR PSYCHOLOGICAL ABUSE** includes humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation

- c. **SEXUAL ABUSE** includes all forms of sexual violence including incest, early and forced marriage, rape, involvement in pornography, and sexual slavery. Child sexual abuse may also include indecent touching or exposure, using sexually explicit language towards a child and showing children pornographic material.
5. **NEGLECT** is deliberately, or through carelessness or negligence, failing to provide for, or secure for a child, their rights to physical safety and development. It is sometimes called the “passive” form of abuse in that it relates to the failure to carry out some key aspect of the care and protection of children resulting in significant impairment of the child’s health or development including a failure to thrive emotionally and socially.
6. **CHILD EXPLOITATION** refers to the use of children for someone else’s advantage, gratification, or profit often resulting in unjust, cruel, and harmful treatment of the child. These activities are to the detriment of the child’s physical or mental health, education, moral, or socio-emotional development. Its two main forms are sexual exploitation and economic exploitation.
  - a. **SEXUAL EXPLOITATION** is the abuse of a position of vulnerability, differential power, or trust for sexual purposes. This includes profiting monetarily, socially or politically from the exploitation of another as well as personal sexual gratification. Examples are: child prostitution, trafficking of children for sexual abuse and exploitation, child pornography, and sexual slavery.
  - b. **ECONOMIC EXPLOITATION** is the use of the child in work or other activities for the benefit of others. This includes but is not limited to child labor. It implies the idea of a certain gain or profit through the distribution and consumption of goods and services. The examples are: child domestic work, child soldiers and the recruitment and involvement of children in armed conflict, child bondage, the use of children for criminal activities, including the sale and distribution of narcotics, the involvement of children in any harmful or hazardous work.
7. **VIOLENCE** is defined as “all forms of physical, mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” based on Article 19 of the UNCRC and the UN Study on Violence against Children (2006). The Study has also drawn from the definition used by WHO in the World Report on Violence and Health (2002): “the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity.”
8. **“AN EMERGENCY RESPONSE** is triggered by a sudden natural or manmade disasters or by contextual analysis that demonstrates a substantial decline in children’s well-being that calls for extraordinary action”
  - a. Conflict and / or natural disaster
  - b. Rapid onset or slow onset or chronic
9. **CHILD PROTECTION** is a special concern in an emergency situation. Whether internally displaced or a refugee, whether as a result of war, civil unrest or natural disaster, whether in an urban or rural setting, a child’s vulnerability to violence and abuse during a crisis is high. The principal protection issues for children in emergencies are physical violence or abuse,

sexual and gender-based violence, psychosocial distress, HIV/AIDS, recruitment, family separation, exploitation, and rejection and discrimination. Some of these issues we will discuss in the coming days.

10. Why is Child Protection a special concern in emergency context?

### **EFFECTS ON THE INDIVIDUAL CHILD**

- a. Continuous exposure to danger which may result in loss of life and limb, abuse, exploitation, and neglect
- b. Basic needs of children may not be met and their development can be hindered
- c. The normal routine of life and relationships can be disrupted due to displacement, deaths, separation, and the need to focus on survival needs rather than other activities that encourage the socialization of children
- d. Children also suffer from psychological disturbances, feelings of fears, anxiety, mistrust, and sadness that have long lasting effects

### **EFFECTS ON THE CHILD IN THE FAMILY**

- a. Parents may not be able to protect their children from danger
- b. Separation of family members can occur due to flight, kidnapping, death, or economic necessity
- c. Domestic violence increases as does violent crime in the community
- d. Parents may be unable to provide proper guidance to their children, since situations force them to concentrate only on meeting basic needs

*• Heads of families may feel helpless as they cannot provide their dependents with basic necessities or men may feel frustrated when they cannot provide for their families or see a role reversal with their wives taking on the role of breadwinner.*

*• This could lead to tensions within the family and subsequently an increase in domestic violence.*

### **EFFECTS ON THE CHILD IN THE COMMUNITY**

- a. Facilities such as schools and health centers are damaged or destroyed or do not function.
- b. Social roles and relationships are changed.
- c. Community members face problems in meeting their basic needs and often tension and conflict spill over into violence as a result.
- d. Community values tend to change and traditions become distorted or changed, leading to further social problems.
- e. Hundreds of thousands of children may suffer the unintended consequences of sanctions imposed upon governments or rebel groups, through the loss of access to adequate food, health care, education, and basic social services.

## 11. CHILD PROTECTION IS LIFE-SAVING, BUT UNDERVALUED

- a. Expertise, preparation, preventative measures, and well-designed child protection responses help communities reduce risks to children and provide a sense of normalcy as quickly as possible.
- b. Protecting children in emergencies saves lives and reduces lifelong negative impact on children's well-being, development and future productivity.
- c. Yet, next to education, CP is least-funded area of humanitarian response. Most child protection projects receive half of the funding required.

*Investing in child protection is part of "building back better." If children are protected, they can contribute to helping their communities recover from the ill effects of the emergency and become contributing members of their communities.*

*'Too Little, Too Late': A study on child protection funding in emergencies, commissioned by the CPWG and carried out by Save the Children. It looks at the overall global trend in funding for child protection in emergencies worldwide in the period 2007-2009.*

## REFERENCES

- (1) *Introduction to Child Protection in Emergencies: An Interagency Modular Training Package.*
- (2) *Save the Children. (2007). Child Protection in Emergencies: Priorities, Principles and Practices.*

# MODULE 1 | SESSION 4

## COMMON UNDERSTANDING OF THE CHILD PROTECTION MINIMUM STANDARDS (CPMS)

**DURATION:** 1 hour and 30 minutes

### OBJECTIVES

At the end of the session, participants will be able to:

1. Understand the Child Protection Minimum Standards; and
2. Apply the standards in every emergency response.

### METHODOLOGY/STEPS

- A. Discussion / Brainstorming
- B. Sharing of experiences
- C. CPMS - Puzzle or the CPMS Human BINGO

### MATERIALS NEEDED

1. Laptop
2. LCD projector
3. Metacards
4. Glue
5. Flip chart paper
6. Markers
7. Masking tapes
8. Prizes for the 3 winners of the Human BINGO

## PROCESS

1. Briefly discuss the history of the Child Protection Minimum Standards in Humanitarian Action (CPMS), its development process, objectives, structure and foundation, intended users and how these can be used with the help of the PowerPoint presentation. It would be helpful if this can be done using storytelling.
2. Make the discussions as participatory as possible especially with participants who are already familiar with the standards.
3. After the discussion, distribute the Human BINGO cards to each of the participants with the following instructions:
  - a. They need the support of their co-participants to answer each block/box of their Human BINGO – either vertically or horizontally
  - b. The participant who answered need to sign the corresponding block/box of the human BINGO Card that he/she answered.
  - c. The first one who completes boxes in a straight line either vertically or horizontally will shout "BINGO" and have his/her bingo card checked by the Facilitator of the session.
  - d. A guide or an answer key need to be prepared before the game.
  - e. Prepare for a least 3 prizes for the 3 winners.
4. Review the session objectives and thank the group for listening and their cooperation and attention during the session.
5. Session Evaluation: summary points will be reviewed by the participants.

## KEY MESSAGE

1. Child Protection Minimum Standards ensures a Quality Child Protection Response.
2. The CPMS references and builds directly on existing guidelines such as inter-agency guidelines on child-friendly spaces, mental health and psychosocial support, unaccompanied and separated children, working with CAAFAG, etc.
3. The CPMS also draws from the best practices and the wealth of experiences in CPiE responses globally.
4. **CPMS OBJECTIVES:**
  - a. Establish common principles among those working in child protection;
  - b. Improve the quality of child protection programming and its impact for children;
  - c. Improve accountability within child protection work;
  - d. Provide a synthesis of good practice and learning to date;
  - e. Enable better advocacy and communication on child protection risks, needs and responses.

## REFERENCE

- (1) *Child Protection in Emergencies Professional Development Programme – Common Understanding of CPMS*
- (2) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>



## COMMON UNDERSTANDING OF CHILD PROTECTION SYSTEMS STRENGTHENING CHILD PROTECTION SYSTEM IN THE PHILIPPINES

**DURATION:** 30 minutes



### OBJECTIVES

At the end of the session, participants will be able to:

1. Name the key components of a Child Protection System;
2. Examine the gaps and challenges encountered in community-based mechanisms; and,
3. Draft a strategy to strengthen Child Protection Systems in humanitarian action.



### METHODOLOGY/STEPS

#### A. Discussion

1. Story Telling: Maria (to be localized) (10 minutes)

*Note: If the training will be conducted in ARMM or any Moro area, the names Rashmia or Umayya can be used.*

2. Processing of the story

#### B. Brief Lecture (5-10 minutes)

#### C. Group Work (10-15 minutes)

1. Examining current child protection programming
2. Plenary reporting



### MATERIALS NEEDED

1. Laptop
2. PowerPoint presentation
3. LCD projector
4. Manila paper
5. Metacards
6. Markers
7. Masking tape
8. Handout – Referral System [one copy per person]
9. Template – Group Activity (Components of the Child Protection System) [one copy per person]

## PROCESS

### A. DISCUSSION

#### A.1. STORYTELLING: MARIA (LOCALIZED VERSION OF SHWE MI) (5-10 minutes)

*Note: This story represents the elements of systems building at various stages with an emphasis on prevention.*

**Slide 2 and Slide 3:** This session shall discuss Principle 5: *Strengthen Child Protection Systems* and Standard 16: *Community-Based Mechanisms*.

**Slide 4:** Maria lived in Tacloban with her family. When Typhoon Haiyan hit, her father lost his job and began drinking alcohol and dealing with drugs. Her father's lack of employment opportunities and alcoholism have led to anger and frustration, which he takes out on his wife and children including Maria. Because of this, Maria has incurred bruises, became more withdrawn, and not performed well in school. Although her teachers have noticed this change in her behavior, they did not say anything.



To help her family, Maria started working in a local store and starts skipping school. Eventually, Maria no longer attended school or work at the local store. It was found that she went to Manila in search of better opportunities. She became part of a group of street children, begging for food and alms until she met Sister Malou who offered to help her find a job. "Sister Malou" brought her to Cebu where she was asked to do sexual acts while being filmed. After a few months, she was then brought to Angeles City, Pampanga where she was forced to sleep with men for money – even when she had her menstrual period or was running a fever. By the time she was rescued from the "casa" (a term used to refer to a brothel), she had serviced more than 1,500 clients with about 8 to 15 customers a night. When she was found, she had no paperwork and was HIV positive. Although she lived for a few years in a shelter for women and children, she died at an early age due to HIV-related complications.

#### TO EMPHASIZE:

*Maria was HIV positive when she was found. She lived for another 4 years in a shelter for women and children. When her family were located, the original problem began when Maria's father lost his job and began drinking alcohol regularly. Her family thought she was going to get school assistance, but once she left, they only heard from her one more time. When asked why she remained in the casa despite the abuse she experienced, she said, "Kasi may pagkain. Hindi ako magugutom." She died at the age of 13 due to HIV-related complications.*

## A.2. PROCESSING OF THE STORY

**Slide 5:** At every point of the story, who is responsible? Who and where are the duty bearers?

**Slide 6:** Key Questions to Ponder On / Guide Questions:

- a. Who could have stopped Maria from getting into her situation?
- b. At which point is it best to start programming – at the start or at the end of the story?
- c. What could this programming look like?

## B. SLIDES 7 TO 17: BRIEF LECTURE (15-20 minutes)

**Slide 7:** The case of Maria illustrates the many risks faced by children. She was a street child. She is also an unaccompanied and physically abused child, without birth registration, whose family's financial situation led her to work to support her family and in desperation, and was sexually abused and exploited.

We cannot isolate the issues faced by children because this will lead to fragmented provision of support and services to the child. Thus, there have been efforts to move from focusing on a single issue to pursuing child protection holistically by developing and building an effective mechanism that works to recognize, prevent, respond to and mitigate all the risks and violence that affect children in a comprehensive manner. This is what we call the Systems Approach to Child Protection in Emergencies.

**Slide 8:** What is a Child Protection System?

A Child Protection System is a coordinated series of functions and actions undertaken by a range of duty bearers at all levels, family, community, provincial, national, and international that combine to prevent, respond to, and mitigate the multiple child protection risks children face.

It seeks to address the full spectrum of risk factors in the lives of all children and their families.

It is framed within a rights-based approach; this entails the relationship between the duty bearers (these include governments, institutions, NGOs, etc.) and the right holders, which in this case are the children.

Thus, child protection programming is two-fold: it should develop the capacities of duty-bearers, at all levels, to meet their obligations to respect, protect and fulfil rights; and develop the capacities of rights-holders to claim their rights (emphasizing as well the participatory role children play to prevent risks that make them more vulnerable)

And, finally, the Child Protection System is grounded in humanitarian principles such as non-discrimination and do no harm or to prevent and mitigate any negative impact of its actions on children.

**IT IS IMPORTANT TO NOTE:** a Child Protection System is different from a child protection mechanism. The child protection mechanism is only part/component of the whole system. One example of a child protection mechanism is the Local Council for the Protection of Children or the LCPC.

**Slide 9:** A Child Protection System is comprised of a collection of inter-related, multi-sectoral, and multi-level components that include:

1. *Coordination* - Effective and quality prevention, response and monitoring of child protection requires coordination of relevant services and actors, both within the child protection sector itself and with other sectors like health, social welfare, education, and justice.
2. *Knowledge and Data* - Understanding the magnitude, characteristics, and trends of child protection problems is a crucial first step in developing effective and appropriate Child Protection Systems.
3. *Legal and Policy Framework* - Action on child protection needs a clear foundation in national legislation, as well as accompanying policies and guidance that support its implementation. This also includes international conventions and treaties which must be followed in emergency situations

### (1) Local Preventive and Responsive Services

#### PREVENTIVE SERVICES

The chief risk factors that increase the likelihood of harm to children from abuse, neglect, exploitation, and violence cover both immediate and root causes.

They include poverty, discrimination, conflict, gender, poor parenting, parental death or chronic illness, family separation, unsafe physical environment, and local cultural beliefs and practices. Prevention strategies aim to address these risk factors by providing various kinds of support to reduce the risks from these factors and to strengthen the resilience of children, families and communities. They include:

- i. Birth registration
- ii. Awareness raising with children and adults on child protection and child rights
- iii. Children's clubs and committees
- iv. Social protection measures including cash transfers
- v. Parenting programs
- vi. Maternal and child health services
- vii. Formal and non-formal education
- viii. Mental health services
- ix. Disaster Risk Reduction [DRR] initiatives

#### RESPONSE SERVICES

Child protection responses aim to improve the impact of child protection failures and to support recovery and/or reintegration. They can be run by a range of providers including local or national government, NGOs, the private sector, and community-based groups.

Assessment, investigation, and referral can all be important elements in a child protection response, which may also include removal, placement, and reintegration. Response services vary significantly depending upon the nature of the protection failure and include:

- i. Child help lines
- ii. Placement services for children who are unable to live at home

- iii. Emergency shelters
- iv. Reintegration services
- v. Family tracing and reunification services
- vi. DDR programs
- vii. Removal from hazardous or the worst forms of labor
- viii. Treatment services
- ix. Legal action
- x. Child-friendly spaces

**(2) Capacities** - These include both human and financial resources. A Child Protection System needs a skilled and stable child protection workforce, in sufficient numbers, well-managed, and deployed effectively around children's rights to protection. The ability to listen carefully to children and to work in child-friendly ways are particularly important skill areas. It also includes adequate funding to support agreed priorities and address the building or strengthening of Child Protection Systems.

**(3) Effective Regulation, Standards, Monitoring, and Oversight** - A Child Protection System – especially one including a range of service providers from the state, private sector and NGOs – needs an explicit framework of regulation and oversight to ensure that children's best interests are protected. (Note: There is abundant evidence that unregulated child protection programs and services, operating without effective oversight of their delivery against clear minimum standards, can create significant risks for children's safety and well-being.)

**(4) Child Participation** - Children's own experiences and views need to be at the heart of a Child Protection System. They need to be heard in both individual cases (e.g. care proceedings, judicial hearings, and DDR processes) and in the development of laws, policies, services, and other programs at national and sub-national/local levels.

**(5) Aware and Supportive Public** - The protection of children is not the sole responsibility of child protection and other professionals working with children. It requires the involvement and support of the wider public, which can play an active part in preventing child protection problems and identifying 'at risk' children. This often requires awareness raising campaigns to make the general public more alert to child protection issues, to challenge social norms that condone harmful practices, and to promote a better understanding of children's development needs.

**Slide 10:** In emergency contexts, components may be weakened, ineffective and/or limited (low quality and capacity). In some instances, the needed services and processes/components may be also non-existent (elaborate using previous slide if there's time).

In recognition of the fact that it is during these instances where these components must be present especially during disasters and emergencies, there is a need to apply *CPMS Principle 5: Strengthening of Child Protection Systems*. This organizing principle refers actions taken to improve the functioning, coordination, integration and, ultimately, effectiveness of components and their interaction to ultimately protect children in emergencies.

The key aim of strengthening is to build back better; this emphasizes the need to reinforce and strengthen the pre-existing system. Where very little existed, the aim should be to look for ways to begin to further develop a sustainable Child Protection System to be better prepared to respond to and mitigate child protection risks in the future.

In doing so, stakeholders must capitalize current resources and avoid creating a parallel, temporary system for the length of the emergency wherever possible because of the risk of undermining existing structures.

*Note: The early recovery and post-emergency phase can be an excellent time to support reform of social systems and an opportunity for convergence between the work of the emergency response and development actors where systems-building can be a shared goal.*

**Slide 11:** A strengthened Child Protection System may mean:

1. Additional capacities are provided
2. There is an improvement in the quality of processes and services
3. These services may have an expanded reach
4. Mechanisms are more coordinated
5. There is improvement in the functioning of mechanisms

**Slide 12-13:** As mentioned earlier, child protection mechanisms are part of the system. Apart from the Local Council for the Protection of Children (LCPCs), there are also community-based child protection mechanisms or community-based child protection groups or networks. These community-based child protection mechanisms serves as an avenue to protect children from abuse, exploitation, and neglect (CPMS Standard 16).

**Slide 14:** How do these community-based child protection mechanisms fit in?





Community-based child protection groups and initiatives have an important role to play in both emergency and development settings. Their ability to monitor protection violations, to assess children's protection needs, and to mobilize scarce community resources can make a real difference to children's lives at the 'grassroots' level.

Active community involvement in the protection of children is an important part of any national Child Protection System, as is the ability of the system to build upon existing 'assets' and positive practices at the community level. Their role becomes even more important where government is unable or unwilling to provide the resources or coordination even to support a minimum 'package' of child protection services at the local level. Wherever possible, such groups should be integrated into the national Child Protection System – with the aim of supporting, not controlling them. Care needs to be taken though not to 'overload' such groups with responsibilities for which they have neither the resources nor the training to fulfill.

*Note: Community-based child protection mechanism: a network or group of individuals at community level who work in a coordinated manner towards child protection goals. Such mechanisms can be indigenous or externally initiated and supported. They may be more formal or informal in their structure and functioning*

**Slide 15-17:** One of the components of the Child Protection System are the local, preventive, and responsive services. A referral system is a part of this component. It aims to have a coordinated community response to victims of violence. (It is important to note that this referral system is not only present during emergencies). The slides are example of the referral system used for VAWC cases during disasters and emergencies (Slide 16 was used during the Bohol Earthquake).

Notice that this system shows the different elements of the referral system – the victim-survivors of violence can be referred to different individuals such as the police, social workers, health officers, lawyers, teachers, and community groups (such as faith based organizations, non-government organizations).

### **C. SLIDE 18-20: GROUP WORK (30-40 minutes)**

**Slide 18:** Let's go back to the story of Maria. Now that we have been introduced to the different components of the Child Protection System, how should have that system worked to provide protection to Maria?

To answer this question, we will have a group activity.

#### **C.1. EXAMINING CURRENT CHILD PROTECTION PROGRAMMING**

- a. Each group is assigned one component
- b. Each group is to evaluate how that component should have worked to ensure the protection of Maria based on the indicators/guide questions provided.

#### **C.2. PLENARY REPORTING**

- a. Each group will have 2 minutes to present their outputs to the plenary.
- b. Facilitator will synthesize the output of the groups and point other possible gaps/challenges and opportunities that were not mentioned by the reporter (see also C.3.)
- c. Review the session objectives and thank the group for listening and their cooperation and attention during the session.



### C.3. RELATE THE PLENARY REPORTS TO:

Optional Slide 20: How do we strengthen our Child Protection System/build back better?

- a. Link and coordinate with others working on child protection and related issues. Each actor will have different strengths and opportunities in relation to strengthening the overall system. The goal is to generate interest in, and commitment to, this shared goal.
- b. Ensure and systematize representative participation of community (including children) in planning and evaluations.
- c. Identify and build on existing capacities and structures. Avoid the creation of parallel structures, such as agency-based staff that replace or bypass government- or community-employed social workers.
- d. During the response, build the capacity of national- and state-level authorities as well as civil society. In some contexts it may be more effective and appropriate to channel support to the more informal parts of the Child Protection System, such as families and community-based child protection mechanisms (Emphasis: work on the strengths and capabilities of all the actors working at all levels)
- e. Prioritize local ownership of child protection interventions. By ownership, this would mean the community members' sense that child protection initiatives within the system are 'ours' and that they have the power and the responsibility to support vulnerable children. This is a key component of community-driven action (it generates this kind of thinking: This is our way of supporting our children; which then imbibe a sense of collective responsibility to motivate individuals to work together to yield benefits for children).
- f. Engage early on with development actors and processes to plan the transition to post-emergency phase, if appropriate. This phase may see significant investments, newly established national agendas, or other opportunities to extend and intensify efforts to strengthen the Child Protection System.

End the activity with the Rings of Responsibility (Slides 21-23) and Slide 24

**Slide 21-24:** Children cannot achieve their rights and fully develop if aspects in environment are endangering them. This can be as big as not having a law on physical abuse, to traditional practices of disciplining a child, to having a referral mechanism or system in place when a child gets lost.

Safeguarding children is everyone's responsibility. There are various levels of protection around children of which there are people responsible. Each ring reinforces one another.

**i. Slide 21:** The child has an active role in his or her environment. He/she is better protected if he/she is equipped with positive factors. For example, a child is at a greater risk of abuse if they are unaware of signs or threats of abuses. Another example is if a child becomes separated from his/her family but is aware of support services or individuals he/she can turn to, then he/she is better protected than a child who does not have this information nor knows how to get it.

They are at the center of this ring because they have a right to participate not only in decisions that affect them but in the entire system – contributing in his or her own as well as others' protection.

**ii. Slide 21:** The family has, based on the UN Convention on the Rights of the Child, a primary responsibility to provide care and protect a child. They are, after all, the basic unit of society. Family members have the responsibility to provide the best environment for meeting a child's needs (food, love, care, shelter, etc.)

**iii. Slide 22:** The community also has protective factors for a child. Religious leaders or elders can encourage strong morals and/or provide a sense of purpose to families and individuals building up trust and faith and good relations between one another within the community.

**iv. Slide 22:** Institutions are made up of all the organizations and services within a community, for example schools, churches, police, local community-based NGOs, social welfare services, and other groups within civil society. Institutions provide a protective service to communities, families and children. They are often within one community or support several communities/villages. Where a community cannot provide protection to the family and child, organizations are there to counter these gaps.

Community-based organizations might offer counselling support to children and families affected by abuse/violence. School provides education. Police can offer physical protection.

**v. Slide 23:** At the national level, the government is responsible for making laws and policies and ensuring that services and programs exist within communities.

**vi. Slide 23:** The international community is a supportive level. International organizations can assist national and local structures through funding and building the capacity of duty bearers and improve the delivery of services. Non-government organizations are not there to take the place of existing government-provided services but to strengthen and empower the government and its partners to better protect their own people. They are not to take the place of the community or family nor act on their behalf; rather, they support existing structures. Hence, it is the primary responsibility of the state to ensure that the Child Protection System is sustainable and effective.

It is important to remember that the family and community come before institutional support and that institutions and national rings come before the international ring.

## KEY MESSAGE

1. In the humanitarian context, the systems and mechanisms that normally protect children may have been weakened or ineffective.
2. All people have rights – they are right holders. As right holders, people have the right to claim their own rights – participate/take part in demanding their rights.
3. Governments, institutions and individuals have responsibilities (or duties, obligations) that correspond to these rights – they are duty bearers. Duty bearers are accountable for rights.
4. The relationship between duty bearer and right holder is the most important part of a rights-based approach.
5. However, the response phase may provide an opportunity to develop and strengthen national and Child Protection Systems including community-based systems. We can rebuild and strengthen elements of the prior or potential system.
6. Child Protection Systems components:
  - Coordination
  - Knowledge and Data
  - Legal and Policy Framework
  - Local Preventive and Responsive System
  - Capacities: Adequate resources and committed workforce
  - Child Participation
  - Standards Regulations Monitoring and Oversight
  - Aware and Supporting Public
7. A Child Protection System is different from a child protection mechanism. The child protection mechanism is only part/component of the whole system. One example of a child protection mechanism is the Local Council for the Protection of Children or the LCPC.
8. To strengthen the Child Protection System, stakeholders must capitalize current resources and avoid creating a parallel, temporary system for the length of the emergency wherever possible because of the risk of undermining existing structures.
9. Strengthening Child Protection Systems (CPMS Principle 5)
  - Identify and build on existing capacities and structures.
  - Build the capacity of national and state-level authorities and civil society during the response.
  - Ensure and systematize representative participation of the community, including the meaningful participation of children in analyses, planning and evaluations.

- Link and coordinate with others working on child protection and related issues.
- Prioritize local ownership of child protection interventions wherever possible.
- Engage early on with development actors and processes to plan the transition to the post-emergency phase, if appropriate.

## REFERENCES

- (1) ChildFund. (2011). *A Handbook on Planning Children and Youth's Protection Through the Area Strategic Planning Process*. Retrieved from: [https://www.unicef.org/adolescence/cypguide/files/Handbook\\_on\\_Planning\\_Children\\_and\\_Youth-Participation.pdf](https://www.unicef.org/adolescence/cypguide/files/Handbook_on_Planning_Children_and_Youth-Participation.pdf)
- (2) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>
- (3) Philippine Commission on Women. n.d. *Guidelines in the Establishment and Management of a Referral System on Violence Against Women at the Local Government Unit Level*. Retrieved from: <http://pcw.gov.ph/sites/default/files/documents/resources/vaw-referral-system.pdf>
- (4) Story of Shwe Mi. Retrieved from: [docslide.net/documents/function-3-planning-and-strategy-development/](https://docslide.net/documents/function-3-planning-and-strategy-development/)
- (5) Scourge of Child Prostitution. Retrieved from: <http://www.ipsnews.net/1997/10/philippines-children-scourge-of-child-prostitution/>
- (6) Save the Children. *A Rough Guide to Child Protection Systems*. Retrieved from: <https://resourcecentre.savethechildren.net/sites/default/files/documents/5103.pdf>
- (7) Save the Children. (2010). *Strengthening National Child Protection Systems in Emergencies through Community-Based Mechanisms: A Discussion Paper*. Retrieved from: [http://www.unicefinemergencies.com/downloads/eresource/docs/2.6%20Child%20Protection/Strengthening\\_National\\_CPS\\_low\\_res\\_1.pdf](http://www.unicefinemergencies.com/downloads/eresource/docs/2.6%20Child%20Protection/Strengthening_National_CPS_low_res_1.pdf)
- (8) UN HCR. (2010). *Protecting Children of Concern through a Systems Approach*. Retrieved from: [https://www.unicef.org/protection/UNHCR\\_Protecting\\_Children\\_of\\_Concern\\_through\\_a\\_Systems\\_Approach\\_Dec\\_1.pdf](https://www.unicef.org/protection/UNHCR_Protecting_Children_of_Concern_through_a_Systems_Approach_Dec_1.pdf)
- (9) UNICEF. (2015). *Child Protection Toolkit*. Retrieved from: [https://www.unicef.org/pacificislands/Child\\_protection\\_toolkit.pdf](https://www.unicef.org/pacificislands/Child_protection_toolkit.pdf)

## HUMANITARIAN COORDINATION

**DURATION:** 30 minutes

### OBJECTIVES

At the end of the session, participants will be able to:

1. Understand coordination in humanitarian settings
2. Know 'who's who' in emergencies; and
3. Understand the role of the global and in country CPWG

### METHODOLOGY/STEPS

- A. Group activity on the coordination mingle
- B. Lecture discussion on the international and domestic legal bases and mechanisms for humanitarian coordination
- C. Group activity/ Simulation: First CPWG Coordination Meeting

### MATERIALS NEEDED

1. LCD
2. PowerPoint presentation
3. Craft paper
4. Markers
5. Crayons

### PROCESS

**A. INTRODUCE THE SESSION USING SLIDES 1 AND 2. SHARE THE SESSION OBJECTIVES ON SLIDE 3.**



## B. GROUP ACTIVITY: COORDINATION MINGLE.

1. On slide 4, introduce the activity.
2. Let the participants walk around in the room for a little while (10 seconds), say "stop" and ask them to raise their right hand, and thereafter, find a person with their right hand to say hi to, and to answer the questions: 1) What comes to mind when thinking about coordination in humanitarian settings. 2) Why do we have CP coordination groups? 3) What are your experiences with coordination
3. At each of the exercise, remind the participants to take note of the responses they shared and the responses they gathered, and share them at appropriate segments in the following lecture discussion.



## C. LECTURE DISCUSSION ON THE INTERNATIONAL AND DOMESTIC LEGAL BASES AND MECHANISMS FOR HUMANITARIAN COORDINATION

1. Discuss the aims of coordination on slide 5. Ask participants to share responses from the coordination mingle.
2. Introduce the standard statement on slide 6. Ask participants to identify the key players mentioned in the statement to lead into slide 7 on who's who in emergencies. Discussion guide is included in the notes page.
3. On slide 8, show the diagram for global humanitarian cluster system.
4. Stress that we will focus on protection cluster, as discussed in slide 9. Discussion guide is included in the notes page.
5. Slides 10-11 provides an overview of the functions of the humanitarian coordination. Again, ask participants to share responses from the coordination mingle.
6. Slides 12-13 shows screen shots of the CPWG.net website, to help local CPWGs in their coordination work.
7. Slides 14-15 shows screen shots of the country-level NCPWG webpage, which is regularly updated with policy documents for reference of sub-national CPWGs.
8. Slides 16-20 provides an overview of local legislations and policies supporting humanitarian work in general, and CPWG cluster work specifically.

## D. GROUP ACTIVITY: SIMULATION OF FIRST CPWG COORDINATION MEETING.

1. Slide 21 presents the third portion of the session.
2. Read the scenario: Two days after a strong typhoon, a CPWG meeting is being convened. Participants to group according to agency.
3. To prepare for the meeting, check the CPMS Table and check the concerns your agency can report on and share at the CPWG meeting.
4. Try to remember the issues you noted in your (imaginary or previous) agency rapid assessment or the observations you noted given your difficulty going to the office after the emergency.
5. Write down these concerns on a manila paper and share in plenary.
6. If enough role cards are available for all agencies, use and distribute without the answer key. Answer keys may be distributed after the exercise.

## E. END THE SESSION BY REITERATING THE KEY MESSAGES ON SLIDE 22



### KEY MESSAGE

1. Coordination helps to make sure that child protection responses are prioritized, efficient, predictable, and effective.
2. Coordination avoids partial responses or duplication. It allows the CPWG to agree on a shared set of objectives and division of labor.
3. Cluster approach help create an inter-agency or multi-sectoral response that strengthens the national or community-based Child Protection System in the long run.



### REFERENCES



## MODULE 2

# CHILD PROTECTION NEEDS IN EMERGENCIES

## MODULE 2 | SESSION 7

# CHILDREN ASSOCIATED WITH ARMED FORCES OR ARMED GROUPS (CAAFAG)

**DURATION:** 60 minutes

### OBJECTIVES

At the end of the session, participants will be able to:

1. Articulate the profile of Filipino children associated with armed forces and groups; and,
2. Identify the international and local mechanisms to prevent and respond to concerns of children associated with armed forces and groups.

### METHODOLOGY/STEPS

- A. Group activity on the profile of Filipino children associated with armed forces and groups
- B. Lecture discussion of international and local mechanisms to prevent and respond to concerns of children associated with armed forces and groups
- C. Group activity on identifying entry points to prevent and respond to concerns of children associated with armed forces and groups

### MATERIALS NEEDED

1. LCD
2. PowerPoint presentation
3. Manila paper
4. Markers
5. Crayons

### PROCESS

- A. INTRODUCE THE SESSION USING SLIDES 1 AND 2.
- B. GROUP ACTIVITY: PROFILE OF A CAAFAG.
  1. On slide 3, introduce the activity. Form groups with 4-5 members.
  2. Each group will draw how they perceive a child associated with armed forces and groups.

3. After 10 minutes, each group will present their output. Each group should not mention anymore the attributes already described by previous groups.
4. Slides 4-7 would provide a clarification on the profile of a child associated with armed forces and groups. These are selected excerpts from the Assessment done by Transition International, a group commissioned by UNICEF in 2016 to identify drivers of children's association with armed groups and entry points to prevent association.
5. Slide 8 provides the scale of conflict affected barangays in the country.

#### C. LECTURE DISCUSSION OF INTERNATIONAL AND LOCAL MECHANISMS TO PREVENT AND RESPOND TO CONCERNS OF CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS

1. Slide 9 starts the discussion on the legal and normative framework on CAAFAG, by citing the relevant provisions from RA 7610, which also became one of the normative frameworks for the drafting of RA 10821.
2. Slide 10 shows the current flowchart used by the government on Handling Children Involved in Armed Conflict.
3. Slide 11 introduces the Monitoring and Reporting Mechanism (MRM), an international undertaking to prevent and respond to grave child rights violations in situations of armed conflict.
4. Slide 12 shows the magnitude of MRM implementation globally.
5. Slide 13 emphasizes that MRM monitors ALL parties to the conflict.
6. Slide 14 shows the parties being monitored in the Philippines.
7. Slides 15 to 20 discusses each of the six grave child rights violations.
8. Slide 21 presents the objectives of the Philippine government's Monitoring, Reporting, and Response System (MRRS), and slide 22 shows its membership.

#### D. IDENTIFYING ENTRY POINTS TO PREVENT AND RESPOND TO CONCERNS OF CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS

1. Slide 23 presents the third portion of the session. Ask the participants to re-group based on the profiling exercise.
2. Given the learnings they gathered from this session, ask each group to write down the possible strategies that can be done at their province/ municipal level to prevent (column 1) and respond (column 2) to concerns of children associated with armed forces and groups.
3. After 10 minutes, ask the groups to share their responses. Each group should not mention anymore the responses reported already by previous groups. Process the group responses using the next slides.
4. Slide 24 and 25 are selected excerpts from the assessment done by Transition International, a group commissioned by UNICEF in 2016 to identify drivers of children's association with armed groups and entry points to prevent association.
5. Slide 26 and 27 are texts from the Standard 11 Guidance Notes. It includes Key Actions on Preparedness and Response.

#### E. END THE SESSION BY REITERATING THE KEY MESSAGES.

## KEY MESSAGE

1. Children may be involved in armed forces and groups in different capacities, and not only limited to boys and performing combat roles. We have international and domestic laws protecting children affected by armed conflict.
2. Service providers and community leaders should be aware of children who are particularly at risk of being separated from their families, and of recruitment or re-recruitment (whether forced or voluntary), and should undertake steps to promote their protection and development.

## REFERENCES

- (1) *Assessment of drivers of children's association with armed groups and entry points to prevent association (2016)*. Transition International, commissioned by UNICEF.
- (2) *Standard 11 Children associated with armed forces or armed groups*. Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>



## MODULE 2 | SESSION 8

# PROTECTING EXCLUDED CHILDREN

**DURATION:** 60 minutes



### OBJECTIVES

At the end of the session, participants will be able to:

1. Articulate the meaning of excluded children and why they need to be protected;
2. Identify groups of excluded children in our context; and
3. Suggest ways of addressing the issue of exclusion in prevention, and response interventions.



### METHODOLOGY/STEPS

- A. The Bindi Game
- B. Lecture/Discussion



### MATERIALS NEEDED

1. Small pieces of metacards in colors blue, yellow and red
2. Masking tape
3. Scissors
4. Print-out of instructions for each of the participants
5. PowerPoint presentation
6. LCD projector

 **PROCESS****A. THE BINDI GAME** (15 minutes)

1. Prior to the game, cut out small pieces of metacards or stickers (.5x.5 in) in the following colors: blue, yellow, red in almost equal numbers.
2. Ask all the participants to stand still and close their eyes and be quiet until you give them further instructions.
3. Using a masking tape, stick one piece of metacard on the forehead of each participant, making sure that they are not seeing the paper's color, and that you are getting almost an equal number of individuals with blue, yellow, and red tags. Also make sure that none of the participants are telling each other about the color of their tags.
4. Distribute a copy of the instructions to each of the participants, and ask them to read these silently. Give them 1 minute to do this. The instructions are as follows:

Go around the room and greet people according to the following rules:

  - a. **IF SOMEONE HAS A BLUE TAG** – Siya ay isang taong importante sa iyo at hindi mo nakita ng matagal. Masayang-masaya ka na nakita mo sya kaya't babatiin mo sya na tuwang-tuwa ka.
  - b. **IF SOMEONE HAS A YELLOW TAG** – Siya ay isang taong madalas mong makita. Maaari mo siyang batiin pero hindi ka masyadong masaya na makita sya.
  - c. **IF SOMEONE HAS A RED TAG** – Siya ay isang taong ayaw mong makita o batiin. Layuan mo sya.
7. After reading the instructions, tell them to move around and mingle with the other participants following the instructions given to them. Give them about 3-5 mins to do this or as long as you think is needed for each of the participants to encounter each other.
8. After this, they can all go back to their seats and ask them how they felt about the exercise. How did the reds, the yellows and blues felt? What insights do they have from doing the game?
9. The game is meant to remind the participants of how it feels for certain groups of people to be treated like outcasts or be excluded. Ask them to imagine how children who are excluded may feel on a daily basis.

## B. BRIEF LECTURE AND DISCUSSION

1. The game will be followed by a lecture using a PowerPoint presentation, and a plenary discussion after.
2. Cite as an example the discrimination of the Badjaos during the Zamboanga siege in 2013 (<https://www.rappler.com/nation/55885-badjao-zamboanga-war-relocation>) or the discrimination of children with disabilities.

### KEY MESSAGE

1. Exclusion has been defined as the processes through which individuals or groups of children are totally or partly marginalized from being able to play a full role in society.
2. It is commonly associated with stigmatized social status such as disability, being a member of a group (such as a religious or ethnic minority) that is discriminated against, cultural biases relating to issues such as gender, and economic exclusion.
3. Exclusion fundamentally affects the development of a child's full potential by blocking his or her access to rights, opportunities and resources.
4. Excluded children are more vulnerable to violence, abuse, exploitation and neglect.
5. Humanitarian crises and responses can make cycles of exclusion worse and create new layers of exclusion, or can offer opportunities to change.
6. Standard 18: Protecting Excluded Children  
All girls and boys in humanitarian settings have access to basic services and protection, and the causes and means of exclusion of children are identified and addressed.
7. Commonly excluded children are: children with disabilities, child-headed households, LGBTI (lesbians, gays, bisexual, transgender, intersex) children, children living and working on the streets, children born as a result of rape, children from ethnic and religious minorities, children affected by HIV, adolescent girls, children in the worst forms of child labor, children without appropriate care, children born out of wedlock, and children living in residential care of detention.

8. Children can experience exclusion in different areas of their lives. For example, CWDs may be excluded from taking part in community life or from accessing education. Children in residential care or detention may be excluded from community life and isolated from basic services and resources. Children living and working on the streets may have their own social sphere but may be excluded from mainstream society and access to basic services and resources.
9. Excluded children must be identified particularly in the desk reviews carried out as part of emergency preparedness and in the child protection assessments when an emergency happens.
10. Excluded children must have access to humanitarian protection and assistance. Specific measures may be needed to overcome barriers and to allow access like providing outreach services, advocacy to ensure that children are included who lack identity documents or who are not represented by an adult caregiver.
11. Promote the involvement of excluded children in the decisions that affect their lives is central to including them in society and increasing their protection.
12. Inclusion should also be promoted in organization policy and practice. For example, policies and procedures may include: affirmative action strategies, changes to the workplace for staff with disabilities; putting grievance procedures into practice, raising awareness and training for staff on discrimination, and setting up career-development opportunities for all staff.

## REFERENCES

- (1) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>

# SEXUAL VIOLENCE, PHYSICAL VIOLENCE AND OTHER HARMFUL PRACTICES, GENDER-BASED VIOLENCE (GBV)

**DURATION:** 60 minutes

## OBJECTIVES

At the end of the session, participants will be able to:

1. Identify the issues of sexual violence, gender-based violence (GBV), physical violence and other harmful practices (PVOHP) in emergencies and its impacts on children, families, and the community;
2. Describe how these risks and concerns may change/be exacerbated in different emergency settings and how they impact on children, families and communities;
3. Understand how to prevent sexual violence, GBV, physical violence and harmful practices against children; and
4. Understand how to respond to sexual violence, GBV physical violence and harmful practices against children.

## METHODOLOGY/STEPS

- A. Video: Unspeakable Crimes Against Children
- B. Input discussion
- C. Small group workshop – application: situational pictures with emoticons
- D. Plenary reporting/Discussion
- E. Intervention group workshop
- F. Lecture

## MATERIALS NEEDED

1. Laptop
2. LCD projector
3. Video: Unspeakable Crimes Against Children
4. Photo copies/enlarged situational picture: Situation 1 and 2
5. Cut Emoticons: SAD, ANGRY, HAPPY and LOVE
6. Masking tape
7. Glue
8. Scissors

 **PROCESS****A. GROUP WORK** (5 minutes)

1. Divide the participants into three groups and ensure the equal representation of participants from NGOs and GOs. Assign each group the topics on sexual violence, physical violence and gender-based violence,
2. Ask them to provide definition based on their own understanding and list down examples.
3. Let every group discuss their outputs in plenary.
4. Provide additional inputs on the outputs of the group.

**B. BRIEF LECTURE:**

- (1) Sexual Abuse of Children and Commercial Sexual Exploitation on Children definition and Sexual Violence of Children and its Manifestation.

**C. VIDEO SHOWING:**

- (1) "Unspeakable Crimes Against Children"

**D. GROUP WORKSHOP** (20 minutes)

- (1) Divide the participants to 4 groups. Each of the groups will receive 2 pictures with the emoticons and masking tapes:
  - a) Situation 1 - The group will discuss and come up with a consensus what in the picture makes them SAD and ANGRY.  
They will paste their sad and angry emoticons on their agreed site/element of the Situation #1.
  - b) Situation 2 - The group will discuss and come up with a consensus what in the picture makes them HAPPY and what they LOVE.
- (2) Plenary reporting of output (2 minutes per group)
- (3) Discussion/Input (10–15 minutes)
  - Protective and risk factors (vulnerabilities) of children to SGBV
  - Consequence of sexual violence
  - Responding to survivors of SGBV

## E. GROUP WORK - INTERVENTION AREAS:

INTERVENTION AREAS	PHASE OF EMERGENCY
Referral pathways & SOP	Prevention, Response
Messaging / Awareness raising	Prevention, Response
Child-friendly spaces	Prevention, Response
Direct services for survivors of sexual violence	Response

1. Task: Per intervention area: identify 3 to 5 core actions to integrate sexual violence against children in emergencies
2. Plenary reporting of output (2 minutes per group)

## F. SESSION EVALUATION:

1. Practical Application – Situational Picture with the Emoticons
2. Quiz
3. Group Intervention Workshop Output

## KEY MESSAGE

1. The risk of Sexual Violence, GBV, PVOHP increases during emergencies, occurring in the home, community and schools
2. Sexual Violence, GBV PVOHP affect children's health, education, social and emotional development, and overall psychosocial well-being—both in the short-term and into adulthood.
3. Quality interventions reduce the prevalence of Sexual Violence, GBV PVOHP, and ensure that all children at risk receive appropriate support
4. Child protection actors need to engage with other sectors to proactively identify cases of Sexual Violence, GBV , PVOHP, and refer them to appropriate services

## REFERENCES

- (1) *Child Protection in Emergencies Professional Development Programme - Sexual Violence Presentation, Save the Children*
- (2) *Child Protection in Emergencies Professional Development Programme - Physical Violence and other Harmful Practices Presentation, Save the Children*
- (3) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>



# CHILD LABOR

**DURATION:** 30 minutes

## OBJECTIVES

By the end of the session, the participants shall be able to:

1. Define child labor and the worst forms of child labor during emergency contexts;
2. Recognize child labor as an emerging child protection issue during humanitarian crisis; and
3. Identify key actions and guidelines for future implementation CPMS Standard 12 in their context.

## METHODOLOGY/STEPS

- A. Group work
- B. Lecture

## MATERIALS NEEDED

1. LCD projector
2. Manila paper
3. Markers
4. Masking tape

## PROCESS

### A. GROUP WORK

1. As an introduction, the facilitator asks the participants to write down in metacards existing situations of child labor in their communities. Have the participants post their metacards. The facilitator shall identify common themes and group the answers according to the worst forms of child labor. The facilitator shall proceed in the lecture after processing the activity.
2. Ask the question: What do we see as current/potential causes of child labor? What is getting worse? Explain that a humanitarian crisis is likely to impact pre-existing levels of child labor, increasing its occurrence and the severity of the work children do.

Discuss:

- a. With the potential loss of livelihoods, breadwinners and access to education and in the event of family separation and displacement, children become particularly vulnerable to child labor and especially its worst forms.
- b. An emergency situation may increase the overall incidence of child labor, give rise to new forms of child labor, or move children who were already working to more dangerous and harmful work (e.g., agricultural work in fields where mines are laid).
- c. Definition of child labor and WFCL
- d. Some of the worst forms of child labor, such as trafficking for exploitation and commercial sexual exploitation, are major child rights violations. However, the majority of children will be found in hazardous work, especially in agriculture

## **B. DISCUSSION ON CHILD WORK, CHILD LABOR AND WORST FORMS OF CHILD LABOR**

1. Ask the question: What mechanism is in place to prevent and respond to the evolving nature of child labor in emergency contexts? Present slides 7-10.
2. Stress the following points:
  - a. Prioritize the worst forms of child labor, starting with those related to or made worse by the emergency. Be sure to consider local forms of hazardous work, which may have been defined by the government.
  - b. Understand, adapt, and strengthen existing systems and structures that can address child labor during the emergency.
  - c. Eliminating child labor requires long-term commitment.
  - d. Integrate response and preparedness to humanitarian crisis into national child labor policies and programmes.
  - e. Since there are many reasons why children work, an emergency requires a comprehensive response that is integrated with child protection and other sectors.

### **KEY MESSAGE**

1. In emergency contexts, with the possible loss of livelihoods, breadwinners and access to education, and when families are separated and displaced, children become particularly vulnerable to child labor, especially the worst forms of child labor (WFCL). An emergency may:
  - a. Increase the overall incidence of the WFCL
  - b. Trigger new WFCL
  - c. Result in working children taking on more dangerous work
  - d. Result in unsafe moves by children to search for work, which will put them at risk of exploitative work situations

2. Child labor is work that is unacceptable because the children involved are too young and should be in school, or because even though they have reached the minimum working age (usually 15), the work they do is harmful to their emotional, developmental, or physical well-being. Some work that children do need not necessarily be eliminated, but made safe.
3. Many child laborers are engaged in its worst forms, such as forced or bonded labor, in armed conflict, trafficking for exploitation, sexual exploitation, illicit work or other work that is hazardous because it is likely to harm their health, safety or morals. Child labor is a child's rights violation (UNCRC, Art.32). It is a cause of poverty and underdevelopment. Children subjected to exploitation, with little or no basic education, are more likely to grow into illiterate adults, and be physically and mentally stunted. Their chances of breaking out of the poverty trap are limited.
4. Child labor is one of the significant child protection needs that arise during disaster situations. CPMS Standard 12 states that Girls and boys are protected from the worst forms of child labor, in particular those related to or made worse by the emergency.
5. Key Actions
  - a. Collect information on current WFCL situation (types, area, scale, causes)
  - b. Collect information on national and local policies and guidelines addressing elimination of WFCL
  - c. Identify key stakeholders involved in addressing WFCL
  - d. Work with communities to identify and mitigate risks of trafficking
  - e. Include WFCL in assessments
  - f. Ensure that responses to the WFCL become part of humanitarian interventions, in particular in areas of child protection, education, social protection and economic recovery
  - g. Make sure that WFCL monitoring and referral system is in place and included in existing child protection referral systems;
  - h. Help children involved in, or at risk of becoming involved in, the WFCL to
  - i. Take advantage of learning opportunities;
  - j. Help children of working age who are involved in, or at risk of becoming involved in, the WFCL (and their caregivers) to access adequate support to strengthen their livelihood or economic circumstances
6. Prevention and response should be mainstreamed in all humanitarian interventions:
  - a. Rapid assessments questions
  - b. Communication and advocacy
  - c. Case-management system
  - d. Community-based child protection mechanism
  - e. Economic recovery
  - f. Education interventions

7. Support provided to children will depend on their situation:
- a. Any child (under 18) found in forced or bonded labor, doing illicit work or being sexually exploited should be removed immediately from the situation, given case management and access to learning opportunities, and provided with support to help their financial situation
  - b. A child under the minimum working age found doing hazardous work (long hours, work with dangerous machinery, chemicals or heavy weights, etc.) should be removed and given learning opportunities and/or have their financial situation addressed
  - c. A child above the minimum working age found in hazardous work should be separated from the hazard, or have the risk reduced to an acceptable level, and may continue to be employed in the workplace
  - d. Any child who is not in the WFCL but is at high risk of becoming so should be treated in a similar way, with access to learning opportunities provided and/or their financial situation addressed.

## REFERENCES

- (1) Child Protection Global Cluster. *CPMS Video Series - Facilitator's Notes Standard 12 – Child Labor*
- (2) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>



## MODULE 3

# CHILD PROTECTION STRATEGIES

## MODULE 3 | SESSION 11

# FAMILY TRACING AND REUNIFICATION (FTR)

**DURATION:** 60 minutes



### OBJECTIVES

At the end of the session, participants will be able to:

1. Know the concepts of Family Tracing (FTR) and why/when this is conducted;
2. Understand the roles and responsibilities of different actors in implementing FTR; and
3. Gain basic skills and knowledge on how to do FTR.



### METHODOLOGY/STEPS

- A. Input/Discussion
- B. Practicum – Using the FTR Tool



### MATERIALS NEEDED

1. Laptop
2. LCD projector
3. Pictures of children in different emergencies
4. Prizes for the winning group
5. PRINTED: FTR Tool used in the Philippines for each of the participant



### PROCESS

#### A. DISCUSSION/ INPUT (20 minutes)

#### B. SIMULATION:

1. The participants will be divided into 4 groups. Each group will be assign with one child. Based on the picture of the child they assess her/his needs; what are her/his risks based on the pictures.
2. One member of the group will do the voice-over for the child on the picture to respond to the questions of the CP Officer/Social Worker.



## C. PRACTICUM – USING THE FTR TOOL

1. The groups will use the FTR Tool used in the Philippines.
2. The groups will use the FTR Tool used in the Philippines as they conduct the interview with the child assigned to them

### ALTERNATIVE ACTIVITY:

A. CAUSES AND IMPACT OF SEPARATION: READ OUT THE NEXT 2 QUESTIONS THAT WILL ALSO BE FLASHED ON THE SCREEN. GIVE THE GROUPS AT LEAST 10 MINUTES TO WRITE DOWN AS MANY ANSWERS AS POSSIBLE ON THE FLIP CHART.

#### Causes of separation:

How do children become separated during emergencies?

#### Impact of separation:

What protection risks do separated children face?

B. ACTIONS TO PREVENT SEPARATION – DIVIDE THE PARTICIPANTS INTO 4 OR 5 GROUPS DEPENDING ON THE AREA WHERE THEY COME FROM:

#### TASK 1:

Write 5 messages for children to prevent or reduce further separation.

#### Task 2:

Write 5 messages for families and communities to prevent or reduce further separation.

D. GROUP WORKSHOP OUTPUT WILL BE REPORTED TO THE PLENARY.

E. SYNTHESIS FROM THE FACILITATOR. PROVIDE TIPS/GUIDANCE ON HOW TO DO IT BETTER OR FROM THE GOOD PRACTICES OF OUR PARTNERS.

## KEY MESSAGE

1. **WHAT IS FTR?** This refers to the process where disaster response teams reunite families separated by natural and human catastrophes by bringing together the child and family or previous care-provider for the purpose of establishing or reestablishing long-term care (RA 10821)
  - a. Preventing family separation in communities and camps
  - b. Identification of unaccompanied and separated children, and families missing children
  - c. Documentation of all cases
  - d. Assessment of needs and referrals
  - e. Care placement and follow-up
  - f. Tracing families and children
  - g. Reunification of children and families

Process and examples of how this is done in emergencies “Yolanda”

FTR Tools (with particular focus on those used in the Philippines)

Referral pathway for FTR

Alternative Care in Emergencies



## 2. CAUSES OF SEPARATION: INVOLUNTARY SEPARATIONS

- a. Children are lost in the chaos of violence or an attack
- b. Death of parents or caregivers
- c. Children are away (school, hospital, etc.) when family has to flee
- d. Abduction
- e. Trafficking
- f. Parents/caregivers are arrested or detained

### DELIBERATE SEPARATIONS:

- a. Children are with extended family/neighbor/stranger for temporary safekeeping
- b. Children are displaced without parents/caregivers (e.g. children go to IDP camp with extended family while parents stay to rebuild/work)
- c. Children are placed in orphanages or institutions by parents hoping for better services for their children
- d. Children decide to leave because of abuse, or for work, etc.
- e. Children voluntary join armed forces or armed groups
- f. Parents leave to another region or country for employment (migration)
- g. Children are evacuated for medical reasons or others
- h. Aid agencies provide aid in way that promotes family separation

## 3. IMPACT OF SEPARATION (WHAT PROTECTION RISKS DO SEPARATED CHILDREN FACE?)

- a. Abuse (physical, emotional, sexual)
- b. Exploitation for child labor (economic, sexual)
- c. Worst forms of child labor (e.g. recruitment into armed forces and groups)
- d. Arbitrary detention
- e. Trafficking
- f. Psychosocial distress (children not knowing where parents are)
- g. Discrimination and denial of access to food, shelter, housing, health services, and education
- h. Becoming ill or injured, including infected with HIV/AIDS
- i. Lack of family environment and consistent caregiver, without which their full development is at serious risk of being disrupted or impeded
- j. Referral Pathway for FTR
- k. Alternative Care in Emergencies

## REFERENCES

- (1) *Child Protection in Emergencies Professional Development Programme – Family Tracing and Reunification*
- (2) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>

## MODULE 3 | SESSION 12

# PSYCHOSOCIAL SUPPORT

**DURATION:** 60 minutes



### OBJECTIVES

By the end of the session, the participants shall be able to:

1. Define psychosocial well-being, psychosocial support and child resilience;
2. Identify risk and protective factors; and
3. Understand the Mental Health and Psychosocial Support (MHPSS) intervention pyramid.



### METHODOLOGY/STEPS

- A. Group work
- B. Lecture



### MATERIALS NEEDED

1. LCD projector
2. Manila paper
3. Markers
4. Masking tape
5. MHPSS Intervention Pyramid
6. Activity envelope (5)



### PROCESS

#### A. GROUP WORK (INTRODUCTORY EXERCISE: CONCEPT DEFINITION)

1. Divide the participants into 5 groups. Give each group the activity envelope that contains strips of paper with concepts and their definitions. In 15 minutes, the group shall be able to match the definitions to the concepts/ terms.
2. The facilitator will provide the correct answers during the lecture-discussion.

#### B. LECTURE (2 PARTS: CONCEPTS AND THE RESILIENCE AND MHPSS INTERVENTION PYRAMID)

1. The facilitator shall present the PowerPoint slides and explain the concepts and also provide examples.
  - a. Slides 4-8 emphasize key messages that Mental Health and Psychosocial support (MHPSS) should be integrated into all humanitarian response. All people affected by disasters, conflict should have access to appropriate mental health and psychosocial support to restore day-to-day functioning and recovery.

- b. The facilitator proceeds with the discussion of CPMS Standard 10, definition of psychosocial well-being; children's reaction and what are risk and protective factors; and children's resilience.
2. Second part of the discussion would be the lecture on the Resilience and MHPSS Intervention Pyramid.
    - a. The facilitator discusses the 4 layers of the pyramid; also answering the remaining concepts in the group activity.
    - b. After the presentation, the participants shall be asked to write down in metacards, MHPSS interventions that their agencies are doing or have seen being implemented in emergency-affected areas, one per card and on each card include the following:
      - I. **WHAT:** Name of Intervention
      - II. **WHY:** Objective
      - III. **WHO:** Target Group
    - c. The facilitator will summarize group outputs and synthesize the session.



## KEY MESSAGE

1. **DISASTERS AND EMERGENCY SITUATIONS**, whether natural or human-induced, cause significant psychological and social suffering to children and adults. The psychological and social impacts of emergencies may be acute in the short-term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population. It is thus imperative for caregivers and service-providers to provide adequate psycho-social support in emergency contexts. CPMS Standard 10 notes that, "Girls' and boys' coping mechanisms and resilience are strengthened and severely affected children are receiving appropriate support."

2. **MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)** should be integrated into all humanitarian response. All people affected by disasters or conflict should have access to appropriate mental health and psychosocial support to restore day-to-day functioning and recovery.
3. **MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)** is any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.
4. **MENTAL HEALTH AND PSYCHOSOCIAL PROBLEMS** in emergencies are highly interconnected, yet may be predominantly social or psychological in nature.

Significant problems of a predominantly social nature include:

- a. **Pre-existing (pre-emergency) social problems** (e.g. belonging to a group that is discriminated against or marginalized; political oppression);
- b. **Emergency-induced social problems** (e.g. family separation; safety; stigma; disruption of social networks; destruction of livelihoods, community structures, resources and trust; involvement in sex work);
- c. **Humanitarian aid-induced social problems** (e.g. overcrowding and lack of privacy in camps; undermining of community structures or traditional support mechanisms; aid dependency).

Problems of a predominantly psychological nature include:

- a. **Pre-existing problems** (e.g. severe mental disorder; depression; alcohol abuse)
- b. **Emergency-induced problems** (e.g. grief; non-pathological distress; alcohol and other substance abuse; depression and anxiety disorders, including post-traumatic stress disorder (PTSD))
- c. **Humanitarian aid-related problems** (e.g. anxiety due to a lack of information about food distribution).

5. **IN EMERGENCIES**, not everyone has or develops significant psychological problems. Many people show resilience, that is the ability to cope relatively well in situations of adversity. How successful children are in addressing and coping with their situation depends on the pattern of risks and protective factors in their social environments, and also on their internal strengths and capabilities. Vulnerability arises when a child faces multiple risks and has few protective factors, such as living with a caring parent, having supportive friends, and having good skills for seeking help. Resilience arises when a child has more protective factors than risk factors.
6. **MHPSS INTERVENTION PYRAMID** The guidelines call for MHPSS services and activities to be implemented in a way that is coordinated, participatory, integrated, avoids harm and builds resources and capacities, and to organizing a multi-layered system of complementary support that meets the needs of different groups.

#### LAYER 1: BASIC SERVICES AND SECURITY

The well-being of all people should be protected through the re-establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter provide basic services. An MHPSS response to the need for basic services and security may include: advocating that these services are put in place with responsible actors; documenting their impact on mental health and psychosocial well-being; and influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial well-being

## LAYER 2: COMMUNITY AND FAMILY SUPPORTS

This represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. In most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears, and distrust. Moreover, even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family supports.

## LAYER 3: FOCUSED, NON-SPECIALIZED SUPPORTS

These represent the supports necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialized care). For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

## LAYER 4: SPECIALIZED SERVICES

The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services. Such problems require either (a) referral to specialized services if they exist, or (b) initiation of longer-term training and supervision of primary/general health care providers. Although specialized services are needed only for a small percentage of the population, in most large emergencies this group amounts to thousands of individuals.

## REFERENCES

- (1) *Child Protection in Emergencies Professional Development Programme.*
- (2) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action.* Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>
- (3) *Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.* Geneva: IASC

## MODULE 3 | SESSION 13

# CHILD-FRIENDLY SPACES

**DURATION:** 60 minutes



## OBJECTIVES

By the end of the session, the participants shall be able to:

1. Describe what is a Child-Friendly Space;
2. Understand the standards and guidelines of establishing CFS in emergencies; and
3. Identify other strategies to provide psychosocial support to children.



## METHODOLOGY/STEPS

- A. Group work
- B. Roleplay
- C. Lecture



## MATERIALS NEEDED

1. LCD projector
2. Manila paper
3. Markers
4. Masking tape



## PROCESS

1. Begin the session by presenting the objectives; relating the session (Child-Friendly Spaces) as one of the approaches to provide psychosocial support to children during emergency situations.
2. As an introductory exercise, divide the participants into 5 groups. Each group will present a short skit (roleplay) showing What is a CFS, Why do we need a CFS, Who comes to a CFS and Where do we find a CFS. Each group will be given 5 minutes each to present their roleplays.
3. Process the activity by asking the participants what they learned and how they felt. Then, summarize the important key messages in the roleplay.
4. Discuss the concept and standards of CFS in humanitarian context as stated in the Child Protection Minimum Standard 17: "All children and



young people can go to community-supported child friendly spaces that provide structured activities that are carried out in a safe, child-friendly, inclusive and stimulating environment" and Section 4 of RA 10821 or the Children's Emergency Relief and Protection Act: "The concerned LGU shall set up child-friendly spaces in every city or municipality declared under a state of calamity, as needed, based on the guidelines to be promulgated by the DSWD."

5. Emphasize that Child-Friendly Space is just one of the holistic approaches to child protection in emergencies. It functions to provide children protection from risk; promotion of psychosocial well-being; and strengthening of community child protection capacities. Discuss what is a CFS; why is CFS needed; and who comes to a CFS. Note that the session is only an overview of CFS Guidelines; an in-depth discussion on CFS would be another training activity.
6. Talk about the Guidelines in implementing CFS:
  - a. Location
  - b. Duration
  - c. Volunteers and
  - d. Activities
7. Share copies of the Philippine Implementation Guidelines on Child-Friendly Space with the groups.
8. After Slide 12, ask the participants to return to their small groups. Each group shall be given 10 minutes to list other strategies aside from CFS, that are being used during emergency contexts that provide psychosocial support to children. The facilitator will synthesize the activity, emphasizing that there are various strategies to provide psychosocial support to children, and CFS is only one of them. LGUs, CSOs and stakeholders must make sure that activities are culturally-sensitive, child-friendly, age-appropriate and aligns to CPMS and CEPC.
9. End the session by showing examples of activities providing psychosocial support to children: pictures, videos, CFS documentaries.

## KEY MESSAGE

### 1. WHAT IS A CHILD-FRIENDLY SPACE?

Child-friendly spaces (CFS) are safe spaces where communities create nurturing environments in which children can access free and structured play, recreation, leisure, and learning activities. It provides children with a protected environment in which they can participate in organized activities to play, socialize, learn, and express themselves as they rebuild their lives. CFS provide support that restores a sense of normality and continuity to the children.

The objectives of putting-up a Child-Friendly Space are:

- a. Support the resilience and well-being of children through community-organized, structured activities conducted
- b. Serve as a venue for identifying vulnerable and at-risk children, and facilitating their referral for immediate response
- c. Provide opportunities for children to play, learn, express themselves and be involved
- d. Mobilize communities around the protection and well-being of children

A child-friendly space is both a protective environment and one that enables children's healthy physical, psychosocial, moral, and spiritual development. CFS give children the sense of safety, structure, and continuity that provide support amidst overwhelming experiences especially during calamity or crisis.

## 2. WHY DO WE NEED A CHILD-FRIENDLY SPACE?

### A. PSYCHOSOCIAL SUPPORT ASPECTS OF CFS

Child-Friendly Spaces can give children time and space to:

- i. Restore their normal flow of development
- ii. Process and reduce harmful levels of accumulated stress from events
- iii. Learn and share new positive coping strategies by socializing with other children and adults in supportive environments with adult supervision
- iv. Learn information about relevant personal safety

CFS can help children feel comfortable and secured. Children's resiliency can be strengthened when children are given opportunities to once again be children.

### B. PROTECTION ASPECTS OF CFS

- i. CFS brings together adults and children to build protective community networks and mobilize communities to concentrate on the special needs of children in an emergency.
- ii. CFS also serve as venues for identifying vulnerable and at-risk children, and facilitating their referral for immediate response.
- iii. CFS can serve as an entry point to helping to identify priority child protection risks in the community and sharing child protection messages with communities, families, children and authorities.

## 3. WHO COMES TO A CFS?

- a. Target beneficiaries of the CFS are all children affected by emergencies, particularly the most vulnerable children.
- b. CFSs provide an opportunity to support all children and to promote equality and inclusion.
- c. It is essential to take steps to identify children most at risk and reach out to them without singling them out distinctive needs of girls and boys of different age groups, ethnic backgrounds, living situations, disability, etc. should also be met.
- d. Diverse boys and girls of different age groups should be given fair ways of participating in CFS.
- e. CFSs are also intended for children with disabilities. It is important to make this point clear when creating or running a CFS.

## 4. GUIDELINES IN IMPLEMENTING CFS

- a. Identify locations, resources (for materials and activities) and people who could take part in running a CFS.
- b. Train child protection staff, relevant government counterparts and community volunteers on the guidelines on CFS.
- c. Carry out an assessment together with the community to decide whether CFSs are needed, safe and accessible to all children nearby, and contextually appropriate.
- d. Map the existing facilities and infrastructure, including schools and community centers. Before deciding to set up CFS structures, decide whether a structure is needed at all.
- e. CFSs should be fun and should promote the right to play. To avoid overload, it is often useful for CFSs to focus initially on basic play and recreation activities. Community involvement should also be encouraged through activities such as toy making and inviting older mothers, grandmothers and elders to the centre to teach songs and tell stories to young children.
- f. Coordinate with formal schools to make sure that CFSs do not compete with them, but rather complement them. As schools reopen, ensure that there are time slots for different age groups of children.
- g. The psychosocial well-being of parents is important for children's care and protection. Parent support group sessions can also be scheduled in CFSs.

## 5. CHILD-FRIENDLY SPACES ACTIVITIES

- a. Children need the opportunity to use five types of play – creative, imaginative, physical, communicative and manipulative. The activities that you choose will depend on local culture, the nature of the emergency and the resources available and the needs of the children.

## REFERENCES

- (1) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>
- (2) Philippine National Child Protection Working Group (2014). *Philippine National Implementation Guidelines for Child-Friendly Spaces in Emergencies*. Retrieved from: [https://reliefweb.int/sites/reliefweb.int/files/resources/cfs\\_in\\_emergencies.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/cfs_in_emergencies.pdf)
- (3) Republic Act No. 10821 *Children's Emergency Relief and Protection Act*.
- (4) Save the Children (2008). *Child-friendly Spaces in Emergencies – a Handbook for Save the Children staff*
- (5) World Vision. *Children in Emergencies Manual*

## MODULE 3 | SESSION 14

# CASE MANAGEMENT AND JUSTICE FOR CHILDREN

**DURATION:** 45 minutes (with Justice for Children)



### OBJECTIVES

At the end of the session, participants will be able to:

1. Differentiate Problem-Solving from Helping Process;
2. Appreciate the core values, principles, purpose and components of SW case management;
3. Recognize the protocol for case management of child victims of abuse, neglect and exploitation; and
4. Identify the role of camp manager on case management in EC.



### METHODOLOGY/STEPS

- A. Case Analysis (Role Playing or Structured Learning Exercise [SLE])
  1. Case Management Web
- B. Brief Lecture (30 minutes)



### MATERIALS NEEDED

1. Laptop
2. LCD projector
3. Flipcharts
4. Markers
5. Masking tape
6. A ball of yarn
7. Narrative to be used as the basis for the webbing process
8. Name tag stickers of metacards with the following characters:
  - a. Mother
  - b. Close friend of the girl's mother
  - c. Survivor
  - d. Barangay Captain
  - e. Doctor
  - f. Local government unit (LGU) social worker
  - g. Police (WCPD)
  - h. Prosecutor
  - i. Volunteer legal association (Women's Legal Bureau)
  - j. DSWD Field Office Crisis Intervention Unit SW
  - k. Barangay VAW DESK Officer
  - l. Center Social worker



## PROCESS

### A. ROLE PLAYING OR SLE ON SAMPLE CASES (15 minutes)

#### FACILITATOR'S INSTRUCTIONS

1. Ask for volunteers and distribute the name tags to the appropriate number of people. Tell them that they will be in the role of the person noted on their name tag.
2. Seat the volunteers in a circle, chairs fairly close together. Ask the remaining participants (as observers; if applicable) to stand outside the circle so that they can easily see the activity.
3. Explain that the ball of yarn represents a 20-year old girl who was raped.
4. Standing outside the circle, give the ball to Mother and explain that the girl has told her mother about the incident.
5. Instruct Mother to hold the end of the string firmly, do not let go, and throw the ball to the person you tell her.
6. Tell the story below, of what happens to this girl. Each time an Actor is involved, the ball of string is tossed across the circle to that Actor. Each Actor who receives the ball will wrap it around a finger and then toss the ball to the next Actor as instructed.

#### Story:

- A 12-year old girl was raped and tells her mother.
- Mother takes her daughter to her close friend.
- The close friend said that they should call the attention of the Barangay Captain.
- They went to the Barangay Captain. The Barangay Captain asked what happened and referred them to the local government unit (LGU) social worker.
- The mother then took her daughter to the LGU social worker.
- The LGU social worker interviewed the girl and filled out an intake form. The LGU social worker felt that the girl needs medical intervention so she said that they should go to a doctor.
- The mother accompanied her daughter to the hospital.
- The doctor administered treatment and sends the girl back to the LGU social worker.
- The LGU social worker provides psychosocial support. She found out that the girl's family wants to involve the police for security assistance.
- The LGU social worker contacted the police.
- The police met with the mother and her daughter (GBV victim-survivor). The police was looking for the referral form from the LGU social worker.
- The mother and her daughter went back to the LGU social worker for the referral form.
- The mother and her daughter went back to the police.
- The police (Women and Children's Protection Desk) interviewed the girl/GBV victim-survivor. The girl was referred back to the doctor/Women and Children Protection Unit (WCPU) for medico-legal related examinations.
- The mother accompanied her daughter back to the doctor/WCPU.
- The doctor/WCPU conducted forensic examination; collected evidence and prepared the medico-legal certificate and report.
- The doctor asked the mother and the girl to go back to the police.

- *Both went back to the police.*
- *The mother/daughter decides to file a case.*
- *The police forwards report to the Prosecutor (Family Court in the Regional Trial Court).*
- *The Prosecutor advised them to get a lawyer.*
- *Since the mother has no money, she went to Women's Legal Bureau for legal representation.*
- *The mother asked the LGU social worker for financial assistance (for transportation, meals, going back and forth to the court).*
- *The LGU social worker referred them to DSWD Field Office for financial assistance.*
- *The mother and her daughter went to DSWD Field Office.*
- *The DSWD Field Office asked for documents such as the Certificate of Indigency and Referral Letter from the LGU social worker.*
- *So the mother and daughter went back to the Barangay Captain for the Certificate of Indigency.*
- *The mother and daughter then went again to the LGU social worker to get the Referral Letter.*
- *They returned to the DSWD Field Office. The mother of the survivor disclosed that they are receiving death threats from the family of the perpetrator, therefore her daughter needs to leave their community temporarily.*
- *So finally, the survivor was referred to a residential care facility for temporary shelter.*

7. Stop the game when every Actor has taken part in at least 2 communication exchanges regarding the case. There will be a large red web in the center of the circle, with each Actor holding parts of the string.
8. Pause to look at the web. Ask some questions to generate discussion:
  - a. What do you see in the middle of this circle?
  - b. Was all of this helpful for the survivor? Traumatic?
  - c. Might a situation like this happen in your setting?
  - d. How many times did the girl have to repeat her story?
  - e. What did the victim-survivor get from the persons/agencies she went to?
  - f. How could we facilitate the victim-survivor's access to services according to the four (4) guiding principles (safety, confidentiality, respect, non-discrimination)?
  - g. Among all service providers, who is the most frequently visited for help?
9. Ask everyone to return to their seats. Actors should let go of the string and let it drop to the floor. Leave the red stringy chaotic mass sitting on the floor for all to see during the remainder of this session.



## PROCESSING OF THE ROLEPLAYING

### GUIDE QUESTIONS:

- a. How does the victim-survivor feel about what she went through?
- b. How does one describe the process and the web it produced?
- c. Was the process gender-sensitive?
- d. How can one improve the process?

## B. BRIEF LECTURE (30 minutes)

Case Management PowerPoint presentation

## KEY MESSAGE

1. In the humanitarian context, the systems and mechanisms that normally protect children may have been weakened or ineffective.
2. All people have rights – they are right holders. As right holders, people have the right to claim their own rights – participate/take part in demanding their rights.
3. Governments, institutions and individuals have responsibilities (or duties, obligations) that correspond to these rights – they are duty bearers. Duty bearers are accountable for rights.
4. Right-based approach is one of the major consideration in the case management process.
5. Helping Process aimed at assisting people to regain equilibrium and to achieve growth in coping capacities by developing new resources or employing untapped resources in ways that reduce tension and achieve mastery of problems.
6. Social case management is an interactive process which the social worker and the client and other significant persons in his/her life consciously work together to resolve a problem, discomfort, anxiety or stress.
7. The purpose of case management is to help, restore, enhance, empower, modify or maintain the social functioning of the individual so he/she can move beyond survival level, regain self-dignity and worth, by enabling or providing him/her with opportunities and options that will create conditions for change.

## REFERENCES

- (1) Committee for the Special Protection of Children - Department of Justice. (2014). Protocol for Case Management of Child Victims of Abuse, Neglect and Exploitation. Retrieved from: [https://www.doj.gov.ph/files/transparency\\_seal/2016-Jan/CPN-CSPC%20Protocol%2026Nov2014.pdf](https://www.doj.gov.ph/files/transparency_seal/2016-Jan/CPN-CSPC%20Protocol%2026Nov2014.pdf)
- (2) Department of Social Welfare and Development. (n.d.) Gender Responsive Case Management.
- (3) Global CPWG. (2013). Child Protection Minimum Standards in Humanitarian Action. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>
- (4) Mendoza. (1981). Social Welfare and Social Work: An Introduction. Cebu City: Cornejo and Sons.



## MODULE 4

# INFORMATION MANAGEMENT

## MODULE 4 | SESSION 15

# CASE MANAGEMENT AND JUSTICE FOR CHILDREN

**DURATION:** 60 minutes



### OBJECTIVES

At the end of the session, participants will be able to:

1. Understand importance, frequency, and tools in data gathering, monitoring, and reporting for children affected in humanitarian setting; and
2. Demonstrate accomplishment of 3/4/5 Ws, minutes of meeting, attendance, and directory in humanitarian cluster system.



### METHODOLOGY/STEPS

Before proceeding with the session, connect or link to the previous modules, using the standard on Information Management.

#### ACTIVITY GROUP WORK: CASE SCENARIO SIMULATION

1. Divide the participants into 4 groups, provide group work their respective case scenario.
  - a. Your group is composed of trained CP Focal attending meeting with CP cluster
2. Each group is provided with the following CPWG IM tools to be reported during the meeting:
  - a. Group 1: 3/4/5 Ws
  - b. Group 2: Minutes of Meeting (MOM)
  - c. Group 3: Attendance Sheet
  - d. Group 4: Directory
3. The group will be given time to review and be familiar with their respective assigned tools and discuss how they are going to accomplish.
4. Present group output in an actual humanitarian CP sub-cluster meeting, 5-10 minutes per group.
5. Technical Input on the Ethical guidance notes, connect discussions on the group simulation of IM tools.
6. Synthesis of the session

## MATERIALS NEEDED

1. Manila papers
2. Pentel pens
3. Crayons
4. Assorted metacards

## PROCESS

1. Group discussion
2. Role Play/simulation
3. Technical input on the assessment and reporting tools

## KEY MESSAGE

### STANDARD 5 INFORMATION MANAGEMENT

Up-to-date information necessary for effective child protection programming is collected, used, stored, and shared, with full respect to confidentiality and in accordance to “do no harm” principle and the best interests of children.

Information management should be guided by the best interests of the child and should follow the principles of ‘do no harm’ and “need to know”.

### ETHICAL CONSIDERATIONS/GUIDANCE NOTES:

#### 1. COORDINATION:

- a. Formation of a Task Force (such as the Information Management Task Force formed by OCHA in most emergency responses)
- b. Incorporation of information management coordination within the overarching child protection mechanism.

#### THE COORDINATION BODY CAN:

- a. Lead the activities related to information management, and ensure linkages with other information management processes (for example in other sectors).
- b. Develop or cooperate with others to develop or adapt standardized tools and procedures such as:
  - i. Standard registration forms;
  - ii. Standard training modules;
  - iii. Guidance on urgent action during assessments;
  - iv. Guidance on sharing assessment results; and
  - v. Guidance on how information needs of affected populations should be addressed.





## 2. AVOIDING COMMON MISTAKES:

- a. Not using existing case management systems
- b. Gathering "good to know" data
- c. Not knowing how the information will eventually be used
- d. Gathering data in an uncoordinated manner
- e. Gathering but not analyzing data
- f. Use of complex indicators
- g. Generalizing data that should not be generalized
- h. Not considering local context when interpreting data
- i. Of inappropriate data collection methods
- j. Not triangulating information
- k. Not explaining to those giving information why it is needed and how it will be used
- l. Raising expectations during the collecting of information (making false promises)
- m. Delayed use and of non-use of information

### 3. SECURITY PRECAUTIONS:

Ensuring the protection of highly-sensitive information through:

- a. Restricting access
- b. Holding information in a secure location with a limited number of named people given access to non-transferable passwords
- c. For paper records, they must be stored in a lockable cabinet or cupboard available exclusive for its purpose.

*Note: Defining whether to use electronic or paper files should be done depending on the following:*

- d. Size of the case load,
- e. Geographic location of the children
- f. Resources available to set up an electronic database system, such as the Inter-Agency Child Protection Information Management System (IA CP IMS).

### 4. WHO OWNS THE INFORMATION:

Special attention needs to be paid to the following:

- a. Working within existing structures
- b. Building government capacity on information management in order to ensure long term sustainability
- c. Ensuring that existing practices are not undermined
- d. Strengthening the Child Protection System
- e. Data security
- f. Data involving children associated with armed forces or armed groups (CAAFG) or survivors of violations committed by government forces or their proxies
- g. Involvement by the government and other bodies do not pose unintended harm to children

### 5. INFORMATION SHARING:

- a) Stress importance of developing Information Sharing Protocols (or SOPs on information sharing) between the different partners (including the government)
  - i. These protocols should guide how information is collected and stored and what the basis for sharing all or part of the information on an individual child should be

### 6. MANDATORY REPORTING:

- a) Familiarity with the local laws and standards applicable in the context and to adhere to these where possible is important.
- b) Where there are concerns that some actors may not be able to maintain confidentiality or if reporting may put them or the child at risk, decisions should be made on a case-by-case basis.

## 7. DATA CONFIDENTIALITY:

Information collected on any individual child, caregiver or community member must be treated confidentially through:

- a) Keeping number of those who have access to the information to a minimum
- b) Providing appropriate reference codes which they can be identified without disclosing the personal information unnecessarily.
  - i. The only function of reference codes is to connect personal information and other information.
- c) Sharing of information:
  - i. Any personal information that is passed on/shared electronically should be sent as a separate attachment and be password protected.
  - ii. Sharing of information should be strictly on a need- to-know basis and done only if it is in the best interests of the child.
  - iii. Only aggregated data must be shared, depending on its intended use.

## 8. INFORMED CONSENT

- a) Voluntary agreement of an individual who has the capacity to give consent, and who exercises free power of choice.
- b) May be sought from a child or from the child's caregiver, according to the age of the child and their level of maturity.
- c) As a guide, informed consent should be sought from the child when the child is deemed mature enough to understand.
  - i. Usually 15-18 years old should be able to give oral or written consent.
  - ii. For younger children, decisions should be made on a case-by-case basis.

If the interviewer decides that the child cannot fully understand the content of the informed consent, written informed consent should be sought from a parent or caregiver.
- d) Efforts should be made to explain to the child, in simple language appropriate to the age, why the information is being sought, what will it be used for, and how will it be shared.

## REFERENCES

- (1) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>



## MODULE 4 | SESSION 16

# MAINSTREAMING OF CHILD PROTECTION IN OTHER SECTORS

**DURATION:** 60 minutes



### OBJECTIVES

At the end of the session, participants will be able to:

1. Understand the concept of 'child protection mainstreaming';
2. Identify the importance and challenges of child protection mainstreaming; and
3. Enhanced knowledge, capacity, and self-confidence to mainstream child protection into other sectors.



### METHODOLOGY/STEPS

#### GROUP WORK EXERCISES

- A. Understanding Mainstreaming
- B. Sharing of Child Protection Mainstreaming Experiences
- C. Group Sharing/Plenary
- D. Processing



### MATERIALS NEEDED

1. Printed copies of the four (4) sample IM tools
2. Metacards
3. Broad tip pentel pens (black and blue)
4. Manila papers
5. Post-its
6. Sound system



## PROCESS

### A. SESSION 1: UNDERSTANDING MAINSTREAMING AND ITS IMPORTANCE

*Note: Facilitator to connect the topic from the previous modules.*

#### 1. ACTIVITY:

Dyads discussion, this allows each participant to be able to share and speak her/his own thoughts and experience, recognizing that each participant brings his/her rich experiences, knowledge and skills using participatory process. *(10 minutes)*

#### 2. MECHANICS:

Ask the participants to find a partner to discuss and find a space where they can be relaxed and comfortable.

**Guide Question:** What comes to your mind when you think of child protection mainstreaming? Why is it important in humanitarian action?

Each will be given 5 minutes to share, agree on common understanding, and write in meta cards to be posted in manila paper for plenary discussion.

#### 3. PROCESSING AND REFLECTION IN PLENARY:

Take *10 minutes* to go through the group's output posted in the manila paper and determine common words, statements, or description as responses to the guide questions. Acknowledge using creative claps.

#### 4. INPUT *(10 minutes)*:

Presentation of slides on child protection mainstreaming and its importance. Connect to the group's output, as a process of acknowledging their present knowledge and understanding. Be emphatic when their outputs are similar to the slide presentation.

### B. SESSION 2: MAINSTREAMING CP WITH OTHER SECTORS IN HUMANITARIAN CLUSTERS USING THE CPMS

Economic recovery (standard 19), Education sector (standard 20), Health (Standard 21), Nutrition (Standard 22), Wash (standard 23) Shelter (24), Camp Management (standard 25), and Distribution (standard 26)

#### 1. ACTIVITY: ROLEPLAY *(30 minutes)*

#### 2. MECHANICS:

Ask the participants to group themselves in eight (8) teams. Distribute the 8 CPMS printed in coupon bonds or  $\frac{1}{4}$  size of manila paper. The composition per group will be dependent of the total number of participants. Each team with their respective assigned standards will be given time to read and understand as basis for their role play.

**Case scenario for the role play (10 minutes per team):**

Your team just completed your TOT and you are invited to attend cluster meetings as CP Focal representatives. Your agenda is to present and discuss the following:

- a) Identify the biggest or priority child protection risks in their sector/cluster (e.g. education, nutrition)
- b) Identify child protection opportunities/actions that you would like him/her to consider
- c) Identify what support you could offer as child protection practitioner

**3. PROCESSING AND SYNTHESIS (10 minutes):**

Ask group to give their respective reflections on their group performance. How did they feel? What were the difficulties/challenges in demonstrating how to mainstream CP standards with other sectors? If you are to do another meeting, how will your team do it better?

Summarize key learnings and reflections from the team, end with key messages in the PPT slides.


**KEY MESSAGE**
**SESSION 1:****1. WHAT IS MAINSTREAMING?**

- a. Articulating the humanitarian and moral duty of all actors to protect all children
- b. Building on synergies with other sectors to protect more children better
- c. Working with other sectors to integrate relevant other-sector activities into child protection programmes and promote programme convergence

**2. WHY DO WE MAINSTREAM?**

- a. To maximize the use of resources, and piggy back efforts across sectors;
- b. To ensure the provision of basic services in a way that prevents protection problems and risks to children;
- c. To ensure that humanitarian activities and actors do not create protection problems or risks for children;
- d. To reach more children with protection and other-sector activities.

**SESSION 2:**

1. Everyone is responsible for children's protection.
2. Child protection can be integrated into other sector to ensure that our activities don't create threats to children and to facilitate children's access to protective environment and services.
3. An important part of addressing child protection in other sectors is to anticipate and prevent unintended consequences our program activities might create.

## REFERENCES

- (1) *Applying Basic Child Protection Mainstreaming: Training Manual for Field Staff in Non-Protection Sectors* (by: ChildFund international, World Vision, IRC and Save the Children)
- (2) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>

## ADDITIONAL INFORMATION

### STANDARD 19: ECONOMIC RECOVERY AND CHILD PROTECTION

Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of economic recovery programs. Working-age boys and girls and their caregivers will have access to adequate support to strengthen their livelihoods.

Economic recovery interventions should reach those households where child protection concerns are most pressing and should maximize children's chances to remain with their families, access education, and avoid hazardous labor or other forms of exploitation.

### STANDARD 20: EDUCATION AND CHILD PROTECTION

Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of education programs. Boys and girls of all ages can access safe, high-quality, child-friendly, flexible, relevant, and protective learning opportunities in a protective environment.

Quality education contributes to the safety and well-being of children before, during, and after emergencies. It requires close collaboration between education and child protection actors on a range of issues including child-friendly spaces and child protection prevention measures.

### STANDARD 21: HEALTH AND CHILD PROTECTION

Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of health programs. Girls and boys have access to quality health services delivered in a protective way that takes into account their age and developmental needs.

Health intervention is a central part of an overall approach to support services in response to major child protection risks in emergencies. Health activities must reduce child protection risks, and generally be carried out in a protective way.

### STANDARD 22: NUTRITION AND CHILD PROTECTION

Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of nutrition programs. Girls and boys of all ages and their caregivers, especially pregnant and breastfeeding women and girls, have access to safe, adequate and appropriate nutrition services and food.

Children are particularly vulnerable to all forms of under-nutrition in times of instability and crisis. Risk-prevention measures should be included within nutrition activities.

## **STANDARD 23: WATER, SANITATION AND HYGIENE (WASH) AND CHILD PROTECTION**

Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of WASH programs. All girls and boys have access to appropriate WASH services that minimize the risks of physical and sexual violence.

Child protection workers have an important role to play in making sure that child protection activities contribute to and maintain safe and appropriate WASH practices for and by children. Similarly, WASH workers should make sure that their interventions are carried out in a way that protects children and their caregivers.

## **STANDARD 24: SHELTER AND CHILD PROTECTION**

Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of shelter programs. All girls and boys and their caregivers have appropriate shelter provided that meets basic needs, including protection and disability access, and which facilitate longer-term solutions.

Shelter is a complex sector with many implications for child protection. Vulnerability for children can increase during and after disasters, when children may be living with new, reduced or altered family units, or alone.

## **STANDARD 25: CAMP MANAGEMENT AND CHILD PROTECTION**

Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of camp management program. The safety and well-being of girls and boys of all ages living in camps is safeguarded through camp management structures.

The aim of managing camps is to create the space needed to deliver protection and help effectively. This affects child protection in several ways – for example, through the way the camp is physically planned, the way support is distributed, or the way decisions are made that affect children's lives. Camp managers need to make sure children are not exposed to risks in the camps, and respond when these are identified.

## **STANDARD 26: DISTRIBUTION AND CHILD PROTECTION**

Children access humanitarian assistance through efficient and well-planned distribution systems that safeguard girls and boys from violence, exploitation, abuse and neglect.

Distribution of immediate, life-saving assistance is one of the most urgent actions to be taken in an emergency response, and one that can significantly improve the safety and well-being of children. The way in which food and other relief items are distributed has a significant effect on the threats experienced by women and children. Any kind of distribution needs to incorporate a child protection approach. It should be timely, comprehensive, and extremely well planned.



## MODULE 5 | END OF TRAINING

### DEMO TEACHING

# END OF TRAINING

## REFLECTION, ACTION PLANNING, CLOSING RITUAL

**DURATION:** 60 minutes



### OBJECTIVES

At the end of the session, participants will be able to:

1. Apply knowledge gained from the training by facilitating one of the sessions
2. Demonstrate their training facilitation skills and learn additional strategies to better deliver the CPMS sessions.



### METHODOLOGY/STEPS

- A. Small groups for demo teaching
- B. Self-evaluation and group assessment after each presentation



### MATERIALS NEEDED

1. LCD
2. PowerPoint presentation



### PROCESS

#### A. INTRODUCE THE SESSION BY DISCUSSING THE SESSION OBJECTIVES.

#### B. SMALL GROUPS FOR DEMO TEACHING

1. Form six groups. Each group will send a representative to draw lots. The assigned topic will be indicated in the sheet of paper selected by the representative.
2. Topics for demo teaching include:
  - a. Introduction to 10821
  - b. CPiE
  - c. CPMS
  - d. CFS
  - e. FTR
  - f. CP Systems



3. The groups will be given one hour to prepare their assigned session.
4. Make sure that the venue is big enough to allow three simultaneous group demonstrations to take place. Ensure that there are two to three facilitators to oversee the demo teaching.
5. For the demo teaching:
  - Group 1 will teach Group 2 and vice versa
  - Group 3 will teach Group 4 and vice versa
  - Group 5 will teach Group 6 and vice versa

## C. SELF-EVALUATION AND GROUP ASSESSMENT

*("Sandwich" – say some good things about the presentation of the group and its members, then followed by things they need to improve or enhance and end with more appreciation/ affirmation for the group)*

- After each group presentation, ask the presenters to share their insights on how they performed in the demo teaching.
- Ask the other group for their reflection and insights on the other team's presentation.
- The facilitators will validate/ affirm the insights shared by the presenters and share pointers on how to further improve the delivery, or provide additional options/ strategies in managing the session.

## D. END THE SESSION BY REITERATING THE KEY MESSAGES.

### KEY MESSAGE

1. This training generally aims to capacitate and equip emergency responders and other service providers with adequate knowledge and skills to handle preparedness, mitigation, and response in addressing child protection needs in times of emergency.
2. As trained facilitators and CPMS trainers, we are expected to orient emergency responders with the salient provisions of Republic Act 10821 and the global Child Protection Minimum Standards in Humanitarian Action (CPMS), and demonstrate its relevance to their initiatives before, during, and after an emergency.
3. As trained facilitators and CPMS trainers, we are expected to mainstream Child Protection in other humanitarian sectors, ensuring that child protection considerations inform all aspects of humanitarian action and minimize risks to children, in compliance with the "do no harm" principle.

### REFERENCES

- (1) Global CPWG. (2013). *Child Protection Minimum Standards in Humanitarian Action*. Retrieved from: <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>

# ANNEX

## MODULE 1 | SESSION 4 : COMMON UNDERSTANDING OF CPMS

### HUMAN BINGO

What is Standard 1 and where to find it?	What are the overarching principles of the CPMS?	What is Standard 20 and where to find it?	Name 2 key documents and / or Companion Standard of CPMS?
What does CPMS stand for?	What is Standard 10 and where to find it?	What is Standard 8 and where to find it?	What is Standard 21 and where to find it?
What is Standard 16 and where to find it?	What is Standard 5 and where to find it?	What is Standard 16 and where to find it?	What is Standard 18 and where to find it?
What is Standard 9 and where to find it?	What is the Structure of the CPMS Book?	How many standards are in the CPMS?	What is Standard 10 and where to find it?
What is a MINIMUM STANDARD	What is Standard 9 and where to find it?	What is Standard 5 and where to find it?	Who will use the CPMS?

## MODULE 1 | SESSION 5: CHILD PROTECTION SYSTEM

### STRENGTHENING THE CURRENT PHILIPPINE CHILD PROTECTION SYSTEM

**GROUP ACTIVITY:** Examining Current Child Protection System in the Philippines (in relation to Maria's Story)

**MARIA'S STORY:** Maria lived in Tacloban with her family. When Typhoon Haiyan hit, her father lost his job and began drinking alcohol and dealing with drugs. Her father's lack of employment opportunities and alcoholism has led to anger and frustration which he takes out on Maria. Because of this, Maria has incurred bruises, has become more withdrawn, and has not performed well in school. Although her teachers have noticed this change in her behavior, they did not say anything.

To help her family, Maria started working in a local store and starts missing school. Eventually, Maria no longer attended school nor does she work at the local store. It was found that she went to Manila in search of better opportunities. She became a child of the street for months, begging for food and alms until she met Sister Malou who offered to help her find a job. "Sister Malou" brought her to Cebu where she was asked to do sexual acts while being filmed. After a few months, she was then brought to Angeles City, Pampanga where she was forced her to sleep with men for money – even when she had her menstrual period or was running a fever. By the time she was rescued from the "Casa", code/term for a brothel, she had serviced more than 1,500 clients with about 8 to 15 customers a night. When she was found, she had no paperwork and was HIV+. Although she lived for a few years in a shelter for women and children, she died at an early age due to HIV-related complications.

#### TO EMPHASIZE:

Maria was HIV+ when she was found. She lived for another 4 years in a shelter for women and children. When her family were located, the original problem began when Maria's father lost his job and began drinking alcohol regularly. Her family thought she was going to get school assistance, but once she left, they only heard from her one more time. When asked why she remained in the casa despite the abuse she experienced, she said, "kasi may pagkain. Hindi ako magugutom." She died at the age of 13 due to HIV-related complications.

**GROUP ACTIVITY: EXAMINING CURRENT CHILD PROTECTION SYSTEM IN THE PHILIPPINES (IN RELATION TO MARIA'S STORY)**

**INSTRUCTION:** Evaluate how Maria could have been protected based on your assigned component. You may use the indicators/guide questions to assist you in filling out the 3rd and 4th columns. The 3rd column looks at the gaps the group has observed based on Maria's story and the existing programs the LGU has to ensure that the indicators/guide questions are addressed. Given the gaps, the group is to determine the strategies that could have been done to protect Maria.

#### GROUP ASSIGNMENTS:

- GROUP 1 – Component 1
- GROUP 2 – Component 2
- GROUP 3 – Component 3
- GROUP 4 – Component 4
- GROUP 5 – Component 5
- GROUP 6 – Component 6
- GROUP 7 – Component 7
- GROUP 8 – Component 8

## MODULE 1, SESSION 4: STRENGTHENING CHILD PROTECTION SYSTEM IN THE PHILIPPINES

COMPONENT	INDICATORS/GUIDE QUESTIONS	GAPS AND CHALLENGES OBSERVED BASED ON MARIA'S STORY	STRATEGIES TO ADDRESS GAPS/STRENGTHEN CURRENT SYSTEM (How could Maria have been protected?)
<p>1. Meaningful <b>coordination</b> across government and between sectors at different levels</p> <p><b>Brief description:</b> Effective and quality prevention, response and monitoring of child protection requires coordination of relevant services, both within the child protection sector itself and with other sectors like health, social welfare, education, and justice.</p>	<p>Is there a lead Government department or agency with responsibility for the coordination of child protection across government?</p> <p>Does this entity have the capacity to deliver this?</p> <p>Do all Government departments and agencies understand their role and responsibilities for the protection of children?</p> <p>Are there formal agreements/protocols between departments?</p> <p>Are there organizations/groups providing technical and other support to Government on the strengthening of the national child protection system?</p> <p>Are there formal agreements / protocols / partnerships between key actors?</p> <p>Is there joint working across the planning, management, provision and delivery of child protection services?</p> <p>Are there local interagency bodies to develop and agree child protection policies and procedures at lower levels (within national frameworks)?</p>		
<p>2. <b>Knowledge and data</b> on child protection issues and good practices</p>	<p>Does the Government regularly collect and publish national level statistics on the prevalence of key child protection issues, disaggregated by gender, age, (dis)ability, ethnicity, etc?</p>		

COMPONENT	INDICATORS/GUIDE QUESTIONS	GAPS AND CHALLENGES OBSERVED BASED ON MARIA'S STORY	STRATEGIES TO ADDRESS GAPS/STRENGTHEN CURRENT SYSTEM (How could Maria have been protected?)
<p><b>Brief Description:</b> Understanding the magnitude, characteristics, and trends of child protection problems is a crucial first step in developing effective and appropriate child protection systems.</p>	<p>Are representative household surveys conducted that include questions on child protection issues such as the use of child labour or physical punishment of children?</p> <p>Are data collected, collated and disseminated on the numbers and characteristics of children in contact with the child protection system (e.g. placed in alternative care; registered in case management systems such as demobilised child soldiers or separated children)?</p> <p>Is there a national research agenda on child protection issues, identifying priorities for improving data on the nature and extent of child protection problems, identifying risk factors, providing evidence on 'what works' in prevention and response, etc?</p> <p>Is policy and practice development based on evidence from research, evaluation and other forms of learning?</p>		
<p><b>3. Legal and Policy Framework</b></p> <p><b>Brief Description:</b> Action on child protection needs a clear foundation in national legislation, as well as accompanying policies and guidance that support its implementation. In addition, humanitarian and refugee treaties and conventions must be followed in emergency situations.</p>	<p>Is there a comprehensive legal and policy framework in place on child protection issues?</p> <p>Have laws and policies been reviewed and/or revised to bring them into compliance with the CRC and other international standards?</p> <p>Are there significant problems or gaps in current legal or policy provisions on child protection?</p>		



COMPONENT	INDICATORS/GUIDE QUESTIONS	GAPS AND CHALLENGES OBSERVED BASED ON MARIA'S STORY	STRATEGIES TO ADDRESS GAPS/STRENGTHEN CURRENT SYSTEM (How could Maria have been protected?)
	<p><i>For example: laws permitting the corporal punishment of children; inadequate criminal penalties for perpetrators; age-specific status offences; deprivation of liberty for minor offences; no legal prohibition of sexual or emotional abuse.</i></p> <p>Does the Government have a national child protection policy statement or national framework document?</p> <p>Has the Government prepared national plans of action on specific child protection issues such as the elimination of violence or the worst forms of child labour, the commercial exploitation of children, and the care and protection of orphans and vulnerable children?</p>		
<p><b>4. Local Preventive and Responsive Services</b></p> <p><b>Brief Description:</b> Poverty, discrimination, conflict, gender, poor parenting, parental death or chronic illness, family separation, an unsafe physical environment, and local cultural beliefs and practices increase the likelihood of harm to children. Thus, preventive services must be in place to reduce the risks caused by these factors. On the other hand, responsive services aim to ameliorate the impact of child protection failures and to support recovery and/or reintegration.</p>	<p>Is there mandatory reporting of abuse and neglect? Are there existing mechanisms on the following:</p> <ul style="list-style-type: none"> <li>• Birth Registration</li> <li>• Parenting programs</li> <li>• Social protection measures (anti-poverty programs, etc.)</li> <li>• Formal and non-formal education</li> <li>• Maternal and child health</li> <li>• Mental health</li> <li>• Disaster Risk Reduction</li> <li>• Child help lines</li> <li>• Placement services for children</li> <li>• Emergency shelters</li> <li>• Reintegration services</li> </ul>		



COMPONENT	INDICATORS/GUIDE QUESTIONS	GAPS AND CHALLENGES OBSERVED BASED ON MARIA'S STORY	STRATEGIES TO ADDRESS GAPS/STRENGTHEN CURRENT SYSTEM (How could Maria have been protected?)
<p>5. <b>Capacities</b> (skilled and stable child protection workforce and adequate funding)</p> <p><b>Brief description:</b> This includes both human and financial resources. A child protection system needs a skilled and stable child protection workforce, in sufficient numbers, well-managed, and deployed effectively around children's rights to protection. It also includes adequate funding to support agreed priorities and address the building or strengthening of child protection systems</p>	<ul style="list-style-type: none"> <li>• Family tracing and reunification</li> <li>• Child-friendly spaces</li> </ul> <p>Do those working in child protection have the knowledge, skills and competence to fight for and fulfil children's protection rights?</p> <p>How many child protection workers are there a) in government service b) working in NGOs?</p> <ul style="list-style-type: none"> <li>• What proportion has received some form of initial and/or in-service training in child protection?</li> <li>• What proportion has received no training at all?</li> </ul> <p>Has there been a review of the child protection workforce (e.g. to assess capacity issues and understaffing in particular areas)?</p> <p>Is there a central training agency in child protection and/or is a child protection curriculum delivered by universities or other education providers (e.g. in social work courses)?</p> <p>Is there any form of accreditation of child protection workers?</p> <p>Are child protection staff fairly remunerated?</p> <p>Do workers in other sectors (e.g. health, law enforcement) receive training in recognising and</p>		

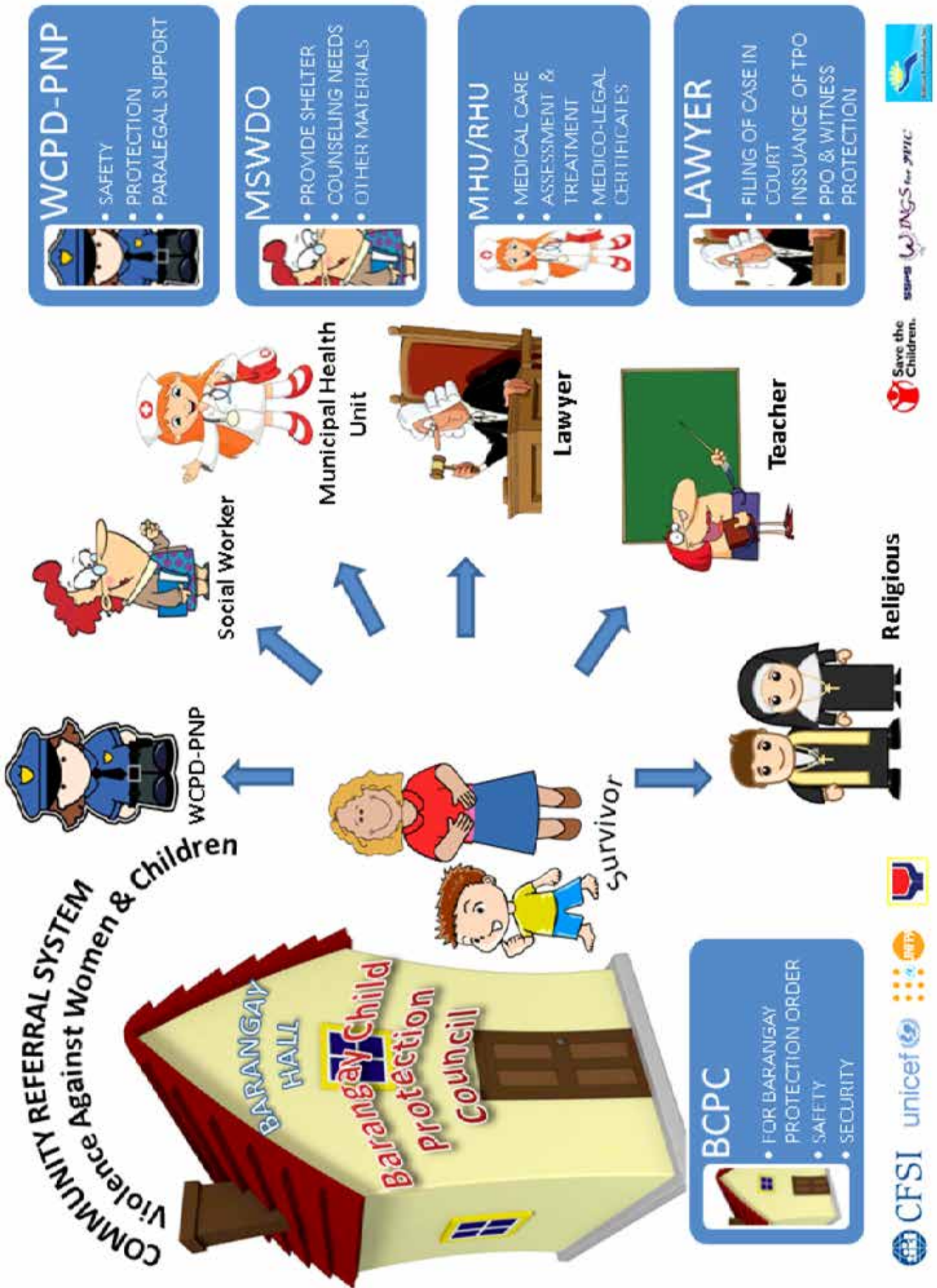
COMPONENT	INDICATORS/GUIDE QUESTIONS	GAPS AND CHALLENGES OBSERVED BASED ON MARIA'S STORY	STRATEGIES TO ADDRESS GAPS/STRENGTHEN CURRENT SYSTEM (How could Maria have been protected?)
<p><b>6. Effective Regulation, Standards, Monitoring and Oversight</b></p> <p><b>Brief description:</b> A child protection system – especially one including a range of service providers from the state, private sector and NGOs</p>	<p>responding appropriately to child protection concerns?</p> <p>Is there any procedure for checking criminal records of those working with children?</p> <p>Do emergency preparedness plans include options for the rapid recruitment and deployment of additional child protection workers?</p> <p>Is there any estimate of national budget allocations across all child protection activities?</p> <ul style="list-style-type: none"> <li>• How does this compare with allocations for education or health expenditure?</li> <li>• Has there been a costing of the failure to deal with child protection failures (e.g. in terms of the impact on economic growth, human capital, or the incidence of mental health problems?</li> </ul> <p>What support do donors and INGOs provide to child protection programming and services?</p> <ul style="list-style-type: none"> <li>• Is there coordination and harmonisation of donor funding for child protection?</li> <li>• Is there good coordination in the transition between funding for emergency response and longer-term development financing?</li> </ul> <p>Are there regulations / minimum standards governing the operation of alternative care options such as children's institutions, fostering and adoption?</p>		

COMPONENT	INDICATORS/GUIDE QUESTIONS	GAPS AND CHALLENGES OBSERVED BASED ON MARIA'S STORY	STRATEGIES TO ADDRESS GAPS/STRENGTHEN CURRENT SYSTEM (How could Maria have been protected?)
<p>– needs an explicit framework of regulation and oversight to ensure that children's best interests are protected.</p>	<p>Are there national standards for dealing with vulnerable children?</p> <p>Are child protection service providers (e.g. adoption agencies; children's institutions/orphanages) licensed and regulated?</p> <p>Are child protection service providers regularly inspected and assessed?</p> <p>Are there accountability mechanisms in relation to the performance of various parts of the system (e.g. a Children's Ombudsman or Commissioner; complaints procedures for individual services)?</p> <p>Is there any independent monitoring and reporting of how the child protection system is performing?</p>		
<p><b>7. Child Participation</b></p> <p><b>Brief description:</b> Children's own experiences and views need to be at the heart of a child protection system. They need to be heard in both individual cases (e.g. care proceedings, judicial hearings, and DDR processes) and in the development of laws, policies, services and other programmes at national and sub-national/local levels.</p>	<p>Has the Government made a public commitment to children's involvement in all aspects of the prevention, response and monitoring of abuse, neglect, exploitation and violence?</p> <p>Are children with direct experience of a child protection issues meaningfully consulted on public policy decisions affecting their situation (at local, sub-national and national levels)?</p> <p>Are there complaints and other reporting mechanisms in place in all alternative care and detention facilities?</p>		

COMPONENT	INDICATORS/GUIDE QUESTIONS	GAPS AND CHALLENGES OBSERVED BASED ON MARIA'S STORY	STRATEGIES TO ADDRESS GAPS/STRENGTHEN CURRENT SYSTEM (How could Maria have been protected?)
	<p>Are children – especially discriminated-against and marginalised children - given the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law?</p> <p>Do NGOs and other service providers working in child protection engage with children in a meaningful, safe and ethical way, and respect their views?</p>		
<p><b>8. Aware and Supportive Public</b></p> <p><b>Brief description:</b> The protection of children is not the sole responsibility of child protection and other professionals working with children. It requires the involvement and support of the wider public which can play an active part in preventing child protection problems and identifying 'at risk' children.</p> <p>This often requires awareness raising campaigns to make the general public more alert to child protection issues, to challenge social norms that condone harmful practices, and to promote a better understanding of children's development needs.</p>	<p>Does the Government undertake or support awareness-raising campaigns concerning child protection issues, their impact on children and ways of preventing them?</p> <p>Are there other awareness-raising initiatives, programmes or materials developed by government agencies, NGOs, the media or others?</p> <p>Are there public education campaigns to promote good parenting? (For example, to highlight positive alternatives to physical punishment, and children's need for a safe and secure home environment.)</p> <p>Do members of the public to know what to do and who to contact if they have concerns for the safety or welfare of a child?</p> <p>Is there monitoring and tracking of public attitudes towards child protection?</p>		



# MODULE 1 | SESSION 5: CHILD PROTECTION SYSTEMS REFERRAL TEMPLATES



# CHILD PROTECTION MINIMUM STANDARDS TABLE

## MINIMUM STANDARDS FOR CHILD PROTECTION IN HUMANITARIAN ACTION

STANDARDS TO ENSURE A QUALITY CHILD PROTECTION RESPONSE	STANDARDS TO ADDRESS CHILD PROTECTION NEEDS	STANDARDS TO DEVELOP ADEQUATE CHILD PROTECTION STRATEGIES	STANDARDS TO MAINSTREAM CHILD PROTECTION IN OTHER HUMANITARIAN SECTORS
Standard 1 Coordination	Standard 7 Dengue and injuries	Standard 15 Case management	Standard 19 Economic recovery and child protection
Standard 2 Human resources	Standard 8 Physical violence and other harmful practices	Standard 16 Community-based mechanisms	Standard 20 Education and child protection
Standard 3 Communication, advocacy and media	Standard 9 Sexual violence	Standard 17 Child-friendly spaces	Standard 21 Health and child protection
Standard 4 Programme cycle management	Standard 10 Psychosocial distress and mental disorders	Standard 18 Protecting excluded children	Standard 22 Nutrition and child protection
Standard 5 Information management	Standard 11 Children associate with armed forces or armed groups		Standard 23 Water, sanitation, hygiene and child protection
Standard 6 Child protection monitoring	Standard 12 Child labour		Standard 24 Shelter and child protection
	Standard 13 Unaccompanied and separated children		Standard 25 Camp management and child protection
	Standard 14 Justice for children		Standard 26 Distribution and child protection

## MODULE 1 | SESSION 6: COORDINATION

### ROLE CARD FOR DSWD

You are representing the provincial/ municipal social welfare and development office at the first P/MCPWG coordination meeting following the emergency. In preparation for the meeting, think of key child protection concerns you need to flag as P/MSWDO staff to the wider CPWG. Try to remember the issues you noted in your rapid assessment or the observations you noted, given your difficulty going to the office after the emergency.

You may want to share your post-emergency concerns on:

- Are there risks for physical injuries? What are these?
- Are children vulnerable to physical violence and other harmful practices? Why do you think so?
- Are children vulnerable to trafficking and sexual violence? Why? How can these be prevented?
- Are children vulnerable to Psychosocial distress and mental disorders? Why do you think so?
- Are children vulnerable to be associated with armed forces or armed groups? Why do you think so?
- Are children vulnerable to Child labour? Why? How can these be prevented?
- Are there cases of Unaccompanied and separated children? How can these be prevented?
- Are there existing mechanisms / resources available to address these concerns?
- Which agencies can help respond to the issues to have identified?
- Is a dedicated Child Protection Rapid Assessment necessary?

Organise your thoughts and as the main presider of the meeting, come up with a provisional agenda highlighting the Child Protection concerns you have identified. Check if other agencies have identified additional Child Protection concerns. Discuss the next steps of the CPWG.



## MODULE 1 | SESSION 6: COORDINATION

### ANSWER KEY FOR DSWD

As the main coordinating agency for the CPWG, the P/MSWDO staff is expected to share Child Protection concerns they have identified in their RDANA. These concerns may include the following:

- Children's risks for physical injuries.
- Children's vulnerability to domestic/ physical violence and other harmful practices.
- Children's vulnerability to trafficking and sexual violence
- Children's vulnerability to Psychosocial distress and mental disorders
- Children's vulnerability to be associated with armed forces or armed groups
- Children's vulnerability to Child labour
- Cases of Unaccompanied and separated children – prevention and response
- Tapping mandated agencies to assist in the protection of children
- Deciding if it is necessary to conduct a Child Protection Rapid Assessment

## MODULE 1 | SESSION 6: COORDINATION

### ROLE CARD FOR DILG

You are representing the provincial/ municipal office of DILG at the first P/MCPWG coordination meeting following the emergency. In preparation for the meeting, think of key child protection concerns you need to flag as P/M DILG representative to the wider CPWG. Try to remember the issues you noted in your rapid assessment or the observations you noted, given your difficulty going to the office after the emergency.

You may want to share your post-emergency concerns on:

- Are there operational BCPCs and MCPCs monitoring and reporting cases of children particularly separated, unaccompanied, abandoned and neglected? Are the reports disaggregated by gender, age and sex? If none, what is the plan of the community.?
- Who are the members of the M/BCPC are affected and not yet operational? Have they re-activated their Emergency Preparedness Plan? Do they have allocations for CP response to include setting up CFS?
- Are the members of the M/BCPC well informed of their roles during onset of emergencies? Were they trained on CPIE, CFS, PSS, PFA? If not, what their plans and support they need from other members of the CPWG.

Organise your thoughts and as the main presider of the meeting, come up with a provisional agenda highlighting the Child Protection concerns you have identified. Check if other agencies have identified additional Child Protection concerns. Discuss the next steps of the CPWG.

## MODULE 1 | SESSION 6: COORDINATION

### ANSWER KEY FOR DILG

As the main coordinating agency for the CPWG, the P/MILGO staff is expected to share Child Protection concerns they have identified in their RDANA. These concerns may include the following:

- Status of operational/functional CP M/BCPs
- List of who among the members are affected and not affected
- Cases of Unaccompanied and separated children reported and responded
- Tapping mandated agencies to assist in the protection of children
- Deciding if it is necessary to conduct a Child Protection Rapid Assessment
- Support to M/BCPs in handling CP issues, referral system, and others necessary

## MODULE 1 | SESSION 6: COORDINATION

### ROLE CARD FOR PNP

You are representing the local police (Municipal Philippine National Police/Women and Children's Concerns Desk) at the first Provincial/Municipal Child Protection Working Group (P/MCPWG) coordination meeting following the emergency. In preparation for the meeting, think of key child protection concerns you need to flag as local police officer to the wider CPWG. Try to remember the issues you noted in your rapid assessment or the observations you noted, given your difficulty going to the office after the emergency.

You may want to share your post-emergency concerns on:

- Have there been reports and referrals made regarding Violence Against Women and Children (VAWC) cases?
  - If so, how many?
  - What are the types of reports/referrals/calls for assistance?
  - What were the identified risks/vulnerabilities based on these reports/referrals?
    - Physical injuries
    - Physical violence and other harmful practices
    - Trafficking and sexual violence
    - Psychosocial distress and mental disorders
    - Association with armed forces or armed groups
    - Unaccompanied and separated children
- What were the types of support or assistance provided for victim-survivors?
  - Have the victim-survivors been interviewed, informed of their rights, and remedies available to them?
  - What is the status of complaints filed by victim-survivors?
  - In providing other needed support for victim-survivors, to which agency did you/will you refer the victim-survivor in terms of
    - health/medical care
    - Psychosocial support
    - Educational support
    - Economic support
    - Legal assistance
- How many children have been rescued?
  - What are the services/support provided to these rescued children?
  - Alternatively, how many children have not been rescued or are pending rescue?
  - What are the challenges faced in doing so?
- How many perpetrators have been identified and/or arrested and apprehended?
- Is a dedicated Child Protection Rapid Assessment necessary?

Organize your thoughts, propose the inclusion of your findings/concerns to the P/MCPWG in the provisional agenda, and present the Child Protection concerns you have identified. Check if other agencies have identified additional Child Protection concerns. Discuss the next steps of the CPWG.

## MODULE 1 | SESSION 6: COORDINATION

### ANSWER KEY FOR PNP

As the main coordinating agency for concerns on the safety and security of affected children, the local police officer is expected to share Child Protection concerns they have identified in their RDANA. These concerns may include the following:

- Reports received and referrals made in relation to VAWC concerns
- Identified risks for victim-survivors:
  - Children's risks for physical injuries.
  - Children's vulnerability to domestic/ physical violence and other harmful practices.
  - Children's vulnerability to trafficking and sexual violence
  - Children's vulnerability to Psychosocial distress and mental disorders
  - Children's vulnerability to be associated with armed forces or armed groups
  - Children's vulnerability to Child labour
  - Cases of Unaccompanied and separated children – prevention and response
- Rescue operations conducted and the challenges faced in doing so
- Referral to case managers for following-up and providing assistance depending on the victim-survivors needs and decisions (health/medical care, psychosocial, educational, and economic support, safety and security, access to justice/legal assistance)
- Tapping mandated agencies to assist in the protection of children (health facilities, MSWDO case manager, women's center etc.)
- Deciding if it is necessary to conduct a Child Protection Rapid Assessment

#### **Notes for VAWC cases:**

- The police officer who handles VAW cases must be female and trained in conducting child and gender-sensitive interview. At initial contact, the following are to be undertaken based on the PNP set of performance standards.
- The victim-survivor is made comfortable and assured of her safety before the initial interview. Be sensitive to her need for water, food or appropriate clothing. • An initial interview is conducted before the in-depth investigation to give the victim an opportunity to settle down and to express her feelings relative to the violent incident. It is to be conducted in a separate room from the perpetrator and in a place where she can have privacy
- The victim-survivor is informed about her legal rights, the processes and time involved and the services available to her. In cases of sexual and physical violence, the purpose of a medico-legal examination must be made clear to her. She must sign a consent form for such examinations and other services
- In cases where the victim-survivor is injured, raped and/or severely traumatized, the victim must be referred immediately for medical attention and the interview is conducted after the treatment. Such referral, including medico-legal examination, must be understood by the victim and she must be assured of the confidentiality of results.
- Records of VAW complainants are in separate logbooks and only the handling officer has access to individual records of VAW victims which are held confidential including all pieces of evidence. Identifying information must not be disclosed to the media nor the victims-survivors be interviewed by them.
- The handling officer shall continue to collaborate with the case manager assigned by the C/MSWDO relative to the progress of the investigation, subsequent endorsement to the Prosecutor and the arrest of the perpetrator.



## MODULE 1 | SESSION 6: COORDINATION

### ROLE CARD FOR LOCAL NGO

You are representing the organization of your local NGO, CHILDREN FIRST, INC., at the first P/MCPWG Coordination Meeting after the onset of the emergency (super typhoon). The areas/communities where you are operating were badly hit by the super typhoon. Your organization did a rapid assessment 72 hours after the onset of the emergency.

In preparation for the meeting, try to remember the issues you had written in your rapid assessment and the observations of your HRU (Humanitarian Response Unit) had noted from their direct observation of the affected areas/communities. The following information/data were the concerns you want to raise to this Coordination Meeting:

- Three days ago, heavy rains have caused severe flooding and landslides in the Western part of the region. The number of fatalities is still unknown.
- Numerous houses have been destroyed as well as food stocks and rice fields which were about to be harvested. Floods have also swept away many head of cattle.
- In one day about 100,000 people became homeless and are currently staying in an informal Evacuation Centers, run by DSWD and IOM. 60% of this population are children.
- Reports from your staff and other local NGOs working in the camp reported that children have experienced stressful situations and are showing sleeping problems (having nightmares or crying/screaming in their sleep) and concentration problems. These were shared by the Mothers and care givers of the children.
- There is already an increase in the number of rumors of cases of sexual violence, the majority of which target young girls. The CRs don't have locks and lights and they have a common bath area for all.
- Early marriage has been identified as a major risk prior to the flooding and is expected to increase due to the emergency.

## MODULE 1 | SESSION 6: COORDINATION

### ANSWER KEY FOR LOCAL NGO

As Member of the Local CPWG, you are expected to share Child Protection concerns you have identified from the rapid Assessment conducted by your organization 72 hours after the onset of the super typhoon. These concerns include the following:

- a) Reports from your staff and other local NGOs working in the camp reported that children have experienced stressful situations and are showing sleeping problems (having nightmares or crying/screaming in their sleep) and concentration problems. These were shared by the Mothers and care givers of the children.
- b) There is already an increase in the number of rumors of cases of sexual violence, the majority of which target young girls. The CRs don't have locks and lights and they have a common bath area for all.
- c) Early marriage has been identified as a major risk prior to the flooding and is expected to increase due to the emergency.
- d) Deciding if it is feasible to conduct an inter-agency Children's MIRA.



## MODULE 2 | SESSION 8: PROTECTING EXCLUDED CHILDREN

### BINDI GAME

GO AROUND THE ROOM AND GREET PEOPLE ACCORDING TO THE FOLLOWING RULES:

IF SOMEONE HAS A BLUE TAG – Siya ay isang taong importante sa iyo at hindi mo nakita ng matagal. Masayang masaya ka na nakita mo sya kaya't babatiin mo sya na tuwang-tuwa ka.

IF SOMEONE HAS A YELLOW TAG – Siya ay isang taong madalas mong makita. Maaari mo siyang batiin pero hindi ka masyadong masaya na makita sya.

IF SOMEONE HAS A RED TAG – Siya ay isang taong ayaw mong makita o batiin. Layuan mo sya.

GO AROUND THE ROOM AND GREET PEOPLE ACCORDING TO THE FOLLOWING RULES:

IF SOMEONE HAS A BLUE TAG – Siya ay isang taong importante sa iyo at hindi mo nakita ng matagal. Masayang masaya ka na nakita mo sya kaya't babatiin mo sya na tuwang-tuwa ka.

IF SOMEONE HAS A YELLOW TAG – Siya ay isang taong madalas mong makita. Maaari mo siyang batiin pero hindi ka masyadong masaya na makita sya.

IF SOMEONE HAS A RED TAG – Siya ay isang taong ayaw mong makita o batiin. Layuan mo sya.

GO AROUND THE ROOM AND GREET PEOPLE ACCORDING TO THE FOLLOWING RULES:

IF SOMEONE HAS A BLUE TAG – Siya ay isang taong importante sa iyo at hindi mo nakita ng matagal. Masayang masaya ka na nakita mo sya kaya't babatiin mo sya na tuwang-tuwa ka.

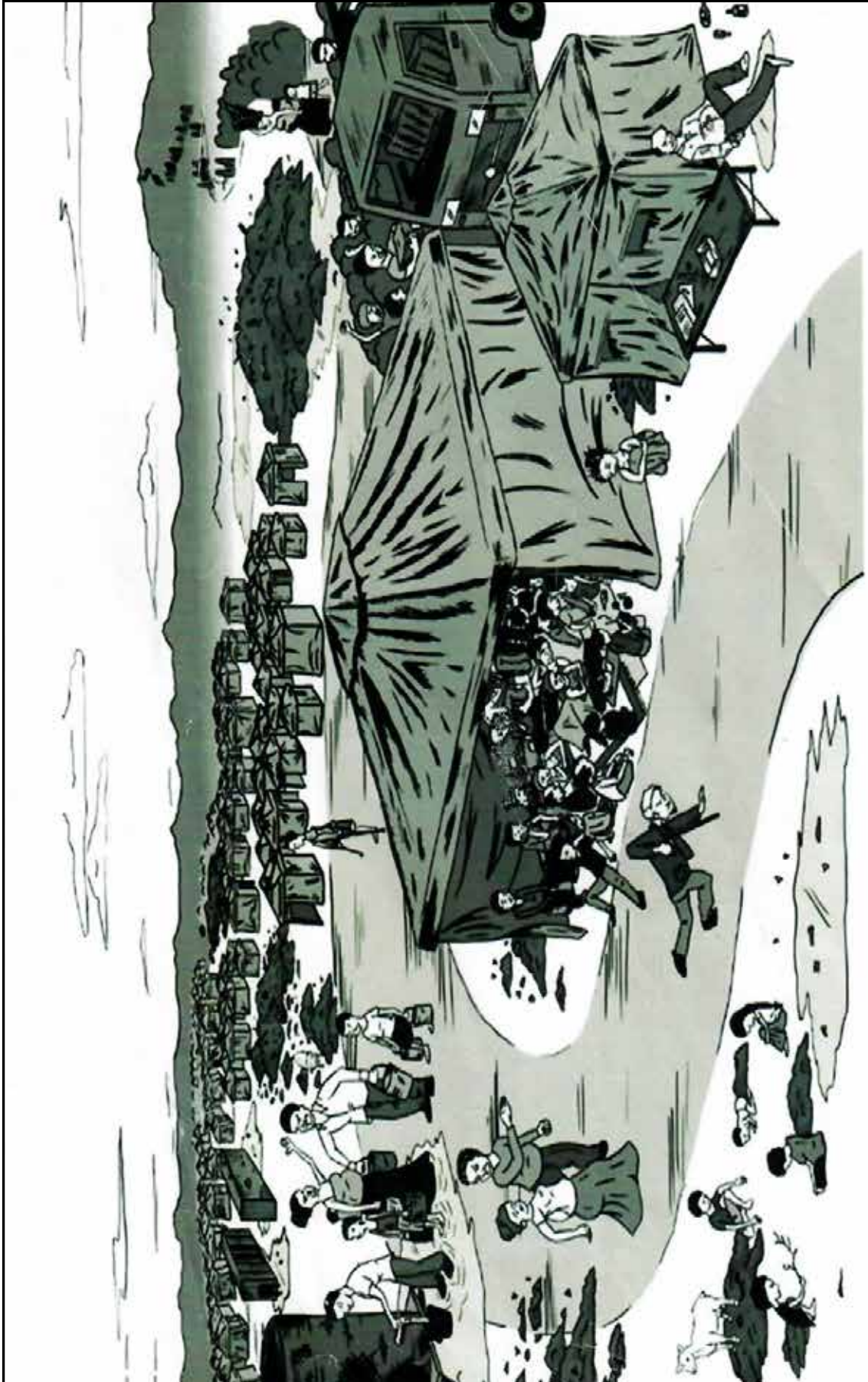
IF SOMEONE HAS A YELLOW TAG – Siya ay isang taong madalas mong makita. Maaari mo siyang batiin pero hindi ka masyadong masaya na makita sya.

IF SOMEONE HAS A RED TAG – Siya ay isang taong ayaw mong makita o batiin. Layuan mo sya.

## MODULE 2 | SESSION 9 : SEXUAL VIOLENCE

### SITUATIONAL PICTURES

#### SITUATION 1

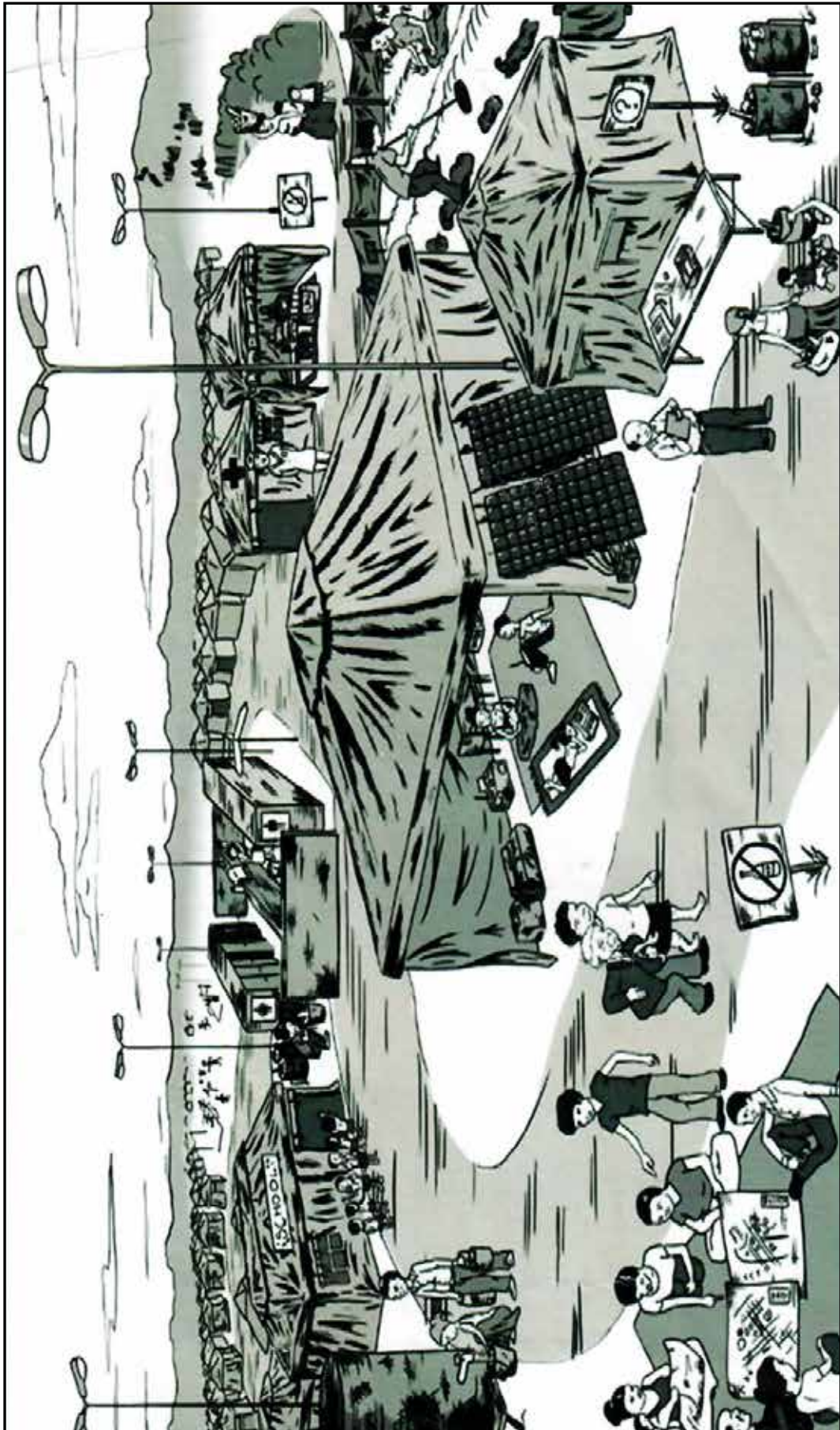




**MODULE 2 | SESSION 9: SEXUAL VIOLENCE**

**SITUATIONAL PICTURES**

**SITUATION 2**



## MODULE 3 | SESSION 11: FAMILY TRACING AND REUNIFICATION

### MESSAGING TO AVOID SEPARATION

#### MESSAGES FOR MOVING FAMILIES AND COMMUNITIES



#### WHAT TO DO TO AVOID SEPARATION DURING EMERGENCIES

- Always ensure that each child knows their name and their parent's name (and get leaders/chiefs names if appropriate).
- Make a cloth tag to tie on wrist/arm of children that shows: the name of the child, the parents or caregiver's name, the name of leader/chief, the final destination of the family and family contact numbers if appropriate.

- Stay together when traveling and always keep children close. Ensure older children are aware of their responsibilities and they should hold hands with smaller children especially in crowded areas.

- Communities can designate a "child safe" person and they are given a special coloured cloth tag to tie on upper arm. Make all community members and children aware of

this identification. If child is lost, they should look for a person with this tag. All "child safe" members will meet at end of journey to cross check if any children are separated.

- Community chiefs/leaders have clear lists of all members and children are clearly identifiable within the lists. This should be given to the UN organizing body in case of separated children and vulnerable family members.



#### WHEN A FAMILY MEMBER IS MISSING

- Stay calm and try to remember the last time and place you saw them.
- Keep the family together to avoid further separation and retrace your immediate movements.
- Ask people around you if they have seen a child on its own and ensure that others are aware of the situation. These people can also help look around on your behalf.
- Let the community leader/chief and the "child safe" person of your community know if a family member is missing.
- If you find a child on their own, please look and ask around if anyone is aware of this child. Take notes from their ID cloth tag and report to the nearest "child safe" person. If you cannot find the family, keep the child with you until the end of the journey.

#### MESSAGES FOR CHILDREN

- Stay with your family and/or your carers while you are traveling.
- Learn the names of all of your grandparents, the names of your carers and your aunts and uncles.
- Learn the name of the place where you are going to and some of the names of the places along the way home.
- Learn the names of the family members, friends or community leaders who remain behind in the place you have been living (place of displacement).
- Understand the information on your identity cloth tag and know who the "child safe" person is in the community.





**MODULE 3 | SESSION 11: FAMILY TRACING AND REUNIFICATION**  
**PICTURES OF CHILDREN IN DIFFERENT EMERGENCIES**



**ELSA**



**RASHMIA**

## MODULE 3 | SESSION 11: FAMILY TRACING AND REUNIFICATION

### PICTURES OF CHILDREN IN DIFFERENT EMERGENCIES



**REGINA**



**RUBEN**

## MODULE 4 | SESSION 15: INFORMATION MANAGEMENT

### MEETING MINUTES TEMPLATE



### Country – Child Protection Working Group Name of Meeting

Date	[Date]	Location	[Place of meeting]
Chair	[Name, Position, Organisation / Department]	Secretariat	[Name, Position, Organisation / Department]
Participating organizations	[List of the organisations present (if list is long, can be added at the end)]		
Agenda	1. [.....] 2. [.....] 3. [.....]		
Previous action points			
• [.....]		Status	Responsible
• [.....]		• [.....]	• [.....]
AGENDA ITEMS DISCUSSIONS			
By Agenda Item	Main Points and Decisions from Discussions	Agreed Follow-Up Actions	Responsible
[Agenda Item 1]	• [.....] • [.....]	• [.....] • [.....]	• [.....] • [.....]
[Agenda Item 2]	• [.....] • [.....]	• [.....] • [.....]	• [.....] • [.....]
[Agenda Item 3]	• [.....] • [.....]	• [.....] • [.....]	• [.....] • [.....]
OTHER ISSUES TO NOTE			
• [.....]			
• [.....]			
MONITORING OF ACTIVITIES			
By Themes	Completed Activities	Challenges	Plans
[Theme 1]	• [.....] • [.....]	• [.....] • [.....]	• [.....] • [.....]
[Theme 2]	• [.....] • [.....]	• [.....] • [.....]	• [.....] • [.....]
[Theme 3]	• [.....] • [.....]	• [.....] • [.....]	• [.....] • [.....]
Next Meeting	[Date – Place – Hours]		



## MODULE 4 | SESSION 15: INFORMATION MANAGEMENT

### SAMPLE MEETING MINUTES

#### Marawi Response – Child Protection-Gender Based Violence Working Group Joint Regional CPGBVWG of Regions 10, 12 and ARMM Meeting

<b>Date</b>	15 SEPTEMBER 2017, THURSDAY	<b>Location</b>	NonViolent PeaceForce Office, Palao, Iligan City
<b>Chair</b>	Leamen Laut, SWO-3, DSWD-ARMM, Child Protection-Gender Base Violence Working Group Focal	<b>Secretariat</b>	Erven Augustine C. Solano, CFSI M&E Assistant, CPWG Secretariat
<b>Participating organizations</b>	<ul style="list-style-type: none"> <li>• DSWD-ARMM</li> <li>• DSWD X</li> <li>• CSWD-Marawi City</li> <li>• CSWD-Iligan City</li> <li>• Plan International</li> <li>• CFSI (Community and Family Services International)</li> <li>• Save the Children</li> <li>• Medecins Sans Frontieres</li> <li>• Balay Rehabilitation Center</li> <li>• Non-Violent Peace Force</li> <li>• OXFAM</li> <li>• UNICEF</li> <li>• UNFPA</li> <li>• DOH (Dept. of Health) RO X</li> <li>• ICRC</li> <li>• BPSP</li> <li>• Maradeca Inc.</li> </ul>		
<b>Agenda</b>	<ol style="list-style-type: none"> <li>1. Review and Approval of Previous Minutes of the Meeting</li> <li>2. Updates on 11-12 September 2017 Meeting with CWC and ARMM DSWD at Sardonyx Plaza</li> <li>3. Results of the Joint Monitoring Visits and Validation of Referral Pathway; CP-GBV-Back-to-School Message</li> <li>4. Updates on CPRA</li> <li>5. Updates on CWSNS, UASC, Missing, and other CP and GBV Cases</li> <li>6. Referral Pathway - TWG Updates: Finalization of the Referral Pathway</li> <li>7. AOB</li> </ol>		
<b>AGENDA ITEMS DISCUSSIONS</b>			
<b>By Agenda Item</b>	<b>Main Points and Decisions from Discussions</b>	<b>Agreed Follow-Up Actions</b>	<b>Responsible</b>
Updates on 11-12 September 2017 Meeting with CWC and ARMM DSWD	<ul style="list-style-type: none"> <li>• Ms. Leamen Laut presented JRCGBVWG updates to the CWC and ARMM DSWD Meeting last 11-12 September 2017 at Sardonyx Plaza, Cotabato City.</li> </ul>		

## MODULE 4 | SESSION 15: INFORMATION MANAGEMENT

### SAMPLE MEETING MINUTES (CONTINUED)

#### Marawi Response – Child Protection-Gender Based Violence Working Group Joint Regional CPGBVWG of Regions 10, 12 and ARMM Meeting

<p>at Sardonyx Plaza</p>	<p>ARMM DSWD suggested that JRCPGBVWG must identify and include "Needs" in the Needs-Intervention-Gaps in the next report. Response-Gap analysis template will be circulated by Secretariat to JRCPGBVWG partners</p> <p>DSWD ARMM suggested and offered Ms. Laut, JRCPGBVWG Focal person, the utilization of DSWD ARMM trained front-line personnel as enumerators for the CPRA. Language barrier between Maranao and Maguindanao poses as major challenge in conducting CPRA.</p> <p>DSWD ARMM will raise to DSWD National the request for an IM personnel for the CPRA.</p> <ul style="list-style-type: none"> <li>BALAY Rehab – Suggested that MSWDOs be invited to the next JRCPGBVWG Meeting as they play a very important role in the implementation of activities of partners directed at children, adolescents, and women.</li> </ul>	<ul style="list-style-type: none"> <li>Secretariat</li> </ul>	<ul style="list-style-type: none"> <li>JRCPGBVWG secretariat</li> <li>Ms. Leamen Laut</li> </ul>
<p><b>Results of the Joint Monitoring Visits and Validation of Referral Pathway; CP-GBV-Back-to-School Message</b></p> <p><b>Referral Pathway - TWG Updates: Finalization of the Referral Pathway</b></p>	<ul style="list-style-type: none"> <li>Pre-testing of the IEC material was conducted by CFSI, Plan International, UNFPA and UNICEF.</li> <li>Revision was also based on the final inputs of the CP-GBV technical working group last September 14.</li> <li>Revised IEC referral pathway for CP-GBV cases based on the results of assessment conducted among IDPs in selected ECs and home-based communities, Educ Cluster and Camp Managers.</li> <li>Maranao subtitle will be included in the IEC Referral Pathway material.</li> <li>During validation, AFP asking why they are not included in the entry point icons. People usually identified with the PNP when reporting cases of abuse and violence. Selena of PLAN International – Presented</li> </ul>	<ul style="list-style-type: none"> <li>Follow up JRCPGBVWG partners to fill in and submit Response-Gaps analysis</li> <li>Presentation of IEC Referral Pathway to the TWG and</li> <li>Presentation to JRCPGBV working group for review and comments next JRCPGBVWG meeting on 22 September 2017</li> </ul>	<ul style="list-style-type: none"> <li>Secretariat</li> <li>Irene, Ms. Leamen</li> <li>Irene (UNFPA)</li> <li>translation c/o Rismirah Adap of Marawi City Social Welfare Dev't Office</li> </ul>

**MODULE 4 | SESSION 15: INFORMATION MANAGEMENT**  
**SAMPLE MEETING MINUTES (CONTINUED)**

**Marawi Response – Child Protection-Gender Based Violence Working Group**  
**Joint Regional CPGBVWG of Regions 10, 12 and ARMM Meeting**

	<ul style="list-style-type: none"> <li>that there is a law RA 1021 that allows the AFP to take in responsibility in the absence of PNP.</li> <li>Also during the validation, people in community more concerned being seen near or at the vicinity of those who responsible people seen in the entry point of the referral pathway to avoid REDO.</li> </ul>	<ul style="list-style-type: none"> <li>Referral Pathway TWG will ensure that those People in the ENTRY POINTS must commit both their names and dedicated numbers (hotlines).</li> </ul>	<ul style="list-style-type: none"> <li>Referral Pathway TWG</li> </ul>
<p><b>Updates on CPRA</b></p>	<ul style="list-style-type: none"> <li>Discussion of the type of sampling to be used for the conduct of CPRA</li> <li>SitRep #77 of the DROMIC, one of the sample data used as baseline in identifying of the municipalities in regions 10, 12 and ARMM to be included in the sampling.</li> <li>Discussion of the assessment teams/enumerators has to be well versed in conversing in maranao and with some background in organizing. This will further be discussed in the CPRA TWG.</li> <li>Needs in CP data crucial for the conduct of CPRA.</li> <li>Encoder needed in CPRA. Partners are welcome to provide Encoder as part of their technical support to the CPRA. CFSI will provide technical assistance to the encoder of CPRA.</li> <li>Confirmation of CPRA TWG members.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<p><b>AOB</b></p>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>AGENDA FOR NEXT MEETING</b>			
<p><b>Next Meeting</b></p>	<p><b>September 28, 2017 THURSDAY</b></p>	<p><b>VENUE: NonViolent PeaceForce (in front Lanao Chung Hua School)</b></p>	<p><b>TIME: 1:00 pm</b></p>

## MODULE 4 | SESSION 15: INFORMATION MANAGEMENT

### SAMPLE LIST OF ORGANIZATIONS

Type of Organization: below are some examples that you can modify - Do not leave a row empty	Organization - Add a new organization each time ther is a new member/associate from a NEW organization	Type - Select the type of the organization	Acronym - Select the acronym of the organization
Donor	Community And Family Services International	International NGO	CFSI
Government	United Nations Children's Fund	UN Agency	UNICEF
Individual	Plan International	International NGO	PI
International NGO	Department of Social Welfare and Development	Government	DSWD
Local NGO	City Social Welfare and Development	Government	CSWD
Red Cross & Red Crescent Movement	Save the Children	International NGO	SC
UN Agency	World Health Organization	UN Agency	WHO
University	United Nations Office for the Coordination of Humanitarian Affairs	UN Agency	UNOCHA
Religious Organization	National Disaster Risk Reduction and Management Council	Government	NDRRMC
	Christian Aid	Religious Organization	CA
	Handicap International	International NGO	HI
	Department of Education	Government	DepEd

# MODULE 4 | SESSION 15: INFORMATION MANAGEMENT

## SAMPLE 5WS

Date of reporting - MANDATORY (JJ-MM-YY)	WHO?		WHAT?					WHERE?		
	Organisation (Select the name of your organization - # in (download))	Financing Partner	Needs (Select the appropriate need (in the dropdown))	Activity (Select the appropriate activity (in the dropdown))	Strategy (Automatically appears - do not fill this column)	Description (Provides more information about what you are implementing)	Region - MANDATORY (Select the appropriate region in the dropdown)	Province - MANDATORY (Select the appropriate province in the dropdown)	Municipality - MANDATORY (Select the appropriate municipality in the dropdown)	Barangay - OPTIONAL
10/02/2015	Plan International	ECHO	Psychosocial Distress and Mental Disorder	Establish safe community child-friendly spaces or areas for children and youth	Child Friendly Spaces	Setting up of CFS Tent	REGION VIII (EASTERN VISAYAS)	EASTERN SAMAR	MERCEDES	San Roque
10/02/2015	Plan International	ECHO	Psychosocial Distress and Mental Disorder	Conduct regularly scheduled activities for children in a safe community child-friendly space or area	Child Friendly Spaces	Registration of children in CFS and start of CFS Activities	REGION VIII (EASTERN VISAYAS)	EASTERN SAMAR	MERCEDES	San Roque
11/02/2015	Save the Children International	UNICEF	Unaccompanied and Separated Children Physical Violence and other Harmful Practices Justice for Children Danger and Injuries Sexual Violence Child Labour Cross Cutting	Refer UNASC to appropriate services	Case Management	Partner with MS/NGOs on areas covered by the project	REGION VIII (EASTERN VISAYAS)	LEYTE	PALO	Santa Cruz (Pal)





## MODULE 4 | SESSION 15: INFORMATION MANAGEMENT

### CONTACT LIST OF THE TECHNICAL SUPPORT TEAM

**Technical Support Team (Education in Emergencies and Child Protection in Emergencies) - Marawi Conflict - Contact List**  
Last Update: [10/07/2017]

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## REGIONAL COMMITTEE/ SUB-COMMITTEE FOR THE

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## REGIONAL COMMITTEE/ SUB-COMMITTEE FOR THE

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PHILIPPINE  
National Child Protection Working Group  
Humanitarian Protection Sub-Cluster



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