



Training Module on Early Childhood Care and Development in Emergencies (ECCDiE) for 0 to 4 Years Old Filipino Children

**ECCD Council
June 2019**

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Table of Contents

Foreword	i
Overview	ii
Revised Training Module on Early Childhood Care and Development in Emergencies (ECCDiE) for 0 to 4 Years Old Filipino Children	iv
Goals of the Training Module on ECCDiE	.....	v
Training Module on ECCDiE Session Guides	.....	v
Rolling out the ECCDiE Training Module through the Cascade Model	.....	vi
Expectations from the Trainers	.....	vii
Expectations from the Trainees/Participants from the Barangay	.....	vii
Goals and Objectives of the Training of Trainers (ToT)	.....	viii
Sample Program of Activities	.....	ix
Session 1: Upholding Children’s Rights in Disasters and Emergencies	.....	1
Session 2: Understanding Child’s Growth and Development in the Context of Emergencies	.....	8
Session 3: Early Childhood Care and Development in Emergencies (ECCDiE): Risks and Impacts	.....	18
Session 4: Early Childhood Care and Development in the Comprehensive Emergency Program for Children (CEPC)	.....	24
Session 5: Early Childhood Care and Development Situation Assessment and Gap Analysis	.....	30
Session 6: Early Childhood Care and Development in Emergencies (ECCDiE) Plan	.....	36


Foreword

The Early Childhood Care and Development (ECCD) Council is in the forefront of multi-sectoral efforts in promoting the integration of early childhood care and development in the delivery of health, nutrition, early education, and social services through different programs and projects that address the gap on the holistic development of young children.

At present, emergencies pose the threat of indefinite interruption to our daily lives. Reports on effects of these emergencies range from physical damages and injuries to emotional challenges. They include endangering the lives of young children, who are considered the most vulnerable in situations of emergencies. To respond to these emergency challenges, the Early Childhood Care and Development (ECCD) Council, in partnership with EDUCO Philippines, Save the Children Philippines, United Nations Children's Fund (UNICEF) Philippines, the Provincial Government of Misamis Oriental, and City Government of Davao designed the Training Module on Early Childhood Care and Development in Emergencies (ECCDiE) for the 0 to 4 Years Old Filipino Children in compliance to the Inter-Agency Network for Education in Emergencies (INEE) at the international level and RA 10821 or Children's Emergency Relief and Protection Act at the national level.

This Training Module aims to equip Local Government Units (LGUs), specifically the local Disaster Risk Reduction and Management (DRRM) Committees, with the skills and competence to create, implement, and assess programs and services that would address the needs of 0 to 4 years old Filipino children, pregnant women, and lactating mothers in their locality. With this, it is envisioned that ECCDiE will become an essential component of each of the local DRRM Plan and that children and their families are ready and prepared in times of emergencies, together with their community.




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Overview

Early Childhood Care and Development (ECCD) system is an integrated program approach that ensures children receive the proper health, nutrition, early learning, protection, care, and social services during the first eight years of life. ECCD programs and services provide a strong foundation for health, growth, learning, and success in education and life (CGECCD & INEE, 2009). Quality ECCD will enable children to build the capacities and competencies needed as they grow and develop.

However, not all children are able to access many ECCD services. Likewise, not every child has the privilege to the most favorable living conditions and early experiences. As positive early experiences harness brain development, adverse occurrences on the contrary pose negative impact to a child's growth and development. For instance, frequent experiences of negative interactions may impair development (Erickson, 1963 as cited in Eddowes, 1998). Prolonged stressful situations during disasters and emergencies bring young children heightened risks to vulnerability.

Emergency situations disrupt the normalcy of daily course of individuals. While incident reports could provide the statistics of casualties, injuries, and physical damages, the gravity of disasters to young children remains an abstraction. During emergencies, young children are among the most vulnerable as their development is threatened. Emergencies pose additional risks for young children, specifically to their safety, health and nutrition, and educational opportunities. Children in emergencies face many threats, including diseases, hunger, malnutrition, displacement, injuries, abuse, exploitation, among others (ChildFund, 2012). When young children are extensively or repeatedly exposed to stress, it increases the likelihood that they experience cognitive, behavioral, and/or emotional difficulties (Save the Children, 2017). Development of programs to address such problems is impeded by lack of accurate baseline data regarding children (Sevilleno, 2012). In most cases, the statistics on children during emergencies are mere approximations – around 40% of disaster-affected populations (CGECCD & INEE, 2009).

In the last decade, the Philippines has been witness to a number of disasters caused by both natural and human-induced hazards. These disasters leave thousands of people displaced, homes and livelihood lost, and in worst cases, children separated from families.

The enactment of Republic Act 10121 or Philippine Disaster Risk Reduction and Management Act of 2010 aimed to improve the capacities of different social structures and systems in order to increase the resilience of the Filipino community in times of disaster. While the law addresses the community resilience in general, it however does not include specific provisions about dealing with children especially in the early years and other vulnerable groups.

In 2013, the ECCD Technical Working Group (TWG) headed by the ECCD Council in coordination with the ECCD Council member agencies Department of Education (DepEd), Department of Health (DOH), Department of Social Welfare and Development (DSWD), National Nutrition Council (NNC), and Union of Local Authorities of the Philippines (ULAP) as well as non-government organizations (NGOs) such as Plan International, Save the Children Philippines, UNICEF Philippines, and World Vision Philippines initiated the development of documents on ECCD in Emergencies (ECCDiE). These documents covered capacity assessment tools and a training module. The ECCDiE training module specifically has been used in several emergencies ranging from natural hazards to armed-conflict by the different TWG members.

Meanwhile in 2014, a consortium of Plan International, Save the Children Philippines, and World Vision-Philippines led the implementation of ASEAN Safe Schools Initiatives (ASSI) in the Philippines, which opened the door to expand the school safety discourse to the ECCD level.

Finally, at the global level there is a growing recognition of the importance of continuing ECCD services during emergencies as a lifesaving effort (CGECCD & INEE, 2009). Interventions addressing young children's behavioral manifestations brought about by adverse experiences of disasters contribute to gaining back the sense of normalcy and well-being, as well as increasing resiliency (Petriwsky, 2013; Szente, 2015). These events triggered the action to review the ECCDiE training module and subsequently its revision in 2017.

REVISED TRAINING MODULE ON EARLY CHILDHOOD CARE AND DEVELOPMENT IN EMERGENCIES (ECCDiE) FOR 0 TO 4 YEARS OLD FILIPINO CHILDREN

In 2015, Republic Act 10821 or Children's Emergency Relief and Protection Act was passed as an offshoot of Republic Act 10121 or Philippine Disaster Risk Reduction and Management Act of 2010. Republic Act 10821 provides special attention to the needs of children in emergency situations. The law recognizes the State's responsibility to "protect the fundamental rights of gravely threatened or endangered by circumstances that affect their survival and normal development and guided by the principles on survival and development on child participation, and consistent with the United Nations Convention on the Rights of the Child (UNCRC), as well as the Children's Charter for Disaster Risk Reduction." Further the law mandates the creation of the Comprehensive Emergencies Program for Children (CEPC) through the Department of Social Welfare and Development (Section 4). The CEPC serves as the "basis for handling disasters and other emergency situations to protect children, pregnant and lactating mothers, and support their immediate recovery."

“protect the fundamental rights of gravely threatened or endangered by circumstances that affect their survival and normal development”

Children's Emergency Relief and Protection Act

The ECCDiE Training Module is in fulfillment of Rule 10, Section 6 of the RA 10821 Implementing Rules and Regulation. It is anchored on the UNCRC and the Principles of Child Development as rationale in providing ECCDiE interventions during disasters and other emergency situations.

Finally, it is aligned with the CEPC, being the overall framework of programs intended for children in emergencies. It is also in accordance with the principles of ASEAN Safe Schools Initiative (ASSI), a component of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Program which focuses on school safety in the context of disasters. The ASSI aims to ensure that investments in education are protected and that learners' access to education is not compromised in the midst of a disaster.

Its revision was initiated by the ECCD Council TWG in 2017 under the leadership of the ECCD Council. Planning Officers and Program Development Officers designed Session Guides with the goal of providing a standardized ECCDiE program delivery among government agencies and partner non-government organizations who are tasked to roll out the Training Module. The revised Training Module on ECCDiE underwent a series of workshops attended by the ECCD Council TWG members, experts, and practitioners in the field of ECCD, DRRM, and/or Disaster Management and Emergency Response from government agencies as well as non-government organizations. Their valuable comments and suggestions were incorporated in the finalization of the revised Training Module on ECCDiE.

Goals of the Training Module on ECCDiE

The Training Module on ECCDiE: 1) addresses the needs of pregnant and lactating women and the 0 to 4 years old Filipino children with particular attention to the integration of the full range of services within the ECCD continuum; 2) gives due recognition to the significance of the well-being of caregivers and service providers as the primary front liners in ensuring that children are cared for and protected during disasters and other emergency situations; and 3) mainstreams ECCDiE in the DRRM Plan at all levels with assurance of support of human resources, funds, and technical assistance, among others.

Training Module on ECCDiE: Session Guides

The Training Module on ECCDiE contains an Overview and the Session Guides. The Session Guides use the ADIDS Method which represents Activity, Discussion, Input, Deepening, and Synthesis with an Introduction to provide the participants' awareness on the focus of engagement for the Session.

The **Activity** is the start-up point of each session. It stimulates the initial thoughts of the participants about the topic(s) to be tackled and requires the involvement of all participants. The activity is then processed through the **Discussion**, which draws out the participants' insights and experiences shared to the group. To enrich the participants' knowledge and skill, **Input** on valuable and current information on the topics are delivered by the facilitator or resource person. **Deepening** of the participants' learning experience is done through hands-on exercises, real-life application, raising questions, and exchanging thoughts. Before the session is concluded, a **Synthesis** is cooperatively prepared by the participants to recapitulate the key ideas discussed.

The Training Module on ECCDiE has seven sessions as enumerated:

Session 1: Upholding Children's Rights in Disasters and Emergencies

Understanding Child Growth and Development in the Context of

Session 2: Emergencies

Early Childhood Care and Development in Emergencies (ECCDiE):

Session 3: Risks and Impacts

Early Childhood Care and Development

Session 4: in the Comprehensive Emergency Program for Children (CEPC)

Early Childhood Care and Development Situation Assessment and Gap

Session 5: Analysis

Session 6: Early Childhood Care and Development in Emergencies (ECCDiE) Plan

Rolling Out the Training Module on ECCDiE through the Cascade Model

The Cascade Model commonly known as “Training of Trainers (ToT)” is intended to build a pool of experienced trainers in ECCDiE who will use the Training Module in mentoring and coaching participants with the particular topic outlines in the Session Guides. The model works with the assumption that it is cost-effective and efficient because it can quickly build teams of trainers in different levels, conduct simultaneous trainings following a standardized process of developing knowledge and skills, and reaching the target trainees/participants within a short time. Likewise, there is ease for follow-up of agreements between the local trainers and participants after the training.

Structurally, the Cascade Model is illustrated below:

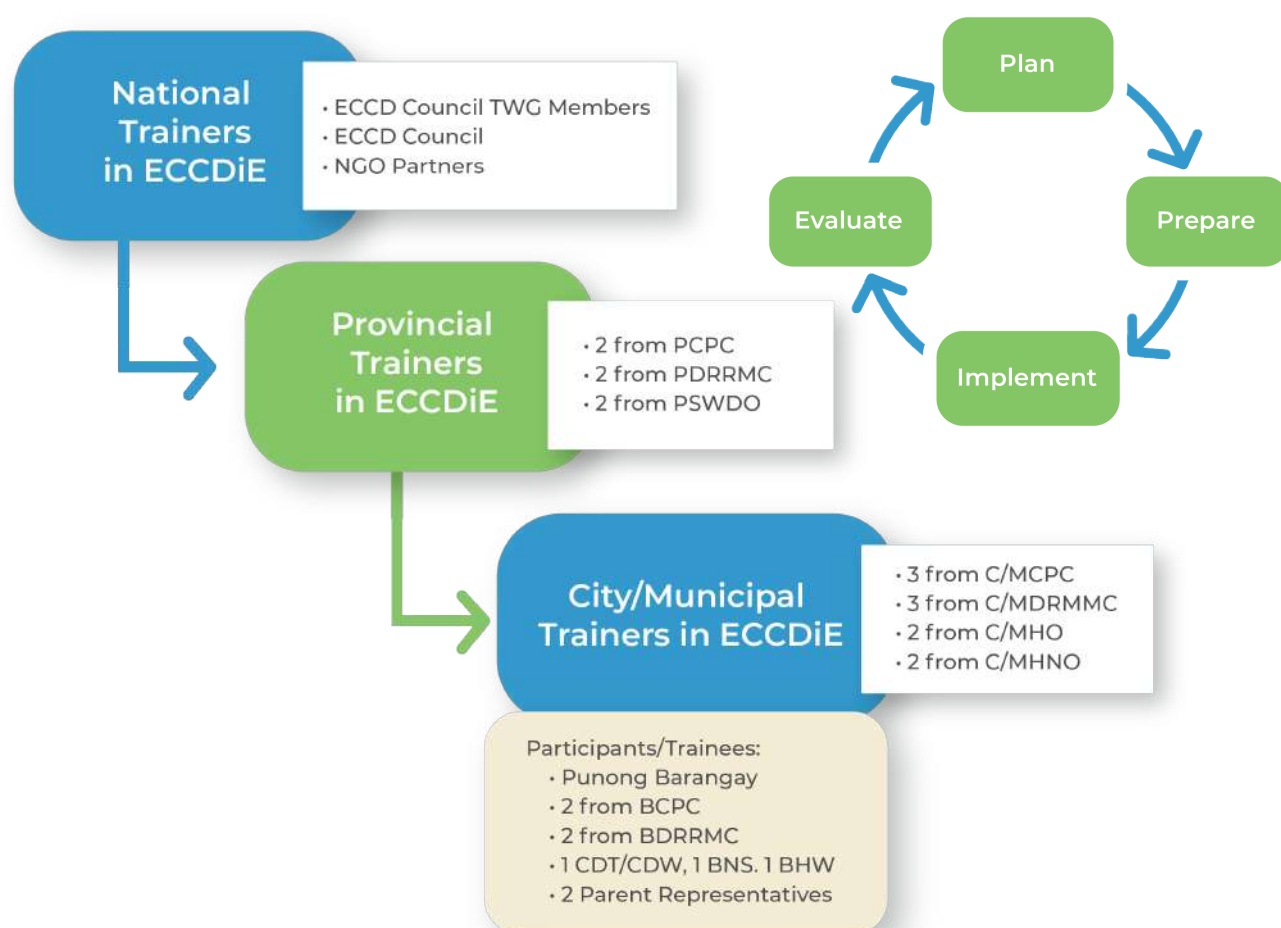


Figure 1: Training Module on ECCDiE Cascade Model

The ECCD Council TWG members and with the NGO partners are the National Trainers (NT) in ECCDiE for 0 to 4 Years Old Filipino Children. These trainers could be one or more teams who will conduct the training for the Provincial Trainers (PT) in ECCDiE composed of a minimum of six members: two from the Provincial Council for the Protection of Children (PCPC), two

from the Provincial Disaster Risk Reduction and Management Council (PDRPMC), two from the Provincial Social Welfare and Development Office (PSWDO) preferably from the ECCD Office when available. Additionally it is suggested to include representatives from the Provincial Health Office and the Provincial Nutrition Office when available. Since there are numerous cities and municipalities which the Provincial Trainers will cover, they could train other trainers from the committees/offices and organize more Training Teams. Provincial Trainers (PTs) will be responsible for the training of City/Municipal Trainers (C/MT) who will be represented by three from the City/Municipal Council for the Protection of Children (C/MCPC), three from the City/Municipal Disaster Risk Reduction and Management Council (C/MDRRMC), three from the City/Municipal Social Welfare and Development Office (C/MSWDO) with preferential participation of the ECCD Focal Person when available, two from the City/Municipal Health Office (C/MHO), and two from the City/Municipal Nutrition Office (C/MNO). City/Municipal Trainers (C/MTs) will provide training to the Punong Barangay, who will lead the Team composed of two from the Barangay Council for the Protection of Children (BCPC), two from the Barangay Disaster Risk Reduction and Management Council (BDRPMC), one Child Development Teacher/Worker, one Barangay Nutrition Scholar, one Barangay Health Officer, and two parent representatives to be determined by the Punong Barangay.

Expectations from the Trainers

The Training of Trainers (ToT) Model aims to prepare trainers to lead activities that reinforce learning as found in the Session Guides of the Training Module, present information effectively and respond to participants' questions. Other expectations from the trainers include the following:

- Direct participants to supplementary resources and reference materials,
- Lead discussions,
- Listen effectively,
- Make accurate observations, and
- Help participants link the training to their jobs/responsibilities.

The trainers should also learn the importance of eye contact, presenting positive attitude, speaking in a clear voice, gesturing appropriately, maintaining interest, and dispelling conflict.

Expectations from the Participants at the Barangay Level

After completing the Training of Trainers at the national, provincial, city and municipal level, the participants with the leadership of the Punong Barangay are expected to work collaboratively with the Barangay DRRMC in their communities. These participants will conduct a multi-disciplinary orientation that involves not only the members of the BDRPMC but all ECCD service providers and other ECCD stakeholders in the community, namely the Child Development Teacher/Worker (CDT/W), Barangay Health Worker (BHW), Barangay

Nutrition Scholar (BNS), and Barangay Council Officials (BDRRMC Focal). The orientation will discuss the knowledge and skills that the participants learned in the training and present their output which is the Early Childhood Care and Development in Emergencies Plan for 0 to 4 Years Old Filipino Children.

In fulfillment of the commitment to integrate the ECCDiE Plan for 0 to 4 Years Old Filipino Children including children with disability, indigenous peoples, other marginalized and vulnerable groups, the Barangay officials led by the Punong Barangay shall primarily provide directions on how this Plan will be integrated in the Barangay DRRM Plan for implementation. In its implementation, emphasis should be given that service providers like Child Development Teachers/Workers, Barangay Health Workers, and Barangay Nutrition Scholars shall continue their respective functions in providing health and nutrition, early education, and social services for 0 to 4 years old Filipino children during disasters and other emergencies transitioning from one thematic area of emergency to another until full recovery is achieved.

Goals and Objectives of the Training of Trainers (ToT)

The Training Module on ECCDiE will be used as reference material for the Training of Trainers (ToT) at different levels. Trainers may modify and enrich the Session Guides based on the needs of the locality and its implementers.

The goal of the training is to enable service providers and other stakeholders in providing sustained ECCD service delivery for children 0 to 4 years old and support their development even during emergencies.

After the training, the participants in the different levels shall be able to:

1. describe their responsibilities as duty bearers in the implementation of children's rights in both development and emergencies context;
2. demonstrate knowledge in principles of children's growth and development, and describe one's role in support of children's growth and development;
3. demonstrate understanding of the Comprehensive Emergency Program for Children (CEPC) as the framework for implementing ECCD in emergencies program of the country;
4. identify possible risks and describe its impact to young children in the local government experience in disasters and other emergencies;
5. assess the situation and capacity of locality
6. identify ECCD in emergency interventions and describe their implementation to address the needs of children aged 0 to 4 years, pregnant women, and lactating mothers;
7. develop an ECCD in Emergencies plan for 0 to 4 years old children; and
8. outline action steps on how this plan shall be integrated in the Barangay DRRM Plan.

Sample Program of Activities for the ECCD in Emergencies Training**Day 1**

8:00 – 8:30	Registration
	Opening Program Expectation Setting
8:30 – 9:30	Overview of ECCD in Emergencies
9:30 – 12:00	Session 1: Upholding Children's Rights in Disasters and Emergencies
12:00 – 1:00	Health Break
1:00 – 3:00	Session 2: Understanding Child's Growth and Development in the Context of Emergencies
3:00 – 5:00	Session 3: Early Childhood Care and Development in Emergencies (ECCDiE): Risks and Impacts

Day 2

8:30 – 8:45	Learners' Sharing Purposive Energizer
8:45 – 12:00	Session 4: Early Childhood Care and Development in the Comprehensive Emergency Program for Children (CEPC)
12:00 – 1:00	Health Break
1:00 – 4:00	Session 5: Early Childhood Care and Development Situation Assessment and Gap Analysis

Day 3

8:30 – 8:45	Learners' Sharing Purposive Energizer
8:45 – 11:00	Session 6: Early Childhood Care and Development in Emergencies (ECCDiE) Plan
11:00 – 12:00	Closing Ceremony

Session Guides

Session 1: Upholding Children's Rights in Disasters and Emergencies

Learning Objectives:

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

- a. identify children's rights;
- b. explain children's rights as defined by the UN Convention on the Rights of the Child (CRC) in the context of disasters and emergencies; and
- c. describe their responsibilities as duty bearers in the implementation of children's rights in both development and emergencies contexts.

Duration: 2 Hours

Materials Needed:

- Briefer on UN CRC Articles 1-54 (Annex B and C)
- Child Outlines
- Manila paper
- Markers
- Masking Tape
- PowerPoint Presentation on "Upholding Children's Rights in Emergencies"
- UN CRC Article cutouts

Introduction

Disasters and emergencies disrupt the daily activities of people. During these occurrences, the rights of children are greatly hampered. Emergencies pose higher risk on young children, specifically to their safety and protection, health and nutrition, and educational opportunities. Children in emergencies face many threats including diseases, hunger, malnutrition, displacement, injuries, abuse, and exploitation among others (ChildFund, 2012). During these situations, the duty-bearers have bigger responsibilities in ensuring that the rights of the children are safeguarded.

The first session focuses on the discussion of children's rights and how duty-bearers could uphold these rights especially in disasters and emergencies.



Activity (15 Minutes)

Facilitator to implement Activity as follows:

1. Divide the participants into four groups and ask each group to assign a rapporteur.
2. Provide each group with a child outline and marker. Instruct them to list all the rights of a child that they can think of.
3. After 5 minutes, instruct all groups to post their work. Each rapporteur will present their group's output.



Discussion (20 Minutes)

Facilitator to conduct Discussion as follows:

1. Ask the following questions:

a. What do you notice from the list of rights you have provided?

Answers of participants must be: *"The same."*

b. Which of these rights should be addressed and provided in times of disasters and emergencies?

Facilitator to explain that all rights must be addressed and provided regardless of the situation (whether in emergencies or not); emphasize that "some rights and provisions" are given more focus during emergencies because of children's survival, development, and protection needs.



Input (50 Minutes)

Facilitator to present the Input through a PowerPoint Presentation:

A. Legal Development of Child's Rights (Annex A)

Facilitator to include local ordinances on upholding rights of children.

B. UN Convention on the Rights of the Child (Annex B and C)

Facilitator to provide handouts of the 54 articles. Begin the overview on the UN CRC through a PowerPoint:

B1. What is the UN Convention on the Rights of the Child?

The UN Convention on the Rights of the Child is a comprehensive, internationally binding agreement on the rights of children, which was adopted by the United Nations General Assembly in 1989. It is the most widely ratified human rights treaty in history.

B2. The Four Core Principles of the UN CRC

- That all the rights guaranteed by the Convention must be available to all children without discrimination of any kind (Article 2); (Non-discrimination)

- That the best interests of the child must be a primary consideration in all actions concerning children (Article 3); (Devotion to the best interest of the Child)
- That every child has the right to life, survival and development (Article 6); (Survival and Development)
- That the child's view must be considered and taken into account in all matters affecting him or her (Article 12); (Respect for the views of the children/Participation)

B3. Who is the child according to the UN CRC?

A child is defined in the UN Convention as a person under the age of 18 years or someone older who does not have the capacity to look after his/her needs.

B4. What are the roles of the parents and family?

Parents, or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interest of the child will be their basic concern.

B5. What is the role of the government?

The government shall support parents in fulfilling their essential roles and should ensure that each child's rights are protected.

B5.1. Roles of Duty-bearers at the National Level

B5.2. Roles of Duty-bearers at the LGU level (e.g. LDRMC, LCPC)

Facilitator will conduct a workshop on the roles of local duty-bearers

1. Let the participants identify their roles at the LGU level first.
2. Provide additional information about their roles based on legal bases (Mention only those that have not been mentioned by the group).

B6. 54 Articles of the UN CRC (Activity)

Facilitator: "All articles of the UN CRC are anchored on the four core principles, namely: Non-discrimination, Best interest of the Child, Survival and Development, and Participation."

1. Provide the participants with cutouts of the 41 articles, a template of the table (Manila paper) and markers.
2. *Facilitator: "You are provided with a summary of the 54 Articles of the UN CRC. Discuss within your group what each article means. There are a lot of articles to be discussed. Discussed earlier were the four core principles. However, what is usually done by many is to group these articles into the four main pillars of Child's Rights, namely right to survival, right to development, right to protection, and right to participation. Now*

your task is to categorize each article under these four pillars. You may use the cutout of articles and the template provided.”

3. Ask the groups to assign rapporteur to present the following:
 - Considerations in grouping the articles
 - Definition for each pillar, in the context of Early Childhood Care and Development, based on the articles categorized under that pillar

B7. The Four Pillars of UN CRC

Facilitator will present additional input if participants are unable to mention the following:

- **Right to Survival**

Facilitator: “Right to survival means that we, as adults are responsible to provide for the basic needs of the children even in difficult circumstances. How do we ensure that children still have access to the basic needs?”

Possible answers are:

- By ensuring that health, nutrition, and WASH programs are in place despite disasters and emergencies;
- By incorporating enough evacuation spaces for the people in the local plan; and
- By ensuring that evacuation sites have enough space for children.

- **Right to Development**

Facilitator: “One of the least prioritized yet most important rights of the children during disasters and emergencies is the right to development, specifically the right to have education and the right to be given the opportunity for play and leisure. But these rights are among the rights that should not be disregarded at all cost.

Does the children’s learning continue in your LGU despite emergencies and disaster?

How do you ensure that children are still given the opportunity for play and leisure even in disasters and emergencies?

Continued access to education during disaster and emergencies has become an increasingly important component of humanitarian action. Ensuring that children are able to go to school in communities affected by disasters and emergencies helps reestablish normal routines and gives them a place to learn and play.”

- **Right to Protection**

Facilitator: “The disruption of the social order caused by disasters and emergencies heightens the potential for children to be exploited for economic and sexual purposes. The State should ensure that the

children's rights are provided without discrimination. Apart from the family, it is the State's responsibility to safeguard and protect children especially in public spaces where their privacy and whole being may be at-risk.

Are adults and children aware of safe touches? It is also important to inform children when it is necessary to say no."

- **Right to Participation**

Facilitator: "Every right of the child, regardless of condition and ability, ethnicity, socio-cultural background must be upheld regardless of the situation they are in.

Views and thoughts of children are equally as important with that of adults. It is important to look at circumstances from the perspective of children. Allowing and giving children the opportunity to express their needs and wants is one way of supporting their right to participate.

Another example is: We spoke to our teacher about the problem of wanting to go back to school even if we are still staying in evacuation centers. She spoke to the Barangay leaders who helped allocate a space that we can use as our makeshift classroom."



Deepening (15 Minutes)

Facilitator to conduct a workshop for Deepening as follows:

1. With the same group as in the Activity, task the participants to discuss within their group answers to the following questions:
 - a. **In your observation, what are the experiences of children in your locality in relation to Child's Rights and Principles?**
Possible answer: *"The right to proper nutrition is shown through the supplemental feeding to ensure that children are provided with proper nutrition. The right to play is supported by playgrounds and spaces in the community for the children."*
 - b. **Which of these children's rights do you find difficult to address in cases of disasters and emergencies?**
Possible answer: *"Good health, nutrition, education, and protection."*
 - c. **Follow-up question: Why?**
Possible answer: *"Limited space in evacuation centers and limited budget for disaster response programs for children. Substandard quality of evacuation centers. Teachers, health workers, and other ECCD service providers being deployed in volunteer tasks for rehabilitation."*

Facilitator to emphasize that no matter how difficult circumstances are, all rights of children must be addressed.

d. How are your roles relevant to upholding children's rights in disasters and emergencies?

Possible answer: *"From the identified challenges in addressing children's rights, my responsibility is to provide appropriate programs and services to uphold the rights of the children especially in disasters and emergencies, prioritizing their rights to survival, protection and development."*

Facilitator to note that child's rights are meant to safeguard the care, protection, development, and well-being of the children. Children's awareness and understanding of these rights empowers them to claim and hold their rights, but a lack of interests or knowledge does not mean they lose them.

2. Ask each group to assign a rapporteur to present a summary of their discussion.



Synthesis (20 Minutes)

Facilitator's takeaway for the Synthesis:

- ✓ All human rights conventions apply to children, at all times, in both development and emergencies contexts;
- ✓ Children need local policies, since they need additional attention and protection;
- ✓ The UN CRC emphasizes that children are holders of rights and its accompanying responsibilities;
- ✓ The enjoyment (or violation) of human rights of parents and people in the community affects children's enjoyment of their own rights. (Facilitator to cite example, i.e. a pregnant woman's poor access to prenatal services is a deprivation of her human right to basic social services, at the same time, deprivation of the right to survival of the child in her womb);
- ✓ There are human and child rights in place, globally and in the Philippines – but the challenges are on claiming and holding them.
- ✓ All sectors in the community should work for the implementation of child rights. This should happen at all levels – from local to national to international.

As Synthesis, facilitator may use the suggested activities:

A. Print It!

1. Provide cutouts of handprints to each participant.
2. Ask the participants to write inside the handprint what they can do to uphold children's rights in disasters and emergencies.
3. Ask the participants to stick the handprints around the human figure from the Activity.

B. Commit-to-Child

1. Ask each group to come up with a tagline on how they can uphold children's rights in disasters and emergencies.
2. The group will have to present the tagline in front of the participants.

The facilitator may also use other creative activities to synthesize the session as long as it shows how duty-bearers are able to uphold children's rights in disasters and emergencies.

Session 2: Understanding Child's Growth and Development in the Context of Emergencies

Learning Objectives:

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

- a. recognize the difference of growth and development;
- b. identify different domains of development;
- c. describe the needs of young children in emergencies;
- d. recognize the importance of play to children's growth and development during emergencies; and
- e. demonstrate knowledge on how to support young children's growth and development during emergencies.

Duration: 2 Hours

Materials Needed:

- Core Developmental Milestones of Filipino Children (Annex D)
- Manila Paper
- Markers
- Masking Tape
- Meta Cards
- PowerPoint Presentation on "Understanding Child's Growth and Development in the Context of Emergencies"
- Rights and Growth and Development Table on Manila Paper
- UN CRC Article cutouts
- Unique Needs of Children in Emergencies (Annex E)

Introduction

The previous session talked about adults' and service providers' responsibilities as duty-bearers to uphold and safeguard young children's rights to survival, development, protection, and participation more so during emergencies. In doing so, we are actually supporting children's growth and development despite the disruption of their usual environment. The question is, "How do we do it?"

In order to support children's growth and development, we must first know and understand how they grow and develop, what threats to their growth and development emergencies create, as well as what adults must do to assist young children during such times. In this session, these key ideas will be strengthened to further equip service providers in understanding the growth and development of young children in the context of emergencies.



Activity (15 Minutes)

Facilitator to implement Activity as follows:

1. Divide the participant into 4 groups, one for each pillar of children's rights.
 - a. Group 1: Survival
 - b. Group 2: Development
 - c. Group 3: Protection
 - d. Group 4: Participation
2. Provide each group with a Rights and Growth and Development Table, where the first column on the left contains the different age groups concerned in ECCD in emergencies.
3. Assign each group to give at least one example on how their pillar is safeguarded or upheld per age group and write this in the second column. Answers from the previous session may be used and plotted in the corresponding age group.
4. Ask the groups to identify what possible effects these activities may have on the growth and development of young children and write this on the third column.
5. Ask one representative from each group to report their group's output.

Rights and Growth and Development Table (Survival, Development, Protection, and Participation)		
Age Group	Activity Safeguarding Survival, Development, Protection, and Participation	Possible Effects on Child Growth and Development
Prenatal (Pregnant Women)		
0-2 Years Old		
3-4 Years Old		
Post-partum (Lactating Mother)		



Discussion (10 Minutes)

Facilitator to conduct Discussion as follows:

1. After all the groups have presented their outputs, ask the following questions:

- a. **What similarities have you noticed in the answers of the different groups?**

Possible answer: *"Upholding rights have positive effects of growth and development; when addressing rights to survival, development, protection and participation, activity may be the same but there could be different effects."*

- b. **What other effects on children's growth and development do you think are possible with these activities that uphold children's rights?**

Possible answer: *"Provision of Child-Friendly Spaces, which upholds the rights to survival, protection, development and participation, as well as allows children spaces for play and exploration; Provision of Breastfeeding areas allows lactating mothers to safely nurse their baby which contributes to the child's overall growth and development."*



Input (60 Minutes)

Facilitator to present the Input through a PowerPoint presentation:

A. Growth and Development

Facilitator to give a better understanding of how Growth and Development differ, identifying whether the succeeding characteristics are examples of growth or development in a child:

- Increase in weight of an infant (Growth)
- Learning to walk (Development)
- Change in height (Growth)
- Describing recent events in sequence (Development)

Facilitator: *"From these examples, we can draw out the main differences."*

Growth refers to any **quantitative** change in size or structure of an individual and as such, can be easily measured. **Development**, on the other hand, refers to any **qualitative** change that follows a progressive series and usually integrates different domains (Hurlock, 1980).

B. Domains of Development

Facilitator to provide the following concepts:

Domains are the different areas/groupings of the kind of skills and/or competencies expected to be developed in the child as he or she grows.

The following domains of development are described as used in the ECCD Checklist:

1. **Gross Motor** – involves movements of the entire body, trunk and/or limbs (e.g. sitting, walking, climbing, etc.)
2. **Fine Motor** – involves movements of the hands and fingers (e.g. grasping, crumpling, writing, etc.)
3. **Self-help** – refers to abilities relating to daily activities (e.g. bathing, feeding dressing, etc.)
4. **Receptive Language** – relates to the ability to understand the spoken word
5. **Expressive Language** – refers to the ability use the spoken word to convey one's thoughts and needs
6. **Cognitive** – relates to the ability to think, reason, understand concepts, and problem solve (includes pre-requisite early literacy and numeracy skills)
7. **Social-emotional** – involves the ability to respond in age – and culturally appropriate manner to social situations and interpersonal relationships.

To easily monitor if the child's development is on track as he or she grows older, one can refer to the Core Developmental Milestones of Filipino Children (see Annex D). Milestones are significant markers of children's development as they grow. There are also existing apps such as World Vision's Mother-Baby Friendly Philippines app, which allows parents to monitor their child's growth and development using the ECCD Checklist, but can be readily accessed through a smart phone.

C. Principles of Child Growth and Development (NELF, 2010) and its Context in ECCDiE

1. **Every child is unique. Growth and development varies from child to child of which the first six years of life are vital.**

Early years are foundational for later growth and development. Growth and development are affected by heredity and the environment. As each child has his or her own set of genes and comes from different environments as well as interacts with his or her environment in various ways, this makes each child unique.

In the same manner, children may respond to emergency situations differently depending on their age, the severity of the perceived stress on the child, and the presence or absence of a caring adult during and after the emergency.

The following are some signs of stress exhibited by children depending on their age group (UNICEF, 2014; Plan, 2013):

For infants and toddlers (0–3 years old)	For pre-kindergarten children (3–4 years old)
<ul style="list-style-type: none"> – child may become irritable and restless exhibited by prolonged episodes of crying – child may become unresponsive or withdrawn from external stimuli – child may cling excessively to the caregiver 	<ul style="list-style-type: none"> – child may become aggressive and/or fearful – child may regress to past behaviors (bed wetting, incontinence, regression of speech) – child may play out events of violence

2. Every aspect of growth and development is interrelated and interdependent.

Good health and nutrition are key in ensuring that children grow well. Children's physical health and well-being affect different domains, which in turn affect other domains (e.g. lack of motor skills might lead to less exploration and therefore affect the cognitive skills of the child, which could also affect their confidence).

Children's growth may affect their development in different domains especially when the child's nutritional status is malnourished, stunted, or wasted.

Emergency situations usually affect children's health and nutrition through the disruption of food supply, lack of clean and potable water, poor sanitation, discontinuation of health and nutrition services, and the unavailability of medical facilities/treatment by a health professional (Kousky, 2016). There are also higher incidences of malnutrition and faster spread of disease right after an emergency. Aside from this, emergencies may also cause the prolonged activation of the stress response system of the body, which is also known as toxic stress. Such cases would negatively contribute to the growth and development of young children by affecting brain development.

Emergencies also affect the nutrition and overall well-being of pregnant women and lactating mothers. Since emergencies cause stress, cortisol (the stress hormone) in the mother can be passed on through the child in the womb and through breastmilk. However, it could be noted that breastmilk is still far more nutritious for the child than any breastmilk

substitute. It is very important to ensure maternal health and nutrition for both pregnant women and lactating mothers, as high cortisol levels and micronutrient deficiency (Prado and Dewey, 2014) that are passed on can negatively affect brain development of children.

3. The learning and development of every child involves a series of complex and dynamic processes that are best attended to in a more positive and responsive manner.

Different age groups of children have different characteristics (see Core Developmental Milestones) and needs, especially in emergencies.

For infants and toddlers (0–3 years old)	For pre-kindergarten children (3–4 years old)
<ul style="list-style-type: none"> – dependent on the adults around them for their needs – need nurturing care of and secure relationships with parents, family members, and other caregivers as this is crucial to their growth and development (e.g. nurturing care and sensory stimulation activities with trusted adults) 	<ul style="list-style-type: none"> – are exploring the extent of their skills – need safe spaces for play and exploration which would contribute to developing different skills (e.g. Child Friendly Spaces)

Children's learning and development are also shaped by their interaction with their environment, which involves the physical and social spaces surrounding them. We can ask ourselves, "Is the environment providing opportunities and structures for safe exploration where the child can use different senses to understand the world around him or her?" as well as "What services and programs for young children are available or should be made available to support their growth and development in times of emergencies?"

Facilitator may then show a photo of children in an evacuation setting and ask the group what they think the children in the photo need.

Save the Children (2007) was able to identify the Unique Needs of Children in Emergencies (Annex E):

a. Reliance on Caregivers

Young children rely on the adults around them to address their basic day-to-day needs as well as their emotional needs. The absence of a caring adult leaves children vulnerable, scared, and at risk of harm.

b. Safety and Protection

All young children will need to be protected from harm in all of its forms.

c. Communication and Identification

Very young children, including those with disabilities or are at-risk, may not have verbal skills to identify themselves or members of their families. ID cards could be included in kits so that family reunification would be easier in cases where they are separated.

d. Mobility

Infants and toddlers cannot move as fast and as far as adults. Some children with disabilities also have mobility concerns. How to evacuate them should be considered for emergency preparedness.

e. Nutritional Needs

Young children have unique health and nutrition needs to help them grow and develop well. Neglecting these needs result to negative growth and development due to malnutrition.

f. Developmental Needs

Disruption in the usual day care/child development center activities of children hamper their development. Developmentally-appropriate activities or programs to continue children's learning experiences can be provided.

g. Routine and Comfort

Young children can regain a sense of normalcy through retaining consistent schedule of activities and keeping security items (such as blankets, toys, etc.) close by.

4. The child must be encouraged to aspire beyond one's own level of achievements and to practice newly acquired competencies.

Very young children develop skills and competencies as they grow. This can easily be seen in the Core Developmental Milestones of Filipino Children. These skills and competencies can be practiced, even in emergency settings, if they are provided with opportunities or activities for these to be used.

Play is one of the best avenues where young children, regardless of ability, can continually practice the use of their skills and competencies. Play in emergencies also mitigates the effects of toxic stress (UNICEF, 2014) and provides the following benefits:

Role of Play in the Different Domains during Emergencies (Ginsburg, 2017; Plan, 2013; UNICEF, 2014)

Domains	Benefits of Play
Physical and Motor Domains	<ul style="list-style-type: none"> • Develops eye-hand coordination • Develops gross and fine motor skills • Promotes and attains good health
Language Domain (Expressive and Receptive)	<ul style="list-style-type: none"> • Helps child express himself or herself • Allows child to attach meaning to words and build vocabulary • Useful for developing language skills – listening, speaking, writing and reading
Cognitive Domain	<ul style="list-style-type: none"> • Stimulates senses for brain development • Provides a non-threatening way for the child to understand or make sense of his or her experience in the emergency • Encourages curiosity and flexibility in problem solving • Provides opportunities for children to discover and create
Social Emotional Domain	<ul style="list-style-type: none"> • Promotes prosocial behavior and social skills • Builds sense of competence, control, perseverance, and resilience, which allow the child to cope with uncertainty • Serves as a social venue where bonds with significant persons in the child's life can be strengthened (siblings, parents, peers, etc.) • Allows child to face challenges and make sense of own experiences in times of emergencies • Lessens effects of toxic stress in the child's body • Helps the child participate in his or her own recovery from the emergency

5. Every child is a thinking, moving, feeling, and interactive human being able to actively participate in the learning and development of self in the context of one's family and community including cultural and religious beliefs.

Young children, including those with disabilities or are at-risk, can actively participate in their development as they continually interact with their environment. The question we must ask is this, "What kind of environment do children interact with and in during times of emergencies?"

It is our role as adults and service providers to be responsive to the needs of young children to support their growth and development even in times of emergencies. As such, considering their needs when making DRRM plans are important.



Deepening (20 Minutes)

Facilitator to implement Deepening through asking a series of questions:

Facilitator: "Since adult support is very important in early childhood care and development in emergencies, each group will answer the following questions on a sheet of Manila paper and will post their answers for reference in succeeding sessions."

a. What do you think are the roles we have as adults in ensuring that children develop adequately?

Possible answers: "Being responsive to their needs; providing a safe environment; providing opportunities for early stimulation; setting structures for children to practice self-regulation, providing healthy food that contribute to children's health, etc."

b. What would hinder these roles during times of disasters?

Possible answers: "Stressful situations, loss of loved ones, trauma, limited resources, non-resilience of families and of children during times of emergency can negatively affect children. If adults are also clueless in what to do for themselves and for young children during times of emergency, this would greatly hinder how we help children develop."

c. What are the implications of the different principles on child's growth and development on how we care for children especially during cases of emergencies?

Possible answers: "Recognize if the child exhibits behavior uncharacteristic of their age during and immediately after the disaster, provide age-appropriate activities for psychosocial support of children, and provide child-friendly spaces that are responsive to children's developmental needs while in temporary shelters."



Synthesis (15 Minutes)

Facilitator may implement the following activities for the Synthesis:

A. Word Wall

1. Participants will be provided with at least 3 Meta cards.
2. Participants will write down new concepts they have learned through the session that will be useful in planning for young children's needs in emergencies.
3. Meta cards are to be posted on a Word Wall.
4. (Optional) Facilitator can group similar concepts together.

B. Play Activity

1. Participants go back to their 4 groups, with the following assignments by age group:
 - a. Group 1: 1-2 years old
 - b. Group 2: 2-3 years old
 - c. Group 3: 3-4 years old
 - d. Group 4: 0-1 years old
2. Each group will plan a play activity that can be done in the context of emergencies with the following components:
 - a. Title of the Play Activity
 - b. Age Group
 - c. Targeted Domains/Skills
 - d. Materials
 - e. Procedure
3. Each group will present its play activity to the participants and explain how such play activity supports children's growth and development in emergencies.

Facilitator may choose to implement a different creative activity to synthesize the session, as long as it reflects what the group has learned and how it can be applied.

Session 3: Early Childhood Care and Development in Emergencies: Risks and Impacts

Learning Objectives:

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

- a. demonstrate an understanding of risks and impacts young children experience during disasters and other emergencies; and
- b. identify risks and describe their impact in young children in the local government experience in disasters and other emergencies.

Duration: 2 Hours

Materials Needed:

- Cartolina
- Coloring Materials
- Manila Paper
- Markers
- Masking Tape
- Meta Cards
- Picture of Hazards
- PowerPoint Presentation on “ECCD in Emergencies: Risks and Impacts”
- Video of Disasters in the Philippines (File)

Introduction

Disasters and other emergencies affect children in different ways. During these times, children are exposed and vulnerable to situations that can impact their growth and development as highlighted in the previous session discussion. It is therefore critical to understand the risks and impacts young children experience in disasters and other emergencies. In this session, the participants will be able to identify risks and describe impacts young children experience in their community or local government unit.



Activity (20 Minutes)

Facilitator to implement Activity as follows:

1. Present the introduction and the learning objectives of the session guide.
2. Divide the participants into three groups. Assign each group with an image that depicts different hazard prone areas such as flood prone, landslide prone, storm-surge prone areas among others.

3. Facilitator may opt to use images that are more applicable to the locality's emergency situations.
4. Distribute Meta cards and markers to each group. Task the groups to identify possible hazards in the assigned image.
5. Ask each group will present their image and the identified hazards.
6. Facilitator to ask follow-up questions:
 - a. What potential dangers do these pictures depict?
 - b. What factors contribute to the identified dangers?
 - c. Has the community in your LGU experienced any of these?



Discussion (20 Minutes)

Facilitator to present the Discussion as follows:

1. Allow the participants to define or describe the following terms in their own words: Hazards, Risks, Emergency, Disaster, and Impact.
2. Discuss the following terms with the participants. Compare and contrast the similarities and differences of the definition given by the participants and the presented definition.

a. Hazards

A potentially damaging physical event, phenomenon, or human activity that may cause the loss of life or injury, property damage, social and economic disruption, or environmental degradation (CPD, n.d.) Examples of these hazards may include typhoons, earthquakes, and volcanic eruptions, which are classified as natural hazards; fire and oil spills are classified as human-induced hazards; while floods and drought are classified a combination of these.

b. Risk

The probability of harmful consequences, or expected losses (deaths, injuries, livelihoods, economic activity disrupted or environment damaged) resulting from interactions between natural or human-induced hazards and vulnerable conditions (Save the Children, 2013).

Facilitator to emphasize the relationship between hazards and risk. Disaster risk is dependent on the hazards of the community combined with its exposure and vulnerability, as well as its capacity to address these exposure and vulnerabilities.

Exposure refers to the physical location of a community, characteristics of the area, and population density. Examples of this include the nearness of an area to a volcano or body of water and overpopulation.

While vulnerability refers to the situation of a community that make it susceptible to the effects of a hazard. Examples include the unstable housing arrangements and lack of strategies and plans in preparation of hazards. Capacity, on the other hand, is the ability of the locality to cope with the situation. This include established evacuation plans and proper settlement areas. If the capacity to cope is higher than the exposure and vulnerability to a hazard, disaster risk is lower.

c. Emergency

Unforeseen or sudden occurrence, especially danger, demanding immediate action (RA 10121, 2010).

d. Disaster

A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. Disasters are often described as a result of the combination of: the exposure to a hazard; the conditions of vulnerability that are present; and insufficient capacity or measures to reduce or cope with the potential negative consequences (RA 10121, 2010).

A serious disruption of the functioning of a community that causes widespread human, material, economic or environmental losses and exceeds the ability of the affected community to cope using its own resources (Save the Children, 2013).

3. To see the relationship between all these terms, a video of a disaster in the country will be shown to the participants if available.

YouTube Links:

<https://www.youtube.com/watch?v=6Bgd03fRgEw> (Yolanda)

<https://www.youtube.com/watch?v=LpntIexVayQ> (Sendong)



Input (30 Minutes)

Facilitator to present the Input through a PowerPoint presentation:

1. Review the identified risks and impacts from the Discussion. Highlight those that are most relevant to the participants based on their experiences.
2. Introduce the possible risks and impacts during emergencies and other disasters as follows:

Facilitator to relate the risks and impacts to young children (0 to 4 years old), the experience, and situation of the participants so as to draw out participation and input.

a. Unintentional Injuries

Emergencies and disasters put young children at risk for unintentional injuries. Floods and storm surges pose the danger of drowning, fires and volcanic eruptions pose the danger of severe burns, and even evacuating pose the danger of falling, among other injuries. And these injuries require immediate attention and intervention. If not, they may lead to “permanent disability and sometimes death” (UNICEF, 2015). Some injuries are visible, easily observed and detected through bruises and wounds; while some can be invisible which require trained professionals to detect them.

b. Possible Diseases

Emergencies and disasters generally put the population at risk of a variety of diseases. However, children are more vulnerable to these risks as their immune systems are still developing. Different factors contribute to this risk, this includes the lack of proper nutrition due to limited resources. In long-term, this could develop malnutrition which can include stunting, wasting, and underweight in children. Another factor is the lack of source of drinking water. This leads to possible diseases easily transmitted within the community.

c. Displacement

There are instances in which families are forced to relocate during emergencies and disasters. Some relocate to higher grounds to avoid flooding areas. Some move to more stable infrastructures such as evacuations centers wherein they can avoid danger. This is aimed to provide a safe location until it is safe to return to their homes and communities. However, this need for relocation put young children and their families at risk for displacement. This displacement exposes them to limited access to services, limited resources, and vulnerable situations.

d. Family Separation

Further, there are instances wherein children are forced to relocate without their families. This leads to different situations for children. There are separated children, which refer to children separated from both parents or from their previous legal or usual primary caregiver, but not necessarily from other relatives. And there are unaccompanied children, which refer to children who have been separated from both parents and other relatives, and who are not being cared for by an adult who, by law or custom, is responsible for doing so.

e. Physical Abuse and Violence

Various factors may contribute to physical abuse and violence against young children. This may include the distress that parents and other caregivers are under due to the emergency and disaster. There may be

a lack of security in evacuation centers that could also be a contributing factor. These physical abuses and violence are clearly defined as the non-accidental or intentional injury of a child, including “punching, beating, cutting, kicking, shaking, throwing, stabbing, choking, hitting, burning, assaulting, or wounding a child” (UNICEF, 2015). An area of concern in this risk is that children may not be aware of it as abuse or violence.

f. Sexual Abuse and Violence

UNICEF (2015) defined sexual abuse as “any attempt to entice, persuade, coerce, or engage a child in sexual activity.” Examples include acts of indecent exposure, any touching in a sexual way, intentionally exposing the child to sexual acts, intercourse, penetration, and engaging the child in any form of prostitution or pornographic activities. An example of this risk is in the situations in evacuation centers. Due to a lack of private space or even the lack of resources, young children are exposed to the risk of sexual abuse in exchange for favors.

g. Gender-based Violence

Gender-based violence “refers to acts that are systematic and harmful against a woman, a girl, or a child or adult person because of their gender. Domestic violence, sexual harassment, rape, female genital mutilation, forced marriage, honour crimes, human trafficking, forced prostitution, and forced abortion are all examples of GBV and are very prevalent in emergencies” (UNICEF, 2015). Similar to that of sexual abuse and violence, young children are easily exposed to this as they may be unaware of such acts as violence. This shows how discrimination against women and girls are still present. Prolonged, this violence proves to be traumatic to its victims.

h. Emotional and Psychosocial Distress

Situations of emergencies and disasters may not be easily understood by young children. And this lack of understanding may pose potential trauma in children. According to UNICEF (2015), “trauma is a condition that happens to a person when they become overwhelmed by their emotions and are unable to process them.” Young children may have a challenge communicating their emotions through words, unable to make sense of the situations. Further, “if not treated effectively, trauma can lead to more serious mental health disorders, like post-traumatic stress disorder, anxiety disorder, depression and other conditions” (UNICEF, 2015).

i. Child Labor

Several factors contribute to the child’s engagement in labor after disasters and other emergencies. One is that centers and schools are damaged in the emergency and disaster. Another is that disasters and other emergencies affect the income of families. As discussed by Kousky

(2016) “in developing countries in particular, a disaster that reduces household wealth or income may lead parents to shift children out of school and into the labor market to help enhance family income.”

j. Death

Ultimately, these emergencies and other disasters pose the risks of death to very young children, who are vulnerable during these times. According to NCTSN (2010), “young children are less able to anticipate danger or to know how to keep themselves safe.” When they are left unaccompanied and unassisted due to separation and displacement from their families, they are more exposed to situations that may put their lives in dangers. In addition, when other risks such as injuries and diseases are left untended, they also pose the risk of death, which could have been prevented.



Deepening (30 Minutes)

Facilitator to conduct Deepening as follows:

1. Divide the participants into two groups. Each group will be assigned to identify risks and impacts in the context of the local government unit. One group will be assigned for young children aged 0 to 4 and another group will be assigned for pregnant women and lactating mothers.
2. Each group will be distributed with markers and Manila paper to write the identified risks and impacts.
3. Each group will be allotted five (5) minutes to present their identified risks and impacts.



Synthesis (20 Minutes)

Facilitator to Synthesize the session as follows:

1. Synthesize the session by assigning the participants to make posters for two objectives. One is to serve as warning signs for hazardous areas in the community and another is to serve for advocating for disaster preparedness in the community.
2. Divide the participants into at least four groups. Two groups will be assigned to make warning signs, and two groups will be assigned to make the advocacy posters.
3. Allot the groups at least ten minutes to make the posters and let them present these to the group.

Session 4: Early Childhood Care and Development in the Comprehensive Emergency Program for Children (CEPC)

Learning Objectives:

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

- a. gain knowledge on CEPC and its components as the framework for implementing ECCDiE program in the country;
- b. identify ECCD interventions that can be used in emergencies aligned with the components of CEPC; and
- c. identify stakeholders responsible for ECCD programs and services to be delivered even in times of emergencies.

Duration: 3 Hours

Materials Needed:

- Activity 1 Template (Annex F)
- Activity 2 Template (Annex I)
- CEPC Components (Annex G)
- ECCD Interventions (Annex H)
- Manila Paper
- Markers
- PowerPoint Presentation on “Brief Introduction of CEPC” and “Early Childhood Care and Development in the Comprehensive Emergency Program for Children”

Introduction

This session focuses on the eight components of the Comprehensive Emergency Plan for Children (CEPC) as the framework for local government units in integrating ECCD interventions for 0 to 4 years old children, pregnant women, and lactating mothers into their local Disaster Risk Reduction and Management (DRRM) Plans.



Activity (15 Minutes)

Facilitator to implement the Activity through the PowerPoint Presentation: Brief Introduction of CEPC:

1. Begin the session by asking the participants of their familiarity and knowledge on the Comprehensive Emergency Plan or Children (CEPC).

2. Proceed by briefly introducing CEPC and its components using the presentation.

The Philippines being located in the Circum-Pacific seismic belt and the West Pacific Basin is exposed to various natural hazards. Approximately 60% of the country's land area is exposed to different geological and hydro meteorological hazards, putting 75% of the population at risk. These hazards, whether natural or human-induced, may lead to emergency situations which disrupt the normalcy of our daily life. Young children, lactating mothers and pregnant women are among the most vulnerable during these situations because of the heightened risks specifically to their safety, health and nutrition, and educational opportunities.

In 2016, the Philippine Congress passed the Republic Act (RA) 10821 or referred to as the Children's Emergency Relief and Protection Act. This law is the first of its kind, which sets a trailblazing standard of accountability to children in terms of protection and provision of their needs before, during, and after a disaster. More specifically, RA 10821 promotes children's Right to Life, Survival and Development, and Participation as enshrined in the UN Convention on the Rights of the Child (UNCRC). The law calls upon the government, in partnership with non-state actors, to ensure that an enabling environment and condition for children to survive and develop is fostered.

Concurrently, Section 4 of RA 10821 stipulates that immediately after the completion of the law's Implementing Rules and Regulation (IRR), a Comprehensive Emergency Program for Children (CEPC) shall be developed. It specifically notes that "the Department of Social Welfare and Development (DSWD) shall formulate a Comprehensive Emergency Program for Children (CEPC), hereinafter referred to as the Program, taking into consideration humanitarian standards for their protection. The Program shall be the basis for handling disasters and other emergency situations to protect children, pregnant and lactating mothers, and support their immediate recovery. This shall be implemented immediately after the declaration of a national or local state of calamity or occurrence of any other emergency situation."

The CEPC serves as the guiding document to implement the salient features of the law and its corresponding Implementing Rules and Regulation (IRR). Particularly, it will be the basis for handling disasters and other emergency situations to protect children, pregnant women, and lactating mothers, and support their immediate recovery once the local or national State of Calamity has been declared. The CEPC has eight equally important components as shown in the table:

Table of CEPC Components and Outcomes

Component	Outcomes
Establishment of Evacuation Centers	Established evacuation centers are safe, inclusive, child-friendly, gender-sensitive, and responsive.
Establishment of Child and Women- Friendly Transitional Shelters, and a Referral Mechanism for Orphaned, Unaccompanied, and Separated Children	Established transitional shelters prioritized vulnerable groups such as orphaned, separated, or unaccompanied children; pregnant and lactating women; including survivors of neglect and abuse.
Assurance for Immediate Delivery of Basic Necessities and Services	Basic necessities and services required by affected children are ensured and delivered.
Stronger Measures to Ensure Safety and Security of Affected Children	Children in areas under state of calamity are safe and secure.
Delivery of Health, Medical, Nutritional, and WASH Services	Health, medical, nutritional, and water, sanitation and hygiene (WASH) needs of newborns, infants and young children, adolescents, pregnant and lactating women, and other women with children in areas under state of calamity provided.
Plan of Action for Prompt Resumption of Educational Services for Children	Quality educational services for learners resumed promptly after disasters and emergencies.
Establishment of Child-Friendly Spaces in Evacuation Centers and Transitional Sites	Child-friendly spaces are established to protect children and to build their resilience against the harmful effects of disasters, calamities, and other emergencies.
Promotion of Children's Rights	Children's rights are upheld, respected, and protected during disaster events and emergency situations.

Categorization of CEPC Activities by Thematic Areas of Emergency (Activity)

1. Divide the participants into eight groups representing each CEPC component. The groups will draw by lots for their assigned component.
2. Distribute a copy of the handout on CEPC Components (Annex G) and discuss the mechanics of the first activity.
3. Groups will categorize the activities in each component under the four thematic areas of emergency namely, Response, Rehabilitation & Recovery, Preparedness, and Prevention & Mitigation.
4. Activity 1 Template (Annex F), Manila paper, and markers will be distributed to the groups for their written output.



Discussion (40 Minutes)

Facilitator to conduct the Discussion as follows:

1. After reporting, ask feedback groups to share their comments and observations. Allot 5 minutes for each group.
2. For further discussion, ask the following questions:
 - a. Which thematic area has the highest number of strategic actions identified? Which has the least? Why?
 - b. What action points are the most common among the thematic areas of emergency? Why?
 - c. How does the results of this activity compare to their current local DRRM plans? In which thematic area do they need to improve their services? Where do they excel?



Input (30 Minutes)

Facilitator to deliver the Input on ECCD in CEPC through the PowerPoint Presentation as follows:

In view of the numerous natural and human-caused emergencies that the country encounters every year, the government has developed national programs and policies in handling and planning for these emergencies.

The National Disaster Risk Reduction and Management (NDRRM) Plan serves as the legal basis for policies, plans and programs to deal with disasters.

The NDRRM Plan covers four thematic areas, namely, (1) Disaster Prevention and Mitigation; (2) Disaster Preparedness; (3) Disaster Response; and (4) Disaster Rehabilitation and Recovery, which correspond to the structure of the National Disaster Risk Reduction and Management Council (NDRRMC).

CEPC is the Philippines' primary guiding document in handling emergency and disaster situations brought about by natural and human-induced elements with the aim of protecting children, pregnant women and lactating mothers and support their immediate recovery.

While RA 10121 and RA 10821 addresses the community resilience in general, it however does not include specific provisions about dealing with children, especially in the early childhood years.

RA 10410 or the Early Years Act (EYA) of 2013 is an act recognizing the age zero (0) to eight (8) years as the first crucial stage of educational development. It promotes the rights of children to survival, development, and special protection with full recognition of nature of childhood and in supporting parents as the primary caregivers of the child.

In line with this feature of RA 10410, and considering the various threats that endanger 0 to 4 year old children, the ECCD Council developed the Training Module on ECCDiE.



Deepening (60 Minutes)

Facilitator to conduct a Deepening workshop as follows:

1. Divide the participants according to their groups from the first activity.
2. Distribute the handout on ECCD Interventions (Annex H) and Activity 2 Template (Annex I) to each group. Provide each group with Manila paper and markers.
3. Ask the groups to integrate the ECCD Interventions into the categorized activities of each component from Activity 1. In addition, the groups can also identify interventions that are not found in the document, which can be gathered from their experiences and implementing mechanisms in their localities (from their LDRRM Plans). Remind the groups to take into consideration mothers and children with special needs.
4. Allot 20 minutes for the groups to discuss and accomplish the workshop.
5. Ask each group to present their work through a gallery walk. Allot five minutes for each group presentation.
6. Encourage the participants to observe each other's output and to discuss how the specific interventions are incorporated into their assigned CEPC Component.



Synthesis (15 Minutes)

Facilitator to Synthesize the session as follows:

1. Ask the participants if they are familiar with a word cloud. Provide a short description and examples. Inform that they will make their own word cloud.
2. With the same groups, let the participants create a word cloud that best represents their understanding of ECCD in CEPC. Provide each group with Manila paper, meta cards, and markers. Allot 15 minutes for the groups to work on their word clouds.

Facilitator: *"These words or phrases signifies your understanding of the importance of integrating ECCD in CEPC to ensure that 0-4 year-old children, pregnant women and lactating mothers are protected and cared for during emergencies when their vulnerabilities to safety and protection risks are heightened."*

Session 5: Early Childhood Care and Development Situation Assessment and Gap Analysis

Learning Objectives:

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

- a. gain deeper understanding on the importance of ECCD situational assessment; and
- b. demonstrate knowledge on how to plan activities to address gaps identified.

Duration: 2 Hours

Materials Needed:

- ECCD Situation Assessment Tool*
- Documents from Barangay (Socio-demographic, health, infrastructure, education, barangay development plan, etc.)
- Manila Paper
- Markers
- Meta Cards
- PowerPoint Presentation

*Note:

- At the Provincial and City/Municipal level training, participants will be asked to bring a summary of data or documents related to health, nutrition, early childhood education, social protection and services prior to the training.
- At the Barangay level, training, the tool will be accomplished ahead of the training. Any tool that they currently use containing data related to health, nutrition, early childhood education, social protection and services are considered in accomplishing the ECCD situation assessment tool.

Introduction

The Philippines encounters a variety of emergency situations, from natural disasters such as typhoons, earthquakes, landslides, floods, volcanic eruptions, tsunami to human-induced disasters such as fire and armed-conflict. The continuous experience of these emergency situations put the most vulnerable group – the children – at risk, as well as pregnant women and lactating mothers. It is essential to know how to respond to such cases. Preparedness is crucial in an effective response to emergency situations. It can reduce adverse impacts on young children and the whole community as well. Preparedness plans highlight the vulnerability and capacity of a community. It indicates what needs to be done, who are tasked to lead and respond, when and how to implement interventions in the event of an emergency.

While ECCD program and services are in place, these should be delivered at all times even during emergencies and disasters. This session is designed to help local Disaster Risk

Reduction and Management Councils (DRRMC) and other emergency responders in the community in the efficient planning and implementation of intervention programs and activities during disasters and emergencies.



Activity (30 Minutes)

Facilitator to implement Activity as follows:

A. ECCD Situation Assessment

1. Present the ECCD Situation Assessment Tool and describe its contents and purpose.
2. Group the participants according to their locality. Allot 15 to 20 minutes for the groups to accomplish the tool which is divided into three sectors: 1) health and nutrition; 2) early childhood education; and 3) social protection and other social services.
3. Task the participants to fill out information regarding children, pregnant women, and lactating mothers and available resources (or lack of) in the community.



Discussion (20 Minutes)

Facilitator to conduct the presentation of findings through a Discussion:

A. Presentation of findings

1. Select three groups to present how they were able to accomplish the tool in different sectors.
2. Ask each group to present their findings in one sector until all three sectors are repeated. Encourage other participants to ask questions regarding the reported findings per sector.



Input (45 Minutes)

Facilitator to present the Input through a PowerPoint Presentation:

Preparedness involves developing knowledge and capacity to anticipate, respond, and recover from emergencies more effectively. Preparedness action for ECCD is important because it helps mitigate the effects of an emergency on young children, caregivers, and the wider community; it reduces the resources needed for relief after the event (Plan International, 2013, ECCD in Emergencies: A Programme Guide).

I. Key Challenges and Considerations

Preparedness activities raise a number of challenges and considerations for different groups. A table of challenges and considerations in terms of supporting groups is presented.

Groups	Challenges	Considerations
Young children and caregivers	Many health centers and child development centers are not resistant to local hazards.	Sufficient resources allocated for retrofitting structures before an emergency.
	Disaster preparedness programs are not reinforced at home.	Capacity development and sensitization for parents and caregivers on disaster preparedness and response.
Community	Community leaders and members are not always aware of the importance of ensuring that actions for community disaster preparedness incorporate the needs of young children and their caregivers.	Ensuring that needs of young children are incorporated in the community DRRM plan.
	Community risk analyses are seldom conducted.	Risk analysis should form part of every community DRRM plan that include risks facing young children, pregnant mothers, and caregivers.
	Some resources including network of people and civil society, community-based, and private organizations are often overlooked in preparedness phase.	Analysis of community support network to help identify what factors are available that can be used to support mechanisms and how these mechanisms can be strengthened.
Government	Motivation of stakeholders to take action to enhance emergency preparedness.	Conduct capacity assessment for every locality to map the state of preparedness for emergency.
	Need to provide for resources – stockpiling and strengthening the physical structure of health centers and child development centers.	Resources can be substantial and must be integrated into governments' budget mechanisms.

II. Carrying out an ECCD Situation Assessment

Situation assessment involves assessing existing ECCD programs and services – what is available, what functions well, who is accessing the programs and services, and what elements of existing programs and services can be used when emergency occurs.

Data must be collected regularly from different ECCD sectors and updated periodically to ensure accuracy of information gathered.

The following information are essential in ECCD situation assessment:

- ✓ Population of children aged 0 – 4 years, by age, sex, and if possible, indicating vulnerable children;
- ✓ Risk map results identifying high-risk locations, vulnerable children, and protection risks for children;
- ✓ ECCD services – health and nutrition services, child development centers, community-based centers, home-based programs, and other informal learning venues;
- ✓ Accessibility to ECCD services, including most-vulnerable children;
- ✓ Cultural norms (childcare practices, gender norms, practices in the community) that create barriers for children in accessing ECCD services;
- ✓ Over-all condition of health centers and child development centers, including details on water and sanitation facilities;
- ✓ Availability of learning materials in child development centers, including furniture, instructional and play materials, supplies, and recreation equipment;
- ✓ Contingency plans and basic tools for emergency preparedness including first aid, vaccines, relief goods, evacuation map, and equipment;
- ✓ ECCD policies, curriculum, and training materials, as well as information, education and communication materials on health, nutrition, early learning and social protection;
- ✓ Availability and functionality of any referral system for children with special protection needs; and
- ✓ Functional crisis management, assessment or response teams.

Analyze the overall situation through the gathered information and identify areas needing preparedness actions.



Deepening (40 Minutes)

Facilitator to conduct the workshop for Deepening as follows:

A. Gap Analysis

1. Assign the groups to review and analyze the results of the tool as well as the documents provided. The groups will:
 - Identify gaps related to existing ECCD Programs and services;
 - Supply intervention activities to address identified gaps; and
 - Identify lead persons and people involved.
2. Provide the groups with Manila paper and ask them to write down their findings and recommendations. Show the sample matrix provided below.
3. Ask one representative from each group to present the summary of their findings in 5 minutes.

An example of the matrix is provided:

Summary of existing ECCD programs and services, gaps, and activities to address the gaps and persons involved

Existing ECCD Programs and Services related to Emergencies	Gaps	Activities to Address the Gaps	Lead Person/s and people involved
For 0 to 4 Years Old Children	Discontinuation of the program because of center hazard	Relocate to alternative venue and continue Pre-K Program	Punong Barangay, CDW
		Retrofit center to ensure hazard resistance	City/Municipal Engineer
	Lack of available learning materials in alternative venue	Stockpile learning materials in C/MSWD Office	C/MSWD Officer, CDW
Child rearing and Parenting Programs	Lack of awareness of families on what to do in times of emergencies	Include topics on DRRM in training design for Family Support Program, Parent Effectiveness Service, etc.	C/MSWD Officer, CDW



Synthesis (15 Minutes)

Facilitator to Synthesize the session through an activity as follows:

A. Word Board

1. Ask the participants about their insights and valuable learning based from the activities in Session 5. Provide each participant with a Meta card and task them to write their insights, this will be posted on a word board.
2. Highlight the insights and learning of the participants, stress strong points to remember:
 - ✓ Preparedness mitigates adverse effects of emergencies in young children, pregnant women, and lactating mothers.
 - ✓ Incorporate ECCD in local DRRM Plans
 - ✓ Integrate DRRM concepts in the curriculum of ECCD centers

Session 6: Early Childhood Care and Development in Emergencies (ECCDiE) Plan

Learning Objectives:

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

- a. identify specific measures in the implementation of ECCDiE interventions to address the recognized gaps in the delivery of services for young children, pregnant women, and lactating mothers during emergencies and disasters;
- b. identify specific measures as input in the local DRRM Plan; and
- c. integrate ECCDiE interventions in the local DRRM Plan.

Duration: 2 Hours

Materials Needed:

- Manila Paper
- Markers
- Masking Tape
- Meta Cards

Introduction

This session aims to allow the local government unit to integrate the ECCD in Emergencies interventions in the local DRRM Plan. Through the identification of gaps in relation to the provision of services to young children, pregnant women, and lactating women, the LGUs will identify the appropriate and necessary interventions to address these gaps. The identified interventions will be broken down into smaller activities that will span for the next six months up to three years. The ECCD in Emergencies Plan will include the identification of the lead persons/agencies, target dates, budgetary requirements, resources, and output indicators.



Activity (20 Minutes)

Facilitator to implement the Activity as follows:

1. Begin the session by presenting the learning objectives, allowing the participants to think of what additional inputs to include in their local DRRM Plan to integrate ECCD.
2. Group the participants by the different localities. Distribute markers and meta cards to the groups.
3. Ask the following questions to the participants and allow them to write their answers down on a meta card:

- a. **What do you think are the strengths of your local DRRM plan?**
- b. **Are there necessary changes that need to be done in your local DRRM Plan?**
4. Review the identified gaps from the Situation Assessment Tool and matrix summary from the previous session. Write the answers to this review as well.



Deepening (20 Minutes)

Facilitator to conduct the Discussion as follows:

1. Ask the following questions:
 - a. **How is your local DRRM Plan prepared? What factors do you consider in planning? Who are considered in your plan?**
 - b. **What are the essential components of your DRRM Plan?**
Facilitator to take down essential components on the board if available to easily review these.
2. Present and discuss the proposed ECCD in Emergencies Plan and its different component using a PowerPoint Presentation. The components are:
 - a. **Goal**
“Goals are general guidelines that explain what you want to achieve in your community. They are usually long-term and represent global visions.”
(https://www.michigan.gov/documents/8-pub207_60743_7.pdf)
 - b. **Objective**
“Objectives define strategies or implementation steps to attain the identified goals. Objectives are specific, measurable, and have a defined completion date.”
(https://www.michigan.gov/documents/8-pub207_60743_7.pdf)
 - c. **Thematic Area of Emergency and Activities**
 - d. **Gaps to be Addressed**
 - e. **Activities**
 - f. **Time Frame/Target Date**
 - g. **Office and Person Involved**
 - h. **Resources**
 - i. **Human/Material Resources**
 - j. **Budgetary Requirements**
 - k. **Source of Budget**
 - l. **Output Indicator**
3. Before the participants accomplish the ECCD in Emergencies Plan, ask the participants what additional components they would like to add to the ECCD in Emergencies Plan.

4. Provide a format but allow the participants to use their existing format for planning and budgeting depending on their needs and preference.
5. Provide each group with a whole sheet of Manila paper and marker to accomplish ECCD in Emergencies Plan. Present only the important parts of the plan for the presentation of the groups.



Workshop by LGU (40 Minutes)

Facilitator to conduct the Workshop as follows:

1. Present the mechanics of the workshop:
 - a. Create an ECCD in Emergencies Plan that would span for three years.
 - b. Identify the goal of the ECCDiE Plan for the integration to the BDRRM Plan and objectives.
 - c. Identify the appropriate thematic areas, the gaps to be addressed, and the activities to address the gaps.
 - d. Plot the specific schedule or target date of the activities, and identify the appropriate office and specific persons involved in the said activity.
 - e. Indicate the resources needed: human and material resources, the budgetary requirements for these, and the source of budget.
 - f. Determine specific and measurable output indicators, considering the capacity of the local government unit, the offices, and persons involved.
2. Allot 30–40 minutes for the groups to accomplish the ECCDiE Plan, allowing them to use the suggested template or to add specific components that address their needs in the LGU.
3. Each group will present their ECCDiE Plan for comments and questions.



Deepening (20 Minutes)

Facilitator to implement the Deepening as follows:

1. After the group presentation of the ECCDiE Plan, ask the question to help facilitate the next steps:
 - a. What activities have to be implemented to integrate your ECCDiE Plan into your local DRRM Plan in the next three to six months?

Possible answers are orienting the locality of the training through echo, orientation of the specific members of the BDRRMC, etc.

Facilitator: *“List these activities down and take note of the specific officers to involve in the activity. Include specific dates in the next three to six*

months, so as to be able to monitor the implementation of the next steps in the integration of your ECCDiE Plan in your local DRMM Plan.”

2. Provide the participants with manila paper and markers to make their Next Steps in a table.
3. Each group will present their Next Steps.



Synthesis (20 Minutes)

Facilitator to Synthesize the session and training as follows:

1. Highlight the similar Next Steps plans of the groups. Discuss the difference as well, allowing the groups to explain and expound their answers and plans.
2. Finalize the synthesis through a commitment making. Ask the participants, “What is your definition of a commitment?” Further define commitments as “a binding pledge that obligates a person to assume a position or carry out a course of action.”
3. Assign each group to create their own commitment statement on integrating ECCD in Emergencies, highlighting to whom and what they are committed to.

A suggested template that can be presented to the participants is:

“I, (name of participant), (designation) of (name of barangay, city/ municipality), am committed to (state the goal of the ECCDiE Plan and to whom this is for).

I will conduct (specific Next Step activities) to contribute to this goal.

I solemnly swear this _____ day of _____, 20____.”

Glossary of terms

Child's Rights. Are human rights with additional rights and provisions to safeguard the care, protection, development and wellbeing of children (UNCRC, 1959).

Comprehensive Emergency Plan for Children (CEPC). This shall be used as the basis for handling disasters and other emergency situations to protect children, pregnant and lactating mothers, and support their immediate recovery. This shall be implemented immediately after the declaration of a national or local state of calamity or occurrence of any other emergency situation (RA 10821, 2016).

Development. Refers to any qualitative change that follow a progressive series and usually integrates different domains (Hurlock, 1980).

Disasters. A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources (RA 10121, 2010)

Disaster Preparedness. The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent or current hazard events or conditions (NDRRMP 2011-2018).

Disaster Prevention and Mitigation. The outright avoidance of adverse impacts of hazards and related disasters. Mitigation. The lessening or limitation of the adverse impacts of hazards and related disasters (NDRRMP 2011-2018).

Disaster Rehabilitation and Recovery. Rehabilitation. Measures that ensure the ability of affected communities and/or area to restore their normal level of functioning. Recovery. The restoration and improvement where appropriate, of facilities, livelihood and living conditions of disaster-affect communities (NDRRMP 2011-2018).

Developmental Domains. Different areas of development under which similar or related skills and competencies are grouped.

Early Childhood Care and Development (ECCD) System.

Refer to the full range of health, nutrition, early education and social services development programs that provide for the basic holistic needs of young children from age zero (0) to four (4) years; and to promote their optimum growth and development (RA 10410, 2013).

ECCD Centers. Include the various infrastructures used to cater to the care and development of young children from zero (0) to four (4) years. These include the different day care centers/child development centers, barangay health centers, home-based programs venues, and supervised-neighborhood play spaces.

ECCD in Emergencies Plan. Refers to the emergencies plan specifically for children ages zero (0) to four (4) years, pregnant women, and lactating mothers. This plan includes the different DRRM Thematic Areas, timeline, budgetary requirements, and output indicators.

ECCD Service Providers.

Include the various professionals, paraprofessionals and volunteer caregivers who are directly responsible for the care and education of young children from age zero (0) to four (4) years through the various centers and home-based programs. They shall include, but shall not be limited to, day care

workers hereinafter referred to as child development workers, child development teachers, teacher-aides, rural health midwives, social workers, community health workers, barangay nutrition scholars, parent effectiveness service volunteers, and family day care providers (RA 10410, 2013).

Emergency. An unforeseen or sudden occurrence, especially danger, demanding immediate action (RA 10121, 2010). **Impact.** May include loss of life, injury, disease and other negative effects on human, physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, Social and economic disruption and environmental degradation (RA 10121, 2010).

Play. Natural, free choice activity that children engage in which is beneficial to their own growth and development.

Risks. The combination of the probability of an event and its negative consequences (RA 10121, 2010). **Disaster Risk.** The potential disaster losses in lives, health status, livelihood, assets and services (RA 10121, 2010)

Toxic Stress. Prolonged activation of stress response systems in the absence of protective relationships (CDC, 2017).

Annex

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YEAR	LAW	DESCRIPTION	ROLES OF DUTY-BEARERS
1924	Geneva Declaration of the Rights of the Child	The League of Nations (LON) adopted the Geneva Declaration, a historic document that recognized and affirmed for the first time the existence of rights specific to children and the responsibility of adults towards children.	Emphasizes the roles of adults to uphold the rights of the children.
1967	Republic Act 4881	An act creating a council for the protection of children in every city and municipality of the Philippines composed of the City or Municipal Mayor, as Chairman, and two members of the City or Municipal Council to be elected among themselves, the City or Municipal Health Officer, the City or Municipal Supervising Teacher, the Chief of Police, a representative of the Social Welfare Administration, and a representative of the PTA Organization in the City or Municipality	<p>The Council shall supervise and act as guardian for the health, education and well-being of all the minors in the city or municipality, and for this purpose it shall, among others, have the functions provided for in Article 360 of the Civil Code, which states:</p> <p>“Art. 360. The Council for the Protection of Children shall look after the welfare of children in the municipality. It shall, among other functions:</p> <ol style="list-style-type: none"> (1) Foster the education of every child in the municipality; (2) Encourage the cultivation of the duties of parents; (3) Protect and assist abandoned or mistreated children, and orphans; (4) Take steps to prevent juvenile delinquency; (5) Adopt measures for the health of children; (6) Promote the opening and maintenance of playgrounds; (7) Coordinate the activities of organizations devoted to the welfare of children, and secure their cooperation.”

YEAR	LAW	DESCRIPTION	ROLES OF DUTY-BEARERS
1974	P.D. 603: Child and Youth Welfare Code	The decree provides definitions of children, minors and youth and enumerated the rights and responsibilities of the child.	The Code stipulates the duties and responsibilities of parents, guardians, other family members, the community and various stakeholders in promoting the welfare of Filipino children and youth (0 to 21), and created the Council for the Welfare of Children (CWC) as the national coordinating body on children and youth concerns.
1990	Republic Act No. 6972: Barangay-Level Total Development and Protection of Children Act	Filipino children up to six (6) years of age deserve the best care and attention at the family and community levels. Towards this end, there is hereby established a day care center in every barangay with a total development and protection of children program as provided in the Act instituted in every barangay day care center.	It is the duty of the State to defend the right of the children to assistance, including proper care and nutrition, and to provide them with special protection against all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.
1992	Republic Act 7610: Special Protection of Children Against Abuse, Exploitation and Discrimination Act	The Act provides for stronger deterrence and special protection against child abuse, exploitation and discrimination and its corresponding penalties.	<p>“The State shall provide special protection to children from all forms of abuse, neglect, cruelty exploitation and discrimination and other conditions, prejudicial their development; provide sanctions for their commission and carry out a program for prevention and deterrence of and crisis intervention in situations of child abuse, exploitation and discrimination.</p> <p>It shall be the policy of the State to protect and rehabilitate children gravely threatened or endangered by circumstances which affect or will affect their survival and normal development and over which they have no control.”</p>

YEAR	LAW	DESCRIPTION	ROLES OF DUTY-BEARERS
1993	Republic Act 7658: An Act Prohibiting the Employment of Children Below 15 Years of Age in Public and Private Undertakings, Amending for its Purpose Section 12, Article 8 of R.A. 7610	The act, as an amendment to what has been stipulated in R.A. 7610, contains regulations on employment of children below 15 years of age	The Act emphasizes the duties and responsibilities of parents, guardians, employers, and the Department of Labor and Employment (DoLE) in ensuring the protection, health, safety, morals and normal development of the child.
1997	R.A. 8353: The Anti-Rape Law	<p>An act expanding the definition of the crime of rape, reclassifying the same as a crime against persons, amending for the purpose act no. 3815.</p> <p>Revisions specific to very young children include:</p> <p>“Article 266–A. Rape: When and How Committed.</p> <p>“d) When the offended party is under twelve (12) years of age or is demented, even though none of the circumstances previously mentioned be present”</p> <p>“Article 266–B. Penalty. – Rape under paragraph 1 of the next preceding article shall be punished by reclusion perpetua.</p> <p>“1) When the victim is under eighteen (18) years of age and the offender is a parent, ascendant, step-parent, guardian, relative by consanguinity or affinity within the third civil degree, or the common-law spouse of the parent of the victim;</p> <p>“5) When the victim is a child below seven (7) years old</p>	The State shall uphold the rights of children to protection and development by ensuring that they live in a conducive environment and that proper penalties be imposed to offenders.

YEAR	LAW	DESCRIPTION	ROLES OF DUTY-BEARERS
2003	R.A. 9208: Anti-trafficking in Persons Act of 2003	<p>An act to institute policies to eliminate trafficking in persons especially women and children, establishing the necessary institutional mechanisms for the protection and support of trafficked persons, providing penalties for its violations</p> <p>Sec. 20 – Establishment of an Inter-Agency Council Against Trafficking with the Secretary of the Department of Justice as Chairperson and the Secretary of the Department of Social Welfare and Development as co-Chairperson with the following agencies as members: Department of Foreign Affairs, Department of Labor and Employment, Philippine Overseas Employment Administration, Bureau of Immigration, Philippine National Police, National Commission on the Role of Filipino Women; and three representatives from NGOs</p>	<p>“It is hereby declared that the State values the dignity of every human person and guarantees the respect of individual rights. In pursuit of this policy, the State shall give highest priority to the enactment of measures and development of programs that will promote human dignity, protect the people from any threat of violence and exploitation, eliminate trafficking in persons, and mitigate pressures for involuntary migration and servitude of persons, not only to support trafficked persons but more importantly, to ensure their recovery, rehabilitation and reintegration into the mainstream of society.”</p>
2003	Republic Act 9231: An Act Providing for the Elimination of the Worst Forms of Child Labor and Affording Stronger Protection for the Working Child	<p>An act amending R.A. 7610, as amended, otherwise known as the “Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act”</p> <p>Amendments included in the act are the following: employment of children below 15 years old; hours of work of a working child; Ownership, Usage and Administration of the WorkingChild’s Income;</p>	<p>“It is hereby declared to be the policy of the State to provide special protection to children from all forms of abuse, neglect, cruelty, exploitation and discrimination, and other conditions prejudicial to their development including child labor and its worst forms; provide sanctions for their commission and carry out a program for prevention and deterrence of and crisis intervention in situations</p>

YEAR	LAW	DESCRIPTION	ROLES OF DUTY-BEARERS
2003 (cont.)	Republic Act 9344: Juvenile Justice and Welfare Act of 2006	Trust fund to preserve part of the working child's income; prohibition against worst forms of child abuse; access to education and training for working children	of child abuse, exploitation and discrimination." "The State shall intervene on behalf of the child when the parent, guardian, teacher or person having care or custody of the child fails or is unable to protect the child against abuse, exploitation and discrimination or when such acts against the child are committed by the said parent, guardian, teacher or person having care and custody of the same."
2006	Republic Act 9344: Juvenile Justice and Welfare Act of 2006	Defines the Juvenile Justice and Welfare System as a system dealing with children at risk and children in conflict with the law, which provides child-appropriate proceedings, including programs and services for prevention, diversion, rehabilitation, re-integration and aftercare to ensure their normal growth and development.	Sec. 2. "(d) Pursuant to Article 40 of the United Nations Convention on the Rights of the Child, the State recognizes the right of every child alleged as, accused of, adjudged, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, taking into account the child's age and desirability of promoting his/her reintegration. Whenever appropriate and desirable, the State shall adopt measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected. It shall ensure that children are dealt with in a manner appropriate to their well-proceedings, providing that human rights and legal safeguards are fully respected. It shall ensure that children are dealt with in a manner

YEAR	LAW	DESCRIPTION	ROLES OF DUTY-BEARERS
2006 (cont.)			appropriate to their well-being by providing for, among others, a variety of disposition measures such as care, guidance and supervision orders, counseling, probation, foster care, education and vocational training programs and other alternatives to institutional care.”
2009	Republic Act 9775: Anti-Child Pornography Act of 2009	An act protecting every child from all forms of exploitation and abuse, focusing on child pornography and explicit sexual activity, through the creation of the Inter-Agency Council Against Child Pornography (IACACP) as the body that is primarily tasked to coordinate, monitor and oversee the implementation of the Act.	<p>“The State recognizes the vital role of the youth in nation building and shall promote and protect their physical, moral, spiritual, intellectual, emotional, psychological and social well-being. Towards this end, the State shall:</p> <p>(a) Guarantee the fundamental rights of every child from all forms of neglect, cruelty and other conditions prejudicial to his/her development;</p> <p>(b) Protect every child from all forms of exploitation and abuse including, but not limited to:</p> <p>(1) the use of a child in pornographic performances and materials; and</p> <p>(2) the inducement or coercion of a child to engage or be involved in pornography through whatever means; and</p> <p>(c) Comply with international treaties to which the Philippines is a signatory or a State party concerning the rights of children which include, but not limited to, the Convention on the Rights of the Child, the Optional Protocol to</p>

YEAR	LAW	DESCRIPTION	ROLES OF DUTY-BEARERS
2009 (cont.)			the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, the International Labor Organization (ILO) Convention No.182 on the Elimination of the Worst Forms of Child Labor and the Convention Against Transnational Organized Crime.”
2012	Republic Act 10175: Cybercrime Prevention Act of 2012	An act defining cybercrime, providing for the prevention, investigation, suppression and the imposition of penalties	<p>Sec. 2 “The State also recognizes the importance of providing an environment conducive to the development, acceleration, and rational application and exploitation of information and communications technology (ICT) to attain free, easy, and intelligible access to exchange and/or delivery of information; and the need to protect and safeguard the integrity of computer, computer and communications systems, networks, and databases, and the confidentiality, integrity, and availability of information and data stored therein, from all forms of misuse, abuse, and illegal access by making punishable under the law such conduct or conducts.”</p> <p>The National Bureau of Investigation (NBI) and the Philippine National Police (PNP) shall be responsible for the efficient and effective law enforcement of the provisions of this Act. To ensure that the</p>

YEAR	LAW	DESCRIPTION	ROLES OF DUTY-BEARERS
2012 (cont.)			<p>technical nature of cybercrime and its prevention is given focus and considering the procedures involved for international cooperation, law enforcement authorities specifically the computer or technology crime divisions or units responsible for the investigation of cybercrimes are required to submit timely and regular reports including pre-operation, post-operation and investigation results and such other documents as may be required to the Department of Justice (DOJ) for review and monitoring.</p> <p>It is also the agencies' duty to coordinate with service providers to prevent and address cybercrimes.</p>
2013	Republic Act 10410: Early Years Act of 2013	An Act Recognizing the Age from 0 to 8 Years as the First Crucial Stage of Educational Development and Strengthening the Early Childhood Care and Development System	Emphasizes the State's responsibility to "promote the rights of children to survival, development and special protection with full recognition of the nature of childhood and as well as the need to provide developmentally appropriate experiences to address their needs; and to support parents in their roles as primary caregivers and as their children's first teachers."
2016	Republic Act 10821: Children Emergency Relief and Protection Act	An act mandating the provision of emergency relief and protection for children before, during, and after disasters and other emergency situations	The Act outlines the responsibilities of the state for the implementation of a comprehensive program of action to provide the children and pregnant and lactating mothers

YEAR	LAW	DESCRIPTION	ROLES OF DUTY-BEARERS
2016 (cont.)			<p>affected by disasters and other emergency situations with utmost support and assistance necessary for their immediate recovery and protection.</p> <p>It further emphasizes the responsibility of the State to protect the fundamental rights of children before, during and after disasters and other emergency children before, during and after disasters and other emergency situations when children are gravely threatened or endangered by circumstances that affect their survival and normal development.</p>

FACT SHEET: A summary of the rights under the Convention on the Rights of the Child

Article 1 (Definition of the child): The Convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18.

Article 2 (Non-discrimination): The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3 (Best interests of the child): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.

Article 4 (Protection of rights): Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. When countries ratify the Convention, they agree to review their laws relating to children. This involves assessing their social services, legal, health and educational systems, as well as levels of funding for these services. Governments are then obliged to take all necessary steps to ensure that the minimum standards set by the Convention in these areas are being met. They must help families protect children's rights and create an environment where they can grow and reach their potential. In some instances, this may involve changing existing laws or creating new ones. Such legislative changes are not imposed, but come about through the same process by which any law is created or reformed within a country. Article 41 of the Convention points out the when a country already has higher legal standards than those seen in the Convention, the higher standards always prevail.

Article 5 (Parental guidance): Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly. Helping children to understand their rights does not mean pushing them to make choices with consequences that they are too young to handle. Article 5 encourages parents to deal with rights issues "in a manner consistent with the evolving capacities of the child". The Convention does not take responsibility for children away from their parents and give more authority to governments. It does place on governments the responsibility to protect and assist families in fulfilling their essential role as nurturers of children.

Article 6 (Survival and development): Children have the right to live. Governments should ensure that children survive and develop healthily.

Article 7 (Registration, name, nationality, care): All children have the right to a legally registered name, officially recognised by the government. Children have the right to a nationality (to belong to a country). Children also have the right to know and, as far as possible, to be cared for by their parents.

Article 8 (Preservation of identity): Children have the right to an identity – an official record of who they are. Governments should respect children's right to a name, a nationality and family ties.

Article 9 (Separation from parents): Children have the right to live with their parent(s), unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both parents, unless this might hurt the child.

Article 10 (Family reunification): Families whose members live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

Article 11 (Kidnapping): Governments should take steps to stop children being taken out of their own country illegally. This article is particularly concerned with parental abductions. The Convention's Optional Protocol on the sale of children, child prostitution and child pornography has a provision that concerns abduction for financial gain.

Article 12 (Respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. This does not mean that children can now tell their parents what to do. This Convention encourages adults to listen to the opinions of children and involve them in decision-making -- not give children authority over adults. Article 12 does not interfere with parents' right and responsibility to express their views on matters affecting their children. Moreover, the Convention recognizes that the level of a child's participation in decisions must be appropriate to the child's level of maturity. Children's ability to form and express their opinions develops with age and most adults will naturally give the views of teenagers greater weight than those of a preschooler, whether in family, legal or administrative decisions.

Article 12 (Respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

Article 13 (Freedom of expression): Children have the right to get and share information, as long as the information is not damaging to them or others. In exercising the right to freedom of expression, children have the responsibility to also respect the rights, freedoms and reputations of others. The freedom of expression includes the right to share information in any way they choose, including by talking, drawing or writing.

Article 14 (Freedom of thought, conscience and religion): Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should help guide their children in these matters. The Convention respects the rights and duties of parents in providing religious and moral guidance to their children. Religious groups around the world have expressed support for the Convention, which indicates that it in no way prevents parents from bringing their children up within a religious tradition. At the same time, the Convention recognizes that as children mature and are able to form their own views, some may question certain religious practices or cultural traditions. The Convention supports children's right to examine their beliefs, but it also states that their right to express their beliefs implies respect for the rights and freedoms of others.

Article 15 (Freedom of association): Children have the right to meet together and to join groups and organisations, as long as it does not stop other people from enjoying their rights. In exercising their rights, children have the responsibility to respect the rights, freedoms and reputations of others.

Article 16 (Right to privacy): Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Article 17 (Access to information; mass media): Children have the right to get information that is important to their health and well-being. Governments should encourage mass media – radio, television, newspapers and Internet content sources – to provide information that children can understand and to not promote materials that could harm children. Mass media should particularly be encouraged to supply information in languages that minority and indigenous children can understand. Children should also have access to children's books.

Article 18 (Parental responsibilities; state assistance): Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments must respect the responsibility of parents for providing appropriate guidance to their children – the Convention does not take responsibility for children away from their parents and give more authority to governments. It places a responsibility on governments to provide support services to parents, especially if both parents work outside the home.

Article 19 (Protection from all forms of violence): Children have the right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after

them. In terms of discipline, the Convention does not specify what forms of punishment parents should use. However any form of discipline involving violence is unacceptable. There are ways to discipline children that are effective in helping children learn about family and social expectations for their behaviour – ones that are non-violent, are appropriate to the child's level of development and take the best interests of the child into consideration. In most countries, laws already define what sorts of punishments are considered excessive or abusive. It is up to each government to review these laws in light of the Convention.

Article 20 (Children deprived of family environment): Children who cannot be looked after by their own family have a right to special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language.

Article 21 (Adoption): Children have the right to care and protection if they are adopted or in foster care. The first concern must be what is best for them. The same rules should apply whether they are adopted in the country where they were born, or if they are taken to live in another country.

Article 22 (Refugee children): Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in this Convention.

Article 23 (Children with disabilities): Children who have any kind of disability have the right to special care and support, as well as all the rights in the Convention, so that they can live full and independent lives.

Article 24 (Health and health services): Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. Rich countries should help poorer countries achieve this.

Article 25 (Review of treatment in care): Children who are looked after by their local authorities, rather than their parents, have the right to have these living arrangements looked at regularly to see if they are the most appropriate. Their care and treatment should always be based on “the best interests of the child”. (see Guiding Principles, Article 3)

Article 26 (Social security): Children – either through their guardians or directly – have the right to help from the government if they are poor or in need.

Article 27 (Adequate standard of living): Children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing.

Article 28: (Right to education): All children have the right to a primary education, which should be free. Wealthy countries should help poorer countries achieve this right. Discipline in schools should respect children's dignity. For children to benefit from education, schools must be run in an orderly way – without the use of violence. Any form of school discipline should take into account the child's human dignity. Therefore, governments must ensure that school administrators review their discipline policies and eliminate any discipline practices involving physical or mental violence, abuse or neglect. The Convention places a high value on education. Young people should be encouraged to reach the highest level of education of which they are capable.

Article 29 (Goals of education): Children's education should develop each child's personality, talents and abilities to the fullest. It should encourage children to respect others, human rights and their own and other cultures. It should also help them learn to live peacefully, protect the environment and respect other people. Children have a particular responsibility to respect the rights their parents, and education should aim to develop respect for the values and culture of their parents. The Convention does not address such issues as school uniforms, dress codes, the singing of the national anthem or prayer in schools. It is up to governments and school officials in each country to determine whether, in the context of their society and existing laws, such matters infringe upon other rights protected by the Convention.

Article 30 (Children of minorities/indigenous groups): Minority or indigenous children have the right to learn about and practice their own culture, language and religion. The right to practice one's own culture, language and religion applies to everyone; the Convention here highlights this right in instances where the practices are not shared by the majority of people in the country.

Article 31 (Leisure, play and culture): Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities.

Article 32 (Child labour): The government should protect children from work that is dangerous or might harm their health or their education. While the Convention protects children from harmful and exploitative work, there is nothing in it that prohibits parents from expecting their children to help out at home in ways that are safe and appropriate to their age. If children help out in a family farm or business, the tasks they do be safe and suited to their level of development and comply with national labour laws. Children's work should not jeopardize any of their other rights, including the right to education, or the right to relaxation and play.

Article 33 (Drug abuse): Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade.

Article 34 (Sexual exploitation): Governments should protect children from all forms of sexual exploitation and abuse. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.

Article 35 (Abduction, sale and trafficking): The government should take all measures possible to make sure that children are not abducted, sold or trafficked. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.

Article 36 (Other forms of exploitation): Children should be protected from any activity that takes advantage of them or could harm their welfare and development.

Article 37 (Detention and punishment): No one is allowed to punish children in a cruel or harmful way. Children who break the law should not be treated cruelly. They should not be put in prison with adults, should be able to keep in contact with their families, and should not be sentenced to death or life imprisonment without possibility of release.

Article 38 (War and armed conflicts): Governments must do everything they can to protect and care for children affected by war. Children under 15 should not be forced or recruited to take part in a war or join the armed forces. The Convention's Optional Protocol on the involvement of children in armed conflict further develops this right, raising the age for direct participation in armed conflict to 18 and establishing a ban on compulsory recruitment for children under 18.

Article 39 (Rehabilitation of child victims): Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child.



Article 40 (Juvenile justice): Children who are accused of breaking the law have the right to legal help and fair treatment in a justice system that respects their rights. Governments are required to set a minimum age below which children cannot be held criminally responsible and to provide minimum guarantees for the fairness and quick resolution of judicial or alternative proceedings.

Article 41 (Respect for superior national standards): If the laws of a country provide better protection of children's rights than the articles in this Convention, those laws should apply.

Article 42 (Knowledge of rights): Governments should make the Convention known to adults and children. Adults should help children learn about their rights, too. (See also article 4.)

Articles 43-54 (implementation measures): These articles discuss how governments and international organizations like UNICEF should work to ensure children are protected in their rights.

Core Developmental Milestones of Filipino Children

	MOTOR	SELF-HELP	LANGUAGE	COGNITIVE	SOCIO-EMOTIONAL
60 months 5 years	 Throws ball overhead with direction	 Bathes unassisted	 Recounts recent experiences in order of occurrence using past tense	 Matches upper and lower case letters	 Uses cultural gestures of greeting without prompts (e.g., mano, bless kiss)
48 months 4 years	 Draws a human figure or house	 Uses toilet with occasional accidents	 Asks "WHAT", "WHO", and "WHY" questions	 Arranges objects according to size from smallest to biggest	 Plays organized group games fairly
36 months 3 years	 Runs without tripping	 Pulls down gartered shorts	 Speaks grammatically correct 2-3 word sentence	 Matches objects and pictures	 Imitates adult activities (e.g., cooking, washing)
24 months 2 years	 Holds crayon with palmar grasp; Scribbles spontaneously	 Drinks from cup with spillage	 Names objects in pictures	 Exhibits simple pretend play (e.g., feed, put doll to sleep)	 Rolls ball interactively with caregiver
18 months 1 year & 6 months	 Walks alone, rarely falls	 Feeds self using spoon with spillage	 Combines single words and gestures to make wants known (e.g., "out")	 Searches for completely concealed object	 Friendly with strangers but initially shows anxiety or shyness
12 months 1 year	 Stands with minimum support	 Feeds self with fingers (biscuits, bread)	 Uses meaningful sounds to refer to specific objects or persons (e.g., "mama", "dada")	 Looks at direction of fallen object	 Cries when caregiver leaves
8 months	 Sits alone steadily	 Begins to take solid foods	 Turns head when called by name, makes eye contact	 Explores objects by biting or holding	 Enjoys friendly handling
4 months	 Holds head steadily	 Sucks and swallows liquid	 Turns head forward sound	 Gazes slowly at moving objects	 Smiles and lifts arms to greet caregiver

Ensure the best possible start in your child's life. Monitor your child's development regularly.



Department of
Social Welfare
and Development



unicef
unite for children

UNIQUE NEEDS OF CHILDREN IN EMERGENCIES

When disaster strikes, children are the most vulnerable. When the people, places and routines they depend on for safety and wellbeing are affected by upheaval, children cannot adjust on their own. Yet, parents or guardians may be overwhelmed addressing the needs of their whole family's recovery. Child care centers and schools may be damaged, destroyed or used as shelters. At the same time, children are not just little adults. Infants, toddlers and children require special care and supplies at times of emergency. Children are also most likely to suffer long-term developmental, physical and psychological setbacks following a disaster. Preparing ahead of time to meet children's unique needs at times of disaster is critical to their protection.

The following unique needs of children in emergencies need to be addressed in emergency planning and preparation to help ensure children are safe and protected from harm.

RELIANCE ON CAREGIVERS

Children are physically and emotionally dependent on their caregivers, and rely on the guidance and direction of adults to keep them safe. During a disaster, all little eyes will be on their caregiver to know how to respond, including where to go, what to do, what to take, and how to reunite with their family. If parents, guardians and other caregivers are unprepared for a variety of disasters, children are left vulnerable, scared and at risk of harm.

SAFETY AND PROTECTION

Items that adults use every day can harm children. Medications, cleaning supplies, knives, plastic bags, coins, batteries and other small objects are unsafe for unattended children to be around. In the chaos of an emergency, it's important to have enough adults to care for children and also provide them with the supplies that they need. This rule also applies in disaster shelters, where planners and shelter managers should consider how the shelter setup can best (protect?) children. For example, are there family areas and family bathrooms set aside for parents or guardians with children?

COMMUNICATION AND IDENTIFICATION

Young children may not be able to verbally identify themselves or family members. Older children may not know who their emergency contacts are or how to reach them. The approximately 68 million children in U.S. schools or child care are separated from their family many hours a day, so all caregivers need to be equipped with the correct ID information for each child. This is critical to ensuring quick family reunification following a disaster.

MOBILITY

Infants and toddlers are unable to walk and young children may need to hold hands for balance, and move at a slow pace. Emergency plans must ensure there is a way to safely evacuate every child and necessary evacuation equipment (e.g., car seats, cribs, transportation) especially if there are a limited number of caregivers available to assist during an evacuation.

UNIQUE NEEDS OF CHILDREN IN EMERGENCIES

PHYSICAL NEEDS

Children's bodies are smaller and less developed, putting them at greater risk of illness or harm during an emergency. For example, because children have thinner skin, take more breaths per minute, and are closer to the ground than adults, they are more susceptible to harmful chemicals or carbon monoxide poisoning from fire smoke or chemical leaks. Children also require age and size appropriate doses of medication, which should be included in disaster supplies kits.

EMOTIONAL NEEDS

Children, no matter what age, are deeply affected by experiences of death, destruction, terror and the absence or powerlessness of their parents or guardians during a disaster. Their caregivers' reactions and responses can often add an additional layer of stress. Children process these events with limited understanding, and require specialized support to develop the knowledge and healthy coping skills needed to heal and recover.

ROUTINE AND COMFORT

Children depend on routine to help them make sense of their surroundings and feel comforted. Whether it is nap time, snack time or story time, keeping schedules consistent following a disaster is crucial in helping children cope and recover. Children also tend to be comforted by certain items they can touch or hold such as blankets, stuffed animals or toys. It's critical that parents, guardians and caregivers include such items in their disaster supplies kit.

NUTRITIONAL NEEDS

Children also have unique nutritional needs that require special emergency planning. Children require more fluids pound for pound than adults, which should be accommodated by keeping plenty of fluids in disaster supplies and ensuring children continue to hydrate even in stressful situations. Kids also require healthy and nutritious food to help them grow. Children can be picky eaters, so storing child-friendly snacks such as granola bars or fruit snacks with disaster supplies kits is advisable.

DEVELOPMENTAL NEEDS

A disaster may disrupt the school year or participation in child care. Children may also fall behind when they struggle with long-term physiological or psychological issues following a disaster. These setbacks, without the appropriate intervention can cause children to lag behind their peers educationally and developmentally, potentially changing the course of their lives and ability to thrive.



	Prevention and Mitigation (Avoid hazards and mitigate their potential impacts by reducing vulnerabilities and exposure and enhancing capacities of communities)	Preparedness (Establish and strengthen capacities of communities to anticipate, cope, and recover from the negative impacts of emergency occurrences and disaster)	Response (Provide life preservation and meet the basic subsistence needs of affected population based on acceptable standards during or immediately after a disaster)	Recovery and Rehabilitation (Restore and improve facilities, livelihood, and living conditions and organizational capacities of affected communities, and reduced disaster risks in accordance with the “building back together” principle)
Component				

COMPONENT 1: ESTABLISHMENT OF EVACUATION CENTERS					
Outputs	1 Established evacuation centers in the locality	2 Alternative evacuation centers other than schools and child development centers available identified	3 Basic social services in evacuation centers provided	4 Schools and child development centers used as evacuation centers repaired by local government unit	5 Child Protection Working Group (CPWG) established
Activities	<p>1.1 Conduct multi-stakeholders consultations</p> <p>1.2 Appropriate funds from the Annual Investment Plan of the LGU or the NDRRMF</p> <p>1.3 Build in safer, suitable, and accessible site</p> <p>1.4 Provide spaces for women, children, and appropriate religious and cultural practices</p> <p>1.5 Provide avenue to promote physical and psychosocial well-being of children, pregnant women, and lactating mothers</p> <p>1.5 Adapt Green Building Code</p>	<p>2.1 Coordinate with School Heads or relevant officials before using schools as evacuation centers</p> <p>2.2 Ensure education continuity</p> <p>2.3 Usage of schools due to lack of alternative evacuation centers should not exceed to 15 days</p> <p>2.4 Conduct inspection of schools used as evacuation centers</p> <p>2.5 Sign of Memorandum of Agreement between LGU and School on the use of schools as evacuation centers</p> <p>2.6 Explore other facilities in the schools as evacuation center (i.e. gymnasium, activity center)</p> <p>2.7 Clarify roles of school personnel in the evacuation centers</p>	<p>3.1 Provide space for breastfeeding and lactating women</p> <p>3.2 Provide health and nutrition services</p> <p>3.3 Retrofit evacuation centers</p>	<p>4.1. School Heads should report damages incurred in school facilities used as evacuation centers to respective LGUs</p> <p>4.2 Specify and agree on the period when to do the repair of school facilities</p> <p>4.3 School Heads to monitor the repair and replacement of school facilities</p>	<p>5.1 Establish CPWG 72 hours after the disaster</p> <p>5.2 Activate and ensure that the RCPWG (and local CPWG) are functional during disasters</p>

COMPONENT 2: ESTABLISHMENT OF CHILD AND WOMEN FRIENDLY TRANSITIONAL SHELTERS, AND A REFERRAL MECHANISM FOR ORPHANED, UNACCOMPANIED, AND SEPARATED CHILDREN						
Outputs	1 Technical Management Group for Transitional Shelters Formed	2 Eligibility Guidelines for Transitional Shelter Beneficiaries Developed	3 Guidelines for Delivery of Social Service Formulated	4 Transitional Shelters Established	5 Orphaned, Unaccompanied, and Separated Children Documented	6 Rapid Damage Assessment and Needs Analysis (RDANA) Conducted
Activities	<p>1.1 Assess alternative places whether it is a child or women friendly space</p> <p>1.2 Ensure that all identified alternative places are child and women friendly</p> <p>1.3 Review guidelines on transitional shelter</p> <p>1.4 Secure and inspect location of transitional shelters to ensure safety</p>	<p>2.1 Develop guidelines on temporary shelter beneficiaries</p>	<p>3.1 Develop guidelines on delivery of social services</p>	<p>4.1 Optional transitional shelter shall be established immediately after the declaration of State of Calamity</p> <p>4.2 Transitional shelter shall be based on RDANA</p> <p>4.3 Follow Sphere Standards 1:25 ration</p> <p>4.4 Include CFS, WFS, and WASH, and TLS facilities</p>	<p>5.1 Apply and adopt DSWD's Family Tracing and Reunification Program and Guidelines</p> <p>5.2 Determine committees, actors, and their function, and coordination mechanisms</p> <p>5.3 Develop guidelines for coordination and protocol</p>	<p>6.1 Disaggregate data on children (i.e. age, sex, orphaned, separated, unaccompanied, ethnicity, and religion)</p> <p>6.2 Disaggregate data on women (i.e. age, sex, disability, pregnant women and lactating mothers, caregivers of young children, head of family, and head of household)</p> <p>6.3 Disaggregate data to monitor and trace the number of affected families and children</p>

COMPONENT 3: ASSURANCE FOR IMMEDIATE DELIVERY OF BASIC NECESSITIES AND SERVICES			
Outputs	1 Basic necessities and services to children, pregnant women, and lactating mothers delivered	2 Needs of children, pregnant women, and lactating mothers delivered	3 Post-Disaster Needs Assessment (PDNA) conducted
Activities	<p>1.1 Provide the basic needs of children, pregnant women, and lactating mothers such as:</p> <ul style="list-style-type: none"> • Access to basic health services • Food • Water • Nutrition • Medicines • Clothing • Sanitary and Hygiene Kits or Dignity Kits • Protection • Education • Other emergency needs (i.e. blankets, mosquito nets, cooking ware and fuel, and flashlights) <p>1.2 Provide family kits with supplies for cooking, hydration, and dignity kits for women and children</p>	<p>2.1 Identify the needs of children within the first 72 hours after the emergency</p> <p>2.2 Identify the needs of children below 5 years old, children with special needs, children belonging to religious and ethno linguistic groups, pregnant women, and lactating mothers</p> <p>2.3 Conduct PFA and MHPSS within 72 hours of the emergency</p> <p>2.4 Immediately resume education and child development services</p> <p>2.5 Establish WFS where mothers can breastfeed their children</p> <p>2.6 Establish CFS to resume safe play areas, non-formal education and provision of psychosocial support</p>	<p>3.1 Conduct Children's Multi-sectoral Initial Rapid Assessment (MIRA) and incorporate results to PDNA</p>

COMPONENT 4: STRONGER MEASURES TO ENSURE SAFETY AND SECURITY OF AFFECTED CHILDREN			
Outputs	1 Safety and security of children is monitored	2 Safe and security of alert is heightened	3 Child Protection Policy is adopted
Activities	<p>1.1 PNP in coordination with AFP, DSWD, DILG, LGUs, DepEd, CHED, and CSOs shall monitor and ensure safety and security of children</p> <p>1.2 LGUs shall facilitate the regular participation of local police officers in their pre-disaster activities and efforts to prevent or address cases of VAWC in all phases of a disaster</p> <p>1.3 DepEd, CHED, TESDA, and DSWD shall include in their curricula and training information campaign on child protection, children's rights and gender-sensitivity as part of the disaster risk reduction and management (DRRM) activities</p>	<p>2.1 Upon the declaration of national and local SoC, the PNP, and DSWD, with the assistance of the AFP operating shall immediately heighten safety and security comprehensive measures and monitoring to prevent gender and child trafficking, child labor, and prostitution, including domestic and sexual violence</p> <p>2.2 Ensure establishment of VAWC Desks in evacuation centers to be supervised by PNP in coordination with LGUs</p> <p>2.3 Set up checkpoints at airports, piers, bus terminals, and other points of entry to prevent cases of child trafficking during large scale evacuations</p> <p>2.4 For affected areas in ARMM, the Local Peace and Order Council shall give the final signal for the movement of families between evacuation centers, transitional shelters, or sites and permanent settlement areas</p>	<p>3.1 The DSWD in coordination with the Council for the Welfare of Children (CWC) shall require all government agencies, LGUs, and CSOs which are tasked to provide any assistance or services to the affected children to adopt a Child Protection Policy</p>

COMPONENT 5: DELIVERY OF HEALTH, MEDICAL, NUTRITION, AND WASH SERVICES					
Outputs	1 Minimum Initial Service Package (MISP) for Sexual and Reproductive Health Delivered	2 Safe Motherhood Services Provided	3 Nutrition Services Provided	4 Services for the Management of Childhood Illness Delivered	5 Water, Sanitation, and Hygiene (WASH) Monitored
Activities	1.1 Adopt the DOH's MISP Guidelines	2.1 Provide necessary vitamins and minerals for pregnant women during pre-natal services and for lactating women 2.2 Prenatal care and postpartum services shall be made available as the situation allows 2.3 Establish and maintain a 24-hour referral system for safe motherhood (i.e. transport and communication services)	3.1 Adapt the National Nutrition Council Board Resolution on Nutrition Services 3.2 Establish community kitchen	4.1 Camp Managers shall sheep the evacuation center and transitional shelter clean, vector, rodent and smoke free 4.2 Infectious cases should be isolated and referred to health services 4.3 DOH shall provide consultation procedures with health workers (i.e. referral system) for evacuation 4.4 DOH shall provide necessary vaccination services	5.1 Adapt the DepEd and LGU standard on WASH

COMPONENT 5: DELIVERY OF HEALTH, MEDICAL, NUTRITION, AND WASH SERVICES				
Outputs	6 Services for Responsible Parenthood and Reproductive Health Delivered	7 Services for STI, HIV, and AIDS delivered	8 Services for survivors of gender-based violence provided	9 Mental Health and Psychosocial Support services are provided
Activities	<p>6.1 Provide free contraceptives to existing or current users, including women and girls of reproductive age</p> <p>6.2 Provide appropriate information on responsible parenthood and reproductive health</p> <p>6.3 Distribution of contraceptive must go along with Health and Parenthood Education</p> <p>6.4 Promote Couples Rooms to address the Physiological Needs of Married Couples</p>	<p>7.1 Strictly adhere to universal precautions such as rational and safe blood transfusion</p> <p>7.2 Provide anti-retroviral (ARVs) for those undergoing treatment</p> <p>7.3 Provide syndromic treatment of STIs for girls, boys, women, and men</p> <p>7.4 Provide timely referral of cases on STI, HIV, and AIDs to relevant services on social welfare, health, protection for appropriate management and care</p>	<p>8.1 Deployed health workers shall provide clinical and psychological care for GBV survivors through women and Child Protection Units in public secondary and tertiary health facilities and LCAT-VAWC desks in evacuation centers or transitional shelter or sites</p> <p>8.2 Strengthen the Referral System</p> <p>8.3 Check the level of capacity of providers to handle GBV and handling children</p> <p>8.4 The LDRRMC shall ensure that all emergency responders sign forms to affirm their commitment to a Code of Conduct to prevent future acts of sexual exploitation and abuse</p>	<p>9.1 Conduct MHPSS and case management</p>

COMPONENT 6: PLAN OF ACTION FOR PROMPT RESUMPTION OF EDUCATIONAL SERVICES FOR CHILDREN					
Outputs	1 Resources for the resumption of educational services stockpiled	2 Schools used as evacuation centers maintained and repaired	3 Minimum Standards for education interventions formulated	4 Resumption Strategy included in the School DRRM Plan	5 School and Child Development Center personnel and learners tracked
Activities	<p>1.1 Preposition of education materials such as tents for use as temporary learning spaces, learning resources, educational kits, and the like</p> <p>1.2 Come up with the list of standard items included in the kit</p> <p>1.3 In the event that stockpiled material are insufficient, DepEd may avail of procurement to fast track the procurement of basic teaching and learning supplies and tents</p>	<p>2.1 The affected LGU is primarily responsible for the maintenance or repair of schools or child development centers which are used as evacuation centers</p>	<p>3.1 DepEd and DSWD shall provide minimum standards for education interventions (e.g. learning kits, teaching kits, infrastructure, feeding, manipulative toys including donations and assistance of partners)</p>	<p>4.1. DepEd shall ensure that a resumption strategy is included in the DRRM Plan of Schools through the School Improvement Plan</p> <p>4.2 Review the guidelines on School Patrol and Back-to-School campaign</p> <p>4.3 Formulate the standard on the resumption strategy</p>	<p>5.1 DepEd and the affected LGU are responsible for tracking the status (i.e. displaced, missing, injured, sick and deceased) of personnel and students of schools and child development centers</p>

COMPONENT 6: PLAN OF ACTION FOR PROMPT RESUMPTION OF EDUCATIONAL SERVICES FOR CHILDREN				
Outputs	6 Classes are promptly resumed	7 Flexible Learning Materials Available	8 Temporary Learning Spaces Established	9 Coordination Mechanism on Transit of Learners and Teachers Formulated
Activities	6.1 DepEd and the affected LGU, with assistance from DILG, shall coordinate to facilitate the resumption of classes	7.1 LGUs are encouraged to allocate budget for the stockpiling of education supplies, student packs, and ECCD packages 7.2 LGUs are counseled to apportion provision for teacher packs and instruction materials within their evacuation management budget and plan	8.1 Transitional sites and permanent resettlement sites that are far from existing schools or child development centers shall be provided with TLS 8.2 The teaching-learning approaches in TLS shall be age-appropriate and culture-sensitive 8.3 TLS shall be accompanied with WASH facilities	9.1 Proper coordination between DepEd, DSWD, the affect LGU, relevant child focused CSOs, and other stakeholders shall be undertaken to ensure the safety and transportation of learners and teachers, ALS instructors, and other personnel to and from evacuation centers 9.2 Avoid using military vehicles in conflict affected areas 9.3 Set up minimum standards on transit requirements in emergency

COMPONENT 7: ESTABLISHMENT OF CHILD FRIENDLY SPACES IN EVACUATION CENTERS AND TRANSITIONAL SHELTERS	
Outputs	<p>1</p> <p>Child Friendly Spaces (CFS) established by the local government units</p>
Activities	<p>1.1 The concerned LGU shall set up CFS in evacuation centers and transitional sites in every city or municipality declared under a state of calamity, based on the guidelines promulgated by DSWD through CWC</p> <p>1.2 LGUs shall coordinate with lead national government agencies and CSOs to effectively respond to the need of the children in the area</p> <p>1.3 CFs shall be identified prior to the occurrence of a disaster, and shall be made available throughout a crisis, from emergency to recovery</p> <p>1.4 In constructing CFS, consider type (i.e. semi-permanent, permanent, tents)</p> <p>1.5 When there is an identified limited space, the space use of CFS can also be utilized as TLS/WFS</p> <p>1.6 Provide allowance to CFS Facilitators</p> <p>1.7 CFS activities to be included in the LDRRM Fund</p> <p>1.8 Child Protection in Emergency is the overarching framework to include the establishment of CFS and WFS</p>

COMPONENT 8: PROMOTION OF CHILDREN'S RIGHTS					
Outputs	1 Child-centered training for all responders provided and local service providers in the establishment of Child Friendly Space capacitated	2 Adequate access to age-appropriate information is provided	3 Effective mechanisms for age-appropriate training and meaningful participation of children in community disaster risk reduction program provided	4 Affected children are consulted on their needs and priorities	5 Any and all measures that promote the best interest of children in times of emergency or disaster instituted
Activities	<p>1.1 Specify members who will establish the CFS</p> <p>1.2 Adapt/ Follow Child Protection Policy in Emergency Situations</p> <p>1.3 Roll out or disseminate the Children's Guidebook on Child Participation in the Philippines (CWC), particularly in humanitarian emergency response</p> <p>1.4 Integrate sensitivity module on gender, IP, and disability concerns</p> <p>1.5 Strengthen and mobilize LCPC on DRR capacities for children</p>	<p>2.1 Develop child-friendly information materials on DRR and CCA</p> <p>2.2 Conduct children's consultation on DRR and CCA</p> <p>2.3 Orientation on Personal Safety lesson from DepEd</p> <p>2.4 Use online technology/ platforms/ social media to children for disseminating DRR to children</p> <p>2.5 Develop compendium of existing child friendly materials as reference of implementation</p>	<p>3.1 Conduct orientation of children on the local DRR plans</p> <p>3.2 Children participate in the development of local DRRM Plans</p> <p>3.3 Inclusion of concerns, needs, and views of children in the local DRRM plans</p> <p>3.4 Develop criteria and selection process in identifying children who will participate in the planning process</p> <p>3.5 Children to participate in age-appropriate DRR activities i.e. risk assessment, development of early warning systems, drills, basic life support, basic community action for disaster response (e.g. CADRE of DSWD)</p> <p>3.5 Support DRR initiatives of children's organization</p>	<p>4.1 Adapt multi-sectoral initial rapid assessment (MIRA) with children for post disaster relief and recovery consultations</p> <p>4.2 Adapt child-friendly accountability and feedback mechanisms for children as basis for enhancement of interventions</p>	<p>5.1 Develop/ integrate existing components of CEPC in LGU plans, programs, and services on DRR</p> <p>5.2 Adapt procedure in assessing the best interest of the child (with reference to CRC General Comments #14 on the Best Interest of the Child)</p> <p>5.3 Ensure standard protocols and case management process(es) are observed/ complied with during emergency situations</p> <p>5.4 Conduct assessment of potential risks before implementing DRR activities involving children</p>

ECCD Interventions in Education Sector			
Children aged 0–2 years	Children aged 3–4 years	Pregnant women and lactating mothers	Parents and other caregivers
<ul style="list-style-type: none"> ✓ CFS where mother can nurse or massage newborns ✓ CFS where children can play and interact ✓ Provide gender neutral and appropriate play materials ✓ Organize early stimulation and play activities for children that involves parents and carers ✓ Engage trusted older women and youth as CFS volunteers ✓ Reinstate previously damaged ECCD centers through rehabilitation and reconstruction, and supplying play materials 	<ul style="list-style-type: none"> ✓ Provide locally adapted ECCD kits ✓ Facilitate learning and psychosocial well-being through developmentally appropriate activities ✓ Run activities that build children's life skills and resilience such as survival skills and injury prevention ✓ Support local government to rehabilitate and rebuild ECCD centers ✓ Provide services adapted to children with special needs, making use of family- based and community- based supportive mechanisms ✓ Support mobile libraries where possible 	<ul style="list-style-type: none"> ✓ Provide information about child development and good childcare practices ✓ Continue parenting sessions on child development and childcare ✓ Coach caregivers on making toys from local materials ✓ Include disaster risk reduction concepts and practice in all capacity development activities 	<ul style="list-style-type: none"> ✓ Conduct orientation training of volunteers and para- professionals on ECCD issues such as child health, infant feeding, early stimulation, hygiene and sanitation, making toys from local materials and managing CFS ✓ Provide facilitator kits ✓ Sensitize mothers, fathers, grandparents, and older siblings on good childcare practices ✓ Monitor caregivers' performance and provide regular coaching as needed ✓ Deploy emergency ECCD specialists to affected areas to train staff and provide on the spot coaching to care providers and teachers ✓ Provide training to volunteers, facilitators and preschool teachers on elements such as code of conduct, principles of ECCD in Emergencies, planning activities and making toys from local materials ✓ Help set up parent groups as focal point for parent education, sharing experiences, and mutual support in times of crisis

ECCD Interventions in Education Sector (cont.)			
Children aged 0–2 years	Children aged 3–4 years	Pregnant women and lactating mothers	Parents and other caregivers
<ul style="list-style-type: none"> ✓ Support children's early stimulation and play at home and in community-based ECCD centers ✓ Involve older children in supporting and stimulating younger ones ✓ Rehabilitate and reconstruct community-based ECCD centers to meet hazard-resistant standards 	<ul style="list-style-type: none"> ✓ Integrate disaster risk reduction activities ✓ Conduct periodic monitoring to ensure that support reaches all affected children ✓ Provide center with basic evacuation tools such as first aid kits and megaphones ✓ Organize campaigning or sensitization activities to encourage all children to attend preschool or community-based early learning venues ✓ Incorporate disaster risk reduction, life skills, citizenship, and peace education into curriculum of early learning programs 		<ul style="list-style-type: none"> ✓ Build capacities of caregivers through support and training on ECCD ✓ Involve family members in running activities in CFS/TLS and evacuation centers ✓ Sensitize parents and caregivers to continue to support their children's early learning and development ✓ Help parents and caregivers to understand the changes they see in their children following a crisis ✓ Support training in disaster risk reduction for parents and teachers ✓ Promote establishment of ECCD management committees with the participation of parents ✓ Promote the integration of any preschool teacher and para-professional caregivers who were recruited and trained during emergency response into the existing system ✓ Integrate psychosocial support and related strategies into existing teacher training programs

ECCD Interventions in Health Sector			
Children aged 0–2 years	Children aged 3–4 years	Pregnant women and lactating mothers	Parents and other caregivers
<ul style="list-style-type: none"> ✓ Support children's immunization, deworming, and dental care ✓ Conduct daily medical visits to evacuation centers ✓ Organize weekly health check-up ✓ Set up growth monitoring facilities ✓ Supply basic medicines, oral rehydration salts and first-aid to CFS and ECCD centers ✓ Provide safekeeping for health cards and birth certificates ✓ Establish basic health services such as ambulatory care and mobile clinics ✓ Facilitate referrals to professional services when necessary 	<ul style="list-style-type: none"> ✓ Arrange immunization, deworming, health check-ups, and screening for symptoms of illnesses ✓ Refer severe care to mobile clinics or hospitals ✓ Supply basic medicines, oral rehydration salts and first-aid to CFS and ECCD centers ✓ Organize health and hygiene promotion activities for children ✓ Provide safekeeping for health cards and birth certificates ✓ Work with local authorities to rehabilitate community health centers and reactivate healthcare services for young children 	<ul style="list-style-type: none"> ✓ Provide contact information of municipal midwives, skilled birth attendants, and health workers to facilitate antenatal and postnatal check-ups ✓ Provide antenatal support ✓ Organize parenting sessions to sensitize parents on antenatal and postnatal care, family planning, newborn care, child health, nutrition, child dental care, exclusive breastfeeding, immunization, prevention and treatment of diarrheal and respiratory diseases and good childcare practices ✓ Promote breast feeding infants and safe motherhood practices ✓ Promote continued support of health workers for pregnant women and new mothers 	<ul style="list-style-type: none"> ✓ Train community volunteers on mother and child healthcare, immunization as well as prevention, early detection, control and management of childhood illnesses and ECCD practices ✓ Facilitate health worker outreach to families of newborns by support transport facilities or mobile clinics ✓ Facilitate training and accreditation of skilled birth attendants ✓ Provide teaching and information materials on mother and child health ✓ Organize orientation for parents, caregivers, and teachers on healthcare, and preventing and identifying common early childhood diseases ✓ Guide parents in preparing oral rehydration salts

ECCD Interventions in Health Sector (cont.)			
Children aged 0–2 years	Children aged 3–4 years	Pregnant women and lactating mothers	Parents and other caregivers
<ul style="list-style-type: none"> ✓ Rehabilitate and reconstruct damaged community health centers to meet hazard-resistant standards ✓ Conduct regular growth monitoring according to the national established norms, and provide micronutrient supplements 	<ul style="list-style-type: none"> ✓ Display and distribute posters conveying health-related messages ✓ Conduct health promotion sessions in community-based learning centers 	<ul style="list-style-type: none"> ✓ Provide training in contingency planning for health workers in maternity units and health centers ✓ Continue parent sessions on child and maternal health 	<ul style="list-style-type: none"> ✓ Support parenting programs that provide information on health issues

ECCD Interventions in Nutrition Sector			
Children aged 0–2 years	Children aged 3–4 years	Pregnant women and lactating mothers	Parents and other caregivers
<ul style="list-style-type: none"> ✓ Conduct nutrition screening and monitoring ✓ Provide micronutrient supplements ✓ Find wet nurses for infants separated from their parents and relatives ✓ Complement feeding programs with play activities that promote socio-emotional support ✓ Provide therapeutic feeding for children with severe malnutrition ✓ Provide supplementary feeding to children at risk of malnutrition ✓ Conduct monitoring nutrition during home visits and at ECCD centers ✓ Refer cases of severe malnutrition 	<ul style="list-style-type: none"> ✓ Supply adequate micro nutrient supplements for young children ✓ Conduct growth and nutrition monitoring ✓ Support supplementary feeding in CFS and ECCD centers in critical situations, ensuring that there is no gender-based discrimination in distribution of nutrition ✓ Provide therapeutic feeding to children who need it ✓ Promote regular nutrition monitoring ✓ Support feeding programs for preschools in critical areas 	<ul style="list-style-type: none"> ✓ Provide space for new mothers to breastfeed ✓ Provide pregnant mothers with micronutrient supplements ✓ Encourage exclusive breastfeeding for the first 6 months ✓ Provide nutritious food to pregnant women and lactating mothers, accompanied by information about nutritious food that is locally available ✓ Deploy a lactation counsellor to support mothers and promote relactation for women who have ceased to breastfeed their babies ✓ Provide information and advice on nutrition for pregnant women, lactating mothers, and young children through parenting sessions and home visits ✓ Provide targeted supplementary food provision for pregnant and lactating mothers at risk of malnutrition 	<ul style="list-style-type: none"> ✓ Train caregivers on feeding infants and young children, and on management of acute malnutrition ✓ Deploy profession and volunteer infant and young child feeding counsellors to share information on nutrition issues and breastfeeding, appropriate complementary feeding, and integration on early stimulation with breastfeeding ✓ Conduct regular weighing and baby check-ups in affected communities ✓ Provide teaching and information materials on nutrition ✓ Orient caregivers on relevant policies and protocols on nutrition on emergency ✓ Support the formation of mother's support group ✓ Provide caregiver orientations on children nutrition needs and nutrition monitoring ✓ Provide information about nutritious food that can be found locally

ECCD Interventions in Protection Sector

Children aged 0-2 years	Children aged 3-4 years	Pregnant women and lactating mothers	Parents and other caregivers
<ul style="list-style-type: none"> ✓ Promote and facilitate birth registration ✓ Register children to minimize separation during times of population movements and provide ID bracelets ✓ Refer to agencies offering family tracing and reunification ✓ Implement preventive measures to combat child abuse and trafficking ✓ When newborns are separated, make sure their basic needs for food, warmth, and care are met ✓ Continue to promote breastfeeding as the optimal psychosocial support for infants through individual support and continued dialogue with mothers 	<ul style="list-style-type: none"> ✓ Put safety measures in place in CFS and ECCD centers ✓ Prevent children from becoming separated from their families by providing information to parents and children about the risks ✓ Register children and provide them with ID ✓ Provide information for children on self-protection and on how to report any protection issues to a trusted adult ✓ Involve youth in organizing activities for young children ✓ Create physical and artistic opportunities for children to talk about and express painful experiences and feelings ✓ Ensure that separated children are in stable alternative care arrangements and that their tracing is followed up 	<ul style="list-style-type: none"> ✓ Provide group psychosocial support ✓ Organize mothers' support groups ✓ Keep breastfeeding mothers and their children together ✓ Facilitate bonding between mothers and children ✓ Mobilize teams of psychosocial support staff trained during preparedness phase to support mothers and caregivers ✓ Incorporate protection issues into discussions with parents ✓ Strengthen community-based protection mechanisms to safeguard young children 	<ul style="list-style-type: none"> ✓ Support caregivers to create protective environments with CFs and evacuation centers ✓ Orient caregivers on how to identify problems and to support children's psychosocial health and how to identify harmful responses to a child's stress ✓ Train caregivers on child protection and positive discipline ✓ Provide information and support for caregivers on protection issues ✓ Refer caregivers to health centers when they have considerable difficulties caring because of mental health issues ✓ Facilitate nurturing care and support through caregiver education and by forming communal playgroups and informal parents gatherings in safe spaces ✓ Provide orientation to caregivers and teachers on how to support children suffering from continued distress ✓ Provide training and information on how to identify and support children with protection issues ✓ Continue working with parents and teachers to strengthen the protective environment for young children, providing support for community initiatives

ECCD Interventions in Water, Sanitation, and Hygiene (WASH) Sector

Children aged 0–2 years	Children aged 3–4 years	Pregnant women and lactating mothers	Parents and other caregivers
<ul style="list-style-type: none"> ✓ Provide water and sanitation hand-washing facilities ✓ Supply hygiene kits suitable for infants and toddlers ✓ Support toilet training and hand washing ✓ Provide a potty or bucket latrine ✓ Set up baby-bathing stations ✓ Arrange for safe disposal of feces and solid waste ✓ Support initiatives that promote health and hygiene ✓ Ensure that rebuilt ECCD centers have clean water points and sanitation facilities appropriate for small children ✓ 	<ul style="list-style-type: none"> ✓ Coordinate with relevant agencies to ensure sufficient water supply, including technical and material support to implementing partners ✓ Provide child-accessible latrine facilities in CFS and ECCD centers ✓ Provide hygiene kits to CFS and promote handwashing through music, theatre, and drawing ✓ Disseminate information on safe solid waste and excreta disposal and provide appropriate facilities ✓ Ensure that rebuilt ECCD centers have clean water points and sanitation facilities appropriate for small children ✓ Sensitize and mobilize community participation in maintaining sanitation points 	<ul style="list-style-type: none"> ✓ Incorporate hygiene issues in parenting sessions ✓ Provide family hygiene kits ✓ Provide safe and sufficient water and culturally appropriate sanitation facilities ✓ Distribute messages about sanitation and hygiene to families and community 	<ul style="list-style-type: none"> ✓ Sensitize caregivers to the importance of hygiene and sanitation ✓ Involve caregivers in monitoring and maintaining water supplies and latrines in CFS and evacuations centers ✓ Use non-toxic play and learning materials ✓ Provide family hygiene kits ✓ Disseminate information on safe disposal of solid waste and excreta, and provide appropriate facilities ✓ Educate families on the importance of safe water, proper sanitation and hygiene practices such as washing hands after every use of toilet and before eating or preparing food ✓ Include WASH issues in parenting and preschool teacher training programs

	Prevention and Mitigation (Avoid hazards and mitigate their potential impacts by reducing vulnerabilities and exposure and enhancing capacities of communities)	Preparedness (Establish and strengthen capacities of communities to anticipate, cope, and recover from the negative impacts of emergency occurrences and disaster)	Response (Provide life preservation and meet the basic subsistence needs of affected population based on acceptable standards during or immediately after a disaster)	Recovery and Rehabilitation (Restore and improve facilities, livelihood, and living conditions and organizational capacities of affected communities, and reduced disaster risks in accordance with the “building back together” principle)
Component	0-2 year old children	0-2 year old children	0-2 year old children	0-2 year old children
	3-4 year old children	3-4 year old children	3-4 year old children	3-4 year old children
	Pregnant women	Pregnant women	Pregnant women	Pregnant women
	Lactating mothers	Lactating mothers	Lactating mothers	Lactating mothers

ECCD Situation Assessment Tool

Introduction

Philippines encounter a lot of emergency situations, from natural disasters such as typhoon, earthquake, landslides, flood, tsunami, volcanic eruption to human-induced disasters such as fire and armed conflict. The continuous experience of these emergency situations puts the young children at risk, as well as the pregnant women and lactating mothers.

It is very important that all of us know how to respond in such cases. Being prepared is crucial in an effective response to emergency situations. It can reduce adverse impact on young children and to the whole community as well. Preparedness plan highlights the vulnerability and capacity of a community. It indicates what needs to be done, who are tasked to lead and respond, when and how to implement interventions in the event of an emergency.

While ECCD programs and services are in place, these should be delivered at all times and even during disasters. This tool is meant to be self-administered and serve as guide in the facilitation of situation assessment between and among stakeholders and service providers in each sector of ECCD, namely 1) health and nutrition, 2) early childhood education, and 3) social protection and social services. Data coming from this assessment shall be the basis of stakeholders in designing intervention programs that would address the gaps identified and further capacitate the community and front line service providers of ECCD.

Community Profile

Area	Region:										
	Province:										
	City/Municipality:										
Community Profile	Barangay:										
	Punong Barangay:										
	Total General Population:										
	Total Number of Households:										
Profile of Children 0–4 years old	Age group	Total number of Children			Total number of Indigenous Children			Total number of Children with Disabilities			
		boys	girls	total	boys	girls	total	boys	girls	Total	Type of Disability
	0–11 months										
	1.0 – 1.1yrs										
	2.0 – 2.1yrs										
	3.0 – 3.1yrs										
	4.0 – 4.1yrs										
	Grand Total										
	Profile of Pregnant Women	Age Group	Total # of Women	Total # of IP Women	Total # of Women w/ Disabilities	Type of Disability (if possible)					
< 20 yrs											
21–30 yrs											
31–40 yrs											
> 40 yrs											
Grand Total											
Profile of Lactating Mothers		< 20 yrs									
	21–30 yrs										
	31–40 yrs										
	> 40 yrs										
	Grand Total										
Most recent disasters experienced by the community			Type of disaster		Date	Duration					
			Natural	Human – induced							

This section aims to assess general knowledge on laws relative to ECCD and DRRM. Put a check mark on the right column.

PHILIPPINE LAWS	Yes	No
PD 603 – Child and Youth Welfare Code		
RA 4881 – Act Creating a Council for the Protection of Children in Every City and Municipality in the Philippines		
RA 6972 – Act Establishing a Day Care Center in Every Barangay		
RA 7610 – Act Providing for Stronger Deterrence and Special Protection Against Child Abuse, Exploitation and Discrimination		
RA 10121 – Philippine Disaster Risk Reduction and Management Act of 2010		
RA 10410 – Early Years Act of 2013		
RA 10821 – Children’s Emergency Relief and Protection Act of 2016		

Accomplished by: _____

Designation: _____ Date: _____

Early Childhood Health and Nutrition Services

This part of the instrument aims to establish what specific health and nutrition programs and services you are able to deliver on a regular basis and which get disrupted during times of emergencies and/or disasters.

Mark check which is applicable.

Programs and Services	Thematic Areas of Emergency			
	Preparedness	Prevention & Mitigation	Response	Recovery and Rehabilitation
I. Health and Nutrition				
1. Mother and the newborn child				
1.1. Prenatal care				
1.2. Promotion of consumption of fortified foods				
1.3. Tetanus toxoid immunization				
1.4. Iron supplementation				
1.1. Clean and safe delivery				
1.5. Parenting seminars				
1.6. Promotion of safe motherhood practices				
1.7. Breastfeeding in the first hour				
1.2. Physical and psychological preparation for breastfeeding				
1.8. Others, please specify:				
2. Infant (1 day to <1 yo)				
2.1 Integrated Management of Child Illness				
2.2. Newborn screening				
2.3. Growth monitoring and promotion of full immunization				
2.4. Exclusive breastfeeding				
2.5. Extended breastfeeding and complementary feeding				
2.6. Vitamin A supplementation				
2.7. Iron supplementation				
2.8. Deworming				
2.9. Promotion of consumption of fortified foods				

2.10. Food supplementation				
2.11. Development screening through ECCD Checklist				
2.12. Others, please specify:				
3. Young children (1 to 4 years)				
3.1. Integrated Management of Child Illness				
3.2. Growth monitoring promotion				
3.3. Expanded program on immunization				
3.4. Promotion of consumption of fortified foods				
3.5. Vitamin A supplementation				
3.6. Iron supplementation				
3.7. Deworming				
3.8. Supplementary feeding programs and play activities				
3.9. Therapeutic feeding programs				
3.10. Others, please specify:				
4. Other Health and Nutrition Services				
4.1. Access to safe water				
4.2. Provision of water and sanitation facilities to ECCD centers and pre-Kindergarten settings				
4.3. Available hygiene kits, baby kits and water kits in ECCD centers and pre-Kindergarten settings				
4.4. Provision of chlorine or purification tablets and detailed user and safety instruction in the local language				
4.5. Access and knowledge in the use of soap for good hand-washing and hygiene practice				
4.6. Waste disposal messages and safe excreta and solid waste disposal				

4.7. Education of families on the importance of water, sanitation and hygiene				
4.8. Mobile clinics				
4.9. Referral system to other services				
4.10. Training of health workers in ECCD practices				
4.11. Others, please specify:				

Qualitative Response:

Can you identify significant disaster situations that have been experienced by your community and briefly describe how ECCD was delivered during this time? What is successful? Why or why not?

How do you get to sustain the delivery of ECCD program and services during times of disaster?

What are the major challenges to sustaining ECCD programs and services during times of disaster? How do you address the challenge? What are your recommendations?

Inventory of Health and Nutrition Resources in DRRM

This section aims to create an inventory of resources available in and to the community in delivering health and nutrition services in DRRM.

1. Health Center	Details		
1.1. Health Center Location	Bldg. No./Street:		
	Location (by the river or sea, mountainous, brgy compound):		
1.2. Health Center Details	Details	Check which is available	Specify number
1.2.1. Type of Building	Fully concrete		
	Semi-concrete		
	Makeshift		
	Others, please specify:		
1.2.2. Examination room			
1.2.3. Washroom/comfort room			
1.2.4. Furniture and Equipment	Tables		
	Chairs		
	Beds		
	Cooking utensils		
	Weighing scale		
	Height board		
1.2.5. Electrical System	Bulbs		
	Plugs		
1.2.6. Water System	Potable water		
	Non-potable water		
	River/stream water		
	Lake/pond water		
	Shallow deep well water		
	Rain water		

2. Emergency Health Kit	Details	Check which is available	Specify number
2.1. Basic drugs	Acetylsalicylic Acid		
	Aluminumbenzyl Benzoate		
	Cetrimide/chlorhexidine glub		
	Chloroquine phosphate		
	Co-trimoxazole		
	Ferrous Sulphate		
	Gentian Violet		
	Mebendazole		
	Oral rehydration salts		
	Paracetamol		
	Tetracycline hcl eye ointment		
2.2. Supplementary drugs (please supply other drugs available to you for the delivery of early childhood care and development)			
2.3. Basic Equipment	Plastic bottle		
	Cap with spout for bottle		
	Plastic bucket		
	Kidney dish		
	Dressing set with instrument box, dissection and artery forceps, surgical scissors		
	Drum for cotton wool and gauze diam		
	Instrument tray		
	Syringes		
	Foldable water bag		
	Surgical gloves		
	Suture Vicryl		
	Tongue depressor		
	Feeding tube		
	Gauze compresses		
	Needles		
	Urine collecting bag		

2.3. Basic Equipment (cont.)	Clinical thermometer		
	Hydrophilic gauze		
	Mucus extractor for babies		
	Scalp vein infusion set		
	Sodium dicloroiso cyanurate		
	Apron		
	Surgical knives		
	Sphygmomanometer		
	Stethoscope		
	Abscess/suture set		
	Midwifery kit with instrument box, scissors, dissecting straight Mayo, forceps artery Pean		
	Sterilizer		
	Stove kerosene for sterilizer		
	Tourniquet		
	Towel		
3. Basic Items and Equipment	Details	Check which is available	Specify number
3.1. Equipment for Personnel	Water storage and water treatment equipment		
	Tents and tarpaulins		
	First aid kits and personal health items		
	Stoves and fuel		
	Cooking and eating utensils		
	Emergency food		
	Sleeping bags, blankets		
	Portable radio receiver		
	Waterproof bags		
	Identity cards		
	Rain protection		
	Flashlights		
	Telecommunications equipment		
	Extra batteries		
	Public address equipment		
	Whistle		

3.2. Equipment for Emergency Water Supply and Sanitation	Packaged water storage/ treatment kits		
	Treatment chemicals		
	Water-quality testing kits		
	Water collection and storage containers		
	Picks, shovels, rakes, hoes		
	Plastic sheeting, poles and nails		
3.3. Items in Monitoring and Surveillance	Maps		
	Baseline statistical data		
	Calculators		
	Dictation equipment		
	Photographic equipment		
	Blood-collection equipment		
	Equipment for carrying specimens and water samples		
	Chlorine test equipment		
	Water-quality test equipment		
	Tape measures		
	Insect-collection equipment		
	Water-pressure gauge		
	Graph paper		
	Mapping pins		
	Portable computer with modem and communications and mapping software		
3.4. Administrative and office items	Paper		
	Pens and pencils		
	Computers, printers, typewriters		
	Filing equipment		
	Photocopiers		
	Batteries		
	Lighting and generators		

4. Is there an alternative accommodation if Health Center is destroyed?

() Yes

() No

5. If yes, refer to the following table.

Type of Accommodation	Materials/Facilities/Equipment Available	Number of children to be accommodated
Evacuation Center		
House		
ECCD Center		
Church/Mosque/Chapel		
Multipurpose hall		
Tent/makeshift		
Outdoor (Under tree/shade)		
Others, please specify:		

Qualitative response:

With the basic and supplemental drugs and equipment available in your barangay, what diseases are you able to handle at your level?

What diseases have you experienced at your barangay that you needed to refer to the city/municipality health unit or hospital?

What reactions, comments or suggestions do you have regarding the alternative accommodation/s?

6. Does the alternative accommodation have the following safety features?

Please refer to the table below.

Characteristics	Check which applies	
	Yes	No
6.1. Safe, secure site to set up temporary medical services		
6.2. The site is cleared of any objects that may be harmful to children, such as unexploded ordnance, sharp metal or broken glass		
6.3. Space has shade and is protected against wind, rain and dust, and is removed from stagnant water, main roads and distribution points		
6.4. The site is well monitored and that children do not have to walk a long distance to reach the facility		
6.5. The site has adequate storage capacity for basic health supplies		

7. Identify the number of the following personnel needed in the delivery of health and nutrition services in DRRM

Personnel	Specify number
7.1. Doctor	
7.2. Nurse	
7.3. Midwife	
7.4. Barangay Health Worker	
7.5. Barangay Nutrition Scholar	
7.6. Other agencies, NGOs, POs, and religious organization that assist in the delivery of health and nutrition services in DRRM	
7.7. Available mass media including radio and press personnel who are useful in social mobilization and raising awareness about the health and nutrition needs in DRRM	

8. Other Personnel Concerns

Personnel Concerns	Check which applies	
	Yes	No
8.1. Is there a capacity to offer monetary or in-kind incentives to attract health workers to give service in adverse conditions and to help recruits meet their own or their families' emergency needs so they can focus on the needs of the children?		
8.2. Are there clear policies with other agencies and NGOs to ensure standardized remuneration rates for workers		

This part of the instrument aims to establish what specific early childhood education programs and services you are able to deliver on a regular basis and which get disrupted during times of emergencies and/or disasters.

Programs and Services	Thematic Areas of Emergency			
	Preparedness	Prevention & Mitigation	Response	Recovery and Rehabilitation
1. ECCD Programs				
1.1. Child Minding Service				
1.2. Child Development Center				
1.3. Private Learning Center				
1.4. Supervised Neighborhood Play				
1.5. Faith-based Center				
1.6. Alternative Modes – ECCD on Wheels, on Horse, on Boat, on Air				
<u>Qualitative Response:</u>				
Can you identify significant disaster situations that have been experienced by your community and briefly describe how ECCD was delivered during this time? What is successful? Why or why not?				
How do you get to sustain the delivery of ECCD program and services during times of disaster?				
What are the major challenges to sustaining ECCD programs and services during times of disaster? How do you address the challenge? What are your recommendations?				

Inventory of Educational Resources in DRRM

This section aims to create an inventory of resources available in and to the community in delivering early childhood education in DRRM.

1. ECCD Centers	Please give details						
1.1. Center Details	Child Minding Center	Child Development Center	Private Learning Center	Home-based Programs	Supervised Neighborhood Play	Faith-based Center	Alternative Modes of Delivery
1.1.1. Number (how many)							
1.1.2. Street Address							
1.1.3. Type (fully-concrete, semi-concrete, makeshift)							
1.1.4. Location (by the river or sea, mountainous, brgy compound)							
1.2. Basic needs	Child Minding Center	Child Development Center	Private Learning Center	Home-based Programs	Supervised Neighborhood Play	Faith-based Center	Alternative Modes of Delivery
1.2.1. Water							
1.2.2. Wash room/ comfort room							
1.2.3. Electricity							
1.2.4. Food							
1.2.5. Medicines and First Aid kit							
1.2.6. Clothing							
1.2.7. Blankets							
1.3. Furniture and equipment	Child Minding Center	Child Development Center	Private Learning Center	Home-based Programs	Supervised Neighborhood Play	Faith-based Center	Alternative Modes of Delivery
1.3.1. Tables							
1.3.2. Chairs							
1.3.3. Shelves							
1.3.4. Chalkboard							
1.3.5. Cabinets							
1.3.6. Computer							
1.3.7. Radio							
1.3.8. Television							

1.3.9. DVD/Cassette player							
1.3.10. Communication devices/equipment							
1.3.11. Rechargeable batteries							
1.3.12. Generator							
1.3.13. Solar panel							
1.4. Toys and Learning Materials	Child Minding Center	Child Development Center	Private Learning Center	Home-based Programs	Supervised Neighborhood Play	Faith-based Center	Alternative Modes of Delivery
1.4.1. Children's books (picture books, big books, story books, etc.)							
1.4.2. Manipulative Toys (puzzles, beads, cubes, Lego, etc.)							
1.4.3. Pretend Play Toys (doll, doctor set, carpentry tools, food cart, cook set, etc.)							
1.4.4. Art Materials (paint, paintbrush, glue, coloring materials, colored paper, white paper, scissors, etc.)							
1.4.5. Writing Materials (pencil, chalk, marker, crayon, etc.)							
1.4.6. Children's Songs (DVD, CD, MP3, Cassette, song charts)							
1.4.7. Outdoor Play Facilities							
1.5. Personnel/Volunteers	Child Minding Center	Child Development Center	Private Learning Center	Home-based Programs	Supervised Neighborhood Play	Faith-based Center	Alternative Modes of Delivery
1.5.1. Child Development Worker/Teacher							
1.5.2. Child Minding Worker							
1.5.3. Private Preschool Teacher							
1.5.4. SNP Worker							
1.5.5. Social Worker							
1.5.6. Houseparent							

1.5.7. Volunteer Parent/s							
1.5.8. Barangay Tanod							
1.5.9. Others, please specify:							
1.6. Provision of Safe Spaces	Child Minding Center	Child Development Center	Private Learning Center	Home-based Programs	Supervised Neighborhood Play	Faith-based Center	Alternative Modes of Delivery
1.6.1. Child Friendly Space							
1.6.2. Breastfeeding/Lactating Area							
1.6.3. Counseling Area							
1.7. ECCD Program Features	Child Minding Center	Child Development Center	Private Learning Center	Home-based Programs	Supervised Neighborhood Play	Faith-based Center	Alternative Modes of Delivery
1.7.1. Trained teachers and teaching staff in DRRM							
1.7.2. Funding for training of existing education workers							
1.7.3. Funding for production and distribution of materials							
1.7.4. Developmentally-appropriate activities for children							
1.7.5. Developmentally-appropriate psychosocial care and stimulation							
1.7.6. Use of local language as medium of instruction							
1.7.7. Sustained Feeding Program							
1.7.8. Ensuring proper accommodation of children with special needs							

1.7.9. Recreational activities and facilities							
1.7.10. Monitoring and evaluation scheme							
1.7.11. Involvement of families and the community in ECCD programs							
1.7.12. Community groups and organizations that assist in the delivery of ECCD in emergency situations							

2. Is there an alternative accommodation if ECCD center is destroyed?

() Yes

() No

If yes, refer to the table below.

Type of Accommodation	Materials/Facilities/Equipment Available	Number of children to be accommodated
Evacuation Center		
House		
Clinic		
Church/Mosque/Chapel		
Multipurpose hall		
Tent/makeshift		
Outdoor (Under tree/shade)		
Others, please specify:		

Qualitative response:

What reactions, comments or suggestions do you have regarding the alternative accommodation/s?

3. Does the alternative accommodation have the following safety features? Refer to the table below.

Required Characteristics	Check which applies
3.1. Safe, secure site to set up temporary classes	
3.2. The site is cleared of any objects that may be harmful to children, such as unexploded ordnance, sharp metal or broken glass	
3.3. Space has shade and is protected against wind, rain and dust, and is safe from main roads and stagnant water	
3.4. Educational facilities are perceived as a safe sanctuary by children where they are protected from shooting or other kinds of violence	
3.5. The site is well monitored and that children do not have to walk a long distance to reach the facility	
3.6. The site has adequate storage capacity for basic supplies and especially in case a decision to implement a school feeding program is made	

Early Childhood Social Protection Services

This part of the instrument aims to establish what specific social protection programs and services you are able to deliver on a regular basis and which get disrupted during times of disasters and/or armed conflict.

Mark check which is applicable.

Programs and Services	Thematic Areas of Emergency			
	Preparedness	Prevention & Mitigation	Response	Recovery and Rehabilitation
1. Protection				
1.1. Birth registration				
1.2. Mobile birth registration for IPs children				
2. Community-based services for Children in Need of Special Protection				
2.1. Sagip Batang Manggagawa				
2.2. Women's and Children's Desk in Police Station				
2.3. Critical Incident Stress Debriefing (CISD) Session				

2.4. Food or Cash for Work				
2.5. Supplemental Feeding Program				
2.6. Educational assistance for supplies and transportation				
2.7. Emergency shelter assistance or core shelter assistance				
3. Child Rearing and Parenting Programs				
3.1. Parenting Effectiveness Seminar (PES)				
3.2. Family Support Program (FSP)				
3.3. Empowerment and Re-affirmation of Paternal Abilities Training (ERPAT)				
3.4 Family Violence Prevention Program (FVPP)				
3.5. Family Drug Abuse Prevention Program (FDAP)				
3.6. Counseling Services				
3.7. Other social services, please specify:				

Qualitative Response:

Can you identify significant disaster situations that have been experienced by your community and briefly describe how ECCD was delivered during this time? What is successful? Why or why not?

How do you get to sustain the delivery of ECCD program and services during times of disaster?

What are the major challenges to sustaining ECCD programs and services during times of disaster? How do you address the challenge? What are your recommendations?

Inventory of Local Policies and Social Protection Resources

This section aims to create an inventory of policies and resources available in and to the community in delivering social protection and other social services.

	Check which is available	Remarks
1. Local Policies and Structures		
1.1. Local Development Plan on Children, separate or integrated with annual WFP		
1.2. Situation Analysis Report or State of the Children Report		
1.3. Monitoring and reporting system on children		
1.4. Creation of Local Council for the Protection of Children		
1.5. Creation of Local Early Childhood Care and Development Committee		
1.6. Creation of Local Disaster Risk Reduction and Management Council		
2. Master list of Children		
2.1. Master list of children by age and sex		
2.2. Master list of IPs children by age and sex		
2.3. Master list of children with disabilities by age and sex		
2.4. Master list of children in need of special protection by age and sex		
3. Master list of ECCD beneficiaries		
3.1. Master list of children availed Pre-K programs		
3.2. Master list of children availed Supervised Neighborhood Play Programs		
3.3. Master list of children availed Home-based Programs		
3.4. Master list of children availed Child Minding Centers		
4. Monitoring and Data base system		
4.1. Case intake/investigation forms		
4.2. Community maps with detailed analysis and resources in the community		
4.3. Growth charts		
4.4. ECCD Information System		
4.5. Others, please specify:		

ECCDiE Plan for the Integration to the BDRRM Plan

Goal: _____

Objectives: _____

Thematic Area of Emergency	Gaps to be Addressed	Activities to Address Gaps	Target Date	Office/Persons Involved	Resources			Output Indicator
					Human and Material Resources	Budgetary Requirements	Source of Budget	

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