

THE IMPLEMENTING RULES AND REGULATIONS (IRR) OF REPUBLIC ACT NO. 10821 OR THE CHILDREN'S EMERGENCY RELIEF AND PROTECTION ACT

RULE 1. Title. - This shall be known as the Implementing Rules and Regulations (IRR) of Republic Act No. 10821 or the Children's Emergency Relief and Protection Act.

RULE 2. Declaration of Policy. - It is hereby declared the policy of the State to protect the fundamental rights of 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. Guided by the principles on survival and development, on child participation, and consistent with the United Nations Convention on the Rights of the Child, as well as the Children's Charter for Disaster Risk and Reduction, and the minimum standards for children in humanitarian action, the State shall establish and implement a comprehensive and strategic program of action to provide the children and pregnant and lactating mothers affected by disasters and other emergency situations with utmost support and assistance necessary for their immediate recovery and protection against all forms of violence, cruelty, discrimination, neglect, abuse, exploitation and other acts prejudicial to their interest, survival, development and well-being.

RULE 3. Definition of Terms. - For the purposes of this IRR, the following shall refer to:

(a) *Local Council for the Protection of Children* - is an institutional mechanism in all levels of LGUs that advocates child rights, plans and initiates/recommends interventions and monitors children's programs and projects in the locality;

(b) *Caregiver* - any person who is directly responsible for the care of the child in the absence of parents or other relatives;

(c) *Child* - refers to a person below eighteen (18) years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation Or discrimination because of a physical or mental disability or condition as defined in Republic Act No. 7610 or the Special Protection of Children Against Abuse, Exploitation and Discrimination Act;

(d) *Child with Special Needs* - refers to a child with a developmental or physical disability as defined in Republic Act No. 10165 or the Foster Care Act of 2012;

(e) *Child-Friendly Spaces* - refer to spaces where communities create nurturing environments for children to engage in free and structured play, recreation, leisure and learning activities. The child-friendly space may provide health, nutrition, and psychosocial support, and other services or activities which will restore their normal functioning;

(f) *Child Development Center* - a facility in a barangay, which may either be center-based or home-based, where children up to four (4) years of age are cared for during part of the day by an accredited child development worker or where other child development programs are conducted as provided for in RA 10410 or the Early Years Act of 2013.

(h) *Child Protection* - refers to the measures, structures and activities that ensure the prevention and response to abuse, neglect, abandonment, exploitation and violence affecting children in all settings. It includes ensuring their right to survival and the promotion of their development and psychosocial well-being;

(i) *Child Protection Working Group (CPWG)* - a structure at the national and regional level operating as a Protection sub-cluster that coordinate child protection efforts in humanitarian settings to ensure that girls and boys are protected from abuse, neglect, exploitation and violence;

(j) *Civil Registry Documents* – refer to all certificates, application forms, and certified true copies of legal instruments and court decrees concerning the acts and events affecting the civil status and identity of persons which are presented before the Civil Registrar and are recorded in the Civil Registry;

(k) *Civil Society Organizations (CSOs)* – as defined in Republic Act No.10121 or the Philippine Disaster Risk Reduction and Management Act of 2010, refer to non-state actors whose aims are neither to generate profits nor to seek governing power such as nongovernment organizations (NGOs), professional associations, foundations, independent research institutes, community-based organizations (CBOs), faith-based organizations, people's organizations, social movements, and labor unions which are organized based on ethical, cultural, scientific, religious or philanthropic considerations;

(l) *Disasters* – as defined in Republic Act No. 10121, refer to 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. Disaster impacts 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;

(m) *Disinterested Person* – any person who is not related within the 3rd civil degree of consanguinity or affinity to the individual subject of the civil registration

(n) *Emergency* – refers to unforeseen or sudden occurrence, especially danger, demanding immediate action as defined in Republic Act No. 10121;

(o) *Evacuation* – refers to the act of fleeing or leaving, by force or voluntarily, from one's home or place of habitual residence in case of preemptive evacuation, and from other high-risk places in case of emergency evacuation, as a result of or in order to avoid the effects of disasters caused by natural hazards or those which are human-induced;

(p) *Evacuation Center* – refers to a safe site, building or center hosting internally displaced persons, which includes covered courts, barangay or community halls, camping areas, collective centers, multi-purpose centers, established "tent cities" or schools;

(q) *Family Tracing and Reunification* – refers to the process where disaster response teams reunite families separated by natural and human-induced disasters by bringing together the child and family or previous care-provider for the purpose of establishing or reestablishing long-term care;

(r) *Hazard* – refers to a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihood and services, social and economic disruption, or environmental damage as defined in Republic Act No. 10121;

(s) *Inclusive* – refers to sensitivity to gender, age, culture and socio-economic conditions, as well as disability-inclusive standards set forth in RA 7277 or the Magna Carta for Disabled Persons, as amended, and its implementing rules and regulations;

(t) *Internally Displaced Persons* – refer to persons or groups of persons who have been forced or obliged to flee or leave their homes or places of habitual residence in cases of emergency evacuation, as a result of or in order to avoid the effects of disasters caused by natural hazards or those which are human-induced;

(u) *Minimum Initial Service Package for Sexual and Reproductive Health* – is a series of activities and actions required to respond to reproductive health needs at the onset of every humanitarian crisis;

(v) *Orphans or Orphaned Children* – refer to children who do not have a family and relatives who can assume responsibility for their care;

(w) *Regional Committee / Sub-Committee for the Welfare of Children (RC/SCWC)* – a structure under the Council for the Welfare of Children which is tasked to ensure the integration of efforts to address the concerns of children at the regional level;

(x) *Separated Children* – refer to children separated from both parents, or from their previous legal or usual primary caregiver, but not necessarily from other relatives. As a result, this may include children accompanied by other family members;

(y) *State of Calamity* – refers to a condition involving mass casualty and/or major damages to property, disruption of means of livelihoods, roads, and normal way of life of people in the affected areas as a result of occurrence of natural or human-induced hazard as defined in Republic Act No. 10121;

(z) *Temporary Learning Space* – refers to a designated space or structure that is established in transitional sites, permanent relocation sites, or in schools with damaged infrastructure due to disaster or emergencies, which is intended for the immediate resumption of formal and non-formal education to ensure education continuity of children while awaiting the construction or repair of permanent classrooms.

(aa) *Transitional Shelters or Sites* – refer to structures temporarily constructed by the government and non-government organizations intended for families affected by a disaster or other emergency while awaiting transfer to permanent shelters;

(bb) *Unaccompanied Children* – 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;

(cc) *VAWC Desk* – a facility that would address violence against women and children cases in a gender-responsive manner, managed by a person designated by the Barangay Chairperson. It is situated within the premises of the barangay hall. In the absence of a barangay hall, the VAWC Desk shall be established within the premises where the Barangay Chairperson holds office.

RULE 4. Comprehensive Emergency Program for Children.

Section 1. Scope and Purpose. The Department of Social Welfare and Development (DSWD) shall lead the formulation of a Comprehensive Emergency Program for Children, hereinafter referred to as the Program, which takes into consideration

humanitarian, inclusive, gender- and culture-sensitive standards for the protection of children, pregnant and lactating mothers in emergencies.

The Program shall provide the standards and protocols for the support and protection of children, pregnant women and lactating mothers, and support their immediate recovery after a disaster. The standards and protocols shall be implemented immediately after the declaration of a national or local state of calamity or occurrence of any other emergency situation. The components of the Program, provided in the subsequent rules, are as follows:

- (a) establishment of evacuation centers;
- (b) establishment of child and women-friendly transitional shelters, and a referral mechanism for orphaned, unaccompanied and separated children;
- (c) assurance for immediate delivery of basic necessities and services;
- (d) stronger measures to ensure the safety and security of affected children;
- (e) delivery of health, medical and nutrition services;
- (f) plan of action for prompt resumption of educational services for children;
- (g) establishment of child-friendly spaces; and
- (h) promotion of children's rights.

The Program shall be formulated immediately after the effectivity of this IRR.

Section 2. Role of national and local government. (a) The DSWD as the NDRRMC Vice-Chairperson for Response shall engage all relevant Government-appointed cluster leads and other organizations for the implementation of this Program.

(b) Local government units (LGUs), through their Local Disaster Risk Reduction and Management Councils (LDRRMC), shall integrate the Program in their comprehensive development plans, contingency plans, and Local Disaster Risk Reduction and Management Plans (LDRRMP) and Funds (LDRRMF). LGUs shall establish a Child Protection Committee within the evacuation center and transitional sites to address child protection issues.

(c) The Regional Child Protection Working Group (RCPWG), under the Regional Committee / Sub-Committee on the Welfare of Children (RC/SCWC), under the guidance of the National Child Protection Working Group (NCPWG), shall coordinate child protection efforts in humanitarian settings to ensure that girls and boys are protected from abuse, neglect, exploitation and violence.

(d) The NDRRMC and RDRRMCs shall likewise include the implementation of the Program in the National and Regional DRRM plans.

RULE 5. Evacuation Centers.

Section 1. Establishment of Evacuation Centers. LGUs shall identify safe locations for and establish, provide, and construct evacuation centers (ECs) for affected children and families in case of disasters. All evacuation centers shall be safe, inclusive, child-friendly, and provide for gender-sensitive and responsive amenities. Minimum standards imposed on evacuation centers that are also applicable to transitional shelters shall be deemed required for transitional shelters, and vice versa.

(a) Said identification of the location of the evacuation center and its establishment and construction must be done in consultation with local governments and other relevant government agencies, the affected community including children and youth, and concerned civil society organizations and peoples' organizations.

(b) Funds for the construction of designated evacuation centers including necessary amenities provided for in these Rules, such as child-friendly spaces and water, sanitation and hygiene (WASH) facilities shall be sourced from available local funds of the LGU, or from the National Disaster Risk Reduction and Management Fund (NDRRMF) when local funds are insufficient.

(c) Evacuation centers shall be permanent and built or reconstructed at a safe, suitable and accessible site. The location of the evacuation center shall be assessed and certified by the regional offices of Department of Environment and Natural Resources-Mines and Geosciences Bureau (DENR-MGB), DOST-PHIVOLCS and Department of Health (DOH) and LDRRMC to determine its safety and suitability prior to construction or relocation. The Local Engineering Office shall conduct an annual risk assessment to evaluate the structural soundness and integrity of evacuation centers.

(d) The structure and design of an evacuation center shall be disaster and climate resilient and shall have facilities for the maintenance of health and hygiene. The design of the evacuation center shall include accessibility features such as ramps for PWDs, child-friendly, gender- and culturally- sensitive spaces, and space for religious worship. The Department of Public Works and Highways (DPWH) shall provide standard design and technical assistance to the LGU and DSWD on the design and construction of the evacuation center. The DOH shall be consulted on health safety standards of the evacuation center. Evacuation centers shall include the basic facilities, minimum requirements and standards provided in Annex 1.

(e) Schools and child development centers used as evacuation centers shall have different minimum standards that promote safety and well-being, including the physical and psychosocial well-being of children, pregnant women and lactating mothers.

(f) Child-Friendly Spaces (CFS) shall be established within evacuation centers and may be used by relevant agencies to ensure education continuity for children. CFS may provide the services as defined in Rule 3 and Rule 10.

Section 2. Schools and Child Development Centers as Last Resort for ECs.

(a) Only in cases where there is no other available place or structure which can be used as a general evacuation center may a school or child development center be used as an evacuation center. LGUs shall coordinate with the School Heads and respective Division Superintendents/District Supervisors or Day Care Center Heads, as appropriate, before schools or day care centers may be used as temporary ECs. Should the school or child development center be used, the local government unit shall coordinate with the School Principal and ensure that gymnasiums, learning and activity centers, and auditoriums shall be utilized first.

Classrooms shall only be used when no other facility or space inside the school is available for use as an evacuation center. When necessary, the use of school premises and child development centers should only be up to three (3) days for short-term displacement, fifteen (15) days for medium and long term displacement, or until such time that the respective local government units able to establish alternative

transitional sites. In case the dedicated evacuation center is fully occupied, sports arenas, basketball courts, stadiums, multi-purpose halls, churches, and other suitable public areas that are identified in safe locations may be used temporarily as evacuation centers. The local government unit shall execute a Memorandum of Agreement with schools and child development centers when the latter are intended to be used as evacuation centers.

(b) School and child development personnel shall focus on providing education services, particularly education continuity for children in affected communities. They shall not be assigned as camp managers;

(c) If the use is predicted to exceed fifteen (15) days, the affected local government unit shall provide written documentation to the Department of Education (DepEd) and the Department of Interior and Local Government (DILG) on the following information, among others:

- i. The name and location of the school;
- ii. All alternative evacuation centers, transitional relocation sites, and/or permanent relocation sites for final site selection;
- iii. Measures being implemented to prevent interference or disruption to the school and educational activities of children;
- iv. Timeline for the relocation of and plan of action for internally displaced persons to sites outside of schools or child development centers shall be approved by DepEd.

(d) The Regional or Division Office of DepEd, assisted by DPWH, the Local Engineering Office, and the Bureau of Fire Protection shall conduct regular site inspection of public schools and child development centers to ensure the stability of the structure for the safety of the children and their environment. A report on the inspection shall be submitted to the Secretary of DepEd, copy furnished the local chief executive, for the purpose of repair of the damaged school or child development center used as an evacuation center. Private schools may also be inspected on a voluntary basis.

(e) The local government unit shall execute a Memorandum of Agreement with schools and child development centers when the latter are intended to be used as evacuation centers.

Section 3. Provision of basic needs.

(a) All evacuation centers shall provide the basic needs of internally displaced children, pregnant women and lactating mothers as provided in Rule 6 and Rule 8.

(b) Space for breastfeeding and lactating mothers, and supplemental vitamins for families with pregnant women and with children below five (5) years old shall be provided;

(c) Basic health services such as immunization, check up and consultation for sick persons and conduct of hygiene promotion;

(d) Other standards provided by the National Nutrition Council (NNC) Governing Board Resolution No.1, Series of 2009 Adopting the National Policy on Nutrition Management in Emergencies and Disasters, or such standards that will be subsequently developed by the NNC, shall be deemed included in these Rules;

Section 4. Maintenance by LGU. (a) The local government is responsible for facilitating general cleaning, fumigation, payment of utilities and repair of schools and child development centers used as ECs. Damages incurred by schools and child development centers used as ECs shall be immediately reported by the respective heads to the LGU for appropriate action. Repairs and / or replacement of damaged facilities and materials of damages to schools and child development centers used as evacuation centers shall be immediately undertaken to ensure the safety and well-being of internally displaced persons. Such repairs and replacement shall be monitored by the School Head and Schools Division Office or the Child Development Center head in coordination with the local government unit.

(b) Schools used as ECs shall be provided with clean up kits.

Section 5. Child Protection Working Group Desk. The National CPWG shall coordinate with the Regional and Local CPWG in setting up a CPWG Desk at a designated humanitarian hub within the first 72 hours following the disaster. The CPWG Desk shall serve as a one-stop shop for coordination with local DSWD offices on managing cases of orphaned, separated and unaccompanied children, and children with special needs; planning psychosocial support activities for the affected areas, and identifying sites for setting up of CFS and community based interventions.

RULE 6. Establishment of Child and Women Friendly Transitional Shelters, and a Referral Mechanism for Orphaned, Unaccompanied and Separated Children

Section 1. Prerequisites for Establishing Transitional Shelters.

(a) The National Housing Authority (NHA) shall, in coordination with the DENR, DPWH, DILG, and LGUs of the areas declared under a state of calamity, immediately establish an option for transitional shelters, prioritizing vulnerable and marginalized groups including orphaned, separated, and unaccompanied children, and pregnant women and lactating mothers.

(b) Transitional shelters shall be immediately established when there is a declaration of state of calamity or in emergency cases where displacement is caused or is necessary. In other types of emergencies, transitional shelters shall be established based on the results of local rapid damage assessment and needs analysis (RDANA). The location of transitional sites shall be pre-identified based on their evacuation plan.

Section 2. Immediate Documentation of Orphaned, Unaccompanied and Separated Children. The DSWD shall ensure that orphaned, unaccompanied and separated children, and children with special needs are immediately identified and documented by child protection workers during emergencies, so that they are able to receive in a timely manner the care of an appropriate child caring facility for unaccompanied or separated children, and of a foster parent for orphaned children.

Section 3. Basic Facilities and Minimum Standards for Transitional Shelters. All transitional shelters shall have the following basic facilities, minimum requirements and standards for the benefit of children, pregnant women and lactating mothers, and existing transitional shelters shall be modified to the extent possible to comply with the same:

(a) Gender-specific and inclusive emergency toilets and bathing cubicles at an adequate distance from the transitional site, with adequate ventilation, locks from inside and lighting to ensure security of WASH facilities and services, and garbage bins;

(b) Women and child-friendly spaces where children can take part in child activities and mothers and caregivers can access health and nutrition services, counseling and other activities

(c) Provisions for maternal, newborn and infant care and rooms to protect, breastfeed, provide personal care, and ensure the right to privacy;

(d) Twenty-four (24) hour medical stations or clinics with sufficient medical staff, medical supplies and equipment needed by pregnant women and lactating mothers and children, for use during and after a disaster;

(e) Sanitation facilities which include solid waste disposal, drainage, water for personal hygiene; and

(f) Separate and well maintained storage areas for food and non-food items that provide protection from pests, contamination, dusts, fumes, and odors;

(g) Temporary learning spaces (TLS) shall be established with gender-sensitive and inclusive WASH facilities if transitional sites are far from existing schools and child development centers. Such areas will be identified in consultation with DepEd and other relevant agencies.

(h) If transitional sites are near an existing school and CDC, education continuity activities for children shall be conducted in the existing school and CDC, as appropriate.

Section 4. Rapid Damage and Needs Assessment. The National or Regional DRRMC response cluster and the affected LGU shall conduct a rapid assessment of the areas under a state of calamity to determine the need for transitional shelters, food, water, sanitation, health and nutrition services, psychosocial support, education and other basic social services, in accordance with the mechanism for coordination during emergencies under Section 15 of RA 10121 or its subsequent amendments. Such rapid assessment shall include disaggregated data on:

(a) Children: age, sex, disability, orphaned, separated, and unaccompanied, ethnicity, religion;

(b) Women: age, disability, pregnant women and lactating mothers, caregivers of young children, head of family, head of household.

Section 5. Schools and Child Development Centers as Last Resort for Transitional Shelters. Schools and child development centers shall not be used as transitional shelters due to the negative effects that such use may cause to the education of children living inside and outside transitional shelters.

Section 6. Creation of Technical Management Group and its Duties. A Technical Management Group (TMG) shall be established to monitor and ensure that transitional shelters are established in accordance with these Rules and relevant guidelines, particularly those concerning inclusivity and sensitivity to the needs of children, pregnant women, and lactating mothers. The TMG shall be headed by NHA, with DSWD, DENR, DPWH, DILG and affected LGUs as members, among others. The following are the duties of national government agencies involved in establishing an option for transitional shelters and the disaster affected LGUs:

(a) NHA:

- i. shall establish the Technical Management Group and lead the formulation of its specific functions;
- ii. shall provide design of transitional shelters subject to standards on resilient housing issued by DPWH; and
- iii. in coordination with DPWH and DSWD, shall assist in the construction of transitional shelters to ensure that the design for the same is child- and women-friendly and with provisions for persons with disabilities.

(b) DPWH:

- i. in consultation with NHA, DSWD, and DILG, and other concerned agencies shall issue a set of guidelines on the minimum safety and design requirements of transitional sites, including guidelines on site selection, suitability and planning;
- ii. in coordination with DSWD, shall provide technical assistance to the LGU in ensuring that the design of proposed transitional shelters constructed by government and non-government organizations follow minimum specifications on safe, structurally sound, child-friendly, gender-sensitive, inclusive, and climate resilient standards. DPWH regional or district offices shall certify whether the design of transitional shelters abide by these Rules and relevant guidelines;

(c) DSWD:

- i. in coordination with other relevant government agencies, shall develop guidelines on the protection of children and their families in transitional shelters.
- ii. through its regional offices, shall ensure that orphaned, separated or unaccompanied children and pregnant women and lactating mothers are prioritized in the evacuation of internally displaced persons to transitional shelters. Said offices shall keep track and ensure the safety of their movement to transitional shelters, taking into account the local context, such as "rido" and other forms of social conflict;
- iii. in coordination with the LGU concerned, shall provide the qualification criteria of families who will be entitled to occupy bunk houses or temporary shelters constructed by the government.

(d) DENR-Mines and Geosciences Bureau (MGB), Department of Science and Technology-Philippine Atmospheric Geophysical and Astronomical Services Administration (DOST-PAGASA), Philippine Institute of Volcanology and Seismology (DOST-PHIVOLCS) and the Local Engineering Office, as appropriate, shall assess the location and safety of transitional shelter sites, particularly the level of risk from hydro-meteorological hazards, floods, landslides and other geo-hazards. Said agencies shall also conduct post-hazard assessment for transitional shelter sites when needed.

(e) DILG provincial offices shall assist the affected LGU in the efficient evacuation of the affected population, and shall coordinate with the local social welfare

and development officer to ensure that the orphaned, separated or unaccompanied children and pregnant women and lactating mothers in the community are prioritized;

(f) Affected LGUs are responsible for the following:

- i. The Local Engineering Office of the affected LGU, in coordination with the NHA area management office and DPWH regional office, shall identify available sites that can be utilized for transitional shelters, and which areas of these shelters can be designated as child-friendly spaces particularly designated for orphaned, separated, and unaccompanied children.
- ii. The LGU must maintain an updated list of transitional shelters within their jurisdiction, with information on the available facilities and the maximum number of occupants in each shelter. Such data shall be submitted by the LGU to the NHA and DSWD for their inventory of transitional shelters
- iii. The LGU is also responsible for the construction, repair, renovation, and maintenance of transitional shelters. Such acts shall be immediately undertaken to ensure the safety and well-being of internally displaced persons. The Local Engineering Office shall undertake necessary repairs or alterations to maintain the structural integrity of transitional shelters.

Section 7. Eligibility Guidelines for Transitional Shelter Beneficiaries

Guidelines for the eligibility and selection process of beneficiaries of the transitional shelters shall be established.

Section 8. Guidelines for Delivery of Basic Necessities and Services.

Guidelines that provide the particular responsibilities of relevant government agencies and local government offices shall be developed to in order to ensure timely and appropriate delivery of the above necessities and services.

RULE 7. Assurance for Immediate Delivery of Basic Necessities and Services

Section 1. Immediate Delivery of Basic Necessities and Services to Children, Pregnant Women, and Lactating Mothers. - The Program shall facilitate and ensure the immediate delivery of basic necessities and services specifically required by the affected children in different stages of development such as access to basic health services, food, water, nutrition, medicines, clothing, sanitary and hygiene kits or dignity kits, protection, education, and other emergency needs such as blankets, mosquito nets, cooking ware and fuel, and flashlights. The Program shall give priority to the specific health and nutrition needs of pregnant women, lactating mothers, newborn babies, children under five (5) years old and children with special needs. The delivery of basic necessities and services shall be sensitive to the differentiated needs of indigenous children, pregnant women and lactating mothers or those belonging to religious minorities.

Section 2. Prioritization of Needs. The Program shall give priority to the delivery of basic necessities and services that cater to the specific health and nutrition needs of newborn babies, children under five (5) years old, children who head households, children with special needs, pregnant women and lactating mothers especially during the actual distribution of relief goods. Relief distribution should be sensitive to any forms of discrimination based on gender. Provision of relief for

children's needs shall as far as practicable be packaged separately from the general family packs.

Section 3. Measures to Ensure Immediate Delivery of Basic Necessities and Services and Prioritization of Needs. The following are minimum measures to ensure the immediate delivery and prioritization of basic necessities and services for children, pregnant women and lactating mothers:

(a) Children Profile - The appropriate DSWD Field Office with jurisdiction over high-risk barangays, municipalities and cities, in cooperation with the PSA, shall regularly provide said barangay, municipality or city with an updated "Children Profile".

(b) DAFAC - The list and status of evacuated families should be updated using the "Disaster Assistance Family Access Card" (DAFAC) form to identify and provide disaggregated data on unaccompanied, separated, and orphaned children, child-headed households, children with special needs, as well as households headed by older persons, women caring for children, pregnant women and lactating mothers and persons with disability.

Information related to formal education(e.g. last school year attended, grade level, Learner Reference Number, and other data in the Learner Information System) and non-formal education shall be included in the DAFAC or other camp management data-gathering tool.

Age disaggregation among children shall be as follows: 0-6 months, 7 months – 2years, 3-5 years, 6 – 12 years, and 13 – 17 years, or other levels of disaggregation that are based on generally accepted stages of child development.

(c) Women and child-friendly mechanisms for the distribution of food and non-food items specifically intended for the needs of pregnant women, lactating mothers and children shall be established.

Section 4. Basic Necessities and Services. The following are the minimum basic necessities and services that need to be provided in evacuation centers and transitional sites:

(a) Family Kits with supplies for cooking, hydration and hygiene and Dignity Kits for women and girls shall be distributed.

(b) The nutritional needs of children under 5 years and pregnant women and mothers with young infants shall be prioritized and provided for by LGUs with support from DSWD and DOH, as needed. The Nutrition Initial Needs Assessment (NINA) tool may be used to determine existing capacities and gaps for nutrition so that adequate resources and priority response activities are identified;

(c) Immediate resumption of education and child development services, as provided for in Rule 9;

(d) Women and child-friendly spaces where mothers can breastfeed their children so as to promote breastfeeding. The use and distribution of infant formula and breastmilk substitutes, feeding bottles and teats shall not be allowed in evacuation centers and transitional shelters or sites.

(e) Child-friendly spaces to resume safe play areas, non-formal education and provision of psycho-social support; and

(e) Counselling support for Infant and Young Child Feeding (IYCF) shall be provided to mothers with young infants who are not exclusively breastfed so that they can resume optimal breastfeeding practices especially during times of emergencies and disasters.

Section 5. Post-Disaster Needs Assessment (PDNA) - The Post-Disaster Needs Assessment of affected LGUs shall include the needs of children, pregnant women and lactating mothers to assess remaining and new needs after response interventions of various government agencies and non-government organizations.

RULE 8. Stronger Measures to Ensure the Safety and Security of Affected Children.

Section 1. Monitoring.

(a) *In general.* Under the Program, the Philippine National Police (PNP) shall, in coordination with the AFP and the DSWD, DILG, LGUs, DepEd, Commission on Higher Education (CHED) and CSOs in the community, monitor and ensure the safety and the security of the affected children in the areas declared under a state of calamity and shall protect them against all forms of violence, abuse, neglect and exploitation.

(b) *Manner of Deployment of PNP and AFP personnel.* As a general rule, evacuation centers and transitional sites shall be primarily manned by civilian government personnel. Uniformed personnel of the PNP and AFP may only be deployed to evacuation centers and transitional sites solely for the purpose of ensuring the safety and security of internally displaced persons, and only upon the express consent of internally displaced persons temporarily sheltered in said evacuation centers and transitional sites.

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.

(c) *Role of DepEd, CHED, TESDA.* DepEd, CHED, TESDA and DSWD shall include in their curricula and trainings information campaigns on child protection, children's rights and gender-sensitivity as part of disaster risk reduction and management activities.

Section 2. Heightened Safety and Security Alert.

(a) Upon the declaration of a national and local state of calamity, the PNP and the DSWD, with the assistance of the AFP operating units in the area and local councils against trafficking and violence against women and their children, in accordance with existing laws, 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, in the areas declared under a state of calamity.

(b) All levels of Local Councils Against Trafficking and/ or Violence against Women and Children (LCAT-VAWC) Desks shall be on heightened safety and security alert in areas under a state of calamity. They shall establish desks or assign focal persons in evacuation centers and transitional shelters primarily to implement monitoring, coordination and referral mechanisms against trafficking and abuse of girls, boy, women and men in the aftermath of a disaster.

(c) Checkpoints at airports, piers, bus terminals and other points of entry shall be set up to prevent cases of child-trafficking during large-scale evacuations. Guidelines for the safety of women and children in transit shall be established.

(d) 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.

Section 3. Adoption of a Child Protection Policy. 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 within one (1) year from the effectivity of these Rules. The Child Protection Policy shall include measures to deter and effectively respond to cases of violence, abuse, and exploitation of children. CWC shall assist concerned agencies to promote and provide technical assistance in drafting their Child Protection Policy.

RULE 9. Delivery of Health, Medical, and Nutrition Services.

Section 1. Role of Government and CSOs. Under the Program, the DOH, in coordination with the DSWD, LGUs, and CSOs in the community, shall provide the health, medical, and nutritional needs of children, pregnant women and lactating mothers the areas declared under a state of calamity, including psychosocial interventions for children in different stages of development.

Section 2. Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH). A Reproductive Health Coordinating Team (RCHT), led by DOH, shall manage the implementation of MISP for SRH. However, LGUs shall be the primary provider of MISP for SRH in health emergencies and disasters which shall form part of its health emergency package. DOH shall act as a provider of last resort in cases where there are critical gaps in the provision of MISP by the LGU and other humanitarian partners during the emergency. Guidelines and training for the MISP for SRH shall be provided for by DOH.

The DOH through the Bureau of Quarantine shall also ensure security against the introduction and spread of infectious diseases, emerging diseases, and public health emergencies of international concern, particularly those affecting children and pregnant women and lactating mothers.

Section 3. Safe Motherhood Services. LGUs, with technical assistance from DOH, shall:

(a) Provide necessary and appropriate vitamins and minerals for pregnant women during pre-natal services and for lactating women;

(b) Make available skilled health personnel to provide Basic Emergency Obstetric and Newborn Care (BEMONC) services. Prenatal care and postpartum services shall be made available as the situation allows;

(c) Establish and maintain a 24-hour referral system for safe motherhood which includes transport and communication services for visibly pregnant women or pregnant women on their third trimester to ensure their safe delivery in facilities or, in cases of imminent delivery, in women-friendly spaces. For this purpose, health workers shall immediately identify and document visibly pregnant women or pregnant women on

their third trimester and ensure that women-friendly spaces are equipped with emergency delivery kits;

(d) Provide clean delivery kits to visibly pregnant women or pregnant women on their third trimester of pregnancy and to skilled birth attendants;

(e) Provide Essential Intrapartum and Newborn Care services to include care for small babies and low birth weight, early initiation of breastfeeding;

(f) Raise awareness of communities in evacuation centers and transitional shelters on the availability of services.

Section 4. Nutrition Services. LGUs, with assistance from DOH, NNC or DSWD, as appropriate, shall:

(a) Provide skilled infant and young child feeding to mothers and caregivers of infants zero to twenty-four (0-24) months to:

- i. Provide skilled counselling support for early initiation of breastfeeding within one (1) hour of birth for all pregnant mothers especially those near term in evacuation centers and transition shelters;
- ii. Protect, support and promote exclusive breastfeeding for the first 6 months; and
- iii. Support continued breastfeeding with complementary feeding once the infants reach (six) 6 months of age until thirty-six (36 months) or three (3) years old.

(b) Prevent and treat micronutrient deficiencies through:

- i. Active case finding of high risk and nutritionally vulnerable women and children;
- ii. Supplementation with micronutrient powders to infants six (6) months and above to improve quality of complementary food of infants and young children and prevent diseases and malnutrition;
- iii. Nutrition counselling on exclusive breastfeeding (EBF) with complementary feeding and proper referral of malnourished cases to health workers;
- iv. Necessary vitamin and mineral supplementation for pregnant women, lactating mothers, and children, particularly those in their early years;

(c) Prevent and treat acute malnutrition with the collaboration of DOH Nutrition Cluster and DSWD, through:

- i. Establishment of general food distribution prioritizing or providing additional standard food packs to families with pregnant and lactating women and infants and young children under two (2) years;
- ii. Conduct of blanket complementary feeding especially when there are problems of delivery of general ration, prevalence of acute malnutrition among children under five (5), or there is expected seasonal food insecurity;
- iii. Conduct of targeted complementary feeding in selected individuals or vulnerable groups;

- iv. Establishment of community-based outpatient and inpatient referral to therapeutic facilities to manage identified severe acute malnutrition cases among children under five (5) years through the provision of life-saving therapeutic food in line with DOH guidelines;

(d) Monitor and report milk code violations to DOH and FDA; and

(e) Regularly monitor the provision of the above services and supplies and the nutritional status of children under five(5) years of age and their mothers or caregivers, and report to intermediary LGUs, DOH, and NNC to ensure timely feedback and provision of the necessary technical assistance.

Section 5. Services for the Management of Childhood Illness

(a) Camp managers shall keep the evacuation center and transitional shelter clean, vector-, rodent- and smoke free, and ensure balanced nutrition and personal hygiene of internally displaced persons;

(b) Infectious cases should be isolated and referred to health service;

(c) Camp managers shall promote the observance of coughing or sneezing etiquette, and avoidance of close contact with possibly infectious cases;

(d) DOH shall provide consultation procedures with health workers for evaluation and management;

(e) Prevention and management of gastrointestinal diseases;

(f) DOH shall provide necessary vaccination services; and

(g) DOH shall provide a referral system to health workers for management and evaluation.

Section 6. Water, Sanitation, and Hygiene. DOH shall monitor WASH facilities and supplies for proper hand washing and infection control, ensure safe drinking water or boil water for at least 2 minutes and provide clean storage, water testing kits, sanitary toilet facilities and waste disposal.

Section 7. Responsible Parenthood and Reproductive Health Services. LGUs, with assistance from DOH, and in accordance with the required written parental consent under RA 10354 or the Responsible Parenthood and Reproductive Health Act, shall:

(a) provide free contraceptives to existing or current users, including women and girls of reproductive age

(b) provide appropriate information on responsible parenthood and reproductive health

Section 8. Services for Sexually Transmitted Infections (STI), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS). Health workers deployed by DOH shall:

(a) strictly adhere to universal precautions, such as rational and safe blood transfusion;

(b) provide anti-retrovirals (ARVs) for those undergoing treatment;

(c) provide syndromic treatment of STIs for girls, boys, women and men; and

(d) provide timely referral of cases on STI, HIV, AIDS to relevant services on social welfare, health, protection for appropriate management and care.

Section 9. Services for Survivors of Gender-Based Violence (GBV).

(a) 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;

(b) DOH shall coordinate with DSWD through a GBV sub-cluster to prevent and respond to sexual violence in emergencies;

(c) DOH shall coordinate with LCAT-VAWC desks or other existing women and child protection structures for proper referral to.

(d) Camp managers shall ensure linkages with, proper assessments of, and timely referral of high-risk or special cases (e.g. abuse, violence, neglect; disabilities; HIV; congenital anomalies; chronic diseases) to relevant services on social welfare, health, protection for appropriate management and care.

(f) 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, noting that these standards were promulgated to further protect the most vulnerable populations, especially women, girls and boys, and recognize that the destruction of community structures due to disasters and conflict, increase the vulnerability of communities to sexual exploitation and abuse, including human trafficking, by our personnel and others.

Section 10. Mental Health and Psychosocial Support (MHPSS). In the implementation of MHPSS, primary care workers deployed by DSWD in coordination with DOH shall:

(a) Strengthen community and family support for mental health and psychosocial well-being through assistance for activities such as family tracing and reunification, assisted mourning, communal healing rituals, activation of women's group and youth club;

(b) Provide focused (person to person) non-specialized support by trained and supervised workers such as but not limited to psychological first aid, livelihood support for survivors of GBV and mental health care by primary health care workers;

(c) In coordination with DOH and DepEd, provide Psychological First Aid (PFA) for children, which shall be considered a basic necessity and shall be provided for in evacuation centers and transitional shelters. DOH may, in coordination with DSWD and DepEd, engage other certified organizations or individuals in accordance with guidelines to be issued for this purpose. The Mental Health and Psychosocial Support Sub-cluster shall monitor all PFA initiatives, to ensure that these services observe prescribed MHPSS standards.

(d) Provide an opportunity for survivors to talk in a relaxed and safe environment about their experiences related to the disaster or other types of emergency;

- (e) Properly inform distressed survivors of their right to refuse to discuss their experiences with humanitarian workers unless done so voluntarily;
- (f) Listen patiently and provide professional advice in a non-judgmental manner;
- (g) Convey genuine compassion, inquire about the concerns of the survivor and try to address these immediately, as far as practicable;
- (h) Encourage positive means of coping and encourage survivors to stay in the company of one or more family members or friends;
- (i) Refer to specialized services which includes psychological or psychiatric support for mental disorders whenever the needs exceed the capacities of primary health services; and
- (j) Abide by other procedures and standards to be provided in the guidelines for MHPSS.

RULE 10. Plan of Action for Prompt Resumption of Educational Services for Children

Section 1. Duty to Track School and Child Development Center Personnel and Students. 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, respectively.

Section 2. Coordination to Facilitate Resumption of Classes. DepEd and the affected LGU, with assistance from DILG, shall coordinate to facilitate the resumption of classes

Section 3. Stockpile for Resumption of Educational Services. All LGUs, in coordination with DepEd, must have a sufficient amount of stockpiled materials necessary to facilitate resumption of classes, such as tents for use as temporary learning spaces, and other basic learning supplies.

Section 4. Alternative Modes of Procurement. In the event that stockpiled materials are rendered insufficient due to the scale of the disaster, DepEd may avail of alternative modes of procurement applicable in emergencies in order to fast track the procurement of basic teaching and learning supplies and tents for the prompt establishment of temporary learning spaces.

Section 5. Maintenance and Repair of Schools Used as Evacuation Centers. The affected LGU is primarily responsible for the maintenance or repair of schools or child development centers which are used as evacuation centers.

Section 6. Flexible Learning Materials, Alternative Delivery Modes (ADM) and Alternative Learning Systems (ALS). DepEd, in coordination with other members of the Early Childhood Care and Development (ECCD) Council, shall ensure that educators, facilitators and "Flexible Learning Materials" are available to augment and facilitate continuous learning during emergency, covering both ECCD and Basic Education. Usage of emergency class resumption strategies for both formal and non-formal learning will be implemented only when necessary and in coordination with relevant stakeholders. Use of ADM and ALS shall be implemented for learners in evacuation centers, transitional sites, and permanent resettlement sites until such time that temporary learning spaces are established and formal education can resume.

Section 7. Establishment of Temporary Learning Spaces (TLS). Transitional sites and permanent resettlement sites that are far from existing schools or child development centers shall be provided with TLS. The teaching-learning approaches in TLS shall be age-appropriate and culture-sensitive. TLS shall be accompanied with WASH facilities.

Section 8. Minimum Standards for Education Interventions. 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).

Section 9. Resumption Strategy. DepEd shall ensure that a resumption strategy is included in the DRRM Plan of Schools through the School Improvement Plan. Such resumption strategy shall include measures to ensure the proper and meaningful promotion of students to the next higher level of education, particularly in cases of protracted displacement.

Section 10. Transit of Learners and Teachers. Proper coordination between DepEd, DSWD, the affected 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, transitional sites, and permanent resettlement sites to nearby schools and child development centers.

RULE 11. Establishment of Child-friendly Spaces (CFS) in Evacuation Centers and Transitional Sites

Section 1. Purpose of CFS. CFS are built to ensure child protection, nurture the resilience of children against the harmful effect of disasters, calamities and other emergencies, and rear their mental health and psychosocial well-being, particularly their cognitive, emotional, and social development, by restoring normal conditions through community-organized and structured activities. Activities shall be conducted in a safe, child-friendly and stimulating environment.

Section 2. Duty of LGU to establish CFS. 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. In addition, LGUs shall coordinate with lead national government agencies and CSOs to effectively respond to the needs of the children in the area. CFS shall be identified prior to the occurrence of a disaster, and shall be made available throughout a crisis, from emergencies to recovery.

Section 3. Duty to Manage CFS. The Community Welfare Volunteer or Youth Focal Point shall be primarily responsible for managing the CFS.

Section 4. Principles in Establishment and Use of CFS. Effective CFS are guided by the following principles, among others:

- i. Use of CFS as a means of mobilizing the community;
- ii. Inclusive and non-discriminatory use;
- iii. Ensured safety and security within the CFS; and
- iv. Creation of a stimulating, participatory and supportive environment within the CFS.

Section 5. Areas that can be used as CFS. For school-based evacuation centers, available classrooms and open spaces may be identified as CFS. The CFS shall include easy access to toilets and other WASH facilities.

Section 6. Activities within CFS. CFS shall be used to accommodate children as they engage in psychosocial support sessions by shift per age per group. Other activities may also be conducted, such as feeding of infant or pre-school children, educational support activities, sessions on prevention of violence, abuse, exploitation, child labor, child trafficking and other CP concerns.

Section 7. Secondary Responsibility. In case the concerned LGU cannot immediately respond due to the huge impact of disaster, the DSWD, together with the concerned national government agencies, in coordination with the CSOs, other stakeholders, and nearby LGUs, shall provide the necessary child care services and social protection for affected children.

Section 8. Guidelines for CFS in Evacuation Center and Transitional Shelters. The CWC, in consultation with DSWD and other members of the National Child Protection Working Group, shall establish the guidelines and minimum standards for CFS in evacuation centers and transitional shelters including monitoring and maintenance concerns.

RULE 12. Promotion of Children's Rights

The Comprehensive Emergency Program shall include activities and processes that will promote and uphold the rights of children by:

(a) Providing child-centered training for all responders, as stated in Rule 8, and identify and capacitate local service providers in the establishment of child-friendly spaces;

(b) Ensuring that children are provided with adequate access to age-appropriate information on their roles and responsibilities and those of government agencies before, during, and after disasters and other emergency situations. Said information shall be provided through child development centers, schools, the LDRRMO and the public information office of barangays, and child-focused CSOs;

(c) Providing an effective mechanism for age-appropriate training and meaningful participation of children in community disaster risk reduction program; and

(d) Consulting with the affected children on their needs and priorities for disaster preparedness and post-disaster relief and recovery, which shall be done primarily through their child development centers, schools, the LDRRMO and the public information office of barangays and child-focused CSOs and children's organizations.

(e) Instituting any and all measures that promote the best interest of children in times of emergency or disaster.

RULE 13. Family Tracing and Reunification (FTR) System for Orphaned, Separated and Unaccompanied Children.

Section 1. Role of DSWD. The DSWD, upon consultation with relevant agencies, shall develop a minimum set of standards and guidelines for the FTR System for orphaned, unaccompanied and separated children.

The DSWD shall, in coordination with the local social welfare and development officer, be primarily responsible for implementing a FTR System to ensure that all orphaned, unaccompanied or separated children are reunited with their families or caregivers after a disaster.

Section 2. Description and Purpose of FTR System.

(a) The FTR System shall primarily be an online and open-source central database which gathers all the identification data and pictures of orphaned, unaccompanied and separated children as a result of a disaster for the purpose of speedy identification by and reunification with their parents, other family relatives or caregivers.

(b) The FTR System may also use other non-online mechanisms where an online and open-source system is not possible on a case-by-case basis and despite diligent efforts from the DSWD.

(c) A central FTR database shall be updated by DSWD in real time based on online and manual submissions.

Section 3. Submission of Family Tracing and Reunification Requests.

(a) Requests for tracing and reunification shall be submitted through the online submission portal, or manually through designated DSWD field offices if there is no online system available in relation to Section 2(b) under this Rule. DSWD shall be responsible for processing and regularly updating said requests.

(b) Basic information on each orphaned, unaccompanied or separated child shall be accessible to all online and manually through printed lists in designated DSWD field offices. DSWD shall issue a list of requirements for requests to access necessary and additional information on each child, and for requests for assistance for reunification, ensuring that the right to privacy of children are not violated or that personal information will not be used for illegal activities. DSWD, in coordination with LGUs and other relevant government agencies, shall provide guidelines to ensure the integrity of each case of reunification.

(c) DSWD, with assistance from regional and local DRRMCs, shall regularly update the person requesting for the abovementioned information every twenty-four (24) hours or as often as practicable.

Section 4. Absence of parents or relatives qualified to provide care.

(a) *Placement.* Orphaned children and unaccompanied or separated children whose families or relatives cannot be found or assessed to be incapable of providing proper care and protection shall be placed in a licensed or accredited residential care facility, or with a foster parent in accordance with Article 140 of the Child and Youth Welfare Code and RA 10165 or the Foster Care Act of 2012 and its IRR.

(b) *Case Management.* A registered social worker shall provide the needed case management and intervention. Additional personnel may be deployed by the national DSWD office to support the identification, documentation, family tracing and reunification of orphaned, separated, and unaccompanied children. DSWD, in

coordination with CWC, shall establish the different phases for case management and intervention process.

Section 5. Prevention of separation.

(a) The following shall be done as part of preparedness for the prevention of separation of children from their families or caregivers: risk and vulnerability assessment at the local level, developing local preparedness and evacuation plans, and having prepared and translated materials ready for distribution in the event of emergency.

(b) The Regional Committee / Sub-Committee for the Welfare of Children (RC/SCWC), through its Child Protection Working Group (CPWG) functions in the event of an emergency, shall include preparedness initiatives for the prevention of separation within their strategic plans. Prevention of secondary separation is also vital in order to protect children and prevent their abuse through trafficking or child labor. Measures to support all extended family and community members caring for separated children shall be put in place.

(c) Advocacy for the prevention of separation of children shall be done at all levels of the community and government, emphasizing the potential risks for unaccompanied and separated children and ensuring that all stakeholders, including the Local Councils for the Protection of Children, teachers, community-based CSOs, have a role to play.

(d) Strategic plans of the Regional Child Protection Working Group (RCPWG) should include preparedness initiatives for the prevention of separation and periodic refresher training programs on FTR for members of the Local Councils for the Protection of Children.

Section 6. Preparedness Activities

(a) DSWD through its agency funds, or the local social welfare and development officer through the local DRRM fund and other relevant sources of funds of the LGU, as appropriate, shall procure the required supplies of materials and resources for prevention of separation and emergency response for unaccompanied and separated children, including forms in cases where an online database for FTR is not practicable.

(b) Training shall be provided for the management of online and manual systems for the family tracing and reunification.

RULE 14. System of Restoring and Reconstructing Civil Registry Documents. To ensure that vital information pertaining to the personal circumstances of a child are adequately protected and available at all times, the Philippine Statistics Authority (PSA) shall develop the following system for the restoration and reconstruction of civil registry documents that have been destroyed or declared lost or missing during a disaster or calamity.

Section 1. Restoration or Reconstruction of Lost or Destroyed Civil Registry Documents.

(a) *Roles of Barangay and Local Civil Registrar.* Requests for restoration and reconstruction shall be submitted to the barangay, through the BDRRMC, where the

child is residing at the time of the disaster. The barangay shall forward all eligible requests to the local civil registrar within (3) days from the acceptance of said request.

The local civil registrar shall provide the necessary application forms for restoration or reconstruction of civil registry documents to all disaster-affected barangays. It shall also designate focal personnel to assist said barangays in the processing of requests during the early recovery phase of the disaster.

In case the local civil registrar cannot function as a result of the disaster, the regional office of the PSA shall assume the abovementioned tasks.

(b) *Utilization of LDRRM Funds for Restoration and Reconstruction Fees.* LDRRM funds may be utilized for the payment of necessary fees for the issuance of civil registry documents of affected children in areas declared under a state of calamity or in emergency situations.

(c) *Acceptable Evidence of Identity.* In lieu of a government-issued identification card, any of the following documents shall be considered as acceptable forms of identification which may be presented to the local civil registrar or PSA for the request for restoration or reconstruction of lost or destroyed civil registry documents pertinent to the identification and other personal circumstances of a child:

- i. Certification of the identity and pertinent personal circumstances of the child by the chairperson or designated official of the barangay where the child is residing at the time of the disaster; or
- ii. Baptismal certificate; or
- iii. School forms and/or student ID card containing the Learner Reference Number (LRN), or other school record bearing the name and other personal circumstances of the child; or
- iv. Certification from a licensed local social welfare and development officer; or
- v. Certification by a registered, licensed and accredited social welfare and development agency; or
- vi. Certified health records from the municipality or barangay with respect to births assisted by midwives.

An affidavit of two (2) disinterested persons attesting to the identity and other pertinent personal circumstances of the child shall be required together with any of the abovementioned documents.

(d) *Reporting.* The PSA shall submit a report on the number of restored or reconstructed documents to the DSWD for effective monitoring and reporting and to ensure the continued access of the affected children to social services and facilitate the reunification of separated children with their families.

Section 2. Registration of Births During a National or Local State of Calamity. - The PSA shall develop and maintain an alternative system for the registration of births during a national or local state of calamity. All such registration of births during a national or local state of calamity shall follow the procedure for delayed registration of births or other alternative mechanism as stated above.

RULE 15. Training of Emergency Responders on Child Protection.

Section 1. Focal Agencies to Develop Training Program. The DSWD, in coordination with other member agencies of NDRRMC, particularly DILG, DepEd, DOH, & Office of Civil Defense (OCD), shall develop child-responsive training programs and standardized training manual for the following:

- (a) Personnel of national government agencies who work with children, such as teachers in formal and non-formal education, social workers, police, health personnel, DRRM coordinators and teams and child protection committee members;
- (b) Local government officials and community leaders, including DRRM officers, coordinators and teams;
- (c) Other first responders, rescuers, civil society organizations and academe; and
- (d) Children and youth.

Section 2. Contents of Training. The training programs shall include the discussion of applicable national and international standards, protocols, procedures on the following topics, among others:

- (a) United Nations Convention on the Rights of the Child (UNCRC)
- (b) Sphere Standards and other international benchmark standards on women and child protection
- (c) Child-focused emergency assessments for different types of hazards and needs
- (d) Contingency Planning in the context of Child Protection
- (e) Family Tracing and Reunification System, Prevention of Separation, and Inter-agency Guiding Principles on Unaccompanied and Separated Children
- (f) Mainstreaming Child Protection in Different Sectors
- (g) Reporting and Referral Mechanisms
- (h) Mental Health and Psychosocial Support
- (i) Child Friendly Spaces
- (j) Child-centered Monitoring and Evaluation
- (k) Child Protection Rapid Assessment (CPRA)
- (l) Minimum Standards for Child Protection in Humanitarian Action (CPMS)
- (m) Revised protocol on case management reporting and referral mechanisms
- (n) Child-centered community based disaster risk reduction and management (CCCBDRRM)
- (o) Inter-Agency Standing Committee (IASC) Guidelines on Gender-Based Violence (GBV)
- (p) Inter-Agency Standing Committee (IASC) Guidelines on Children in Armed Conflict (CIAC)
- (q) Incident Command System (ICS)
- (r) Child Protection in Emergencies (CPIE)
- (s) Adolescent Sexual and Reproductive Health in Emergencies

Section 3. Training Roll-out by Regional and Field Offices. The RDRRMC together with DSWD, DILG, DepEd, DOH, and OCD shall conduct a comprehensive training on child protection in emergencies for teachers, guidance counselors, social workers, health personnel, members of the Child Protection Committee and other stakeholders at the provincial, city and municipal level. Civil society organizations may also be engaged by said government agencies to support the training.

A training of trainers shall be regularly organized at the regional, provincial, city and municipal level. The Chairperson of the Regional Disaster Risk Reduction and Management Council shall coordinate and meet with the concerned government agencies and other stakeholders as often as necessary to effectively manage the implementation of training at the provincial and municipal levels. Funding for said trainings shall be sourced from the LDRRMF and other relevant local government funds.

Section 4. Training Monitoring and Evaluation.

(a) The DSWD in coordination with relevant government agencies shall conduct a regular monitoring and annual evaluation or as often as necessary to ensure the training program's efficiency, and provide interventions and corrective measures for effective implementation.

(b) The DSWD together with concerned agencies shall review and update the training courses/materials to determine the conformity with the latest national and international commitment/standards, if any.

(c) DSWD Regional and Field Offices shall prepare and submit a training report to the DSWD national office indicating the background, highlights, problems encountered, lessons learned and recommendations, copy furnished the Regional Disaster Risk Reduction and Management Council.

(d) The DSWD shall establish an information management system for the repository of information on child protection programs and services, including a database of participants of the training program mentioned above. Said information management system shall be centralized and shall have an online platform that can be accessed and updated regularly by DSWD regional offices.

RULE 16. Data Gathering, Monitoring, and Reporting

Section 1. Annual Reporting of National Government Agencies. The DSWD, OCD, DepEd, DOH, DND, PSA, as the core mandated agencies in the Act, as well as PNP, AFP, DILG, DPWH, NHA, CWC, and other agencies and non-government organizations involved in the implementation of the Act, these Rules and subsequent guidelines shall monitor and report the implementation of the relevant services under the Comprehensive Emergency Program for Children and compliance to the women and child protection provisions of these Rules and subsequent guidelines. The reports shall be consolidated by DSWD and shall be submitted jointly to Congress annually.

The report shall include a specific section on children under five (5) years of age and pregnant women and lactating mothers as a strategy to address their post-disaster nutrition needs.

Section 2. Reporting of Local Government Units. The affected LGU, through its Local Social Welfare and Development Office, Local DRRM Office, Local Health Office, Local GAD Focal Point System, and community-based CSOs, shall likewise monitor and report compliance to the women and child protection services under these Rules and subsequent guidelines. The local planning and development officer or coordinator shall consolidate said local compliance reports.

Collected data shall be reported to the responsible DSWD Regional Offices within 24 to 48 hours. After data is validated, the Regional DSWD Office shall submit its report to the national office of DSWD.

The LGU, through its Gender and Development (GAD) Focal Point System, shall gather data from the barangay VAWC Desk and camp managers, among others, for the purpose of monitoring cases of violence, abuse, and exploitation of children and pregnant women and lactating mothers in evacuation centers and transitional shelters during all phases of disasters and other emergencies.

The LGU shall coordinate and share the abovementioned data with the Regional Committee/Sub-Committee for the Welfare of Children with jurisdiction over the area affected by the disaster.

Section 3. Report with Sex and Age Disaggregated Data. In the aftermath of a national or local state of calamity, the collection and reporting of data for the Disaster Risk Reduction and Management Information System at all levels, as provided for in Republic Act No. 10121, shall be disaggregated by age, sex, ethnicity, and special needs. Such collected data shall be utilized to understand and respond better to the different needs, vulnerabilities, capacities, and possible protection risks of children affected by disasters and other emergencies.

The report shall also include a specific section on children under five (5) years of age, pregnant women and lactating mothers as a strategy to address the post-disaster nutrition needs of children under age five (5), pregnant women and lactating mothers. For this purpose, standard reporting forms of the NDRRMC from the local to national level shall always include Sex and Age Disaggregated Data.

Section 4. Joint DSWD & DILG Report to Congress. Within five (5) days from the declaration of a national or local state of calamity or as soon as practicable, the DSWD and the DILG shall jointly submit a written documentation and report to the appropriate committees of the Senate and the House of Representatives on their surveillance and monitoring of measures to ensure the safety and security of children under Rule 7 of these Rules and subsequent guidelines.

Section 5. Additional Personnel. The DSWD may hire additional personnel to ensure proper implementation of its data gathering, monitoring and reporting functions under these Rules.

RULE 17. Appropriations. The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the DSWD, OCD, DepEd, DOH, Department of National Defense (DND), NHA, and PSA. Thereafter, the amount needed for the continued implementation of this Act shall be included in the annual General Appropriations Act. For LGUs, the implementation of the programs shall be charged against the Local Disaster Risk Reduction and Management Fund and other relevant sources of local government funds.

RULE 18. Structure of Autonomous Region of Muslim Mindanao (ARMM). The provisions on allocation of government responsibilities in these Rules shall be adjusted to the local government structure of ARMM, as needed.

RULE 19. Amendments. The DSWD Secretary, in consultation and coordination with the DND, OCD, DOH, DepEd, DILG, PNP, AFP and child-focused CSOs, may amend the provisions of these Rules. Said amendments shall take effect within fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

RULE 20. Interpretation Clause. – The provisions of these Rules and its implementing rules and regulations shall be liberally construed in favor of the best interest of the child.

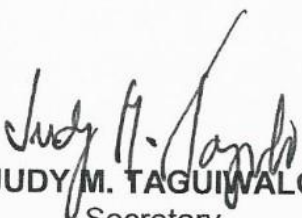
RULE 21. Separability Clause. – If any provision or part of these Rules is declared invalid or unconstitutional, the remaining parts or provisions not affected shall remain in full force and effect.

RULE 22. Repealing Clause. – All relevant administrative issuances or parts thereof inconsistent with any provisions of these Rules are hereby repealed, amended or modified accordingly.

RULE 23. Effectivity. – These Rules shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

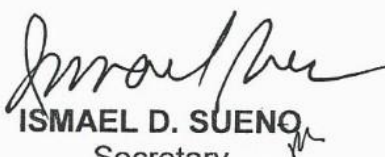
These Rules shall take effect fifteen (15) days from the date of its complete publication in a national newspaper of general circulation.


Quezon City, Philippines, 28th February, 2017



JUDY M. TAGUINALO
Secretary

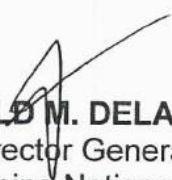
Department of Social Welfare and Development


DELFIN N. LORENZANA
Secretary
Department of National Defense



ISMAEL D. SUENO
Secretary
Department of Interior and Local Government

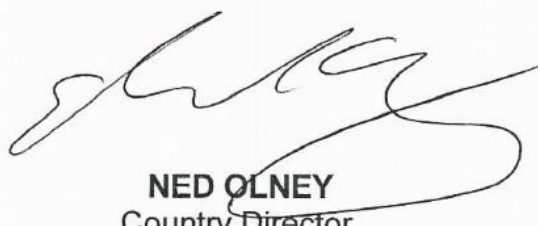

PAULYN JEAN B. ROSELL-UBIAL
Secretary
Department of Health



LEONOR M. BRIONES
Secretary
Department of Education


RONALD M. DELA ROSA
Director General
Philippine National Police




GEN. EDUARDO M. AÑO
Chief of Staff
Armed Forces of the Philippines


NED OLNEY
Country Director
Save the Children


RICARDO B. JALAD
Administrator
Office of the Civil Defense