

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

CPMS Standard 15 – Group activity for children’s well-being¹

Children are supported through access to group-based, planned activities that (a) promote protection, well-being and learning and (b) are delivered in safe, inclusive, contextually and age-appropriate approaches.

Action Points for NCPWG:

- Support inter-cluster initiatives on MHPSS, including conduct of mapping and assessment
- Capacity building on MHPSS
- Develop strategies on MHPSS for youth

Challenges to consider in Preparedness

- Lack of interagency rapid assessment or situationer on child protection during COVID pandemic
- Limited information on current impact of COVID19 on mental health and well-being of children and their parents.
- Trained PSS providers are not mapped-out.
- CFS facilitators/PSS providers are not equipped to deliver sessions in PH COVID context.
- No access to internet connection and mobile phones for communications and virtual IECs

Challenges to in consider Response

- Lack of coordination with health and education sector in delivering MHPSS response for children.
- Limited communication channel and materials for children due to restrictions.
- Limited community capacity to respond to PSS needs and mitigate risks.
- Limitations in supply and functionality of services (e.g. case management, psychosocial support, social protection and health, including SRH).
- Limited number of trained MHPSS service providers; Harmonized MHPSS module roll-out was not implemented prior to COVID
- Lack of awareness and access to online reporting and seeking help

Relevant Provisions from CPMS 15	Additional tips and recommendations	Relevant Focal Agency
15.1. Key actions		
Preparedness		
15.1.1. Identify available: <ul style="list-style-type: none"> ▪ Existing group activities and human resources that can be used or strengthened; ▪ Safe, accessible locations in which to conduct activities; and ▪ Safe, local and culturally appropriate recreational materials with a low environmental impact. ▪ Pre-positioned trained MHPSS Community Helpers 	<p>Adapt existing group activities that can be turned into family/ HH activities where parents & caregivers can support children’s wellbeing at home.</p> <p>Provide parents/caregivers and parent support groups with information and materials to support them in caring for their children at home. This can include providing recreational and learning materials for children, providing a helpline for parents/caregivers to call when seeking PSS for themselves or their children.</p> <p>Explore the use of technology for discussions and activities that can be done with children during a lockdown.</p> <p>Safe, accessible locations for group activities with children may include making the cyberspace safer for children.</p>	NCPWG members CSOs DSWD NCPWG
15.1.2. Collaborate with other sectors to integrate their services into group activities and spaces. (See Standard 1 and 21-28.)	Key messages on child protection including PSS can be included in activities conducted by other sectors (e.g. health, WASH, education and livelihoods)	NCPWG members

¹ Reviewed by: UNICEF, Save the Children, PLAN, CFSI, RSCWC 4A, World Vision

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 15	Additional tips and recommendations	Relevant Focal Agency
15.1.3. Collaborate with the child protection coordination group to ensure that up-to-date service mapping and referral pathways are available. (See Standards 1 and 18.)	<p>Develop information materials with key messages for inclusion in relief distributions conducted by other sectors.</p> <p>Link with the N/RCPWG referral pathway. Coordinate with P/M/C SWDO for the update of local service mapping for PSS service providers.</p> <p>RSCWC/RCPWG to secure list of local PSS service providers in the area.</p>	<p>LGUs</p> <p>RSCWC</p>
15.1.4. Develop an accessible, child-friendly diagram of your referral pathway and share it with children, families and communities. (See Standards 1 and 18.) .	<p>Virtual consultations with children, adolescents should be made to identify their views on what is a child sensitive reporting system/referral pathway. How can they report safely?</p> <p>Develop information materials on referral pathway for inclusion in the distribution of relief items to households and for sharing in online platforms and traditional media (ex: social media, radio, TV, public announcements, etc.)</p>	NCPWG members CSOs
<p>15.1.5. Train staff who will manage and facilitate activities in core knowledge and skills such as:</p> <ul style="list-style-type: none"> ▪ Child development; ▪ Communicating with children; ▪ Child-centered approaches; ▪ Crises' impacts on children; and <p>Identification and referral of child protection concerns (such as case management referrals)</p>	<p>Train parents/ caregivers on helping children cope with stress, help children to have fun, learn ways to be emotionally healthy, and to practice new skills at home. Parents' orientations can be done remotely or face-to-face with physical distancing rules and safety precautions. Printed materials can be provided as additional resource for parents and children.</p> <p>Train staff and volunteers in safe spaces on COVID-19 symptoms, preventative measures, modes of transmission, IPC protocols, protection risks that COVID-19 can pose for children and adolescents</p> <p>Staff who will manage or facilitate activities must be familiar with RA10821/CEPC.</p>	DSWD NCPWG CSOs
15.1.6. Establish a child safeguarding policy and accompanying procedures and train all staff and volunteers who will interact with children. (See Standard 2.)	<p>Ensure a refresher training on Child and Youth Safeguarding and PSEA protocols for staff working in the safe spaces and that reporting lines are clear to everyone.</p> <p>IEC materials should be provided/distributed during relief distribution or community sessions</p>	NCPWG, CWC, CSOs
15.1.7. Work with the education sector to develop joint preparedness plans that integrate educational aspects into group activities without competing with formal education. (See Standards 1 and 23.)	<p>Coordinate with Education cluster/DepEd partners on</p> <ul style="list-style-type: none"> ▪ Preparing teachers and school personnel to meet the psychosocial and protection needs of students ▪ Adapting local reporting & referral/ NCPWG referral pathway ▪ Functionality of school Child Protection Committee 	CWC, UNICEF

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 15	Additional tips and recommendations	Relevant Focal Agency
	Include activities on personal safety skills, online safety, positive coping strategies in children's learning modules and worksheets	
Response		
15.1.8. Participate in an inter-agency, participatory assessment involving children, caregivers, community members, service providers and government stakeholders to decide (a) whether additional group activities are needed and (b) how group activities can be safe, accessible, high-quality and contextually/culturally appropriate. (See Standard 4.)	Coordinate with local RCPWG, provincial, municipal coordination structures.	LGUs
15.1.9. Identify existing spaces that can safely and ethically be used for group activities, as the number of available places may be limited.	LGUs to consult face-to-face or virtually with community leaders and children, adolescents in the identification of safe spaces. LGUs to set guidelines for community activities/ consultations based on existing COVID prevention protocols in evacuation centers or transitional shelters.	LGUs
15.1.10. Fully involve children, their caregivers and communities in developing a programme of activities that: <ul style="list-style-type: none"> ▪ Meets children's and families' needs; ▪ Develops their skills; and ▪ Builds their resilience. 	Involve children and their parents in developing activities through various platforms (ex: online, face-to-face)	LGUs DSWD
15.1.11. Work with other sectors to increase the range of group activities by including activities such as hygiene messaging, food security distributions and environmental awareness	Coordinate with other sectors like health, WASH, etc. Share IEC materials	NCPWG
15.1.12. Include children and adults from affected and host communities in processes for deciding all aspects of the set-up and running of the group activities (objectives, design, schedules, management, participation, monitoring, etc.) wherever safe and appropriate.	Tap existing community volunteers and partners (ex: BHERT) to conduct consultations with children and adults, following local guidelines and safety measures.	
15.1.13. Inform affected and host communities of the final decisions made regarding plans for the set-up and running of the proposed group activities.		
15.1.14. Share the schedules of all structured group activities with affected and host communities.		
15.1.15. Establish a monitoring and evaluation system that includes the meaningful participation of children, families and communities.		
15.1.16. Conduct outreach to identify and encourage the participation of children who may generally be excluded from group activities.	Conduct community awareness sessions, disseminate IEC, seek the support of community partners and volunteers to identify specific groups of children for PSS group activities.	LGUs
15.1.17. Fully involve children of different ages, genders, disabilities and other relevant diversity factors to develop a programme of activities that is: <ul style="list-style-type: none"> ▪ Inclusive; ▪ Accessible; ▪ Tailored to their needs and preferences; ▪ Skill-enhancing; ▪ Resilience-building; and ▪ Compatible with education or other essential services. 		

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 15	Additional tips and recommendations	Relevant Focal Agency
15.1.18. Register all children participating in group activities after you have secured their informed consent/assent.		
15.1.19. Record attendance daily.		
15.1.20. Use alphanumeric codes (not names) for record-keeping in order to protect personal data. (See Standard 5.)		
15.1.21. Provide ongoing coaching, supervision and support for staff, including in relation to children with complex needs.		
15.1.22. Work with a cross-section of children and their families to (a) develop an accessible, inclusive, child-friendly feedback and reporting mechanism and (b) widely distribute related information about how to report concerns.		
15.1.23. Work with relevant actors to (a) develop a phase-out or transition plan that connects with broader recovery planning and/or managed transition processes and (b) inform all stakeholders, including affected and host communities, about any exit, transition or handover plans.		
15.3. Guidance Notes		
<p>15.3.1. Appropriateness and approach Identify, support and strengthen existing spaces, services and activities before developing additional group activities. Where they are needed, design group activities based on an assessment of needs and protection risks in order to decide:</p> <ul style="list-style-type: none"> ▪ Where, how, when and by whom the activities will be conducted; ▪ What the objectives are; and ▪ Whether specific facilities are required. <p>Minimize the environmental impact of your activities by using locally sourced, recycled and recyclable materials wherever possible. Activities should ideally take place in a number of locations in order to meet the needs of all children. Group activities run by external actors should not be long-term. Organizations should plan to transition into more sustainable, community-led initiatives.</p>	<p>Consider providing PSS support in health centers, at food distribution or alongside other essential interventions. Provide facilitators or other humanitarian actors with guidance and equipment to conduct safe, age, gender and culturally sensitive PSS activities.</p> <p>National CFS Guidelines to supplement</p>	NCPWG, CSOs
<p>15.3.2. Inclusion and non-discrimination Give all children the opportunity to participate in activities adapted to their particular needs and characteristics. Conduct assessments and consult with children to identify barriers to access. Overcome these barriers by reaching out to children and families at risk in non-stigmatizing ways. Develop schedules with consideration for school-related, religious and other activities. Adopt a flexible scheduling approach that supports the participation of children who have other responsibilities such as:</p> <ul style="list-style-type: none"> ▪ Children who work; ▪ Children who care for siblings, unwell or older relatives, or parents with disabilities; and/or ▪ Children who are parents 	<p>Include other vulnerable children:</p> <ul style="list-style-type: none"> ▪ children with parents who are infected with COVID19 ▪ children who are infected with COVID19 ▪ orphaned children whose parents die due to COVID19 ▪ separated children due to lockdown ▪ children living with HIV ▪ children with pre-existing health conditions <p>Link children with health sector for treatment and with other services.</p>	NCPWG, LGUs
<p>15.3.3. Adolescents Adolescents have specific needs, interests, skills and capacities. It is essential to identify adolescents who are at risk in a way that does not stigmatize them. Support adolescents, including girls, to design and participate in tailored activities. Keep adolescents fully informed of decisions and plans.</p>		
15.3.4. Early Childhood Development (ECD)	Capacitate parents/caregivers of children under 5 to conduct group developmentally appropriate activities with children.	DepEd, DSWD, CSOs

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 15	Additional tips and recommendations	Relevant Focal Agency
<p>Group activities often target children aged 5 years and over. Provide separate spaces/time slots and tailored activities for children aged 0–2 years (with their primary caregivers) and 3–5 years. Work with early childhood development/other sector staff with specialized knowledge to implement group activities for children in this age range. Where possible, engage children’s parents/caregivers to strengthen children’s attachment. Provide developmentally appropriate play materials to promote children’s development, psychosocial well-being and brain function.</p>	<p>Disseminate IEC materials on CP risks through online or printed modalities.</p>	
<p>15.3.5. Life skills Consider children’s age, different contexts, social norms and individual needs and interests in the design and delivery of all life skills activities. Always collaborate with other sectors who may offer life skills, such as education or livelihoods. Provide key life skills that strengthen children’s social and emotional well-being, as well as their protection.</p>	<p>Life skills session modules need to be contextualized.</p>	<p>DepEd, DSWD, CSOs</p>
<p>15.3.6. Families ‘and communities’ child protection capacities Group activities for children can improve children’s protection by directly supporting their caregivers. They may also connect caregivers with community-level systems and groups such as women’s groups and child protection committees. Complement and reinforce group activities for children with activities for caregivers, such as positive parenting sessions. (See Standards 14, 16 and 17.)</p>		<p>DepEd, DSWD, CSOs</p>
<p>15.3.7. Sector-integrated approaches The child protection and education sectors must work together to develop group activities that complement non-formal and formal education. (See Standard 23.) Actors providing group activities should also engage with formal and informal local and international actors from other sectors (such as health; nutrition; and water, sanitation and hygiene) through coordination groups. Together, identify opportunities for collaboration and joint implementation. This collaboration may help: Provide integrated or mainstreamed multisectoral services; Harmonize activities across sectors; and Prevent duplication. (See Standards 1 and 21-28.)</p>		<p>NCPWG, Education cluster</p>
<p>15.3.8. Safety and security In all locations where group activities are taking place (including outreach and mobile programming activities), consider first the safety of children and their families. A risk assessment must take place before selecting locations. Risk assessments identify:</p> <ul style="list-style-type: none"> ▪ Potential physical hazards; ▪ Distance to unsafe site such as roads, military barracks or areas of conflict; ▪ Potential conflict with the community; and ▪ The possibility for children to be targeted for recruitment, abduction or attack during or while travelling to group activities. <p>Any risks identified must be mitigated if a site is to be chosen for group activities. Spaces must meet minimum standards for safety, hygiene and health, including:</p> <ul style="list-style-type: none"> ▪ Proper ventilation, shade or warmth; ▪ Adequate lighting; ▪ Access to clean drinking water; ▪ Access to hygienic and secure bathroom facilities separated for boys and girls; ▪ Supplies for menstrual hygiene management; ▪ Fire extinguishers; and 	<p>For online/virtual platforms, a clear protocol on user guidelines and user management should be established. Risk assessment should be made in terms of online safety, security and protection risks.</p> <p>It is important to understand both the benefits and risks associated with using online platforms and how to leverage these digital tools effectively, responsibly and safely, while minimizing risks to young people.</p>	<p>NCPWG, CSOs</p>

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 15	Additional tips and recommendations	Relevant Focal Agency
<ul style="list-style-type: none"> ▪ First aid equipment. <p>Adequate staff numbers are essential to maintain safety for children and communities. The child to adult ratio will vary depending on activities and numbers of children with disabilities.</p> <p>The recommended ratios are two adult facilitators per:</p> <ul style="list-style-type: none"> ▪ 20 children aged 5–9 years; ▪ 25 children aged 10–12 years; and ▪ 30 children aged 13–18 years. 		
<p>15.3.9. Infectious disease outbreaks (IDO)</p> <p>During infectious disease outbreaks, the delivery of group activities must be discussed with health and water, sanitation and hygiene actors. It may be necessary to adapt activities for (a) children who are in treatment, quarantine or isolation and/or (b) for children whose caregivers have been admitted to a care facility. Personnel implementing group activities must be trained on how to prevent the spread of any infectious diseases and how to communicate appropriately with children and communities about any infectious disease outbreaks.</p>		LGUs, DOH, DSWD
<p>15.3.10. Mobile activities</p> <p>A more flexible approach to implementing group activities may be necessary in contexts with (a) highly mobile, scattered or displaced populations or (b) limited access due to security concerns. This may require mobile group activities. Careful planning is essential and supports safety and sustainability (such as training and supporting members of the community to conduct activities).</p> <p>In some settings children who are refugees, internally displaced or migrants may be highly mobile – they may keep moving often. Group activities and services should be adapted to their circumstances and needs. For example, provide:</p> <ul style="list-style-type: none"> ▪ Temporary and short-term shelter and accommodation; ▪ Information on services available in the location; ▪ Internet connectivity; and ▪ Basic psychological first aid. <p>Coordinating and sharing information with other agencies that provide group activities along migration and displacement routes helps harmonize services and better support children who are mobile.</p>		DepEd, DSWD, CSOs
<p>Sample promising practice:</p> <p>Plan International: Guidelines in setting up a Facebook Group for Youth Support Group (Cyber Safe Project). The purpose of this group is to provide a platform for sharing of experiences, good practices, sharing or resources for training, and healthy discussions about the prevention and response to Online Sexual Exploitation and Abuse of Children. The guidelines include the mechanics in joining the FB group, code of conduct of the FB group, role of moderators, conduct of risk assessments (content, conduct, contact and general safeguarding risks) and the necessary consent forms. The FB group has been going on and they have covered issues related to COVID 19 and PSS.</p> <p>In World Vision-assisted communities, children and their families are supported with group activities on psychosocial wellbeing and self-protection while staying at home through the CFS at Home activity cards. The group activities are designed for children age 6-12 years old. Parents/caregivers with their children or children independently follow simple</p>		

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 15	Additional tips and recommendations	Relevant Focal Agency
<p>instructions on the cards to practice breathing exercises, activities that promote stress coping mechanism, emotional wellbeing and child protection awareness. The activity cards are selected and adapted from the CFS Activity Catalogue developed jointly by World Vision and IFRC in 2017.</p> <p>Save the Children: Online consultations with children and online parenting support.</p> <p>ChildFund: Home-based Family Activity Kits (HFAK) Consist of simple and easy to follow instructions on activities that parents/caregivers and children can do together. We want to help parents/caregivers establish a healthy daily routine for their children during the quarantine period. These activities range from physical exercise, mindfulness activities, games that build socio-emotional skills, learning activities that promote literacy and numeracy, arts and crafts using household items, etc. The mode of delivery is through text blasts.</p>		

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

CPMS Standard 17 – Community level approaches²

Children live in communities that promote their well-being and prevent abuse, neglect, exploitation and violence against children before, during and after humanitarian crises.

Actions Points for NCPWG

1. Support the localization of CEPC, in coordination with DSWD.
2. Promotion of the Reflective Guide in Strengthening Community Level Child Protection.

Challenges to consider in Preparedness	Challenges to consider Response
<ul style="list-style-type: none"> ▪ System is not prepared for a global pandemic like this. <ul style="list-style-type: none"> ○ There is no comprehensive contingency plan on how response will be when there is an infectious disease with inclusive CP lens in planning response ○ Funding is insufficient. Sourcing of funds for public health emergencies is also unclear to include mental health support to frontliners ○ Response structures at the local level are also not institutional. Most of the structures being convened now are ad-hoc in nature. ▪ There is lack in capacity at the level of the LGU officials, including the barangay service providers, in providing response services especially as these will have to be adapted to the pandemic. ▪ The community is not ready in terms of the food items. <ul style="list-style-type: none"> ○ Pre-packed relief goods do not include commodities suitable for the needs of children. Thus, most of the requests by the affected families are milks, etc. ▪ The disaggregated demographic database on children at the local communities, especially at the barangay level, is not updated. 	<ul style="list-style-type: none"> ▪ There is difficulty in the provision of services due to the imposed movement restrictions to mitigate the local transmission of COVID-19. Traditional ways of mobilizing the communities were not feasible. <ul style="list-style-type: none"> ○ Forms, permits, and clearances serve as bureaucratic hindrances for ease in the provision of services. ▪ Child protection is not the priority because the focus is on the implementation of the social amelioration program. <ul style="list-style-type: none"> ○ Despite strict follow-up, LGU still prioritizes the implementation of SAP. ○ There is insufficient social service workforce to respond to child protection concerns and limited resources for mental health care and support to frontliners ▪ There is lack in capacity at the level of the LGU officials, including the barangay service providers, in the actual service delivery especially as these will have to be adapted to the pandemic. <ul style="list-style-type: none"> ○ The BHERTs and other local structures are not well-aware of their duties and responsibilities vis-à-vis response to the pandemic. ▪ Formal and informal local structures lack funding to implement their services on child protection. <ul style="list-style-type: none"> ○ People's organizations can be utilized but they lack capacity. ▪ CEPC is not being discussed at the level of the LCPC but is taken on by the LDRRMC.

Relevant Provisions from CPMS 17	Additional tips and recommendations	Relevant Focal Agency
17.1. KEY ACTIONS - Preparedness	Coordinate with OCHA/ ICGG on consolidated humanitarian assessments, to review child protection concerns.	
17.1.3 Work with children and other stakeholders to identify the potential benefits and risks of involving external actors in child protection, particularly around sensitive topics.	This can be done through FGDs with children / adolescents through phone conference calls, surveys which use online/offline modalities (i.e. traditional surveys to be initiated by the local government), or through online meetings. Reactivate previously organized groups (including formal and informal structures) of children and adults in the communities to reassess potential benefits and risks in CP. There shall be minimum requirements for them to participate. The local Sangguniang Kabataan may be utilized to conduct consultations with children and adolescents at the community. The ABC	DSWD, DILG, NGOs

² Reviewed by UNICEF, DILG, CWC, PNP, Save the Children, PLAN, CFSI, RSCWC CARAGA, Child Fund, RSCWC MIMAROPA PCPC and PSWDO

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 17	Additional tips and recommendations	Relevant Focal Agency
17.1.4 Develop strategies to minimize any identified risks and to avoid exposing community members, including children, to harm.	<p>SK Chairperson (who is an ex-officio member of the Sangguniang Panlungsod) shall be included in the local DRRMC.</p> <p>Need to implement the CP and H&N Referral Pathway</p> <p>Need to intensify advocacy for the CWC-DILG JMC and other policies and initiate monitoring of the implementation of these issuances</p> <ul style="list-style-type: none"> ▪ Quad-media shall be tapped. Specifically, radio infomercials may be developed to reach far-flung areas and GIDAs. <p>Other organizations including CSOs and FBOs may be tapped, as well.</p>	DILG, DSWD, PNP
17.1. KEY ACTIONS - PREVENTION		
17.1.5 Map the impact of the emergency on pre-existing community networks, capacities and risks.	<p>Coordination with the barangays on determining the impact of the emergency on existing community networks through the following:</p> <ul style="list-style-type: none"> ▪ Local groups (i.e. homeowners associations, tricycle operator associations, and other people's organizations) ▪ FBOs and CSOs <p>School organizations (i.e. PTA, child protection committees, etc.)</p>	DILG
17.1.6 Use behavior change strategies that address (a) negative social, power and gender norms and (b) community practices that are harmful to children.	<p>Use of IEC materials and other medium of advocacy and campaign on how COVID19 place children at greater risks and how to prevent these from happening</p> <p>Intensify advocacy through the utilization of all media platforms (TV, radio, print, and social media).</p> <p>Reiteration of the key messages should be essential to ensure appreciation of the end-users. Ways on how to process the thoughts (i.e. feedback forms through online/offline modes) may be devised.</p>	DSWD, CWC, NGOs
17.1.8 Build relationships with local civil society organizations, religious and traditional leaders and other influential community members to monitor and support children and families who are at risk.	Utilize or strengthen the LCPC in monitoring and supporting children and families who are at risk. LCPCs may convene and can invite other stakeholders to bring in richer inputs.	DILG
17.1.11 Identify and support existing community capacities and initiatives that promote children's rights, safety, development, well-being and participation.	Strengthen the capacity of existing formal and informal community groups i.e. school-based child protection committees, tribal groups, religious groups.	DILG, DSWD, DepEd, NGOs
17.1. KEY ACTIONS - RESPONSE		
17.1.14 Work with local government to (a) strengthen and create sustainable links between communities and formal and informal child protection systems and (b) strengthen long-term services.	<p>This can be done through the strengthening of the local child protection structures (i.e. LCPCs, BCPCs, BHERT, school DRR committees, school CP committee) through the conduct of capacity building activities.</p> <p>Close coordination with the Law Enforcement at local districts or community stations to strengthen their awareness on CP.</p> <p>Ensure the availability and continuity of services for children. Continuous mapping on the availability of services shall be done.</p> <p>Provision on the technical assistance to LCPCs on the integration of the CEPC in the development or enhancement of local plans for children.</p>	

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 17	Additional tips and recommendations	Relevant Focal Agency
	<p>Ensure coordination between the LCPC and the LDRRMC, specifically on the implementation of the CEPC.</p> <p>Ensure that resources will be available to operationalize the response plan and the CEPC.</p>	<p>DILG shall ensure the implementation and integration of CEPC in the local plans.</p>
<p>17.1.15 Support community members to identify children who are at risk and refer them to multisectoral services, including case management. (See Standards 18 and 21-28.)</p>	<p>Localize the referral pathway and mechanisms developed by the NCPWG. Likewise, other issuances including protocols on case management and on CAR/CICL shall also be efficiently localized. In the localization of the pathway, include the risks and vulnerabilities that children may face during the pandemic.</p> <p>There shall be available hotlines or child helplines available in the community. The directory of local authorities including PSS services during emergency shall be included.</p> <p>The RCCE materials (to include information on child protection risks and vulnerabilities) developed shall be visible and posted within the community premises. The relief packs being distributed shall include these.</p>	<p>DILG, CWC</p>
<p>17.1.16 Support adolescents to meet, interact and organize their own initiatives and advocacy activities.</p>	<p>Good practices of Sangguniang Kabataan and other CSOs (I.e. Positive Youth Development Network) may be replicated in other communities.</p> <p>Webinars may be conducted for the provision of technical assistance and to provide discussion on health issues and child protection concerns. Ensure inclusivity measures (i.e. hiring of sign language interpreters, etc.)</p> <p>Set up adolescent groups with clear online platforms.</p> <p>Support existing school-based Youth-led ASRH Teen Centers when opening of schools are allowed restriction to mobility is lifted. This is a platform for PSS activities and informal “kumustahan” with peers</p>	<p>DILG</p>
<p>17.1.17 Facilitate the creation of space within community awareness activities for younger children and groups who are at risk of discrimination.</p>		
<p>17.1.19 Support the creation of accessible, safe group activities for children – including adolescents – to play and access contextually appropriate, life-saving information and services. (See Standard 15.)</p>		
<p>17.1.20 Work with community members, including children, and use methods for engaging children with disabilities to:</p> <ul style="list-style-type: none"> ▪ Identify protection strategies that work and areas to improve; ▪ Adjust activities accordingly; and ▪ Provide feedback during and after the response. 	<p>Mobilize people’s organizations to conduct child protection awareness activities through incentivized learning sessions to be conducted by the local social welfare and development offices.</p>	

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 17	Additional tips and recommendations	Relevant Focal Agency
<p>17.3 GUIDANCE NOTES</p> <p>17.3.1 SUPPORTING COMMUNITY-LED PROCESSES External agencies should build on communities' resources for and commitment to children. They should support existing capacities, structures and processes that prevent and respond to child protection risks and violations. External agencies should avoid bringing in unfamiliar processes, concepts, structures or groups that can weaken existing resources and introduce unsustainable, culturally insensitive approaches. In contexts of forced displacement, 'community' may be a mixture of different communities, not a well-defined unit. External actors should be aware of and take into account community dynamics and conflicts. Community-level child protection programming should include social cohesion efforts and conflict-prevention activities.</p>	<p>Community consultation and scanning of existing community organized groups (informal) community resources and support needed.</p> <p>External actors shall conduct deep context analysis to determine localized culture, traditions, and practices for a more contextualized service delivery.</p>	
<p>17.3.2 COMMUNITY ENGAGEMENT AND OWNERSHIP Community-level approaches are most effective and sustainable when communities see them as meeting their collective responsibility to children. Agencies should work with diverse members of the community and take time to allow the community to:</p> <ul style="list-style-type: none"> ▪ Prioritize their concerns; ▪ Propose solutions; and ▪ Mobilize resources. <p>Promote culturally sensitive approaches that align with international legal and human rights standards.</p>	<p>A survey may be done within the community to aid in the deep context analysis on how communities perceived CP concerns are and how they think these may be resolved. The result of the survey will inform the CP response of the humanitarian organization or the recommendations to the formal sectors' response. To avoid duplicity, government and civil society shall coordinate to harmonize surveys.</p>	
<p>17.3.3 CHILD PARTICIPATION Children are creative, resourceful and insightful, and the <u>ethical involvement of children</u> supports effective programming. External agencies must understand the local dynamics around children's participation in community processes to prevent potential risks and facilitate children's safe, voluntary and meaningful participation. Participation must include and be sensitive to the rights of all children who are at risk of discrimination.</p>	<p>A consultative risk assessment process may be facilitated on online/offline platforms.</p> <p>Ensure child safeguarding protocols are in-place and implemented.</p>	
<p>17.3.4 RESOURCE INPUTS Evidence shows that introducing large sums of financial or material resources (including payments to individuals for their participation in activities) can weaken community ownership and limit sustainability. Exceptions may be made for small supports (such as phone credit, notebooks, refreshments or uniforms) that are given in exchange for performing agreed-upon responsibilities. In such cases, inter-agency coordination is required to decide how best to provide and standardize support. It may be worth considering financial support to whole-community initiatives as opposed to resourcing individuals.</p>	<p>Provision of materials as expressed needed by the community such as incentives, etc.</p>	
<p>17.3.5 CAPACITY DEVELOPMENT Capacity building should be inclusive, accessible and culturally, developmentally, age- and gender-appropriate. Use participatory methods to build on local understandings of child protection concepts and to ensure genuine inclusiveness. Include diverse representatives, not just</p>	<p>Identify mechanisms that would facilitate regular capacity building for community workers.</p> <p>A needs assessment for capacity-building should be facilitated to ensure that community members' development needs will be met.</p>	

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 17	Additional tips and recommendations	Relevant Focal Agency
<p>the most powerful or influential community members. Capacity building should include key principles and strategies such as <u>do no harm</u> and confidentiality. Effective capacity building is ongoing and involves long-term engagement, coaching, mentoring and connection with other sectors.</p>	<p>There shall be follow through and monitoring on the trained service providers by ensuring the development and implementation of post-training action plans.</p>	
<p>17.3.6. INCLUSION External engagement with communities affects local power structures. Ensure that no harm is done to any person or group, especially those most at risk of discrimination. Representation and inclusion are important in community-level approaches. Identify:</p> <ul style="list-style-type: none"> ▪ Who is at risk of discrimination or exclusion; ▪ Why; and ▪ How to safely include them. <p>Where multiple communities are present in the same geographical location – such as when different refugee or migrant communities live in one camp or when refugees live among host communities – it is important to understand and work with the networks of all communities.</p>	<p>IEC materials promoting INCLUSION be developed and used</p> <p>Child protection and health-related services shall be inclusive. The master list of families (including LGBT, solo parents, etc.) or households shall be regularly updated for more efficient reach.</p>	
<p>17.3.7 CHILD PROTECTION SYSTEMS Where appropriate, support community connections to formal child protection systems. These formal systems may include police, social workers, health workers, child-welfare services, education services, sexual and reproductive health services, the juvenile justice system, mental health services, etc. National legislation and formal systems do not always accommodate refugees, internally displaced persons, stateless persons or other non-nationals. In that case, (a) identify and address actual and potential discrimination against these groups and (b) refer survivors or children who are at risk to case management.</p>	<p>Gather information from the formal CP systems on how they adapt their services in COVID 19 and help disseminate this information to the communities through IEC materials. Results of any surveys, assessment or consultation with communities will be shared with the formal system (provided that communities are informed) and to the stakeholders who were consulted.</p> <p>Provide children and families of the available feedback mechanisms for them to share their comments and suggestions on how CP services can be improved</p>	
<p>Sample promising practice:</p> <p>Adult and Youth Community -Based Advocacy and Monitoring Group or CBAMG is a network of Civil Society Organizations formed by the National Consortium on Social Protection (composed of PLAN International, the International Center for Innovation, Transformation, and Excellence in Governance (INCITEGov), and Eastern Visayas Network of POs and NGOs) that represents children, youth, rural women, persons with disabilities, and other marginalized sector at the local level based in Samar Provinces and Masbate.</p> <p>The CBAMG will be tasked to raise awareness about the rights and entitlement to social protection, organizational and networking building, and monitoring the effectiveness, quality, and inclusivity dimensions of social protection services.</p> <p>They help conduct community awareness sessions and identify and refer CP/VAW cases.</p> <p>ChildFund support establishment of School-based ASRH Teen Centers in partnership with DEPED, creating safe spaces for youth-peer educators/facilitators in sharing relevant module content on ASRHR, PSS to school children during their free time. It allows school children to share and learn from their peers particularly on psychological challenges they are faced with and with the support and guidance of adult guidance counselor ensuring principles of confidentiality and “do no harm” adhered to.</p>		

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

CPMS Standard 19 – Alternative care³

All children without protective and suitable care receive alternative care according to their rights, specific needs, wishes and best interests, prioritizing family-based care and stable care arrangements.

NCPWG Action Points

- Support the dissemination of the integrated Child Protection, Health, and Nutrition referral pathway for COVID context.
- Support for the dissemination of Parenting RCCE materials.

Challenges in Preparedness	Challenges in Response
<ol style="list-style-type: none"> 1. The database / data banking system of DSWD only includes children issued with Certification Declaring them Legally Available for Adoption from 2009. All relative and stepparent adoptions do not go through the DSWD, thus there is no nationwide data base on the no. of children being placed for domestic adoption. 2. Capacity building / trainings of caregivers and front liners are limited to online platforms. 3. There is no local ordinance on the prevention of discrimination and violence against children who are suspect, probable, and confirmed covid-19 patients 4. Parents are not prepared to handle emotional and psychological challenges faced by themselves and their children. 	<ol style="list-style-type: none"> 1. The physical transfer of the child to his/her foster or adoptive family could not be facilitated due to ECQ where travel restrictions and health and safety are the primary considerations due to Covid19 pandemic. This hampers the placement of children needing alternative family and one on one care and they need to stay longer in the facility. 2. Monitoring on the current situation and adjustment of children placed to his/her foster or adoptive family is limited to video calls and text messaging. 3. No established referral pathway of reporting cases of children in need of immediate rescue or removal from his/her caregiver in case of alleged abuse or neglect. 4. Judicial and finalization processes on domestic adoption takes longer than the usual due to alternative working arrangements, health and safety protocols. 5. Residential care facilities are advised to defer the discharge of children under their care, whether for reintegration or for adoption/foster care placement due to health and safety issues. As a result, longer stay of children in the facility, which may have negative effects on their mental and psychosocial developmental well-being. 6. Promote and support indigenous practice on child protection

Relevant Provisions from CPMS 19	Additional tips and recommendations	Relevant Focal Agency
<p>Introduction. During humanitarian crises, children may become separated from their families for many reasons:</p> <ul style="list-style-type: none"> ▪ As a direct consequence of the emergency itself; ▪ When children and/or families feel it is in the child's best interests; and/ or ▪ When a child needs protection from abuse, neglect, exploitation and/or violence within the home. <p>Given that there may be many different reasons for separation, strong case management is required to determine the most appropriate response.</p> <p>'Alternative Care' is care provided to children by caregivers who are not biological parents or usual primary caregivers. It may be formal or informal. 'Formal Care' is authorized by an administrative or judicial authority or by an accredited body. 'Informal Care' is usually:</p> <ul style="list-style-type: none"> ▪ Provided by friends, relatives or others; ▪ Arranged by the child, their parents or others in the child's life; and ▪ Has not yet been formally authorized. 	<p>Sustain and strengthen informal child protection mechanism in the context of the community.</p>	<p>DILG, DSWD</p>

³ Reviewed by CWC, DSWD PMB Center Development Division, RSCWC MIMAROPA NEDA

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 19	Additional tips and recommendations	Relevant Focal Agency
<p>Each context may have different forms of alternative care that align with local cultural norms, practices, legislation and policy. Alternative care options need to be as family-based as possible and cause the least amount of disruption to the child. For children who are refugees, internally displaced or migrants, this may be done by connecting the child to people from their community of origin who are also in the new host country or location. Where populations are highly mobile, alternative care arrangements may need to be adapted. This can be done by offering a range of options such as: Emergency care; Transit centres; or Supervised independent living.</p>		
19.1 KEY ACTIONS - PREPAREDNESS		
<p>19.1.3. Assess and map existing formal and informal alternative care arrangements, including traditional/customary mechanisms, with consideration for children of different ages and varied needs.</p>	<p>Establish a data management/data bank system on children which includes existing formal and informal alternative care arrangements.</p> <p><i>Establish an expanded data bank system to include in-family adoptions nationwide, including those placed through intercountry adoption</i></p> <p><i>Conduct CBCPM mapping as baseline on existing formal, informal protective and non- protective structures and factors in the community. The result will better inform responsive preparedness plans and CP specific priority actions by the community and the local government.</i></p>	<p>DSWD and its residential care facilities, LGUs, NGO CCA, OCA, PSA</p>
<p>19.1.4. Focus on the needs of children and/or families that may face discrimination or exclusion related to disability, HIV/AIDS, possible exposure to infectious disease or the fact that they belong to a stigmatized group, community or culture</p>	<p>Encourage local government units to issue local ordinance on the prevention of discrimination and violence against children who are suspect, probable, and confirmed covid-19 patients, and for line agencies to support such measures</p> <p><i>For LGUs with Children's Code, to ensure that this specific recommendation is included.</i></p>	<p>DILG, CWC, LGUs including LCPC/ BCPC</p>
<p>19.1.5. Train case management staff and partners on alternative care for children.</p>	<p>Identify mechanisms that would facilitate regular capacity building for care workers, adoptive parents and foster parents</p> <ul style="list-style-type: none"> ▪ Sustain efforts on capacity building through online platforms (webinars) at all levels ▪ Conduct of consultation dialogues every quarter to discuss issues / concerns on program implementation and sharing of good practices <p>Develop modules to guide local structures in the conducting initial data gathering</p>	<p>DSWD, Child Placing Agencies (NORFIL, KBF)</p>
19.1 KEY ACTIONS - RESPONSE		
<p>19.1.12 Adopt a socio-ecological approach to assessments of children that considers:</p> <ul style="list-style-type: none"> • The child's living situation and circumstances; • The potential for safe family reunification; • Children's sex, age and capacities; 	<p>Tapping local structures / focal points to conduct initial data gathering</p>	<p>BCPC / LSWDO</p>

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 19	Additional tips and recommendations	Relevant Focal Agency
<ul style="list-style-type: none"> Existing supportive community structures and systems; and <p>The most appropriate forms of support and/or alternative care. (See Standards 4, 5 and 18.)</p>		
<p>19.1.13 Decide whether to place a child in alternative care by (a) implementing case management and (b) identifying interim and long-term care options that align with <u>the child's best interests</u> and national legislation and policies. (See Standard 18.)</p>	<ul style="list-style-type: none"> Feasible but has to follow advisory on the discharge / placement for alternative family care 	<p>DSWD including residential care facilities, CCA, LGU Facilities</p>
<p>19.1.15. Review alternative care arrangements regularly to ensure that: They are the most suitable arrangement for the child; Children are not kept in alternative care unnecessarily; and There are no incentives for abandoning children or avoiding reintegration.</p>	<ul style="list-style-type: none"> Establish a reporting mechanism of children under foster care with families affected with COVID-19 Implement guidance notes for residential care facilities and advisory on SWADA re admission protocol during COVID-19 operations 	<p>DSWD, CHR</p>
<p>19.1.16. Explore appropriate alternative care options for older <u>adolescents</u>, including contextually appropriate, supported independent living.</p>	<ul style="list-style-type: none"> Deferment of Discharge / Placement for Alternative Care Arrangement during COVID Pandemic pursuant to the DSWD Advisory 	<p>DSWD including residential care facilities, CCA, LGU Facilities</p>
<p>19.1.17. Make decisions for removing abused or neglected children from their caregivers (a) only when it is in the child's best interests and (b) in collaboration with national authorities, wherever possible.</p>	<ul style="list-style-type: none"> Adoption of the CP, H&N Referral Pathway 	
<p>19.1.18 Support and establish coordinated alternative care services that align with national and international legal frameworks and guidelines for (a) children who are separated or unaccompanied or (b) children who are abused, neglected or exploited by their caregivers.</p>	<ul style="list-style-type: none"> Check for equivalent existing local guidelines. 	
<p>19.1.20 Do not make alternative care arrangements permanent if there is a possibility of reuniting the child with their caregivers. (See <u>Standard 13.</u>)</p>	<ul style="list-style-type: none"> Feasible but has to follow advisory on the discharge / placement for alternative family care 	<p>DSWD including residential care facilities, CCA, LGU Facilities</p>
<p>19.3 GUIDANCE NOTES</p>		
<p>9.3.2 ALTERNATIVE CARE OPTIONS</p> <p>In each context, several alternative care options may be available. Child protection actors should choose options based on:</p> <ul style="list-style-type: none"> The individual child's choices and wishes, age, level of maturity, relationships, schooling, language, religion and culture; Each child's best interests, including safety considerations; The community's caring traditions; The legal framework; and The principles of necessity and suitability. (Is alternative care absolutely necessary? If so, which option is the most suitable?) <p>Wherever possible:</p> <ul style="list-style-type: none"> Siblings should be kept together; Children under the age of three should always be placed in family-based care; and Older <u>adolescents</u> should have the option of supported independent living. <p>Caseworkers working on alternative care should be trained to make decisions on alternative care placements, including the strengths and weaknesses of each type of care option. No form of alternative care should encourage family separation.</p> <p>Children in care should:</p> <ul style="list-style-type: none"> Receive follow-up visits to monitor their protection and well-being; 	<ul style="list-style-type: none"> Schooling – application of alternative learning modalities (online class/ lectures, ALS) for safety, there is a need to strengthen the referral pathway system amidst this pandemic for immediate action and intervention CP actors as to the immediate removal of the child from his/her current custodian due to the reported alleged abuse, neglect or if the caregiver (who is either infected with disease or passed away) has no other relatives where the child can be transferred On the issue of placement of the child through adoption or foster care, physical transfer is currently deferred due to health and safety that may be compromised. Monitoring on the current condition and situation of children under the care of adoptive/foster family is limited to phone/video calls and text messaging due to travel restrictions and community quarantine protocols. Thus, there is a need to strengthen collaboration with key players in the barangay level in conducting visits and 	<p>DepEd,</p>

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 19	Additional tips and recommendations	Relevant Focal Agency
<ul style="list-style-type: none"> • Have opportunities to provide feedback; and • Be able to report abuse, neglect, exploitation or violence. <p>When care placements are coming to an end, caseworkers should assess whether (re)integration into their family or community or a permanent alternative care option is in the child's best interests.</p>	<p>gathering of information necessary for the conduct of assessment of the social worker on the case.</p>	
<p>19.3.3 FAMILY-BASED ALTERNATIVE CARE Family-based alternative care – care within a family that is not necessarily the child's own family – is the preferred option for children who need alternative care. Kinship care – care within a family related to or known by the child – often offers the best option and should be considered first, in compliance with national legislation.</p> <p>Key considerations for all forms of family-based care include:</p> <ul style="list-style-type: none"> • The types of support caregivers need; • Who can best support caregivers; and • The child's ongoing safety in cases of suspected abuse, neglect, exploitation or violence from a family member or foster caregiver. • Work closely with the community to reduce discrimination and to regularly review care placements to mitigate any risks. <p>If kinship care placements are not possible or in a child's best interests, consider foster care. Foster care should not replace support to children's own families and should never be the only alternative care option. The types of foster care available should reflect the needs of the child and the duration that care is required (emergency temporary care, short-/medium-term fostering or longer-term fostering). The community should be consulted on who is best placed to foster children. Carefully recruit, assess, train and monitor foster caregivers. Avoid moving a child from one foster placement to another.</p> <p>Family-based care cannot be considered when:</p> <ul style="list-style-type: none"> • Families cannot care for additional children; • Foster care placements are unavailable or culturally unacceptable; • Pre-existing protection concerns prevent placing a child in care; • A child must stay in one location for rapid reunification/tracing; • The age, maturity and wishes of the child prevent placing them in care; and/or • Security issues require placing the child in a secure location. <p>Other residential care alternatives may then be considered.</p>	<ul style="list-style-type: none"> ▪ Develop protocols for children whose foster families are infected with COVID 	<p>DSWD, NCPWG</p>
<p>19.3.4 SUPPORTED INDEPENDENT LIVING Supported independent living may be the most suitable option for older adolescents, especially those who are in transit or have been on their own for a long period. Consider the protection risks and the community's perception of children living independently. Children in supported independent living should know whom to contact if they have any concerns. It may be good to encourage the children to engage in activities that positively support the community.</p>	<ul style="list-style-type: none"> ▪ Feasible but has to follow advisory on the discharge / placement for alternative family care 	<p>DSWD including residential care facilities, CCA, LGU Facilities</p>
<p>19.3.5 RESIDENTIAL CARE Residential care covers many types of overnight care including temporary shelters, interim care centres, small group homes and institutional care. Residential care should only be a last resort for the shortest possible period when all family-based interim care options have been explored, are not possible or are not available. Residential care facilities should be regularly</p>	<ul style="list-style-type: none"> ▪ Socialization is feasible but has to observe minimum health standards e.g. physical distancing, wearing face masks, regular handwashing 	

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 19	Additional tips and recommendations	Relevant Focal Agency
<p>supported and monitored to meet minimum standards of care and child-friendly protection procedures. No new institutional care facilities should be constructed in humanitarian crises. Residential care facilities should only be an alternative interim care option for the shortest possible time. There may be a need for temporary small-scale shelters, especially where foster care with a non-biological family is unlawful, culturally unacceptable or is not in the child's best interests. This option should be accompanied by advocacy activities to improve short-, medium- and long-term alternative care systems and establish other preferred forms of care. Every effort should be made to minimize an 'institutional culture' and to ensure the quality of care by providing:</p> <ul style="list-style-type: none"> • Appropriate staff/child ratios; • Accessible facilities or centres; • Opportunities for children to socialize with members of the community; • Codes of conduct; • Staff training; and • Safe locations. <p><u>Children with disabilities</u> are more likely to be placed in residential care. When a child with a disability is in residential care, efforts should be made to maintain regular contact between the child and family and to determine if, with support, family-based care can be provided. Try to reunite children with disabilities with their families and ensure community-level services for children with disabilities.</p>		
<p>9.3.6 LONG-TERM ALTERNATIVE CARE If family reunification is impossible or not in a child's best interest, consider alternative long-term care options. Children should not be left in interim care indefinitely. Decisions on long-term care should be made through a judicial, administrative or other recognized procedure (including, where appropriate, a UNHCR-led Best Interests Determination). Decisions should be based on an assessment of the child's best interests, gender, age, disability and available care options.</p> <p>Adoption should not be considered during emergencies, particularly when:</p> <ul style="list-style-type: none"> • There is reasonable hope of successful tracing and reunification; • A reasonable time has not yet passed during which all feasible tracing efforts have been conducted; or • Adoption is against the expressed wishes of the child or parents. <p>Long-term placements, domestic adoption or kafalah should only be considered after tracing efforts have been exhausted. Inter-country adoptions should always follow the <u>Hague Convention on Intercountry Adoption</u>.</p>		
<p>Sample promising practice:</p>		

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

CPMS Standard 20 – Justice for Children ⁴	
All children in contact with formal and informal justice systems during a humanitarian crisis are treated in a child-friendly, non-discriminatory manner in line with international norms and standards and receive services tailored to their needs and best interests.	
<p>NCPWG Action Points:</p> <ul style="list-style-type: none"> ▪ Support the online capacity-building for duty bearers on restorative processes for CICL and CAR (Including Courts and Court Personnel, LGUs – up to the barangay level) <p>JJWC Action Points:</p> <ul style="list-style-type: none"> ▪ Online reporting mechanism for cases involving children (victims, CICL and CAR) ▪ Release (and aftercare) of qualified CICL under OCA Circular 91-2020 and other related OCA Circulars ▪ Provision of needs and services for CICL in Bahay Pag-asas and Regional Rehabilitation Centers for Youth, and of children victims in residential facilities(i.e. provision of laptops for education, provision of psychosocial services and e-hearings) 	
Challenges in Preparedness	Challenges in Response
<ul style="list-style-type: none"> ▪ Limited trainings on service providers on proper handling of children during emergency situation (i.e., minors committed offenses) ▪ Recommendation: webinars on proper handling of children in conflict with the law and children at risk ▪ Coordination among relevant agencies not yet established ▪ Release of CICL from detention facilities is not yet fully implemented ▪ Proper referral of the released children from detention facilities to communities is not yet established/ institutionalized. 	<ul style="list-style-type: none"> ▪ Reported maltreatment or abuse by police on arrested minors/ improper handling of children who committed offenses during the COVID ▪ Recommendation: Wider circulation of DILG-CWC JMC to all LGUs and police/justice professionals ▪ Maintaining safety protocols during and after the arrest of minors ▪ After care services for children who have been released from detention facilities during COVID are not yet functional. ▪ Difficulty of detecting the perpetrators of online sexual exploitation during COVID situation. ▪ Handling of reported cases on online sexual exploitation of children (OSEC) where face to face interventions are not feasible (Are there new protocols for these cases? Updates from PNP: All the stations are advised to follow the protocols of DOH in handling VAWC cases during this pandemic.

Relevant Provisions from CPMS 20	Additional tips and recommendations	Relevant Focal Agency
<p>INTRODUCTION.</p> <p>Humanitarian child protection actors have opportunities to work with national and local actors to strengthen justice for children. Justice for children strategies cover both (a) efforts to protect children through formal and customary laws and (b) interventions that seek to overcome the risks that justice systems may present.</p> <p>Justice for children can be protective. It may help enforce or establish children’s rights or strengthen legal instruments that do so. Actions in this area include:</p> <ul style="list-style-type: none"> • Strengthening the implementation and awareness of existing child protection laws; • Facilitating the alignment of and links between customary and national legal systems and international laws; and • Advocating for or supporting the development of new laws that criminalize abuse, neglect, exploitation and violence against children. 		

⁴ Reviewed by JJWC, CHR, DOJ, PNP, CWC, RSCWC MIMAROPA

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 20	Additional tips and recommendations	Relevant Focal Agency
<p>Justice for children may also involve overcoming risks in the justice system itself. Children can interact with justice systems as witnesses, victims (survivors), accused, potential wrongdoers, convicted offenders or a combination of these. During humanitarian crises, children may come into contact with the law more frequently. Examples include:</p> <ul style="list-style-type: none"> • Care arrangements for children who are separated and unaccompanied; • Unnecessary arrest and loss of liberty; • Violence within the home and community; • Worst forms of child labour; and • Sexual abuse, exploitation or violence, including child marriage. <p>Unfortunately, this contact can lead to additional protection risks that are caused by formal and informal justice actors. Humanitarian actors can help mitigate those risks and support children to fulfil their rights when interacting with justice systems. Strategies for overcoming the risks that both formal and informal justice systems may present include:</p> <ul style="list-style-type: none"> • Training service providers on the rights and <u>best interests of children</u> in contact with the law; • Training justice actors on developmentally and age-appropriate ways of communicating with children; • Supporting juvenile justice approaches that allow children to be accountable to society without being formally processed as a criminal; • Working with States to create practical alternatives that can end the immigration detention of all children who are refugees or migrants; • Detaining children only as a last resort and only for the shortest period possible in age- and gender-segregated facilities; and • Communicating clearly with children in developmentally and age-appropriate ways at all stages of any judicial process. <p>A crisis may present a unique opportunity for child protection teams to strengthen systems that may otherwise resist change. Using the socio-ecological framework, child protection actors can collaborate with the full range of actors to (a) assess the ways in which legal and justice systems at all levels either provide protection or present risks and (b) develop interventions to reinforce protection and overcome risks.</p>		
<p>20.1 KEY ACTIONS - PREPAREDNESS</p>		
<p>20.1.3 Establish and/or strengthen child-friendly, gender-sensitive and disability-accessible courts and spaces in police stations.</p>	<p>Family courts and WCPD in each police station already existing; electronic hearings already adopted by courts</p>	<p>Supreme Court, PNP</p>
<p>20.1.4 Train both formal and informal justice actors on appropriate handling of children's cases, including cases of children formerly associated with armed forces or groups and victims of sexual exploitation or trafficking.</p>	<p>Identify mechanisms that would facilitate regular capacity building for care workers through the conduct of webinar or online training programs</p>	<p>JJWC, DSWD, CWC, DILG and LGUs, DOJ-IACAT</p>
<p>20.1.5 Support capacity building on child-friendly procedures and processes for all actors in formal and customary justice systems.</p>	<p>Online capacity building</p>	
<p>20.1.6 Advocate for and support a gender-balanced workforce throughout the justice system.</p>		
<p>20.1.7 Strengthen and raise awareness of community-level reporting mechanisms for child victims and witnesses of crime.</p>	<p>Online reporting mechanism</p>	<p>DILG, PNP, local Prosecution Offices</p>
<p>20.1.8 Support a legal requirement for mandatory reporting for professionals in close contact with children.</p>	<p>Advocate for the use of the Committee for the Special Protection of Children (CSPC) Protocol for Case Management (e.g., doctors, barangay,</p>	

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 20	Additional tips and recommendations	Relevant Focal Agency
	social workers, police), JJWC National Juvenile Justice and Welfare Management Information System	
20.1.10 Promote the adoption and implementation of community-level alternatives to detention that seek to restore children's well-being and to reintegrate them.	Capacity building for BCPC on diversion program	JJWC, DILG
20.1.11 Establish child-sensitive, non-discriminatory systems for child victims and witnesses that prevent re-victimization.	Child Protection Unit's one-stop shop, establishment of interview rooms for child victims in police stations, prosecution offices	LGU, Child Protection Network, PNP, DOJ
20.1.12 Develop a child-centered evacuation plan for detainees if a disaster or armed attack is likely.	Integrate Child Protection in Emergencies provisions in agency policies; suggest we replace the word "detainees" to "persons or child deprived of liberty"	JJWC, DSWD, all relevant agencies, LGUs
20.1.13 Strengthen or develop restorative justice processes that align with international standards and are facilitated by trained community members and organizations.	Development of training modules and capacity building on provision of restorative justice approaches with online access	JJWC
20.1 KEY ACTIONS - RESPONSE		
20.1.15 Identify, advocate for and respond to the most urgent basic needs of children in contact with the law, including education, basic psychosocial services and contact with family.	Provide online mechanism for provision of ALS educational and psychosocial needs of CICLs (e.g., laptop, reliable internet connection)	JJWC, DSWD, LGUs, UNICEF, DepEd
20.1.16 Establish monitoring mechanisms aimed at identifying and correcting patterns of child rights violations within justice systems.	Use as a reference the existing online monitoring tool of CHR to include identification and correcting patterns of child rights violations initially within <i>Bahay Pag-Asa</i> but to be institutionalized nationwide	CHR
20.1.17 Assess, build the capacity of and offer services (such as legal aid and rehabilitation/reintegration programmes) that are complementary to the services provided by justice actors.	Webinars	
20.1.20 Advocate for the release of children who are in detention facilities.	Full implementation of SC OCA Circular 91-2020 and other related circulars on CICLs	Supreme Court, PAO
20.1.21 Advocate for solutions that (a) keep families together and (b) separate child offenders from adult offenders, girls from boys and children who are accused from those who have been convicted when there are no other options than to place children in conflict with the law in detention facilities.	Establishment of agricultural camps inside BuCor facilities where convicted CICLs would be placed	JJWC, Bureau of Corrections, DSWD, DOH, TESDA
20.1.23 Ensure standard operating procedures (SOPs) for multisectoral collaboration related to children in contact with the law are: <ul style="list-style-type: none"> Adapted to the emergency; Effective; Non-discriminatory; and Child-friendly.	Integrated Care Management Protocol for Handling CICLs and CAR	JJWC
20.1.24 Encourage the development, adoption and implementation of handover protocols for the immediate transfer of children formerly associated with armed forces or groups to civilian child protection actors.	Implement RA No. 11188 - Children in Situations of Armed Conflict CSAC Law.	CWC
20.3 GUIDANCE NOTES		
20.3.1 DOCUMENTING VIOLATIONS		
From the earliest possible stage in the emergency, it is important to document (a) patterns of violations against children in contact with the law and (b) situations that lead to that contact. It		

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 20	Additional tips and recommendations	Relevant Focal Agency
<p>provides a basis for evidence-based advocacy in support of an effective national and international response. (See Standards 3 and 6.)</p>		
<p>20.3.3 INTERDISCIPLINARY TEAMS AND COORDINATION From the beginning of a crisis, it is important to create or strengthen a coordination platform for professionals and caregivers (such as justice, security, medical, social, community, family) that builds on existing resources and structures. Standard operating procedures that clarify each actor's roles and responsibilities are critical. It may be possible to use this platform to conduct specialized training (such as caring for children with mental health conditions or disabilities). (See Standards 1 and 10.)</p>		
<p>20.3.4 CHILDREN AS LEGAL CLIENTS Legal advocates need knowledge of:</p> <ul style="list-style-type: none"> • General legal principles; • Children's rights; • Child protection principles, particularly confidentiality and best interests (see Principles); • The impacts of crises on children (cross-border custody cases, detention on terrorism charges, asylum); and • Mandatory reporting requirements. <p>If mandatory reporting is a legal requirement, this must be explained to the child in a developmentally appropriate manner. When children and their families want to address rights violations through the formal justice system, case management actors should accompany them.</p>		
<p>20.3.5 CHILDREN AND SOCIAL WELFARE SYSTEMS Child victims/survivors of a crime should never be treated as offenders but must be supported by child welfare services. Similar services are needed for children suspected of or alleged to have committed offences. Children below the minimum age of criminal responsibility are not subject to prosecution under the criminal justice system. They should only be in contact with the social welfare system.</p>		
<p>20.3.6 DEPRIVATION OF LIBERTY 'Deprivation of liberty' means any form of (a) detention or imprisonment or (b) placement of a person into a public or private custodial setting. International standards say that justice actors must consider alternatives to detention (such as probation or community service) while ensuring that human rights and legal safeguards are fully respected when dealing with children. Any children born in detention – regardless of their status in the territory – should be (a) registered immediately in accordance with international standards and (b) issued a birth certificate. In situations of armed conflict, 'administrative detention' is often used to hold children who are believed to pose a security threat. Often, procedures for challenging administrative detention are not clear, and timelines for review do not exist. Such administrative detention violates the rights of the child and should not be used in any situation. Handover protocols for the immediate transfer of children formerly associated with armed forces or groups to civilian child protection actors should be adopted and implemented. Immigration detention of children may also occur. Some States have prohibited the detention of children for immigration purposes. Others only allow it for children over a certain age or prohibit it for children seeking asylum. Children should not be detained for immigration-related</p>		

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 20	Additional tips and recommendations	Relevant Focal Agency
<p>purposes, regardless of the legal/migratory status of themselves or their parents. Immigration detention is never in the child's best interests and cannot be justified under any circumstances. Children formerly associated with armed forces or groups should not be charged or prosecuted based only upon their membership in the armed group. They should be treated primarily as victims of exploitation who are entitled to protection. (See Standard 11.)</p> <p>Crises can increase the number of children accused of 'status offences'. These include acts that would not be criminal if they were committed by adults but can result in arrest and detention. Examples include curfew violations, running away or living and working on the street. Detention for status offences violates the best interests of the child and should never be used.</p>		
<p>Sample promising practice:</p>		

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

CPMS Standard 25 – Nutrition and Child Protection⁵

Children and their caregivers, especially pregnant and lactating women and girls have access to safe, adequate and appropriate nutrition services.

NCPWG Action Points:

- Capacity building on Child Protection for Nutrition actions (and vice versa)
- Development of MOPs to clearly integrate Child Protection in RA11148
- Harmonize common safe spaces in evacuation areas

Challenges in Preparedness

- Lack of awareness of existing guidelines
- No / lack of assessments to guide targeted interventions
- Nutrition, especially for infants, not a priority of some LCEs.
- Sectoral cluster coordination not fully functional.

Challenges in Response

- Formula milk donations at selected evacuation centers in Palawan (from med reps)
- Continuity of nutrition services in new normal setting.
- Household food insecurity because of disruption in livelihoods.
- Quality of food packs not appropriate for long term assistance.

Relevant Provisions from CPMS 25	Additional tips and recommendations	Relevant Focal Agency
<p>Introduction. Nutrition and child protection actors have key opportunities for collaboration, particularly in children's first three years of life and during adolescence. Nutritional habits, taboos and discrimination within the home can affect diverse members of the population differently. Children, particularly pregnant girls, are vulnerable to all forms of undernutrition. Children with disabilities are particularly vulnerable to malnourishment and related impairments. Nutritional imbalances often worsen in times of crisis when caregivers struggle to provide food, income and health care for their families. Mothers' and children's health, rights and well-being are especially vulnerable.</p>		
<p>Key Actions for Child Protection and Nutrition actors to Implement Together</p> <p>25.1.1. Adapt existing nutrition and child protection assessment and monitoring tools, methodologies and indicators for joint identification, analysis, monitoring and response to households at risk of malnutrition and/or child protection concerns</p>	<p>Check Nutrition Initial Needs Assessment (NINA) and other assessment tools for possible inclusion.</p> <p>All involved agencies/offices to agree on one and the same M&E template (approved also by DILG).</p> <p>Revisit existing M&E tool/s to look into the possibility of including modification for the current crisis situation.</p>	RSCWC/RCPWG
<p>25.1.3. Identify common areas of concern to both nutrition and child protection through consultation with communities, including children.</p>	<p>Potential intersect with acute malnutrition and violence/neglect cases.</p> <p>Coordinate with agencies with consultation schedules in the areas to maximize available resources</p>	DSWD, NNC, RSCWC
<p>25.1.4. Establish joint prioritization criteria for inclusion of children and households at risk of malnutrition and/or child protection concerns.</p>	<p>Review existing policies, include in ECCD F1kD MOP</p>	DOH, NNC, ECCD Council, UNICEF
<p>25.1.5 Implement integrated response interventions for households at risk of malnutrition and/or child protection concerns for children of all ages throughout all phases of the programme cycle. Interventions may include:</p>	<p>Review existing policies, include in ECCD F1kD MOP</p>	DOH, NNC, ECCD Council, UNICEF

⁵ Reviewed by UNICEF, CWC Regional Coordinator MIMAROPA, RSCWC MIMAROPA Dept. of Agriculture, DSWD-DRMB

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 25	Additional tips and recommendations	Relevant Focal Agency
<ul style="list-style-type: none"> ▪ Community mobilization; ▪ Mother-to-mother support groups at health facilities and in communities; ▪ Psychosocial stimulation activities for infants and young children; ▪ Therapeutic feeding services; and <p>Infant feeding sensitization programmes.</p>		
<p>25.1.8. Review at regular intervals the connections and collaboration between child protection and nutrition. Reproduce promising practices.</p>	<p>Conduct regular consultation dialogues with involved actors.</p>	
<p>25.1.11. Train nutrition staff on child protection concerns, principles and approaches so they can correctly refer disclosed or identified child protection cases.</p>	<p>Include in regular meeting agenda: “kamustahan” on the behaviors of the children in the program – to reiterate the need of nutrition staff to be more observant and attentive to the children’s behavior</p>	<p>DSWD, NNC</p>
<p>25.1.12. Develop and implement child-friendly, multisectoral referral mechanisms and standard operating procedures so that nutrition and child protection workers can safely and efficiently refer both child protection and malnutrition cases. <i>Determine if malnutrition should be a case management criterion.</i></p>	<p>Refer to the CP, H&N referral pathway developed for COVID context.</p> <p>RSCWC to convene and draft multisectoral referral mechanism and SOP considering limitations in the region.</p>	<p>RSCWC</p>
<p>25.1.13. Establish joint data protection protocols and confidential referral mechanisms for children and families who have experienced or are at risk of abuse, neglect, exploitation or violence.</p>	<p>Adoption of the CP, H&N Referral Pathway</p>	
<p>25.1.14. Collaborate with children and other stakeholders to design, establish, implement and monitor joint, child-friendly, accessible and confidential feedback and reporting mechanisms for child protection concerns.</p>		
<p>25.1.15 Ensure that all staff are trained on and sign safeguarding policies and procedures.</p>		
<p>KEY ACTIONS FOR CHILD PROTECTION ACTORS</p>		
<p>25.1.16. Include information and referrals for nutrition services (including therapeutic feeding services and infant feeding sensitization programmes) in child protection activities that maintain the confidentiality of children and families.</p>		
<p>25.1.18. Identify and refer to the nearest health center or nutrition team:</p> <ul style="list-style-type: none"> ▪ Households and children who are at risk of undernutrition; ▪ Breastfeeding women and adolescent girls, especially those facing difficulties producing milk; and/or <p>Children with disabilities or children who have difficulty suckling or swallowing.</p>		
<p>25.1.19. Identify breastfeeding women and/or wet nurses (or, as a last resort, appropriate replacement feeding) for babies with no mother.</p>		
<p>25.1.22 Perform basic nutrition screenings.</p>		
<p>25.1.24. Provide appropriate spaces for breastfeeding girls and women at all community gathering places run by humanitarian actors such as registration centres, distribution sites, etc.</p>	<p>Establishment of WFS in the community. Barangay to identify area (i.e. day care center)</p>	
<p>25.1.25 Support programmes that reduce child malnutrition and protection risks. (See 25.1.5.)</p>		
<p>25.1.26 Provide infant and young child feeding (IYCF) support or supplementary feeding when possible during child protection activities.</p>		

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 25	Additional tips and recommendations	Relevant Focal Agency
25.1.27. Protect, promote and support exclusive breastfeeding for the first six months and then continued breastfeeding (along with nutritious, age-appropriate, complementary foods) through the second year of life and beyond.	Need practical guidance from DOH and NNC guidelines.	
25.1.28. Organize breastfeeding classes and peer support groups for adolescents who are pregnant and/or breastfeeding to raise awareness of the nutritional and health benefits of breastmilk.		
25.1.29. Follow up on temporary care arrangements for children whose caregivers are placed in nutritional centres.		
KEY ACTIONS FOR NUTRITION ACTORS		
25.1.34. Train nutrition staff to work with child protection actors to (a) identify parents who are in distress or at risk of negative coping mechanisms and (b) provide basic psychosocial and positive parenting support.	Update Nutrition Cluster Capacity Map; Extend invite to nutrition actors/staff to participate in relevant trainings/orientations	NNC, DOH
25.1.35. Train at least one staff member in each nutrition team to be a child protection focal point, if not the whole team.	Update Nutrition Cluster Capacity Map; Extend invite to nutrition actors/staff to participate in relevant trainings/orientations	NNC, DOH
25.1.36. Train child protection teams on basic nutrition screening techniques (such as measurement of mid-upper arm circumference) where feasible.	Update Nutrition Cluster Capacity Map; Extend invite to CP actors/staff to participate in relevant trainings/orientations	NNC, DOH
25.1.40. Provide beneficiary cards to child heads of households and children who are unaccompanied or separated so they can access assistance in their own names.	Review existing policies, include in ECCD F1kD MOP	DOH, NNC, ECCD Council, UNICEF
25.1.41. Work with child protection actors to (a) discourage families from intentionally separating to access additional benefits and (b) avoid making children targets of theft or exploitation.		
25.1.42 Monitor children at risk (children who are unaccompanied and separated, etc.) who are admitted into nutrition programmes.	Review existing policies, include in ECCD F1kD MOP	DOH, NNC, ECCD Council, UNICEF
25.3 GUIDANCE NOTES		
<p>25.3.1 CAPACITY BUILDING</p> <p>Child protection actors should understand how to:</p> <ul style="list-style-type: none"> ▪ Present basic information about infant and young child feeding and the aims and activities of available nutrition programmes; ▪ Measure women's and children's nutritional status; ▪ Identify children who do not have equal access to nutrition services; and ▪ Identify and refer malnourished children and pregnant and breastfeeding women. <p>This is especially important for actors who work at community level, in integrated nutrition and child protection programmes or where no nutrition staff are available.</p> <p>Nutrition actors, especially those who work without access to child protection staff, should understand how to:</p> <ul style="list-style-type: none"> ▪ Identify and refer suspected child protection cases; ▪ Provide nutrition services to children at risk; ▪ Promote child protection in community nutrition outreach by, for example, (a) including information on safeguarding in nutrition radio messages and (b) hiring adequate numbers of female nutritional promoters; 	Update Nutrition Cluster Capacity Map; Extend invite to nutrition and CP actors/staff to participate in relevant trainings/orientations	NNC, DOH

CPMS in Philippine COVID context: New Normal Guidelines

Developed by NCPWG, 16 June 2020

Relevant Provisions from CPMS 25	Additional tips and recommendations	Relevant Focal Agency
<ul style="list-style-type: none"> ▪ Promote psychosocial stimulation for infants and young children; ▪ Identify caregivers who might need support and implement psychological first aid for adults and children; and <p>Use child-friendly communication skills.</p>		
<p>25.3.3 FAMILY-LEVEL RISKS. Family separation may become more likely where malnutrition exists. Children or caregivers may leave to find paid work, including hazardous labour. Families may place their children in residential care so that their children can access food. Children may drop out of school and lose peer support. All actors must (a) understand these dynamics and the choices that families are making and (b) design nutrition interventions that do not encourage school dropout, family separation or child labour.</p>	Review existing policies, include in ECCD F1kD MOP	DOH, NNC, ECCD Council, UNICEF
<p>25.3.4. INFANT FEEDING. Breastfeeding is important for a number of health and development outcomes (such as strong mother-baby attachment). Mothers experiencing difficulties breastfeeding should receive counselling and support if so desired. Provide existing guidance to mothers living with HIV to enable them to make informed decisions about their options. Ensure programmes are informed by an understanding of traditional and cultural infant-feeding practices. Encourage mother or caregiver support groups to promote and support breastfeeding.</p>	Review existing policies, include in ECCD F1kD MOP	DOH, NNC, ECCD Council, UNICEF
<p>25.3.5 INTEGRATED MALNUTRITION/CHILD PROTECTION PROGRAMMES</p> <p>There are many opportunities to integrate approaches, including:</p> <ul style="list-style-type: none"> ▪ Joint case management; ▪ Holistic support for accessible services; ▪ Encouragement for appropriate care and nurturing; ▪ Joint programmes with therapeutic, supplementary or blanket feeding and positive parenting; and ▪ Multi-use spaces that meet both sectors' needs. <p>All those targeted by feeding programmes should meet the admission criteria established by national and international nutrition protocols. Services should never (a) encourage stigmatization, (b) indicate 'favoritism', or (c) interfere with healthy family or community feeding habits.</p>	Review existing policies, include in ECCD F1kD MOP	DOH, NNC, ECCD Council, UNICEF
<p>Sample promising practice:</p> <ul style="list-style-type: none"> ▪ Include Nutrition in Emergencies concerns in NCPWG meetings (for referral to Nutrition Cluster). ▪ Case of Joemar, SAM child in Palawan. 		