COMPREHENSIVE EMERGENCY PROGRAM FOR CHILDREN (CEPC)
MANUAL OF OPERATIONS
MESSAGE

The Department of Social Welfare and Development (DSWD), as the lead agency protecting the vulnerable sectors of our society, continues to implement social protection programs to ensure the well-being of Filipino children, pregnant women, and lactating mothers during disasters and calamities through the Comprehensive Emergency Program for Children (CEPC). This is in support of Republic Act 10821 or the Children’s Emergency Relief and Protection Act which prioritizes the safety and protection of children before, during, and after disasters and emergencies.

Ensuring the safety and protection of Filipino children from all forms of abuse and exploitation in times of disasters and other emergency situations requires a vigilant, prepared, and resourced society. It should be a collaborative effort among different government agencies in the national and local levels, non-government organizations, civil society organizations, and private citizens.

With this, the DSWD and its partner-agencies take pride in the development of the Comprehensive Emergency Program for Children Operations Manual which aims to provide appropriate guidance on the establishment and operationalization of the CEPC programs and services. We hope that the local government units, coordinators, service providers, and child protection actors from different levels will be better supported and equipped with this manual.

The DSWD expresses its gratitude to all partners in this endeavor, namely: the Save the Children Philippines, Council for the Welfare of Children, Armed Forces of the Philippines, Department of Education, Department of Health, National Housing Authority, Philippine National Police, Department of Public Works and Highways, Philippine Statistical Authority, Department of the Interior Local and Government, and the Office of Civil Defense – Department of National Defense. Our roles may be different but protection is everyone’s responsibility.

Let us be steadfast in performing our respective mandates to ensure a brighter future for our children and our nation.

*Ipagpatuloy natin ang serbisyon maagap, mapagkalinga, may malasakit, at walang puwang sa katiwalian.*

ROLANDO JOSELITO D. BAUTISTA
Secretary
On 18 May 2016, the Government of the Philippines (GOP) legislated the Republic Act (RA) No. 10821 entitled, “An Act Mandating the Provision of Emergency Relief and Protection for Children Before, During, and After Disasters and Other Emergency Situations”. This law is the primary Philippine policy that promotes and protects children’s rights in disaster and emergency situations, as stated in the Declaration of Policy, the law “…protects 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.” The RA 10821 is also known as the “Children’s Emergency Relief and Protection Act”.

The challenges encountered in intervening to the needs of the affected children brought by Super Typhoon Yolanda (HAIYAN) had propelled the Save the Children Philippines (SCP), the National Government, the NGOs and other stakeholders/partners for the enactment of a law that mainstreams and ensures children’s protection during any emergency situations.

Based on the report provided by the SCP, it highlighted that sixty (60) percent of the affected population is children\(^2\). It is also documented that most of the children during and after the said occurrence of the disaster suffered from various diseases and mental illnesses. More so, in this situation, children are considered as highly vulnerable. They may have been prone to trafficking, exposed to any forms of abuse, and exploitation and their safety, rights and protection are being at risk.

The RA 10821 is considered a unique, trailblazing, and landmark legislation. It is considered to be the first of its kind in Asia, particularly for the said purpose. The law was a result of a series of consultations with children and adult stakeholders nationwide, policy studies, lobbying, and networking as well as coalition building with CSOs and policymakers. Given this, it can be said that RA 10821 was a fruit of a long and arduous policy advocacies at the different government levels and various stakeholders.

1 Lifted from the Children’s Emergency Relief and Protection Act (RA 10821), Section 2: Declaration of Policy
2 Save the Children Philippines (2017). A Primer on the Children’s Emergency Relief and Protection Act (RA 10821), pp 4
Immediately after the passage of RA 10821, the Department of Social Welfare and Development (DSWD) helmed the crafting of its Implementing Rules and Regulations (IRR). After a series of participative consultations with various stakeholders, the IRR had been adopted and signed on 28 February 2017. The IRR outlines the salient features of the law and how they will be implemented. The following are the salient features of the law:

**C** Comprehensive Emergency Program for Children (CEPC) to be formulated by the Department of Social Welfare and Development (DSWD);

**H** Heightened measures to prevent, detect, and address reports and incidents of child labor, child trafficking, and other forms of abuse and exploitation;

**I** Increased child involvement and participation in disaster risk reduction (DRR) planning and post disaster needs assessment (PDNA);

**L** Limited use of schools as evacuation centers and monitoring of Temporary Learning Spaces (TLS);

**D** Disaggregated data collection that identified children;

**R** Restoration of civil registry documents;

**E** Enhanced services for orphaned, unaccompanied, and separated (OUS) children with measures on rapid family tracing and reunification; and,

**N** Nationwide training of responders on child protection and psychosocial intervention.

Enactment of RA 10821 called for the development of IRR and CEPC and mandated the Department of Social Welfare and Development (DSWD) to spearhead the formulation of the CEPC. The IRR identifies both the government and non-government stakeholder’s role and responsible in implementing the law. The CEPC, as stated, “... 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...”

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3 Lifted from Section 4 of the RA 10821
CEPC: Collaboration, partnership, and shared values

These things sum up the process and approach employed in the development of the CEPC. Figure 1 presents the process and timelines in formulating the CEPC.
The National Inter-Agency Committee (NIAC) led by DSWD was formed to formulate the CEPC. The NIAC is composed of government and child-focused civil society organizations that include:

**Government agencies**

- Council for the Welfare of Children
- Department of National Defense – Office of Civil Defense
- Department of Education
- Department of Public Works and Highways
- Department of Health
- National Housing Authority
- Department of the Interior and Local Government
- Philippine Statistics Office
- Department of Environment and Natural Resources – Mines and Geosciences Bureau
- Philippine National Police
- Armed Forces of the Philippines

**Child-Focused Civil Society Organizations**

After a series of consultations with children and adult stakeholders nationwide, the CEPC was finalized toward the end of 2017 and it was subsequently signed in May 2018. The CEPC development was a testament that collaboration, partnership, and shared values are critical to succeed in any development endeavor. However, during the CEPC development process, it has been a puzzle to the NIAC as to how can the local government units (LGUs) implement the CEPC easier and effectively. That said, this Manual of Operations (MOP) came about.

This MOP intends to serve as a one-stop shop of all the existing guidelines of government agencies and institutions related to RA 10821. It also attempts to create a simple and ready to use manual for local level actors to implement the CEPC.
The Comprehensive Emergency Program for Children is based and aligned to the following international and national legal instruments:

**INTERNATIONAL**

1. **Minimum Standards for Children Protection in Humanitarian Action (2019)** – A set of standards strive to strengthen coordination, improve the quality of protection programs, increase accountability and enable better communication on issues involving child protection.

2. **Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children (2002)** – Provides effective action to prevent and combat trafficking in persons, especially women and children, requires a comprehensive international approach in the countries of origin, transit and destination that includes measures to prevent such trafficking, to punish the traffickers and to protect the victims of such trafficking, including by protecting their internationally recognized human rights.

3. **Convention on the Rights of the Child (1990)** – A legally-binding international agreement setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities. Article 19 defines the child’s right to be protected from abuse and neglect, without discrimination, and the promotion of their development and psychosocial well-being. It also defines the child as “every human being under the age of 18” unless a country has defined a lower age of majority.

4. **Universal Declaration of Human Rights (1948)** – An international document that articulates the fundamental rights and freedoms for all and recognizes every human being is inherited with dignity.

5. **Children’s Charter for Disaster Risk and Reduction (2011)** – Provides awareness on the need to put the children at the heart of efforts to prepare for disasters before they strike, and calls for stronger commitment from stakeholders to protect children and utilize their energy and knowledge to engage in DRR and CCAM activities.
1. Implementing Rules and Regulations (IRR) of RA 10821 or the Children’s Emergency Relief and Protection Act (2016) – An Act that provides emergency relief and protection services to the children before, during and after disasters and other emergency situations

2. Philippine Disaster Risk Reduction and Management Act or RA 10121 (2010) – Section 2n of the Act states, “Develop and strengthen the capacities of vulnerable and marginalized groups to mitigate, prepare for, respond to, and recover from the effects of disasters”, and Section 12c (16), states: “Respond to and manage the adverse effects of emergencies and carry out recovery activities in the affected area, ensuring that there is an efficient mechanism for immediate delivery of food, shelter and medical supplies for women and children, endeavor to create a special place where internally-displaced mothers can find help with breastfeeding, feed and care for their babies and give support to each other”.

3. Executive Order No. 51: MILK CODE – National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplement, and other Related Products; otherwise known as the Milk Code of the Philippines. This law contributes to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes and breastmilk supplements when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

4. Republic Act 7610 – An Act on Special Protection of Children against Child Abuse, Exploitation and Discrimination, which defines ‘children’ as a people “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”

5. Republic Act 10364 – An Act on the Expanded Anti-Trafficking in Persons Act of 2012, under which the recruitment, transportation, transfer, harbouring, adoption or receipt of a child for the purpose of exploitation or when the adoption is induced by any form of consideration for exploitative purposes shall also be considered as “trafficking in persons”


7. Republic Act 4881 - An Act Creating a Council for the Protection of Children in Every City and Municipality of the Philippines and for Other Purposes. The Law requires every city and municipality including municipal district to have a "Council for the Protection of Children".
1. **DOH Order No. 2017 – 0001**: Guidelines in the Provision of the Essential Health Service Packages in Emergencies and Disasters and its Integration into the National Disaster Risk Reduction and Management Plan (NDRRMP) and Local Disaster Risk Reduction and Management Plans (LDRRMPs)

2. **DOH Administrative Order No. 2014 – 0011**: Policies and Guidelines on the Implementation of Surveillance in Post Extreme Emergencies and Disasters (SPEED) – This AO aims to institutionalize SPEED at all levels of health emergency and management response. SPEED as an early warning system is vital in detecting health conditions or diseases with outbreak potential and in accessing real-time information for prompt and appropriate response.


1. **DILG Joint Memorandum Circular No. 2019-01**: Revised Child-Friendly Local Governance Audit (CFLGA) and Implementation Guide

1. DSWD Administrative Order No. 20, Series of 2015: Guidelines in the Implementation of the Recovery and Reintegration Program for Trafficked Persons. It provides detailed procedures to ensure improved program access and intensify effective and efficient delivery of comprehensive services for trafficked persons.

2. DSWD Administrative Order No. 06, Series of 2015: Guidelines in the Institutionalization of Women Friendly Space (WFS) in Camp Coordination and Management. It provides guidelines on managing and operating WFS, a facility/structure that will be established in the evacuation centers or relocation sites during crisis situation.


4. DSWD Administrative Order No. 19, Series of 2005: Guidelines on the Medical Mission Services for Children with Special Medical Needs. It provides mechanism of cooperation between and among the stakeholders are institutionalized in order to facilitate a systematic delivery of medical mission children in alternative placement.

5. DSWD Administrative Order No. 12, Series of 2004: Guidelines on the Provision of Psychosocial and Basic Social Services to Displaced Children in Disaster Situation. This is to respond to the needs of the children who are victims of insurgencies and either natural or manmade disasters, especially those in evacuation centers.

6. DSWD Administrative Order No. 86, Series of 2003: Guidelines in the Implementation of Psychosocial Services for Solo Parents and their Children. This AO provides a comprehensive psychosocial intervention for solo parents and their children to enhance the social functioning of solo parents and to be able to fulfill their roles and responsibilities to their families and communities.

7. DSWD Administrative Order No. 84, Series of 2002: Guidelines in the Handling and Treatment of Children Involved in Armed Conflict

8. DSWD Administrative Order No. 44, Series of 1994: Guidelines for the Implementation of Services to Children in Situations of Armed Conflict (CSAC)
1. DEPED, DSWD, DILG Joint Memorandum Circular No. 1, Series of 2013: Guidelines on Evacuation Center Coordination and Management

2. NNC Governing Board Resolution No. 1, Series of 2009: Adopting the National Policy on Nutrition in Emergencies and Disasters


4. Philippine National Implementation Guidelines for Child Friendly Spaces in Emergencies (u.d.)

5. NDRRMC Memorandum No. 62 s. 2017: National Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergencies and Disaster Situations
3

DEFINITION OF TERMS

A. **Child** - Refers to 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 or discrimination because of a physical or mental disability or condition. (Republic Act No. 7610 or the Special Protection of Children Against Abuse, Exploitation and Discrimination Act)

B. **Child with Special Needs** - refers to a child with a development or physical disability. (Republic Act No. 10165 or the Foster Care Act of 2012)

C. **Child-Friendly Space** - refers 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. They are designed and operated in a participatory manner, and may serve a specific age group of children or a variety of age groups. CFS are important throughout a crisis, from emergency to recovery. (Philippine National Implementation Guidelines for Child Friendly Spaces in Emergencies)

D. **Civil Registry Documents** - Refers to all certificates, application forms, and certified true copies of legal documents and court decrees concerning the acts and events affecting the civil status of persons which are presented before the Civil Registry and are recorded in the Civil Registry. (Republic Act No. 10821 or the Children’s Emergency Relief and Protection Act)

E. **Child Protection** - Refers to programs, services, procedures and structures that are intended to prevent and respond to abuse, neglect, exploitation, discrimination and violence. (Department of Education Order 40, Series of 2012).
F. Disaster - refers 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. *(Republic Act No. 10121 or the Philippine Disaster Risk Reduction and Management Act of 2010)*

G. Emergency - refers to unforeseen or sudden occurrence, especially danger, demanding immediate action. *(Republic Act No. 10121 or the Philippine Disaster Risk Reduction and Management Act of 2010)*

H. Evacuation Center - refers to the type of camp that may be a government facility (permanent evacuation centers, gymnasiums, barangay halls, as last resort- schools, and etc.), church-buildings, or other private facilities hosting internally displaced persons. *(JMC No. ____ Series of 2020 on CCCM and IDPP: Guidelines on Camp Coordination and Camp Management (CCCM) and Internally Displaced Persons (IDP) Protection)*

I. Emergency Response - refers to an action triggered by a sudden natural or human-induced disaster or by contextual analysis that demonstrates a substantial decline in children's well-being that calls for extraordinary action. *(Introduction to Child Protection in Emergencies: An Interagency Modular Training Package)*

J. Family Tracing and Reunification - refers to the process where disaster response teams reunite families separated by natural and human catastrophes by bringing together the child and family or previous care-provider for the purpose of establishing or re-establishing long-term care. *(Republic Act No. 10821 or the Children’s Emergency Relief and Protection Act)*

K. Foster Family Care - refers to the provision of planned temporary substitute parental care to a child by a foster parent or a foster family. *(Republic Act No. 10165 Foster Care Act of 2012)*

L. Gender-Based Violence - refers to the umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. *(IASC Guidelines on Gender-based Violence Interventions in Humanitarian Settings)*

M. Infectious Disease Outbreaks - refer to hazardous events that cause widespread human, material, economic or environmental losses that exceed the ability of the affected community or society to cope using its own resources. *(United Nations Office for Disaster Risk Reduction)*

N. Internally Displaced Persons - refers to the persons (or groups of persons) who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of natural or human-induced disasters, and who have not crossed an internationally recognized border. *(United Nations Human Rights)*
O. Minimum Initial Service Package (MISP) for Sexual Reproductive Health (SRH) - refers to set of priority activities to be implemented in emergency situations with the goal of reducing maternal mortalities, morbidities, and disabilities through specific interventions on coordination, prevention of gender-based violence, prevention of sexually transmitted infections-human immunodeficiency virus/acquired immune deficiency syndrome (STI, HIV, and AIDS), maternal and neonatal care, and planning for comprehensive RH following the SPHERE standard (DOH Administrative Order No 2016 – 0005)

P. Orphans - refers to children, both of parents are known to be dead. In some countries, however, it's defined as a child who has lost one parent (ICRC Inter-Agency Guidelines on Unaccompanied and Separated Children 2004)

Q. Separated Children - refers to those separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members (ICRC Inter-Agency Guidelines on Unaccompanied and Separated Children 2004)

R. 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 area as a result of occurrence of natural or human-induced hazards. (Republic Act No. 10121 or the Philippine Disaster Risk Reduction and Management Act of 2010)

S. Trafficking in Persons - refers to the recruitment, transportation, transfer or harboring, or receipt of persons with or without the victim's consent or knowledge, within or across national borders by means of threat or use of force, or other forms of coercion, abduction, fraud, deception, abuse of power or of position, taking advantage of the vulnerability of the person, or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation or the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery, servitude or the removal or sale of organs (DOH Administrative Order No 2016 – 0005)

T. Transitional Sites - refers to structures temporarily constructed by the government intended for families affected by a disaster while awaiting transfer to permanent shelter. (Republic Act No. 10821 or the Children’s Emergency Relief and Protection Act)

U. Unaccompanied Children - refers to children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. (ICRC Inter-Agency Guidelines on Unaccompanied and Separated Children 2004)

V. Mental Health and Psychosocial Support (MHPSS) - any type of local or outside support that aims to protect and promote psychosocial well-being and/or prevent or treat mental disorders (IASC Guidelines on MHPSS in Emergency Settings, 2007)
The Manual of Operations attempts to answer the puzzle: how to effectively implement and operationalize the CEPC? As earlier stressed, it intends to serve as a one-stop shop of all the existing guidelines of government agencies and institutions related to RA 10821. It also aims to create a simple and ready to use manual for local level actors to implement the CEPC.

The development outcomes of RA 10821 can be realized and the relevant stakeholders can effectively implement the CEPC if a well-written standard operations procedure is in place. Thus, this document is key. The Manual of Operations aims to ensure that stakeholders are following the correct protocols and maintaining quality in implementation.

- What phase(s) in the four (4) thematic areas of Disaster Risk Reduction and Management (DRRM) will the specific provision be included?

- Based on the CEPC stakeholders’ respective agency guidelines, when should the specific provision be implemented? In the absence of a guideline, what is being practiced? Or what is recommended?

- What are the key roles and responsibilities of the actors from the national, regional, and local levels in implementing the specific provision?

In the past, the DSWD had prepared Manual of Operations for various purposes. To be consistent and aligned with the practice of DSWD, the CEPC Manual of Operations will follow the previous documents prepared by the department.
The Comprehensive Emergency Program for Children is guided by an operational framework. As seen in Figure 2, the CEPC Framework is composed of five (5) key and interrelated elements, namely: Outcome, Output, Components, Inputs, and Guiding Principles. The Figure 2, stressed that at the outcome level, the CEPC envisions that:

“All children are protected from violence, abuse, neglect, and exploitation during disaster events and other emergency situations.”

Given the complexity of risk faced by every Filipino child, the CEPC’s vision embodies both natural and human-induced hazards, disaster events and other emergency situations, that situations of armed conflict and conflict-prone areas are likewise covered by the CEPC. In fact, the CEPC development and provisions integrated experiences and lessons learned from the recent Marawi siege.

The logic of the framework underlines that to be able to achieve the outcome, the output should be “the improved access to, and quality of local and national child protection systems and services.” The output is broadly categorized through the eight (8) components of the CEPC, namely:

<table>
<thead>
<tr>
<th>Component 1</th>
<th>Establishment of Evacuation Centers</th>
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</thead>
<tbody>
<tr>
<td>Component 2</td>
<td>Establishment of Child and Women Friendly Transitional Shelters, and a Referral Mechanism for Orphaned, Unaccompanied, and Separated Children</td>
</tr>
<tr>
<td>Component 3</td>
<td>Assurance for Immediate Delivery of Basic Necessities and Services</td>
</tr>
<tr>
<td>Component 4</td>
<td>Stronger Measures to Ensure Safety and Security of Affected Children</td>
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<tr>
<td>Component 5</td>
<td>Delivery of Health, Medical, and Nutritional Services</td>
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<tr>
<td>Component 6</td>
<td>Plan of Action for Prompt Resumption of Educational Services for Children</td>
</tr>
<tr>
<td>Component 7</td>
<td>Establishment of Child-Friendly Spaces in Evacuation Centers and Transitional Sites</td>
</tr>
<tr>
<td>Component 8</td>
<td>Promotion of Children’s Rights</td>
</tr>
</tbody>
</table>
In fulfilling the vision of the CEPC, the logic of the framework highlights that policies (i.e. guidelines, ordinances) have to be developed and capacity building has to be undertaken. To ensure the quality and timeliness of the CEPC implementation, a results framework as well as a mechanism to monitor and assess the progress of the implementation of the Comprehensive Emergency Program for Children (CEPC) needs to be formulated.

Finally, as stressed in Figure 2, the implementation, localization, monitoring, and evaluation of the CEPC shall be guided by the principles of social accountability (duty bearers to rights holders), participation of various stakeholders (government, civil society, children, private sector, local government among others), and it is inclusive and does not discriminate.

**Figure 2: The Comprehensive Emergency Program for Children (CEPC) Framework**

**Shared Vision:** ALL CHILDREN ARE PROTECTED FROM VIOLENCE, ABUSE, NEGLECT, AND EXPLOITATION DURING DISASTER EVENTS AND OTHER EMERGENCY SITUATIONS

**Shared Mandate:** IMPROVED ACCESS TO, AND QUALITY OF LOCAL AND NATIONAL CHILD PROTECTION SYSTEMS AND SERVICES
## COMPONENT 1

<table>
<thead>
<tr>
<th>Priority Actions</th>
<th>EVACUATION CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Outcome</strong></td>
<td>Established evacuation centers are safe, inclusive, child-friendly, gender-sensitive, and responsive.</td>
</tr>
</tbody>
</table>
| **Strategy Actions** | 1. Child Friendly Evacuation centers in the locality were established.  
2. Alternative evacuation centers other than schools and child development centers available and identified.  
3. Basic social services in evacuation centers provided.  
4. Schools and child development centers used as evacuation centers repaired by local government units.  

## COMPONENT 2

<table>
<thead>
<tr>
<th>Priority Actions</th>
<th>TRANSITIONAL SHELTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Outcome</strong></td>
<td>Established transitional shelters prioritized vulnerable groups such as orphaned, unaccompanied, and separated children; pregnant and lactating women; including survivors of violence and abuse.</td>
</tr>
</tbody>
</table>
| **Strategy Actions** | 1. Transitional shelters established.  
2. Orphaned, unaccompanied, and separated children documented.  
3. Rapid Damage Assessment and Needs Analysis (RDANA) conducted.  
5. Eligibility Guidelines for Transitional Shelter Beneficiaries developed.  
6. Guidelines for delivery of social services formulated.  
7. Established health stations where the displaced population can access health services and right information on infectious disease outbreaks and a referral mechanism for persons with medical symptoms. |
## COMPONENT 3

<table>
<thead>
<tr>
<th>Priority Actions</th>
<th>DELIVERY OF BASIC NECESSITIES AND SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected Outcome</td>
<td>Basic necessities and services required by affected children are ensured and delivered.</td>
</tr>
</tbody>
</table>
| Strategy Actions | 1. Basic necessities and services to children, pregnant women, and lactating mothers delivered.  
✓ Access to basic health services including oral health  
✓ Food  
✓ Water, sanitation and hygiene  
✓ Nutrition  
✓ Medicine  
✓ Clothing  
✓ Sanitary and hygiene kits or dignity kits  
✓ Protection  
✓ Education and early child development  
✓ Other emergency needs (i.e. blankets, mosquito nets, cooking ware and fuel, and flashlights)  
✓ Reproductive information and commodities  
2. Needs of children, pregnant women, and lactating mothers are prioritized.  
3. Post- Disaster Needs Assessment (PDNA) conducted. |

## COMPONENT 4

<table>
<thead>
<tr>
<th>Priority Actions</th>
<th>SAFETY AND SECURITY</th>
</tr>
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<tbody>
<tr>
<td>Expected Outcome</td>
<td>Children in areas under state of calamity are safe and secure.</td>
</tr>
</tbody>
</table>
| Strategy Actions | 1. Safety and security of children is monitored  
2. Safe and security of alert is heightened  
## COMPONENT 5

<table>
<thead>
<tr>
<th>Priority Actions</th>
<th>HEALTH, NUTRITION AND MEDICAL SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expected Outcome</strong></td>
<td>Health, medical, nutritional, and water, sanitation and hygiene needs of newborns, infants, young children, adolescents, pregnant and lactating women, and other women with children in areas under state of calamity provided.</td>
</tr>
</tbody>
</table>
| **Strategy Actions** | 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.  
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. |
### COMPONENT 7

<table>
<thead>
<tr>
<th>Priority Actions</th>
<th>CHILD-FRIENDLY SPACE</th>
</tr>
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<tbody>
<tr>
<td><strong>Expected Outcome</strong></td>
<td>Child-friendly spaces are established to protect children and to build their resilience against the harmful effects of disasters, calamities, and other emergencies.</td>
</tr>
<tr>
<td><strong>Strategy Action</strong></td>
<td>1. Child Friendly Spaces (CFS) established by the local government units.</td>
</tr>
</tbody>
</table>

### COMPONENT 8

<table>
<thead>
<tr>
<th>Priority Actions</th>
<th>CHILDREN’S RIGHTS</th>
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<tbody>
<tr>
<td><strong>Expected Outcome</strong></td>
<td>Children’s rights are upheld, respected, and protected during disaster events and other emergency situations.</td>
</tr>
<tr>
<td><strong>Strategy Actions</strong></td>
<td>1. Child- centered training for all responders provided and local service providers in the establishment of child-friendly spaces capacitated. 2. Adequate access to age-appropriate information is provided. 3. Effective mechanism for age-appropriate training and meaningful participation of children in community disaster risk reduction programs 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. 6. Stakeholders are incapacitated on information on the unique child protection needs and priority actions in infectious disease outbreaks. 7. Actors are familiar with MHPSS Guidelines</td>
</tr>
</tbody>
</table>
The Comprehensive Emergency Program for Children or CEPC is the Philippines’ primary document in handling disasters and emergency situations brought about by natural, human-induced elements, and health crisis/infectious disease outbreaks with the aim of protecting children, pregnant, and lactating mothers and supporting their immediate recovery. The program has eight (8) equal components. Table 1 shows the components and their respective outcomes.

<table>
<thead>
<tr>
<th>Components</th>
<th>Lead Agency</th>
<th>Agencies Involved</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of Evacuation Centers</td>
<td>LGUs</td>
<td>DPWH DILG DSWD NHA CCCM Cluster DENR-MGB DOST LDRRM CWC</td>
<td>Established evacuation centers are safe, inclusive, child-friendly, gender-sensitive and responsive.</td>
</tr>
<tr>
<td>Establishment of Child and Women Friendly Transitional Shelters, and a Referral Mechanism for Orphaned, Unaccompanied, and Separated Children</td>
<td>NHA</td>
<td>DSWD DENR DPWH DILG LGU</td>
<td>Transitional shelters established prioritizing vulnerable groups such as orphaned, separated, unaccompanied children, pregnant and lactating women including survivors of neglect and abuse.</td>
</tr>
<tr>
<td>Assurance for Immediate Delivery of Basic Necessities and Services</td>
<td>DSWD</td>
<td>DILG LGU DND-OCD DOH DEPED</td>
<td>Basic necessities and services required by affected children ensured and delivered.</td>
</tr>
<tr>
<td>Components</td>
<td>Lead Agency</td>
<td>Agencies Involved</td>
<td>Outcomes</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------------</td>
<td>------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Stronger Measures to Ensure Safety and Security of Affected Children | PNP         | DND-AFP  
DILG  
DepEd  
CHED  
DSWD  
LGU  
CWC-LCPC  
DND-OCD  
CSOs  
TESDA  
IACAT | Children in areas under state of calamity are safe and secure. |
| Delivery of Health, Medical, and Nutritional Services | DOH         | DSWD  
DILG  
nnc  
LGU | Health, medical, nutritional, and WASH needs of new-borns, infants and young children, adolescents, pregnant women, lactating mothers, and other women with children in areas under state of calamity provided. |
| Plan of Action for Prompt Resumption of Educational Services for Children | DEPED       | LGU  
DILG  
DSWD  
ECCD  
CHED  
CSO  
TESDA | Quality educational services for learners resumed promptly after disasters and emergencies. |
<table>
<thead>
<tr>
<th>Components</th>
<th>Lead Agency</th>
<th>Agencies Involved</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of Child-Friendly Spaces in Evacuation Centers and Transitional Sites</td>
<td>LGUs</td>
<td>DSWD, CWC, DND - OCD, NHA, DOH, DPWH, DEPED, CSO, LGU</td>
<td>Child-friendly spaces are established to protect children and support their resilience and wellbeing through community organized, structured activities, conducted in a safe, child-friendly, and stimulating environment.</td>
</tr>
<tr>
<td>Promotion of Children’s Rights</td>
<td>DSWD</td>
<td>CWC, DEPED, DILG, DOH, DILG, DOH, CSO, DND-AFP, PNP, PSA, LGU</td>
<td>Children’s rights are protected, upheld and respected during disaster events and emergency situations.</td>
</tr>
</tbody>
</table>

Table 1 shows key national government agencies (NGAs) lead and stakeholders accountable in the implementation of the CEPC as well as outcomes of each component.
Throughout the CEPC development process, one of the crucial question was: when to implement the specific CEPC provision? The question is relevant and should be clearly addressed to ensure the effective and efficient implementation of the CEPC. By answering the question, it would be easier for the stakeholders at the national, regional, and local levels to operationalize the CEPC. Furthermore, having a clear understanding when to implement the provisions would track progress in operationalizing it. More importantly, it would be easier at the local level to integrate the CEPC provisions in their Local Disaster Risk Reduction and Management Plan (LDRRMP), Contingency Plan (CP), and Annual Investment Plan (AIP) if they are clear about it.

This section of the Manual of Operation aims to (1) map out the phase(s) in the four (4) DRRM thematic areas in which the specific provisions will be implemented; and, (2) map out the specific timeframe when the provision should be implemented.

It was agreed by the National Inter-Agency Committee to categorize the implementation of the CEPC provisions by DRRM thematic pillars to be consistent with the national and local practices. That said, the CEPC implementation is parallel to the Republic Act 10121 or the Philippine Disaster Risk Reduction and Management Act.
Overview of the Philippine Disaster Risk Reduction and Management Act

The succession of typhoons *Ketsana* and *Parma* that hit the country in 2009 and flooded the capital and its neighboring regions resulting in billions of dollars in damages and countless lives lost. The year 2009 served as the catalyst in the paradigm shift in DRRM in the country from reactive to proactive paradigm. Few months after Typhoon *Ketsana*, then President Gloria Macapagal-Arroyo and the Philippine Congress ratified the RA 10121 or the Philippine Disaster Risk Reduction and Management Act of 2010 that mandates the creation of the National Disaster Risk Reduction and Management Council (NDRRMC). The NDRRMC is formerly known as the National Disaster Coordinating Council (NDCC) and it is led by the Secretary of the Department of National Defense (DND).

![Diagram of NDRRMM Framework](image)

Figure 4 provides the NDRRMM Framework as a result of the shift from PD 1566 to RA 10121.
The NDRRM framework envisions a “safer, adaptive, and disaster-resilient Filipino communities towards sustainable development”. The vision can be concretized by employing the four (4) thematic areas of disaster reduction. Each thematic area is headed by secretaries of different agencies as vice chairs of the NDRRMC, namely: disaster prevention and mitigation (Department of Science and Technology - DOST), disaster preparedness (Department of Interior and Local Government - DILG), emergency response (Department of Social Welfare and Development - DSWD), and recovery and rehabilitation (National Economic and Development Authority - NEDA) (see Figure 5).

**Figure 5: The Philippine DRRM Thematic Areas**
A. Disaster Prevention/Mitigation

Under the Republic Act 10121, the DRRM pillar on prevention/mitigation aims to reduce the vulnerability and exposure of communities to all hazards. Furthermore, it intends to enhance the capacities of communities to reduce their own risks and cope with the impacts of all hazards. The main outcome of this thematic pillar is that disaster risk reduction and management/climate change adaptation (DRRM/CCA) are mainstreamed and integrated in national, sectoral, regional, and local development policies, plans, and budget.

For the CEPC, the following actions should be undertaken by stakeholders at the national, regional, and local levels prior to a disaster event or emergency situation. Broadly speaking, there is no particular sequence in undertaking the listed actions below. Nevertheless, the effectiveness and efficiency in delivering the CEPC during emergency situations depend largely on how robust the prevention/mitigations actions are. Thus, the actions are key.

A.1 Structural prevention/mitigation measures

A.1.1 Construct evacuation centers

The Local Government Units (LGUs) are to facilitate the construction of evacuation centers. The standard design for each evacuation center set by the Department of Public Works and Highways (DPWH). Every LGU shall allocate budget for the construction of their evacuation centers for their constituents.

Prior to the construction of evacuation centers, consultation with various stakeholders such as relevant government agencies, communities (including youth and children), civil society organizations, and people’s organizations should be carried out by the LGU. This is to ensure that insights from different stakeholders on design and potential areas for the establishment of evacuation centers are considered. For this purpose, a Technical Working Group (TWG) at the provincial, city/municipal, and barangay level should be created.

The resources to be used in the establishment of evacuation centers should come from Local Disaster Risk Reduction and Management Fund (LDRRMF) of the LGU. With this, the LGU should include the establishment of an evacuation center in their DRRM budgeting and/or Annual Investment Plan (AIP). In the event that such a fund is insufficient, funding should come from the National Disaster Risk Reduction and Management Fund (NDRRMF). To facilitate this, the LGU may request for funding from the National Disaster Risk Reduction and Management Council (NDRRMC) through their Regional Disaster Risk Reduction and Management Council (RDRRMC).

4 From Component 1: Establishment of Evacuation Centers
In selecting the location where the evacuation center will be established, the LGU should consider safety, suitability, and accessibility. The suitability of the location should be assessed and certified by Regional Offices of the following agencies: Department of Environment and Natural Resources - Mines and Geosciences Bureau (DENR-MGB) for environmental clearance permits, and soil testing; Philippine Institute of Volcanology and Seismology (PHIVOLCS) for earthquake generators and fault line identification; Department of Health (DOH) for sanitation and health, and the Local Disaster Risk Reduction and Management Council (LDRRMC). Also, the Department of Interior and Local Government (DILG) should:

- Provide a list of evacuation centers in the C/M/P (social mapping);
- Secure lots where the evacuation centers will be built;
- Issue Memorandum Circular for LGU providing the lot;
- Coordinate LGU to DPWH;
- Coordinate the plan/specifications to LGU thru MCs;
- Prepare the list (inventory) of the evacuation constructed. While the Local Engineering Office will annually assess the structural integrity of the evacuation center.

In designing and constructing an evacuation center, the stakeholders mentioned above should consider that the structure should be disaster, and climate-resilient. Also, it is important to note that each evacuation center must be ready to accommodate and respond to IDPs during health emergencies. Inclusion of Health related protocols shall be considered in establishing the center.

The following features should be ensured by the LGUs and relevant actors in constructing evacuation centers:

- Ramps for persons-with-disabilities (PWDs) and children-with-disabilities (CWDs)
- Women-child-friendly spaces including a birthing area for possible delivery of pregnant women near term or high-risk pregnancy
- Gender-sensitive space
- Culturally-sensitive spaces
- Religious worship facilities
- Areas designated for boys and girls
- Safe and sufficient lighting
- Child-friendly WASH Facilities
- Isolation facilities/ quarantine areas for IDPs with symptoms of any infectious disease.
- Well ventilated and adequate spaces to accommodate IDPs and to observe proper distancing during health emergencies.
In the construction of evacuation centers, the LGU should refer to the following key policy documents:

- National Building Code and the Philippine Green Building Code from DPWH;
- Batas Pambansa Blg. 344 – An Act to Enhance the Mobility of Disabled Persons by Requiring Certain Buildings, Institutions, Establishments and Public Utilities to install Facilities and Other Devices;
- DSWD, DILG and DEPED Joint Memorandum Circular No. 1, Series of 2013 - Guidelines on Evacuation Center Coordination and Management; and
- DSWD CCCM and IDP Protection Covid19 Operational Guidance.

Lastly, a Women and Child Protection Desk (WCPD) and other protection services area should be present at the municipal level. For the evacuation centers, the current structure such as WCPD can be utilized and must ensure that officers-in-charge are familiar with the available social services. In addition, a robust and up to date referral mechanism should be in place to prevent and respond to child protection concerns⁵. The roles and responsibilities of the Child Protection Working Group (CPWG) are outlined in its Terms of Reference (ToR).

**A.1.2 Construct Child and Women Friendly Transitional Shelters, and a Referral Mechanism for Orphaned, Unaccompanied, and Separated Children⁶**

Transitional shelters for orphaned, unaccompanied, and separated children should be constructed only when there are no other existing residential care facilities and/or NHA facilities in the area to accommodate orphaned, unaccompanied, and separated children.

To be able to establish transitional shelters, the National Housing Authority will form a Technical Management Group (TMG) to formulate and agree on the technical specification of the temporary shelter construction. The TMG shall be headed by the NHA, with the DSWD, DENR, DPWH, DILG and affected Local Government Units (LGUs) as members, among others. The TMG should be pre-organized to monitor and ensure that transitional shelters are established in accordance with the CEPC rules and minimum health protocols during disease outbreaks. Also, the TMG needs to ensure that relevant guidelines concerning inclusivity and sensitivity to the needs of children, pregnant women, and lactating mothers are promoted.

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⁵ From Component 1: Establishment of Evacuation Centers - To provide basic social services in evacuation centers
⁶ From Component 2: Establishment of Child and Women Friendly Transitional Shelters, and a Referral Mechanism for Orphaned, Unaccompanied, and Separated Children
The following are the specific duties of the TMG and other relevant government in constructing an option for transitional shelters for the disaster-affected LGUs:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHA</td>
<td>• Develop guidelines on technical specifications in constructing the temporary shelters</td>
</tr>
</tbody>
</table>
| DSWD   | • Provide technical assistance to NHA in developing the guidelines and in the specifications of evacuation centers  
        • Come up with a list of RCF by DSWD for Children and Women, including NGOs  
        • Develop database of orphaned, unaccompanied, and separated children  
        • Provide alternative parental care guidelines |
| DPWH   | • Provide guidelines for site selection and minimum safety requirements  
        • Monitor compliance in the construction of transitional shelters  
        • List of evacuation centers |
| DILG   | • List of centers for children and women by LGUs  
        • List of evacuation centers |
| DENR   | • Conduct post hazard evaluation |
| DOH    | • For health and sanitation. Provide technical assistance in the specifications of quarantine and isolation stations within the transitional shelters |
In the transitional shelters, the vulnerable groups such as orphaned, separated, unaccompanied children, pregnant women, and lactating mothers should be prioritized. To do this, the National Housing Authority (NHA) in coordination with these agencies should:

- Assess and identify possible transitional shelters in every municipality and city;
- Develop guidelines on building, and managing transitional shelter;
- Formulate guidelines on handling children in transitional shelters;
- Ensure presence of clear institutional guidelines in managing transitional shelters;
- Ensure that the affected population is aware of what can be expected. Actively engage them in the design, establishment, and ownership of the transitional shelters; and,
- Establish mechanisms for complaint and response.

Correspondingly, there is a need to develop and establish the eligibility guidelines for transitional shelter beneficiaries. In formulating the guidelines, data from DSWD's Pantawid Pamilyang Pilipino Program (4Ps), the National Commission on Indigenous Peoples (NCIP) List, and the internally displaced persons (IDPs) list may be referred to.

Furthermore, a guideline for the delivery of social services in the transitional shelters should be formulated by the TMG. The said guidelines will provide the particular responsibilities of relevant government agencies and local government offices to ensure timely and appropriate delivery of necessary services. In developing the guidelines, referral mechanisms with concerned agencies and stakeholders as well as context-and child-specific interventions should be considered. The referral protocols and pathways for any type of disaster or emergency aim to prevent and respond to protection concerns, including but not limited to abuse, neglect, and exploitation of children and other vulnerable groups. The referral system should include, but not limited to the City/Municipal Health Office, City/Municipal Social Welfare and Development, and the Philippine National Police (PNP).
A.1.3 Identify and ensure the availability of alternative evacuation centers other than schools and child development centers

There is a need to ensure education continuity in the face of emergency situations. Thus, it is important for the DILG to identify and ensure the availability of evacuation centers and its alternatives. In the event that a disaster event or emergency occurs and there is lack of an evacuation center or treatment and monitoring facilities at the locality, the local government unit should coordinate with the School Heads and respective Division Superintendents/District Supervisors, or Child Development Workers, as appropriate, before schools will be used as temporary evacuation centers or temporary treatment and monitoring facilities. When applicable, gymnasiums, playgrounds, stadiums, churches, activity centers, community halls, and auditoriums, barracks, warehouse, unused factories, unfinished buildings and state owned, private or communal land with tents, vacant hotels, shall be the first option instead of classrooms.

A Memorandum of Agreement (MOA) between the LGU and the school should be signed when schools are decided to be used as evacuation centers. It should be emphasized that the use of school or child development centers as evacuation centers is limited to fifteen (15) days. In the event such use needs to be prolonged, the local government unit should formally correspond to the Department of Education (DepEd) and the Department of Interior and Local Government (DILG) highlighting the following information:

- Name and location of the school;
- Alternative evacuation centers for final site selection;
- Initiatives to prevent disruption of school activities; and,
- Timeline and plan for relocation.

The period when to do the repair of school facilities should be identified in the MOA. It should likewise be agreed that the repair of the damages to schools should be immediately undertaken to ensure the safety and well-being of the IDPs and other occupants. Also, the MOA should be clear about the extent in which the LGU will shoulder repair of schools used as evacuation centers. The extent however, must not be lower than the amount of damages caused by the evacuation operations. That said, the School Heads should document the condition of facilities before and after usage to serve as basis for repair and maintenance.

Additionally, Inspection of schools and child development centers used as evacuation centers should be undertaken by the Regional or Division Office of DepEd together with DPWH, Local Engineering Office, and Bureau of Fire Protection (BFP) to ensure stability of structures and safety of children. The PNP and AFP should also ensure the safety and security within the center.

7 From Component 1: Establishment of Evacuation Centers
It should likewise be noted that during emergency situations, the school and child development personnel should focus on providing education services, not as camp managers. With this, there is a need to clarify the roles of school personnel in the evacuation centers.

In cases where emergencies impel for the utilization of schools as quarantine or isolation areas, LGUs need to make a request to the DepEd Regional Director concerned and is granted based on the recommendations of School Division Superintendent. Terms and Conditions (TAC) provided by DepEd should be signed by the LGU upon approval of the request. The following protocols must be followed prior to the use of the Schools as quarantine or isolation facility:

a. All school heads are enjoined to comply with the needed templates prior to the use of school for the purpose stated in the LGU request;

b. Attach Certification from the DOH specifically showing that there are no available facilities to be utilized as temporary quarantine or isolation facilities except the requested school;

c. Attach the Terms and Conditions (TAC) between the Division Office and the LGU;

d. Attach the evaluation and approval form to the request from the LGU.

A.2 Non-structural prevention/mitigation measures

A.2.1 Adopt Child Protection Policies\(^8\)

The DSWD in coordination with the Council for the Welfare of Children (CWC) should require all government agencies (including the CEPC Stakeholders), 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 should include measures to deter and effectively respond to cases of violence, abuse, and exploitation of children. The CWC should assist the concerned agencies to promote and provide technical assistance in drafting their Child Protection Policy. The Child Protection Policy should include specific needs for protection of children with disabilities because they are at further risk of exploitation and abuse. Also, a set of penal provision or sanctions for non-adoption of Child Protection Policy shall be included.

Furthermore, the DSWD and the Local Disaster Risk Reduction and Management Council (LDRRMC) should 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. This is to ensure that they are mindful that these standards are to be promulgated to protect the most vulnerable populations, especially women, girls and boys and adolescent, 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\(^9\).

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\(^8\) From Component 4: Stronger Measures to Ensure Safety and Security of Affected - To adopt Child Protection Policy

\(^9\) From Component 5: Delivery of Health, Medical, and Nutritional Services - To deliver services for the management of childhood illness - To provide services for survivors of gender-based violence
A.2.2 Develop resumption strategy and include it in School DRRM Plan

The Department of Education should ensure that a resumption strategy is included in the School DRRM Plan through the School Improvement Plan (SIP). Such a resumption strategy should include measures to ensure the proper and meaningful promotion of students to the next higher level of education, particularly in cases of protracted displacement. Other alternative learning modalities such as online/offline digital modules, distance and blended learning through TV, Radio or Printed materials of self-learning modules, may be explored.

With this, there is a need to update existing SIP. In developing the resumption strategy, the following need to be considered:

- Review the processes on assessment, accreditation and promotion of children affected of emergencies;
- Identify a pool of teacher-volunteers for deployment in the affected areas that need additional teachers;
- Learning Delivery Modality (Online/Offline) that suits the current situation.

Emergency situations such as disease outbreaks force closure of schools thus, stakeholders should ensure continuity of learning in times when social distancing is part of the emergency preparedness and response plan. These plans should also include necessary steps for the eventual safe and reopening of schools. Where schools start to open, and to make sure that the children and their families remain protected and informed, the DepEd and LGU should:

- Provide children with measures and information about how to protect themselves (handwashing, how to facilitate mental health support, help prevent stigma and discrimination by encouraging children to be kind to each other and avoid stereotypes when talking about outbreak diseases);
- Promote best handwashing and hygiene practices and providing hygiene supplies;
- Cleaning and disinfecting school buildings, especially water and sanitation facilities;
- Increasing airflow and ventilation.

The resumption strategy outlined in the School DRRM Plan needs to be aligned to the LDRRMP, Local Development Plan (LDP), and the Annual Investment Plan (AIP).

Furthermore, the DepEd shall develop specific guidelines on handling displaced learners in the receiving schools, ECCD preschoolers and private school students in the receiving schools. Additionally, the DepEd should set up minimum standards on transit requirements in emergency.

10 From Component 6: Plan of Action for Prompt Resumption of Educational Services for Children - To include resumption strategy in School DRRM Plan
11 From Component 6: Plan of Action for Prompt Resumption of Educational Services for Children - To include resumption strategy in School DRRM Plan and To promptly resume classes
12 From Component 6: Plan of Action for Prompt Resumption of Educational Services for Children - To include resumption strategy in School DRRM Plan and To promptly resume classes - To formulate coordination mechanism on transit of learners and teachers
B. Disaster Preparedness

Under the Republic Act 10121, the objectives of the thematic pillar on preparedness are to: (1) increase the awareness of the communities to the threats and impacts of all hazards; (2) equip communities with necessary skills to cope with the negative impact of disaster events; (3) increase institutional capacity; (4) develop and implement comprehensive national and local preparedness policies, plans, and systems; and, (5) strengthen partnership among all key players and stakeholders.

For the CEPC, the following shall be undertaken by relevant stakeholders at the national, regional, and local levels prior to a disaster event or emergency situation. Similar to the prevention/mitigation actions, there is no particular sequence in undertaking the listed actions below. However, as earlier stressed, the effectiveness and efficiency in achieving the CEPC intended outputs and outcomes during emergency situations depend largely on how robust the capacities of institutions and of individuals.

B.1 Develop guidelines and related policies

B.1.1 Integrate child protection, children’s rights, and gender sensitivity in curricula and training

The DepEd, CHED, TESDA, and DSWD shall include child protection, children’s rights, and gender sensitivity in their curricula and training information campaign as part of the disaster risk reduction and management (DRRM) activities. In addition, the CWC, DSWD, DepEd, DOH, the Philippine Information Agency (PIA), the National Youth Commission (NYC), and the DILG should ensure the following:

- Develop child-friendly information materials as well as online materials on DRR and climate change adaptation (CCA);
- Conduct children’s consultations on DRR and CCA efforts at various levels, to consider phone or virtual consultations during outbreaks;
- Develop a compendium of existing child friendly materials on DRR and CCA as reference for implementation;
- Provide age appropriate information to include roles and responsibilities of children and government agencies before, during and after disasters and emergency situations;
- Ensure that children participate in age-appropriate DRR activities (i.e. risk assessment, development of early warning system, drills, basic life support, basic community action for disaster response); and,
- Support DRR initiatives of children’s organizations.

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13 From Component 4: Stronger Measures to Ensure Safety and Security of Affected - To monitor safety and security of children
Concurrently, the local government units and other development partners such as the CSOs should:

- Use online technology and other platforms (i.e. social media, printed IECs) to children in the dissemination of DRR information;
- Conduct children’s orientation on the local DRR planning process and ensure their participation in crafting local DRRM plans;
- Integrate the concerns, needs and views of children in the local DRRM plans;
- Ensure that children are represented in local councils. To do this, a criteria and selection process in identifying children, who will participate in the local DRRM planning process should be developed;
- Ensure that children participate in age-appropriate DRR activities (i.e. risk assessment, development of early warning system, drills, basic life support, basic community action for disaster response); and,
- Support DRR initiatives of children’s organizations.

On the other hand, the DILG should provide policies in order for the LGUs to localize and implement said items. LGU shall facilitate the regular participation of the local police officers in their re-disaster activities and efforts to prevent or address cases of VAWC in all phases of disaster. Additionally, Philippine National Police in coordination with AFP, DSWD, DILG, DepED, CHED and CSOs shall monitor and ensure safety and security of children.

B.1.2 Formulate minimum standards for education interventions

The DepEd, in coordination with relevant agencies, should develop Education Intervention Package for Disaster (EIPD) including mechanisms and strategies to address the needs of the education continuity of the children. In partnership with DSWD, the DepEd should provide minimum standards for education interventions (e.g., learning kits, teaching kits, infrastructure, feeding, manipulative toys including donations and assistance of partners). In doing so, refer to SDRRM Manual Booklet 2, which highlights the following:

- Standard Back to School Kits (Learner’ Kit) For Kindergarten-Grade 3, For Grade 4-High School;
- Standard Teacher’s Kit;
- Standard Teacher’s Instructional Materials;
- Standard School Kit;
- Cleaning Kit (For School, Latrines, Day Care Center, Health Center and Evacuation Center). Also, to include disinfection/sanitation kits for disease outbreak scenarios.

Concurrently, the ECCD Council should provide the minimum standards for ECCD intervention to be implemented by the LGU. The DSWD then needs to provide standard guidelines on ECCD IPD and ECCD in emergency kits. Meanwhile, the DILG should also provide guidelines on the localization of the EIPD.

14 From Component 6: Plan of Action for Prompt Resumption of Educational Services for Children - To formulate minimum standards for education interventions
B.2 Strengthen system and capacity

B.2.1 Stockpile resources for the resumption of Educational Services for Children

Key to ensure education continuity and prompt resumption of educational services for children in the face of disaster events and emergency situations is to stockpile resources for the resumption of educational services. All LGUs, in coordination with DepEd, must have sufficient amounts of stockpiled materials necessary to facilitate resumption of classes. This includes but not limited to tents for use as temporary learning spaces, student’s armed chairs, cleaning and disinfecting supplies and other basic learning supplies.

To do this, the DepEd and other development partners such as CSOs should come up with the list of standard items included in the kit as prescribed in the School Disaster Risk Reduction and Management (SDRRM) Manual Booklet 2.

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

For the part of DILG, particularly the LGUs, regular meetings shall be held between the LGU through Local School Board (LSB) and the DepEd to preposition and monitor the stockpiling of response and recovery kits as well as to ensure that supplies are sufficient. With DepEd, the LGU may also identify the delivery and warehousing strategies. A warehouse per school/district should be designated. And the LGU and DepEd may also forge a Memorandum of Agreement (MOA) with private enterprises for emergency purchases.

B.2.2 Ensure availability of Flexible Learning Materials

The DepEd, in coordination with other members of the ECCD Council, should ensure that educators, facilitators and child development workers, and flexible learning materials are available to augment and facilitate continuous learning during emergencies. Strategies which may include e-learning or internet-based education programs, self-Learning Modules, the use of other telecommunication platforms may be used. The use of Alternative Delivery Mode (ADM) and Alternative Learning System (ALS) should be implemented for learners in evacuation centers, transitional shelters, and permanent resettlement sites until such time that temporary learning spaces are established and formal education can resume.

Concurrently, the DSWD should monitor the supply level of flexible learning materials that are available to augment and facilitate continuous learning during emergencies.

15 From Component 6: Plan of Action for Prompt Resumption of Educational Services for Children
B.2.3 Capacitate all responders on child-centered training

Below identifies the roles and responsibilities of various stakeholders on this action point. The DSWD, DepEd, DOH, OCD, CWC, and other CEPC implementing agencies should:

- Roll out and disseminate the Children’s Guidebook on Child Participation in the Philippines (CWC), particularly on child participation in humanitarian emergency response;
- Integrate gender-, culture-, and disability-sensitivity topics in the capacity building modules;
- Strengthen and mobilize the Local Council for the Protection of Children (LCPC) for disaster risk reduction capacities for children; and
- Ensure availability of online or distant learning materials for roll-outs during disease outbreaks

 Concurrently, the DILG should:

- Strengthen and mobilize the Local Council for the Protection of Children (LCPC) for disaster risk reduction capacities for children;
- Design a tool for TNA;
- Cascade the TNA tools to regional level;
- Conduct the TNA (DILG Regional Offices); and,
- Plan intervention and implement based on the TNA result (for MLGOO)

The RSCWC, the National Council for Disability Affairs (NCDA), the National Commission on Indigenous People (NCIP), and the National Commission on Muslim Filipinos (NCMF) should strengthen and mobilize the Local Council for the Protection of Children (LCPC) for disaster risk reduction capacities for children. Finally, P/C/MSWD on the other hand, must ensure the implementation and training at the barangay level.

C. Disaster Response

Under the Republic Act 10121, the objectives of the thematic pillar in response are to: (1) decrease the number of preventable deaths; (2) provide basic subsistence needs of affected population; and, (3) immediate restoration of basic social services.

As regards to the CEPC, the following action should be undertaken by relevant stakeholders at the national, regional, and local levels during a disaster event or emergency situation. In emergency situations, time is the essence in emergency situations. That said, the following actions should be delivered in a timely and appropriate manner. It has to be stressed that all measures should promote the best interest of children.
<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>LOCAL CEPC PROGRAMS, PROJECTS, ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Established Evacuation centers in the locality</td>
<td>LGUs shall establish and manage evacuation centers for children and families. The management of the evacuation center shall comply with the standards set by the DSWD on Camp Coordination and Camp Management. Also, the establishment of evacuation is subject to the limitations found in Section 5 of RA 10821:</td>
</tr>
<tr>
<td></td>
<td>• When a school or child development center is used as an evacuation, others shall be utilized first like gymnasiums, learning and activity centers, auditoriums and other open spaces. Coordinate with School Heads or relevant officials before using schools as evacuation centers or classrooms shall be used as a last resort. The use of the school premises shall be as brief as possible. if the use is predicted to exceed fifteen (15) days, the LGU shall provide written documentation to the DepEd and DILG</td>
</tr>
<tr>
<td></td>
<td>• The DepEd, in coordination with the DPWH shall continuously monitor and assess the condition of temporary learning spaces or other transitional and semi-permanent structures used as classrooms after a disaster</td>
</tr>
<tr>
<td></td>
<td>• If the use exceeds six (6) months after the declaration of a state of calamity, the regional DepEd office shall conduct regular site visit inspections and shall certify to the Secretary of Education that such spaces are in good physical condition and sufficient to ensure the safety of the children and their environment</td>
</tr>
<tr>
<td></td>
<td>• MSWDO shall maintain safer, suitable and accessible camps. Spaces for Women and children and appropriate religious and cultural practices, health and nutrition services shall also put in place, as well as spaces for breastfeeding and lactating women</td>
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<td>• Activate and ensure CPWG 72 hours after the emergency, this is in coordination of RCPWG</td>
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<td>COMPONENTS</td>
<td>LOCAL CEPC PROGRAMS, PROJECTS, ACTIVITIES</td>
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<tr>
<td>2. Establishment of Transitional Shelters</td>
<td>In areas declared under the state of calamity, an option for transitional shelter, prioritizing vulnerable and marginalized groups including orphaned, separated, and unaccompanied children, and pregnant and lactating mothers shall be established immediately:</td>
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<td></td>
<td>- The National Housing Authority (NHA) shall be primarily responsible for the establishment of transitional shelters, in coordination with the DSWD, DENR, DPWH, DILG and LGUs</td>
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<td>- New Transitional Shelter, established pursuant to RA10821, shall be designed with the gender-specific emergency latrines, bathing cubicles and hand washing facilities designed for children</td>
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<td></td>
<td>- Transitional shelters shall also have mother and child-friendly spaces where children can take part in children activities; and, maternal and new-born and infant care and rooms to protect, feed, provide personal care, and ensure the right to privacy</td>
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<td></td>
<td>- Existing transitional shelters shall be modified to the extent possible to comply with the above mentioned considerations</td>
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<tr>
<td></td>
<td>- Establishment of transitional shelters immediately after the declaration of the State of Calamity based on RDANA.</td>
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<td>- Documentation of orphaned, separated and unaccompanied children. Application and adoption of DSWD’s family tracing and reunification guidelines, and Guidelines for coordination and protocol</td>
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<td></td>
<td>- Conduct of Rapid Damage Assessment and Needs Analysis</td>
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<tr>
<td>COMPONENTS</td>
<td>LOCAL CEPC PROGRAMS, PROJECTS, ACTIVITIES</td>
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</tbody>
</table>
| 3. Assurance for immediate delivery of basic necessities and services | • The immediate delivery of basic necessities and services specially required by the affected children in different stages of development shall be ensured and facilitated  

• Priority shall be given to the specific health and nutrition needs of pregnant women, lactating mothers, new-born babies, children under five (5) years old and children with special needs |
| 4. Stronger Measures to Ensure the safety and security of affected children | The safety and security of affected children in areas declared under a state of calamity shall be monitored and ensured:  

• Children shall be protected against all forms of abuse. The Philippine National Police is responsible for ensuring the safety and security of children, in coordination with the Armed Forces of the Philippines and the DSWD, DILG, LGUs, DepEd, CHED and CSO  

• Comprehensive measures and monitoring to prevent trafficking, labor and prostitution, including domestic and sexual violence, shall be heightened immediately by the PNP and the DSWD, with the assistance of AFP operating units in the areas of declared under a state of calamity, together with the local councils against trafficking and violence against women and their children  

• The following measures shall also be done:  

  ▪ Adoption of a child protection policy that include measures to defer and effectively respond to cases of violence, abuse and exploitation of children.  

  ▪ Establishment and ensure the functionality of the barangay violence against women and children desk which serve as one of the key reporting and referral mechanism for cases of violence, abuse and exploitation of children in the barangay during all phase of emergency response and recovery  

  ▪ Measures to ensure that children evacuated are accompanied by persons responsible for their safety and well-being |
<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>LOCAL CEPC PROGRAMS, PROJECTS, ACTIVITIES</th>
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</table>
| 5. Delivery of Health, Medical and Nutrition Services | • Health, medical, and nutritional needs of children in the areas declared under a state of calamity, including psychosocial interventions for children in different stages of development. These shall be provided by the DOH, in coordination with the DSWD, LGU and CSO in the community. The following shall be provided:  
  ▪ Minimum Initial Service Package (MISP) for Sexual and Reproductive Health based on policy guidelines, strengthening immunization and vaccination services in normal times, pre-positioning of MISP-SRH packages and use of DAFAC to determine MISP-SRH package beneficiaries  
  ▪ Safe motherhood services that include provision of necessary vitamins and minerals for pregnant women during prenatal services and for lactating women; prenatal care and postpartum services as the situation allows; and the establishment and maintenance of a 1-hour referral system for safe motherhood specially transport and communication  
  • Setting up of breastfeeding stations in Evacuation centers  
  • Establishment of Community kitchens for emergency feeding for disaster survivors that shall serve hot meals or ready to eat food, ensure basic nutritional requirements of affected population and serve as storage for limited stockpile prepositioned before the occurrence of an emergency  
  • Management of childhood illnesses that include: camp management and upkeep of evacuation centers and transitional shelters to ensure their cleanliness, vector-rodent-and smoke free; isolation of infectious cases and referral to health services; provision of consultation services; and, necessary vaccination services |
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<th>COMPONENTS</th>
<th>LOCAL CEPC PROGRAMS, PROJECTS, ACTIVITIES</th>
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<tr>
<td></td>
<td>• Ensure WASH Services that provide clean, potable and safe water, adequate facilities and protection of safe water sources; promote good hygiene practices; implement vector control measures and conduct of water surveillance and treatment; and, include solid waste management and segregation</td>
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<td></td>
<td>• Ensure Responsible parenthood services such as: provision of contraceptives to current and new users; appropriate information and education in responsible parenthood and reproductive health which can be done during the distribution of contraceptives; and promotion of couple rooms to address the psychological needs of the married couples</td>
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<td></td>
<td>• Ensure STI, HIV and AIDS services that include: strict adherence to universal precautions such as rational and safe blood transfusion; provision of ARVs for those undergoing treatments and syndromic treatment of STIs for girls, boys, women and men; timely referral of cases on STI, HIV and AIDS to relevant services on social welfare, health, protection for appropriate management and care</td>
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<td></td>
<td>• Ensure Gender-based violence services for survivors: provision of clinical and clinical care GBV survivors by deployed health workers through Women and Child Protection Units in public secondary and tertiary health facilities and IACAT-VAWC desks in evacuation centers or transitional shelter sites; Strengthening referral system; checking the level of the capacity of providers to help GBV and handling children; and, signing of all forms by emergency responders, to be ensured by the LDRRMC, to affirm their code of conduct to prevent future acts of sexual exploitation and abuse</td>
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<td>• Mental Health and Psychosocial Support services through the conduct of MHPSS and case management</td>
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<td>COMPONENTS</td>
<td>LOCAL CEPC PROGRAMS, PROJECTS, ACTIVITIES</td>
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<tr>
<td>6. Plan of Action for Prompt Resumption of Educational Services for Children</td>
<td>The prompt resumption of education services for all children, including early childhood care and development for children aged below five (5), shall be ensured by the DepEd, in coordination with the DSWD, DILG and the concerned LGUs:</td>
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<td>• Stockpiling of materials necessary to facilitate resumption of classes:</td>
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<td>▪ Includes the following, but not limited to: tents for use as temporary learning spaces, student’s armed chairs, cleaning supplies, and other basic learning materials</td>
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<td>▪ Listening of standard items included in the kit as prescribed in the School Disaster Risk Reduction and Management (SDRRM) Manual Booklet 2; Standard Back to School Kits (Learners Kit) for Kindergarten-Grade 3, Grade 4 - High School, Standard Teacher’s Kit, Standard Teacher’s Instructional Materials, Standard School Kit, Cleaning Kit</td>
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<td>▪ Prepositioning and monitoring of stockpile of response and recovering kits shall be done by the LGU, through the Local School Board and in coordination with DepEd and Local Social Welfare Development Office</td>
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<td>• Maintenance and repair of schools used as evacuation centers:</td>
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<td>▪ Affected LGU shall be primarily responsible for the repair and maintenance of schools or child development center used as evacuation center</td>
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<td>▪ School Heads shall document the condition of facilities before and after usage to serve as basis for repair and maintenance</td>
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<td>▪ The use of schools as evacuation centers shall be based on guidelines set in related policies: RA 10121, RA10821, Joint Memorandum Circular No. 1 series 2013, Component 1 of CEPC</td>
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<td>COMPONENTS</td>
<td>LOCAL CEPC PROGRAMS, PROJECTS, ACTIVITIES</td>
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<td>• Minimum standards for education and ECCD interventions issued by DepEd and DSWD shall be complied with as stated in SDRRM Manual Booklet 2</td>
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<td>▪ Examples include: learning kits, teaching kits, infrastructure, feeding, manipulative toys, donations and assistance of partners</td>
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<td>• Resumption strategy in the School DRRM Plan shall involve the following:</td>
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<td>▪ Assessment of the readiness of the school to resume classes</td>
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<td>▪ Prepositioning of Temporary Learning Spaces (TLS) and distribution of learning materials for Alternative Delivery Modes (ADM), in case of limited facilities or severe damage in the school used as evacuation center</td>
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<td></td>
<td>▪ For massive displacement like armed conflict, DepEd with the assistance of the LGU/DILG and LSWDO/DSWD shall coordinate and facilitate enrolment of displaced learners in schools that are nearest to the evacuation centers</td>
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<td>• Tracking the status of school and child development learners and personnel by DepEd and the affected LGU through the following:</td>
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<td>▪ Enhancement of DepEd’s Rapid Assessment of Damage Report (RADAR) system and tracking through Learners Reference Number</td>
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<td></td>
<td>▪ Updating of data and master list of schools and alternative learning system/schools; and</td>
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<td>▪ Student tracking by tapping ALS teacher and, for armed conflict situations, tapping neighboring/twin regions/divisions</td>
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<td>COMPONENTS</td>
<td>LOCAL CEPC PROGRAMS, PROJECTS, ACTIVITIES</td>
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<td>• Making available flexible learning materials to cover both ECCD and Basic Education usage of emergency class resumption strategies:</td>
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<td>▪ For formal and non-formal learning that will be implemented only when necessary</td>
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<td></td>
<td>▪ For ADM and ALS learners in evacuation centers, transitional shelters and permanent resettlement sites until such time that Temporary Learning Spaces are established and formal education can resume</td>
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<td></td>
<td>• Establishment of TLS in transitional sites and permanent resettlement areas that are far from existing schools and child development centers</td>
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<td></td>
<td>• Coordination Mechanism on transit of learners and teachers between and among DepEd, DSWD, affected LGU, relevant child-focused CSO and other stakeholders:</td>
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<td></td>
<td>▪ Safety in transporting learners, teachers and ALS instructors and other personnel to and from evacuation centers, transitional sites, permanent resettlement sites to nearby schools and child development centers</td>
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<td>▪ AFP standing policy on transport use, including avoidance or using military vehicles especially in the areas of armed conflict</td>
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<td></td>
<td>▪ Inventory of transport vehicles for use in evacuation in the Contingency Plan</td>
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<td>▪ Referral System for learner’s transfer to other schools</td>
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<tr>
<td>COMPONENTS</td>
<td>LOCAL CEPC PROGRAMS, PROJECTS, ACTIVITIES</td>
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<tr>
<td>7. Establishment of Child Friendly Spaces (CFS)</td>
<td>Child friendly spaces in every city or municipality declared under a state of calamity, as needed, shall be set up by the concerned LGU based on the guidelines promulgated by the DSWD:</td>
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<td>• In case the concerned LGU cannot immediately respond due to the huge impact of disaster, the DSWD, together with the concerned national government agencies and in coordination with the CSOs and other stakeholders, as well as nearby LGUs, shall provide the necessary child care services and social protection of affected children</td>
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<td>• CFS shall cater to different age groups of children and be sensitive to the needs of groups of people such as IP children, children with special needs and LGBTQIA+</td>
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<td></td>
<td>• CFS shall be identified prior to occurrence of a disaster and shall be made available throughout the crisis from emergency to recovery</td>
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<td>• In the construction of CFS, its type shall be taken into account</td>
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<td></td>
<td>• The LGU should identify the personnel who shall manage the CFS and the individuals from the community who shall become the CFS facilitator. In addition, the LGU should allocate funding of CFS facilitators</td>
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<td></td>
<td>• The CFS-related activities must be included in the plans and budgets of the LGU particularly in the LDRRM Plan, AIP, and Comprehensive Development Plans</td>
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<td></td>
<td>• Child Protection in Emergency (CPIE) should be used as the overarching framework in the establishment of CFS. CPIE should be mainstreamed in LDRRM Plan</td>
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<tr>
<td></td>
<td>• Activate and mobilize Local Council for the Protection of Children must be activated and mobilized and its functionality must be ensured, whether there is an emergency or not</td>
</tr>
</tbody>
</table>
8. Promotion of Children's Rights

Activities and processes that will promote and uphold the rights of children include the following:

- Child-centered Training for all responders
- Adequate access of children to age-appropriate information on their roles and responsibilities and those of government agencies before, during and after disasters and other emergency situations
- Effective mechanism for training and meaningful participation of children in community disaster risk reduction programs
- Consultation, with the affected children on their needs and priorities for post-disaster, relief and recovery:
  - Adoption of the Multi-Sector Initial Rapid Assessment with children for post disaster, relief and recovery consultation and harmonized with RDANA and existing tools
  - Adoption of child-friendly accountability and feedback mechanism for children as basis for enhancement of interventions
- Institution of any and all measures that promote the best interest of children in times of emergency and disaster

D. Disaster Recovery/Rehabilitation

Under the Republic Act 10121, the objectives of the pillar on recovery/rehabilitation are to: (1) restore people’s means of livelihood and continuation of economic activities; (2) restore shelter and other buildings; (3) reconstruct infrastructure and other public utilities; and, (4) assist in the physical and psychosocial rehabilitation of persons who suffered from the effects of disaster events.

In line with the CEPC, the following shall be undertaken by relevant stakeholders at the national, regional, and local levels after a disaster event or emergency situation.

D.1 The local government units should maintain schools and child development centers used as evacuation centers

The local government units should maintain schools and child development centers used as evacuation centers. To do this, the following are the responsibilities of various stakeholders:
<table>
<thead>
<tr>
<th>LGU</th>
<th>Develop a list of schools and child development centers used as evacuation centers. Also, they need to secure the structural integrity of the facility. Provide support to damage schools and development centers specified in the MOA. Report damages incurred in the school facilities to the local government units.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DILG, LGU and DPWH</td>
<td>Maintain constructed evacuation centers and child development centers.</td>
</tr>
<tr>
<td>DepEd</td>
<td>Provide guidelines on the usage of school as evacuation center.</td>
</tr>
<tr>
<td>DepEd and School Heads</td>
<td>Report damages incurred in the school facilities to the local government units. For repairs and replacement of the school, refer to the LGU.</td>
</tr>
<tr>
<td>Child Development Worker</td>
<td>Repair and replacement of the child development center to the LGU.</td>
</tr>
<tr>
<td>DPWH District Offices and Regional Offices</td>
<td>Develop MOA between DPWH and LGUs to construct the Evacuation Centers and the latter maintain said constructed evacuation centers.</td>
</tr>
<tr>
<td>DSWD</td>
<td>Monitor and recommend policy intervention, to the ECCD Council, the usage of the CDCs.</td>
</tr>
<tr>
<td>LDRRMC</td>
<td>Conduct assessment on the ground on the MIRA.</td>
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### D.2 Consult children on their needs

<table>
<thead>
<tr>
<th>CWC</th>
<th>Develop guidelines on how to conduct Multi-Sectoral Initial Rapid Assessment (MIRA) with children for post disaster, relief and recovery consultations.</th>
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<tbody>
<tr>
<td>DSWD Field Offices</td>
<td>Consolidate the sector concerns in the LGUs to be reported to the national inter-agencies.</td>
</tr>
<tr>
<td>LGU thru the LSWDO</td>
<td>Conduct MIRA within 72hrs after the occurrence of an emergency.</td>
</tr>
<tr>
<td>LDRRMC</td>
<td>Conduct assessment on the ground on the MIRA.</td>
</tr>
</tbody>
</table>
Multi-agency and multi-sector stakeholders in the development of Comprehensive Emergency Programs for Children are identified at the level of National Government Agencies, Inter-Agency Councils, LGUs, CSOs and Children’s Group.

**Major Roles of Government Agencies in CEPC:**

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| **DSWD** | • Lead agency for the development and implementation of CEPC  
• Engage all relevant government agencies in the implementation of the program |
| **DILG** | • Mandatory general supervision of LGUs  
• Enjoin LGUs in the localization of the program  
• Issuance of Memorandum Circular for the Localization of CEPC  
• Lead role in the localization of CEPC |
|   | • Develop guidelines to capacitate LGUs in CEPC localization in LDRRM Plan/ LDRRM Fund |
LOCAL GOVERNMENT UNITS

Local Government Units (LGUs) at the Province, City and Municipal, and Barangay Levels are responsible for the localization of the CEPC in their respective jurisdiction.

<table>
<thead>
<tr>
<th>Local Social Welfare and Development Officer</th>
<th>Local Legislative Body and Standing Committees in the Province, City, Municipality</th>
<th>Local Structures with Critical Roles in CEPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Chief Executive - Governor, Mayor</td>
<td>Sangguniang Panlalawigan, Sangguniang Bayan, Sangguniang Panlungsod</td>
<td>Local Development Council</td>
</tr>
<tr>
<td>Local Planning and Development Coordinator</td>
<td>Presiding Officer - Vice Governor, Vice Mayor</td>
<td>Local Finance Committee</td>
</tr>
<tr>
<td>Administrator</td>
<td>Committee on Appropriations</td>
<td>Local Disaster Risk Reduction and Management Council</td>
</tr>
<tr>
<td>Budget Officer</td>
<td>Committee on Women, Youth and Family Welfare</td>
<td>Local Council for the Protection of Children</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Committee on Social Welfare and Community Development</td>
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<tr>
<td>Local Social and Welfare Development Officer</td>
<td>Committee on Labor and Employment</td>
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</tr>
<tr>
<td>Local Health Officer</td>
<td>Committee on Public Order and Safety</td>
<td></td>
</tr>
<tr>
<td>DepEd Division/ District Supervisor</td>
<td>Committee on Food and Agriculture</td>
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<tr>
<td>Head of Engineering Office</td>
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<tr>
<td>Local Government Operations Officer</td>
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<tr>
<td>Chief of Police</td>
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<tr>
<td>Highest Commanding Officer of the AFP covering the Area</td>
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<tr>
<td>Local Civil Registrar</td>
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</table>
Roles and responsibilities of LGUs in the localization of CEPC at the provincial, city and municipal to the barangay levels:

GOVERNORS, MUNICIPAL AND CITY MAYORS are enjoined to:
- Localize the CEPC to ensure that children, pregnant and lactating women, are safe, protected and have access to basic services before, during and after disasters and emergency situations
- Designate respective representatives of the LDRRMC and the LCPC as co-chairs in the development of the local CEPC

LOCAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCILS (LDRRMC)
- Responsible for the integration of the program in LGU plans, as stipulated in Section 2 (b), Rule IV of the RA 10821 IRR
- Comprehensive/Local Development Plans (C/BDPs)
- Annual Investment Programs (AIPs)
- LDRRM Plans and LDRRM Funds
- Contingency Plans

LOCAL COUNCILS FOR THE PROTECTION OF CHILDREN (LCPC)
- Provide child rights perspective critical to Local CEPC components especially on conforming to the criteria of child-friendly spaces and the promotion of child rights, among others

LOCAL DISASTER RISK REDUCTION MANAGEMENT OFFICE (LDRRMO)
- Can serve as the lead office in the planning, implementation, monitoring and reporting of the Local CEPC. This is in coordination with the Local Planning and Development Coordinator and the Local Social Welfare and Development Officer

LOCAL PLANNING AND DEVELOPMENT OFFICER/COORDINATOR
- Prepare and consolidate the Local CEPC report
- Submit the report to the LCE for approval
- Ensure that its Local Planning and Office monitor and evaluate the implementation of the Local CEPC

SANGGUNIANG PANLALAWIGAN (SP), SANGGUNIANG BAYAN (SB) AND SANGGUNIANG PANLUNGSOD (SP)
- Shall be responsible for local ordinance/resolution
- Adopt the Local CEPC, budget allocation, and integration to the local plans and such other appropriate actions necessary for its implementation

BARANGAY LEVEL
- Include children’s rights and well-being at the center of its development agenda that is characterized by a “culture of care and protection for all children”
- Ensure to include programs, projects and activities (PPAs) for the welfare, development and protection of children are included in the Comprehensive Barangay Development Plan
- Enact and enforce rights-based local ordinances for children
- Ensure that PPAs are supported by adequate human and financial resources for efficient and effective implementation
- Strengthen structures and systems for the welfare, development, and protection of children with emphasis on the Barangay Council for the Protection of Children

LEAGUE OF LOCAL GOVERNMENTS
- League of local governments (LPP, LCP and LMP) through their national, regional or local networks may be tapped to advocate support for the localization of CEPC

CIVIL SOCIETY ORGANIZATIONS AND CHILDREN
- CSOs and children as members of LDRRMCs and LCPCs can be involved in the localization process, from plan formulation to implementation and monitoring and evaluation of the local CEPC
- Children may participate in relief, rehabilitation and recovery operations: those who were affected by the humanitarian and emergency situation, and those around the disaster areas, who were not affected by the crisis but are willing to provide support
DEVELOPMENT OF LOCALIZED CEPC

ORGANIZATIONAL PHASE

The LCE can create an Ad Hoc Committee, through an Executive Order, to serve as the Technical Working Group in the development of the Local CEPC. The Committee can be chaired by the LDRRMO and may be co-chaired by a designated member of the LCPC. It can be composed of, but not limited to, the following:

- Key members of the LDRRMC and LCPC (Annex II of the Localized CEPC Guidebook)
- Representatives from civil society organizations
- Children’s groups

The LDRRMO may organize an orientation in coordination with other government and child-focused civil society organizations, to build the knowledge base for the meaningful participation of LDRRMC members in the development of the Local CEPC. Orientation include discussion on the UN Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination Against Women, Convention on the Rights of Persons with Disabilities, RA 10821, the national CEPC, analysis of the situation of children in the locality and other relevant topics.

ASSESSMENT AND ANALYSIS PHASE

Situation Analysis of children in the LGU prior to program formulation shall be prepared by the LCPC, referred to in Section B.1 in DILG MC 2005-07 on guidelines for monitoring LCPC functionality. LGUs with existing stand-alone Situation Analysis, or, may already have them in the context of their Local Plans of Action for Children, need not develop a new one and update them, as necessary.

The Hazards, Risk, Capacity and Vulnerability Assessment may be updated and enhanced by the LDRRMO, as necessary. The process of developing, updating and enhancement of the Situation Analysis and the Hazards, Risk, Capacity and Vulnerability Assessment may be made participatory and inclusive to children, pregnant women and lactating mothers. A situation analysis is both an assessment and analysis of the situation of the children’s rights and their development.
LOCAL CEPC DRAFTING AND ADOPTION PHASE

The Ad Hoc Committee may convene a series of consultation workshops with stakeholders to formulate the draft Local CEPC. The draft then may be presented and submitted by the committee to the LCE for approval and will endorse to the Sanggunian for policy adoption, budget allocation, and integration to the local plans and such other appropriate actions necessary for its implementation.

INTEGRATION OF LOCAL CEPC TO LOCAL PLANS AND BUDGETS

The Local CEPC shall be integrated to the following plans:
• Comprehensive Development Plan
• Annual Investment Programs
• Local Disaster Risk Reduction Management Plan and Fund
• Contingency Plan

The LDRRMC, in cooperation with relevant offices, shall be responsible for the integration of the Local CEPC to the local plans and budgets. A matrix for the integration of the Local CEPC Eight (8) Components and the suggested PPAs to the four thematic areas of the Local DRRM Plan is provided in the Annex VI of the Localized CEPC Guidebook.

FUND SOURCE FOR THE LOCAL CEPC

The budget allocations for the Local CEPC may be drawn from a share or portion of funds from Local Government such as the LDRRM Fund, Local Development Fund, GAD and Special Education Fund. Budget from the National Government Agency, National and International donors and other sources may also be utilized based on the existing guidelines of fund utilization.

CAPACITY - BUILDING

The RA 10821 IRR rule to ensure that national and local institutional systems and emergency responders are equipped with the technical competence and skills to carry out critical functions during emergency operations. Rule 5, Section 3 calls for the RDRRMC, the DepEd, DILG, DOH and DSWD to conduct a comprehensive training on child protection in emergencies for teachers, guidance counsellors, social workers, health personnel, members of the Child Protection Committee (CPC), CSOs and other stakeholders at the provincial, city and municipal levels.

It also reiterates the call for training of NGA personnel who work with children; LGU officials including DRRM officers, coordinators, and community members; and other first responders, rescuers, CSOs and academes. Children and youth shall be part of the capacity building to prepare them for disaster risk response, reduction and management.

The training of trainers shall be regularly organized at the regional, provincial, city and municipal level. Funding for said training shall be sourced from the LDRRMF and other relevant local government funds.
Below list are capacity requirements based on the eight (8) strategic actions of the CEPC:

| Evacuation Center | • Participatory planning for local government officials  
|                   | • Conducting validation and inspection activities for the members of the inter-agency committee or the TWG.  
|                   | • Integrating School DRRM Plans in LDRRM Plans  
|                   | • Mainstreaming of vulnerable sectors in community development planning  
|                   | • Ensuring education continuity  
|                   | • Capacitating RCPWG and LCPWG in all aspects of operation  

| Transitional Shelter | • Alternative Care on Life for social workers  
|                     | • Monitoring and Feedback Mechanism  
|                     | • Psychosocial First Aid for responders  
|                     | • Child Protection  
|                     | • Camp Coordination and Camp Management  
|                     | • Facilitating/managing CFS and TLS for Day Care and school teachers  
|                     | • First Aid Training for social workers  
|                     | • Data management and reporting  

| Delivery of Basic Necessities and Services | • Psychosocial First Aid and Mental Health and Psychosocial Support within 72 hours  
|                                            | • Policy development on psychosocial concerns  
|                                            | • Nutrition in Emergencies  
|                                            | • WASH in Emergencies  
|                                            | • Basic Facilitators’ Training on Mental Health and Psychosocial Support  
|                                            | • Basic Training of Trainers on Minimum Initial Service Package  

| Safety and Security | • Child Protection in Emergencies / Child Protection Minimum Standards  
|                    | • Child Protection during Armed Conflict Situations  
|                    | • Child Protection and GBV Cases in Emergencies for First Responders and Investigators (Child-Centered, Gender and Culture Sensitivity Trainings) |
### Health, Medical, and Nutrition Needs
- Harmonization and localization of UNFPA Training Module
- Community Kitchen for Local Government Units
- Minimum Initial Service Package (MISP) for Sexual and Reproductive Health
- WASH in Emergencies
- Transmitted Infections (STI), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS) awareness drive
- HIV Counseling
- Handling highly clinical cases and handling gender-based violence
- Code of Conduct, and Child and Women Protection Policies

### Prompt Resumption of Education Services
- Use of RADAR (Rapid Assessment of Damage Report)
- Use of indigenous learning materials, learner’s kits and other educational manuals
- Alternative Mode of Procurement (Division level)
- Budget Advocacy on the inclusion to LGU plans
- Child Protection in Emergencies for Educators
- Comprehensive Intervention Against Gender-Based Violence (CIAGV)

### Child-Friendly Spaces
- Establishment and Implementation of Child-Friendly Spaces

### Children’s Rights
- Monitoring, reporting and response system on grave child’s rights violations in situations of armed conflict
- Psychosocial First Aid
- Childhood and child-development including child evolving capacity of children
- How to conduct children consultations.
- Engaging children in planning processes
- Orientation on the legal frameworks on Children’s Rights (National and International instruments) such as:
  - United Nations Convention on the Rights of the Child
  - SPHERE Standards and other international benchmark standards on women and child protection
| • Child-focused emergency assessments for different types of hazards and needs  
• Mainstreaming child protection in different sectors  
• Child Protection Monitoring and Evaluation  
• Child Protection Rapid Assessment  
• Minimum Standards for Child Protection in Humanitarian Action  
• Child-Centered Community-Based Disaster Risk Reduction and Management  
• Inter-Agency Standing Committee Guidelines on Gender-Based Violence  
• Inter-Agency Standing Committee Guidelines on Children in Armed Conflict  
• Child-friendly and community-friendly materials on children’s rights  
• Training module on children’s rights for service providers |

**REPORTING, MONITORING AND EVALUATION**

The LGU in coordination with the concerned stakeholders shall prepare two (2) reports: fifteen (15) days after the occurrence of an emergency situation, and an annual report. The Local Planning and Development Office (LPDO) can be responsible for preparing and consolidating the Local CEPC report which then shall be submitted to the LCE for approval. The LGU then submits its approved compliance report to the DSWD Field Offices. The DSWD will submit a consolidated annual report to the Congress and the Office of the President.

In the event that a national or local state of calamity is declared, the Local CEPC and its related standards and protocols shall be activated.

**MONITORING AND EVALUATION (M&E) SYSTEM**

• The existing M&E system of the LGUs can be adopted for the Local CEPC;  
• Monitoring and evaluation of the Local CEPC can be performed by the LDPO;  
• The local CEPC M&E indicators can be identified based on the existing minimum standards issued by the DSWD and must be reflected in the LGU project M&E system. Prescribed CEPC indicators shall be issued by DSWD.
## LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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</thead>
<tbody>
<tr>
<td>AFP</td>
<td>Armed Forces of the Philippines</td>
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<tr>
<td>ADM</td>
<td>Alternative Delivery Mode</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>AIP</td>
<td>Annual Investment Plan</td>
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<td>Alternative Learning System</td>
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<td>Antiretroviral</td>
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<td>Bureau of Fire Protection</td>
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<td>CCA</td>
<td>Climate Change Adaptation</td>
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<td>Comprehensive Emergency Program for Children</td>
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<td>Child-Friendly Space</td>
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<td>CHED</td>
<td>Commission on Higher Education</td>
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<td>CCCM</td>
<td>Camp Coordination and Camp Management</td>
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<td>Child Protection in Emergencies</td>
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<td>CWC-LCPC</td>
<td>Council for the Welfare of Children - Local Council for the Protection of Children</td>
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<td>Disaster Assistance Family Access Card</td>
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<td>Acronym</td>
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<td>Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual</td>
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<td>Minimum Initial Service Package for Sexual and Reproductive Health</td>
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<td>Post-Disaster Needs Assessment</td>
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<td>STI</td>
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<td>Technical Education and Skills Development Authority</td>
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<td>Women and Child Protection Unit</td>
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ACKNOWLEDGEMENT

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