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CHILD RIGHTS-BASED ANALYSIS COVID-19-RELATED LAWS, POLICIES ISSUANCES, AND PENDING BILLS

January 2021

Executive Summary

Background

In reaction to the rising number of confirmed coronavirus disease 2019 (COVID-19) cases in the Philippines in March 2020, President Rodrigo Duterte declared a state of calamity throughout the country and placed Luzon under enhanced community quarantine. By the end of October 2020, the number of confirmed COVID-19 cases in the Philippines had gone up to 380,729, and the national and local governments had responded with various laws and policy measures.

As a State Party to the United Nations Convention on the Rights of the Child (UN CRC), the Philippines is obliged to ensure that children's rights are respected, fulfilled, and protected in the enactment of all laws and policy measures.

This policy paper contains the results of a review of the policy measures that had been enacted or issued in response to the COVID-19 crisis in the Philippines by the Congress of the Philippines, the Office of the President, the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) and the relevant agencies in the executive department, as well as of the bills pending in Congress that had passed the second reading and for which a committee report had been published.

Such policy measures were checked against standards or indicators of child's rights that were grouped according to the general categories of rights enumerated in the UN Convention on the Rights of the Child (UN CRC), with additional sections dealing with the UN CRC principle of nondiscrimination and with the general measures of implementation outlined in the UN Committee on the Rights of the Child General Comment No. 5. The review, however, was limited to the following: policy measures that were enacted or issued between March 15 and August 31, 2020; national policies, and not local policies; and policy measures that were published online.

Findings

The policy measures issued by the Philippine government to manage the impacts of the global COVID-19 pandemic fall short in responding to the needs of children and protecting the rights of the children as identified by the UN CRC. This paper points to these main findings in the policies reviewed:

- pre-pandemic national policies and plans of action that have not been localized, implemented fully, or supported by resources;
- the lack of a comprehensive framework that is focused on children's rights during the pandemic or the lack of guidelines to support that adaptation of existing policies, protocols, and programs to the effects of the pandemic;
- gaps in or the lack of mechanisms in coordination, national or local, that would ensure the continued delivery of services to children;
- the lack of a focus on children's access to information related to the pandemic and the government's responses to it;
- no policies providing for comprehensive or specific assessments of potential impacts of policies on children's rights or for the regular monitoring of the situation of children, especially the more vulnerable groups of children, such as children in street situations, children with disabilities, children in conflict with the law, children in care centers, children separated from their parents due to parents' contracting COVID-19 or being detained due to quarantine violations, etc.;

- gaps in continuous monitoring and assessment of impacts of policies already being implemented to respond to the pandemic; and
- the lack of adaptive structures for meaningful child participation and consultation.

Recommendations

The recommendations for policy measures in this paper are compiled below:

Survival

- There is a need for strengthened coordination of the service providers, the community and families in the delivery of health and nutrition services to children which can be done by improving on existing issuances and reviewing which agency can best deliver the services during pandemic.
- There must be provision of and access to mental health services and reproductive health services for children.
- There should be a monitoring of delivery of health and nutrition services to children at the community level. The Department of the Interior and Local Government (DILG), Department of Education (DepEd), Department of Health (DOH), Department of Social Welfare and Development (DSWD), Early Childhood Care and Development (ECCD) Council, and National Nutrition Council (NNC) can work on a system to immediately address the needs of children and must come up with a comprehensive and holistic approach in the delivery of nutrition and health services.
- There must be consultation and feedback mechanisms with children to determine the health and nutrition services needed by the children.
- The needs of children especially those in marginalized and disadvantaged situation must be recognized instead of subsuming it under the general welfare of the family.

Development

- The DepEd should craft policies that are adaptive and responsive to the pandemic and other emergency situations instead of mere reiteration of prior policies. This includes formulation of program that ensure children's continuous access to both formal and alternative education as well as early childhood development programs during a state of calamity. Such program should guide educators and learners and include measures on the appropriate modes of learning, access to tools of learning, monitoring on the academic development of children, and support for a child's recreation. It should also take into account the needs peculiar to the disadvantaged and marginalized children.
- Coordination between the school, the community and the families should be strengthened to provide support and to ensure the continuous access to education as learners and educators shift to different modes of learning.
- There should be an established feedback and monitoring mechanism to allow the different stakeholders to adopt appropriate learning methods that are responsive to the needs of the children.
- Broadcast networks' free airtime for child-friendly shows can be utilized by broadcasting DepEd modules on free television.

Protection

- The five pillars of the criminal justice system (community, law enforcement, the prosecution, the courts and the correctional institutions) must guarantee that there is a continued holistic approach in the handling of cases of children, both victims of abuse and children in conflict with the law. In particular, the Juvenile Justice and Welfare Council (JJWC), DSWD, DILG, the local health offices, Philippine National Police (PNP), Department of Justice (DOJ), and Council for the Welfare of Children (CWC) must ensure that reporting, referral and response mechanisms in reporting of cases continue to operate and be fully functional during pandemic. Where a face-to-face access to such protection services is not feasible, alternative avenues must be provided to the children such as online platforms, provided that children are consulted and necessary measures to protect children online are in place.
- Protocols in the handling and management of cases must not only be reiterated but must also provide for guidelines adapting to the limitations posed by the pandemic.
- The JJWC should focus on children in conflict with the law, including children at risk, who are oftentimes neglected in the time of pandemic, not only by monitoring their health conditions but also providing for health and educational services and making recommendations on the speedy disposition of cases that are to their best interest.
- Children must also be provided with access to information on the different forms of abuses that may be committed against them, how to protect themselves from such abuses and the mechanism of reporting cases of abuse to proper authorities.

Civil Rights & Freedoms

- Congress should take care not to hamper mechanisms and venues for child participation and take care not to violate their civil rights and freedoms. All laws and policies should always seek to protect these fundamentally held rights, especially for those who are most vulnerable.
- Considering the restrictions in mobility and communication caused by the COVID-19 crisis, policy measures issued by the IATF-EID and the executive agencies should be quick to adapt and ensure that children are consulted and that they are able to participate in the government's decision-making process in matters that affect them during the pandemic.
- Such policy measures by the IATF-EID and the executive agencies must ensure that all information related to the pandemic and the government's responses is made available to children through child-friendly materials.
- These policy measures must also ensure that the information is accessible to children with disabilities and children without means to access the Internet, in addition to ensuring that they are protected from false or harmful information.

Non-discrimination & Inclusion

- The concerns of children are often subsumed in the concerns of adults or families. The formulation and implementation of policies by the IATF-EID and the implementing agencies should be based on assessments of the impacts of the crisis that are particular to children, and the responses should be age-appropriate. If such assessments are not available, policies must be formulated to direct the conduct of such assessments as soon as possible.
- Such policies should also be gender-responsive. The relevant executive agencies should ensure that the data that is collected on children be not only sex-disaggregated but also gender-disaggregated. They should be mindful of socially determined roles, responsibilities, and capabilities and determine how interventions may be diversified to prevent any form of discrimination and to ensure the inclusion of all children.

- Finally, these policies should ensure that children with disabilities are not excluded from any interventions or responses that are implemented to manage the pandemic. It is crucial that they are included and not deprioritized with regard to access to public information on interventions and responses and that referral and coordination mechanisms are set up for disability-specific care and support, especially those that have been made inaccessible by quarantine measures.
- Measure of Implementation
- This paper strongly recommends that a comprehensive national strategy focusing on addressing the needs of children and protecting their rights in managing the COVID-19 pandemic be developed or incorporated into current plans of action. This strategy may be enacted by Congress, the IATF-EID, or the relevant executive agencies.
- The 3rd NPAC should also be amended by the CWC to include crucial indicators that have arisen because of the pandemic. It will be even more important to ensure that relevant data is collected on the situation of the children and that they are consulted directly on these indicators. Any sector or local plans of action that will be formulated pursuant to this national plan of action should then also be informed by the said indicators, as well as the data collected on and from the children.
- The IATF-EID must be directed to ensure that any mechanisms for the implementation of policies issued to manage the COVID-19 crisis consider the concerns of children and the protection of their rights, consulting bodies such as the CWC, the National Youth Commission, the National Anti-Poverty Commission - Children Basic Sector, the National Council on Disability Affairs, and the Commission on Human Rights.
- The powers and functions of the CWC should be strengthened, by having it reorganized into a commission, allowing it oversight power over national and local agencies or offices for improved and efficient policy-making, implementation, and coordination. The CWC should also be equipped to conduct continuing assessments of laws and policies, whether proposed or effective, and provide recommendations pursuant to these assessments.
- Laws and policy measures concerning national and local budgets be enacted or amended by Congress or the implementing agencies such as the DILG so that budgets are accessible to the LGUs and are responsive to children's rights, including their right to participate in the planning for these budgets.
- Impact assessments and research studies must be conducted so that the policies measures that are formulated and enacted are evidence-based and therefore responsive to determined needs and realities of children.
- The formulation of any laws to be passed by Congress or policy measures to be issued by the IATF-EID and implementing agencies going forward should include inputs and reports that are conducted and published not only by the government agencies and offices such as the CWC but also by civil society organizations that work with children.
- The existing spaces for child participation, whether directly or indirectly via civil society organizations, should be used as venues for ensuring that children are consulted in the planning and implementation of responses to the COVID-19 situation. Any adaptive policy measures should include provisions that will ensure that these venues are equipped to be functional and ensure the meaningful, continuing participation of children.

Introduction

Background

On January 28, 2020, the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) approved recommendations prepared by the Department of Health (DOH) to manage the “novel coronavirus situation,” citing reports of a viral pneumonia outbreak in Hubei, China, and recommending measures for managing travel to and from the province.¹ The World Health Organization (WHO) would later name the novel coronavirus “COVID-19”.²

The first instance of the disease in the Philippines was confirmed on January 30.³ President Rodrigo Duterte declared a state of public health emergency on March 8⁴ and convened the IATF-EID the next day, when the number of cases had risen to twenty (20).⁵

On March 11, the WHO declared that the COVID-19 outbreak had become a pandemic and called for countries “to take urgent and aggressive action”.⁶

With the number of cases nearing 200, on March 16, President Duterte declared a state of calamity throughout the Philippines for a period of six (6) months, and Luzon was placed under a 30-day enhanced community quarantine.⁷ A memorandum issued on the same day from the Office of the Executive Secretary laid out the guidelines to be followed in implementing the quarantine: classes and all school activities were suspended, mass gatherings were prohibited, businesses not providing essential services were closed, and mass public transport was suspended, among other measures.⁸

On March 24, Republic Act No. 11469, or the Bayanihan to Heal as One Act, was signed into law. It gave the president the authority to exercise powers that were meant to address the loss of lives and disruption to the economy brought about by the pandemic. More bills were filed and laws were enacted to address the many outcomes of the quarantine measures. Policies were issued by various agencies in the executive department to provide guidelines for the implementation of both new and existing laws in this “state of national emergency.”⁹

Seven months later, by October 31, 2020, the number of confirmed COVID-19 cases in the Philippines had gone up to 380,729.¹⁰ Different localities throughout the country had adopted varying levels of lockdowns and quarantine and measures.¹¹ Livelihoods had been disrupted, and families faced issues

¹ IATF-EID Resolution No. 1, s. 2020.

² “Timeline of WHO’s response to COVID-19.” World Health Organization. <https://www.who.int/news/item/29-06-2020-covid-timeline> (accessed October 15, 2020).

³ “DOH Confirms First 2019-nCoV Case in the Country; Assures Public of Intensified Containment Measures.” Department of Health. <https://www.doh.gov.ph/doh-press-release/doh-confirms-first-2019-nCoV-case-in-the-country> (accessed October 15, 2020).

⁴ Proclamation No. 922, s. 2020.

⁵ IATF-EID Resolution No. 10, s. 2020.

⁶ “Timeline of WHO’s response to COVID-19.” World Health Organization.

⁷ Proclamation No. 929, s. 2020.

⁸ “Memorandum from the Executive Secretary on Community Quarantine Over the Entire Luzon and Further Guidelines for the Management of the Coronavirus Disease 2019 (COVID-19) Situation.” The Official Gazette. <https://www.officialgazette.gov.ph/2020/03/16/memorandum-from-the-executive-secretary-on-community-quarantine-over-the-entire-luzon-and-further-guidelines-for-the-management-of-the-coronavirus-disease-2019-covid-19-situation/> (accessed October 15, 2020).

⁹ Republic Act No. 11469.

¹⁰ COVID-19 Tracker Philippines. Department of Health. <https://ncovtracker.doh.gov.ph/> (accessed October 31, 2020).

¹¹ Omnibus Guidelines on the Implementation of the Community Quarantine in the Philippines. The Official Gazette. <https://www.officialgazette.gov.ph/2020/10/08/omnibus-guidelines-on-the-implementation-of-community-quarantine-in-the-philippines-with-amendments-as-of-october-8-2020/> (accessed October 15, 2020).

with food security, access to education, access to health care, access to clean water, and access to information.¹² Children were found to be worried about the lack of food and their families getting sick because of COVID-19, and they felt disconnected from their friends and disappointed about missing out on school ceremonies.¹³

This crisis has been felt the most by the millions of children from poor households, including those with disabilities and living in marginalized areas. In a survey conducted on the impacts of COVID-19 on children in the second quarter of 2020, less than one percent of the respondents said they had access to the internet for distance learning, “despite more than 60 percent of national distance learning initiatives relying on online platforms.”¹⁴

Children have to face not only the obvious health risks but also the government measures enacted to manage these risks. Reports have been made on how the implementation of community quarantine rules by local government units have led to “untoward incidences of abuse, discrimination, and violence against children.”¹⁵ A combination of existing risk factors for violence, abuse, and neglect exacerbated by lockdowns and school closures has increased these risks,¹⁶ but children have been “unable to access the protection services they normally would or find sanctuary and safety in schools.”¹⁷

Girls and young women have had to also worry about gender-based violence. They observed violence in the form of “cyberbullying, trolls and fake news, indecent photos, video or messages, online sexual harassment, and messages of threat and violence.”¹⁸ Some of those who observed violence in their immediate environments reported incidents to authorities but had no way of knowing whether these reports were acted upon. Furthermore, the quarantine measures have left their capacities undervalued, as they are “consigned to performing household chores despite their continuing desire to learn and be productive.”¹⁹

LGBTQI+ children and youth are also negatively impacted. Issues such as access to health services and education, which had already been made difficult by existing discrimination against their sexual orientations, gender identities and expressions, and sexual characteristics, have been exacerbated by the pandemic. They now face even higher risks of “physical and sexual violence, bullying, ridicule, stigma and social exclusion.”²⁰

¹² World Vision. “Impact of COVID-19 to Children and Their Families: A Rapid Assessment in the Philippines.” ReliefWeb. <https://reliefweb.int/report/philippines/impact-covid-19-children-and-their-families-rapid-assessment-philippines> (accessed October 14, 2020).

¹³ “Children worry because of COVID-19.” Save the Children Philippines. <https://www.savethechildren.org.ph/our-work/our-stories/story/children-worry-because-of-covid-19/> (accessed October 15, 2020).

¹⁴ “Hidden Impacts of COVID-19.” Save the Children Philippines. <https://www.savethechildren.org.ph/our-work/our-stories/story/hidden-impacts-of-covid-19/> (accessed October 16, 2020).

¹⁵ “Uphold rights of children in MECQ.” Save the Children Philippines. <https://www.savethechildren.org.ph/our-work/our-stories/story/uphold-rights-of-children-in-mecq/> (accessed October 16, 2020).

¹⁶ Ateneo Human Rights Center. “The Hidden Hazard of a Pandemic: Exacerbated Risks of Violence Against Children.” (unpublished).

¹⁷ “Save the Best for Children Under the Uncertainties of COVID-19.” Save the Children Philippines. <https://www.savethechildren.org.ph/our-work/our-stories/story/save-the-best-for-children-under-the-uncertainties-of-covid-19/> (accessed October 16, 2020).

¹⁸ “Through Her Lens: The Impact of COVID-19 on Filipino Girls and Young Women” PLAN International. <https://plan-international.org/through-her-lens-impact-covid-19-filipino-girls-and-young-women> (accessed November 5, 2020).

¹⁹ Ibid.

²⁰ “LGBT+ rights are children’s rights.” Save the Children Philippines. <https://www.savethechildren.org.ph/our-work/our-stories/story/lgbt-rights-are-childrens-rights/> (accessed November 5, 2020).

Framework

The Philippines was the 31st country to ratify the United Nations Convention on the Rights of the Child (UN CRC), a human rights treaty that obligates State Parties to protect and fulfill the rights of every child.²¹ As a State Party to the Convention, the Philippines is legally bound to implement the law and to respect, fulfill, and protect children’s civil, political, economic, social, and cultural rights.

The Philippines also ratified the following: (a) UN CRC Optional Protocols on the Sale of Children, Child Prostitution and Child Pornography; (b) the UN CRC Optional Protocol on Children in Armed Conflict; (c) the Second Optional Protocol to the International Covenant on Civil and Political Rights; and (3) the Convention on the Rights of Persons with Disabilities.²²

UN CRC General Comment No. 5, issued by the UN Committee on the Rights of the Child, describes the general measures for the implementation of the UN CRC by the ratifying State Parties, who must ensure that “all domestic legislation is fully compatible with the Convention and that the Convention’s principles and provisions can be directly applied and appropriately enforced.” Corollary to this is the obligation of the State Party to conduct a comprehensive review of all domestic legislation and related administrative guidance, and the document recommends that independent reviews also be done by “parliamentary committees and hearings, national human rights institutions, NGOs, academics, affected children and young people and others.”²³

In support of the objective to have an independent review of laws and policies that are certain to have implications on children and their rights, this paper reviewed the content of policy measures that have been issued in response to the COVID-19 pandemic in the Philippines for their possible implications on children’s rights and help identify the gaps in the existing policy framework.

Scope

This paper assessed policy measures focused on or directly related to children that had been issued by selected institutions or offices of the Philippine government in response to the COVID-19 pandemic. Specifically, the assessment looked at laws, issuances by the Office of the President of the Philippines, resolutions promulgated by the IATF-EID, issuances by other executive agencies, and bills that were pending and had passed at least the second reading in either house of Congress.

▪ Laws Passed by Congress

The Congress of the Philippines passed two (2) national measures, the Bayanihan to Heal as One Act (Bayanihan 1)²⁴ and the Bayanihan to Recover as One Act (Bayanihan 2)²⁵, in response to the COVID-19 pandemic, both of which President Duterte later signed into law. The analysis covered those two laws.



This paper also looked at all of the laws that were passed from March 15, 2020, to August 31, 2020. Of the twenty-six (26) laws passed during this period, four (4) other laws were found

²¹ “What is the Convention on the Rights of the Child?” United Nations Children’s Fund. <https://www.unicef.org/child-rights-convention/what-is-the-convention> (accessed October 9, 2020).

²² “3rd National Plan of Action for Children.” Council for the Welfare of Children. <https://cwc.gov.ph/resources/child-participation.html> (accessed November 8, 2020).

²³ UN CRC General Comment No. 5.

²⁴ Republic Act No. 11469

²⁵ Republic Act No. 11494

to have an impact on the rights of children although they were not issued in response to the pandemic. These laws were likewise included in the review.

▪ **Issuances by the Office of the President**

The study includes issuances and proclamations by the Office of the President of the Philippines in response to the pandemic, from March 15, 2020, to August 31, 2020. Proclamation No. 1021, although issued on September 16, 2020, was included in the analysis, as it extended the period of the state of calamity throughout the Philippines that was declared by the President on March 16, 2020.



▪ **IATF-EID Resolutions**

The IATF-EID was created in 2014 to address the “need for an inter-sectoral collaboration to establish preparedness and ensure efficient government response to assess, monitor, contain, control, and prevent the spread of any potential epidemic in the Philippines.” The scope of this analysis includes all the resolutions that were issued in response to the COVID-19 pandemic until August 31, 2020, beginning with Resolution No. 1, Series of 2020, as well as the executive order creating the IATF-EID itself.



▪ **Issuances by Executive Agencies**

This review covered all orders, resolutions, circulars, implementing rules and regulations, and all other issuances enacted in response to the pandemic from March 15, 2020, to August 31, 2020, by executive agencies whose mandates are relevant to the government’s COVID-19 response.



▪ **Bills Pending in Congress**

Also included in the analysis are the bills related to children that have been filed in both houses of Congress in response to the pandemic. These bills had to have passed the second reading at the time of the analysis, and a committee report had to have been published from March 15, 2020, to August 31, 2020.



Tools

The laws, presidential proclamations and issuances, and IATF-EID resolutions covered by this paper were accessed through the website of The Official Gazette,²⁷ the printed form of which is the main publication of the government of the Philippines.²⁸

The issuances by the executive agencies were accessed through their respective websites.

The assessment of a total number of 442 policy measures²⁹ was done through desk review. Each was assessed using checklists (Tools A and B)³⁰ that contain questions on whether or not a child rights standard or indicator is addressed by the law, issuance, or pending bill.

²⁶ Executive Order No. 168, s. 2014

²⁷ <https://www.officialgazette.gov.ph/>

²⁸ Act No. 453. <https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/28/24573> (accessed October 9, 2020).

²⁹ See Annex A for the full list of laws and policy measures.

³⁰ See Annexes B and C.

The questions in Tool A are categorized according to the general categories of rights enumerated in the UN CRC, with additional sections on the UN CRC principle on nondiscrimination and the general measures of implementation outlined in UN CRC General Comment No. 5, as follows:

1. Survival: Health, Nutrition, Basic Services, and Standard of Living
2. Development: Education, Culture, and Leisure Activities
3. Child Protection
4. Civil Rights & Freedoms/Child Participation
5. Nondiscrimination and Inclusion: Focusing on Age, Gender, and Disability
6. General Measures of Implementation

The questions in Tool B specifically assess the sample of policy measures for sensitivity or responsiveness to gender issues.

Limitations

The laws, presidential proclamations and issuances, and IATF-EID resolutions covered by this paper were accessed through the website of The Official Gazette,³¹ the printed form of which is the main publication of the government of the Philippines.³²

³¹ <https://www.officialgazette.gov.ph/>

³² Act No. 453. <https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/28/24573> (accessed October 9, 2020).

Findings

This section discusses the policy measures that were found to have either met or violated the standards or indicators of measurement in Tools A and B. The discussion under each dimension ends with a summary of the standards or indicators that were not at all addressed by any of the policy measures reviewed for this paper.

Child Rights Dimensions

This subsection covers the findings related to the general categories of UN CRC rights and the UN CRC principle on nondiscrimination, covered by the indicators in Tool A.

Survival: Health, Nutrition, Basic Services, and Standard of Living

▪ Laws Passed by Congress

Only two pieces of legislation, enacted between March 15 to August 31, were found relevant to the basic health and welfare of children. The *Bayanihan to Heal as One Act* (Bayanihan 1)³³ focuses on provision of basic necessities for families and individuals during community quarantine and social amelioration measures but these are not focused on children.³⁴ Absent in the law are provisions that directly address the standards on basic health and welfare of children. The *Bayanihan to Recover as One Act* (Bayanihan 2)³⁵ provides for the delivery of uninterrupted immunization program against vaccine-preventable diseases including COVID-19, and access to free and healthy meals for undernourished children. The immunization program was lumped with other COVID-19 response and recovery interventions yet it did not merit the same prioritization as with the other interventions on the list. It also failed to account the accessibility of the same to children belonging to the marginalized and disadvantaged groups.³⁶ On the other hand, only a school-based program to address malnutrition was provided in the law. There was no mention of a community-based program, which would be a more responsive effort in curbing malnutrition in the time of pandemic.³⁷



▪ Issuances by the Office of the President

On March 16, 2020, the President declared a state of calamity all throughout the Philippines for a period of six (6) months due to COVID-19.³⁸ The period of the state of calamity was further extended until September 30, 2021 through Proclamation No. 1021. In disasters and emergency situations where children's survival and development are gravely threatened or endangered, the Department of Social Welfare and Development (DSWD) is tasked under the *Children's Emergency Relief and Protection Act*³⁹ to formulate a Comprehensive Emergency Program for Children⁴⁰ (CEPC) to be implemented immediately after the declaration of a national or local state of calamity or



³³ Republic Act No. 11469

³⁴ Tool A, 1.1 and 1.5

³⁵ Republic Act No. 11494

³⁶ Tool A, 1.1

³⁷ Tool A, 1.5

³⁸ As recommended by the National Disaster Risk Reduction and Management Council pursuant to Republic Act No. 10121 or Philippine Disaster Risk Reduction and Management Act of 2010.

³⁹ Republic Act No. 10821, Sec. 4

⁴⁰ Such program will be the basis for handling disasters and other emergency situations to protect children, pregnant and lactating mothers, and support their immediate recovery.

occurrence of any other emergency situation. A localization of the program was aimed through Memorandum Circular 2018-196 of the Department of the Interior and Local Government (DILG). However, the policy was developed prior to the onset of COVID-19. Given this, CEPC interventions should have been adjusted to adapt to health emergencies such as the COVID-19 pandemic.

Meanwhile, the Balik Probinsiya, Balik Pag-Asa (BP2) Program created under Executive Number 114 aims for balanced regional development and equitable distribution of wealth, resources and opportunities in the countryside. It focuses on economic and rural development as among the key areas of the policy. It assumes children's concerns as part of the general concerns of the family.⁴¹ It fails to address the specific needs of children before, during and after the local migration in its implementation during the period of enhanced community quarantine such as lack of access to food, disruption to education and access of services, and uprooting of children from their social groups. The same can be observed of the dire situation of children⁴² in the Hatid Probinsiya or Hatid Tulong Program, which is an initiative to assist stranded individuals in Metro Manila during the community quarantine period. In both programs, there is a possibility of children and families experiencing discrimination in their new environment as carriers of the virus since they are viewed as outsiders coming from areas with higher incidences of COVID-19 cases such as Metro Manila.

As for the child-sensitive handling and treatment of children infected with COVID-19, the Department of Health (DOH) issued the implementing rules and regulation of the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act⁴³ where it tasks general hospitals and special hospitals to provide medical and surgical care to children.⁴⁴

▪ IATF-EID Resolutions

Out of the 70 resolutions issued by the IATF-EID, only two address children's concerns: (1) exemption of Filipino children from the suspension of issuance of visas for inbound travel,⁴⁵ and (2) endorsement of the conduct of Measles Rubella and Oral Polio Vaccine Immunization activities by the DOH.⁴⁶



▪ Issuances by Executive Agencies

Several departments of the government have sought to address the basic health and welfare of the children during the pandemic. In particular, the DSWD issued a COVID-19 Response and Recovery Plan for the period 2020-2022⁴⁷ that serves as a guide in minimizing illness especially among those at risk or are in vulnerable groups. It provides transitional shelter to abandoned, orphaned and unaccompanied children during the pandemic and their access to psychosocial services and child-friendly spaces. It is a deliverable to implement the CEPC that is adaptive to the current



⁴¹ Tool A, 1.11

⁴² "Thousands of LSIs crammed inside Rizal Memorial stadium amid COVID-19 risks." Inquirer.net <https://newsinfo.inquirer.net/1311923/thousands-of-lsis-crammed-inside-rizal-memorial-stadium-amid-covid-19-risks> (accessed October 30, 2020).

⁴³ Republic Act No. 11332

⁴⁴ Tool A, 1.9

⁴⁵ Resolution No. 14, s. 2020

⁴⁶ Resolution No. 70, s. 2020

⁴⁷ Administrative Order No. 3 s. 2020

pandemic context. Its supplemental guidelines on the provision of social amelioration measures⁴⁸ ensured that households with children who were on school break during the months of April and May 2020 were also granted emergency subsidy in addition to the health grant and rice subsidy within the said period. Lactating mothers were also included as beneficiaries in the social amelioration program.⁴⁹ However, it must be noted that in a subsequent amendment,⁵⁰ children were no longer mentioned as the amelioration focused on the needs of the family as a whole.

The DOH issued several guidelines for the continued and uninterrupted delivery of health services to children during the pandemic. *The Interim Guidelines for Immunization Services in the Context of COVID-19 Outbreak*⁵¹ provides for routine immunization of newborns and infants integrated with other health services, as may be allowed, that is aligned with the national guidelines on infection prevention and control. At the same time, it detailed actions to be taken in case of interruption of services due to COVID-19. The same guidelines addressed the standards in ensuring access to medicines and medical supplies during the pandemic, access to water, sanitation and hygiene (WASH) facilities and child-sensitive handling and treatment of children with COVID-19.⁵² Steps were also taken to provide children an environment separate from those undertaking curative services for illnesses.⁵³ It also issued *Interim Guidelines on COVID-19 Management of Pregnant Women, Women About to Give Birth and Newborns*⁵⁴ to ensure continuous and enhanced delivery of maternal, newborn, child health and nutrition (MNCHN) service. These include protocols in handling both the mother and child before, during and post-birth, breastfeeding of newborn, benefits and risks of separation of mothers from their babies and the alternative of having caregivers, all in the context of possible COVID-19 infection. Meanwhile, the *Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies*⁵⁵ emphasized the continuous provision of essential health services including immunization, maternal and child care, and primary health care, protocol on sanitation and hygiene and the promotion of mental health. However, it failed to ensure children's access to mental health services during the pandemic.⁵⁶ While it provides a support mechanism for stranded students, which would probably include children, it fails to provide for support or assistance to children left behind by parents and caregivers who are quarantined or confined in hospitals due to COVID-19 infection.⁵⁷ Other policies issued by the DOH include inter-agency referral of children and families for psychiatric treatment and care placement for children left behind by their families or caregivers,⁵⁸ designation of identified hospitals as the least priority in COVID-19 referral hospital,⁵⁹ which is favorable to children who will have access to health services especially those with ailments other than COVID-19; proper handling of children including those infected with COVID-19;⁶⁰

⁴⁸ Memorandum Circular No. 5, s. 2020, "Supplemental Guidelines to Memorandum Circular No. 4, s. 2020 on the Provision of Social Amelioration Measures"

⁴⁹ Memorandum Circular No. 14, s. 2020

⁵⁰ Memorandum Circular No. 10, s. 2020, amending Memorandum Circular No. 5, s. 2020

⁵¹ Department Memorandum No. 50

⁵² Tool A, 1.4, 1.7, 1.9

⁵³ Tool A, 1.13

⁵⁴ Department Memorandum No. 2020-319

⁵⁵ Administrative Order No. 2020-0016

⁵⁶ Tool A, 1.8

⁵⁷ Tool A, 1.10

⁵⁸ Department Memorandum No. 186, "Interim Guidelines on the Operations of Converted Public and Private Spaces into Temporary Treatment and Monitoring Facilities for COVID-19"

⁵⁹ Department Memorandum 142, "Interim Guidelines on COVID-19 Referral Hospitals"

⁶⁰ Department Memorandum No. 72, "Interim Guidelines for COVID-19 Responses in Hospitals and Health Facilities"

and referral of children with COVID-19 with severe symptoms and comorbidities to Level 2 or 3 hospitals.⁶¹ Lastly, the DOH, together with the Department of Labor and Employment (DOLE) and Department of Budget and Management (DBM), issued Joint Administrative Order No. 2020-001, which provides for the implementing guidelines on the grant of compensation to public and private health workers wherein children are identified as primary beneficiaries of the health workers infected with COVID-19.

Meanwhile, the Department of Education (DepEd) adopted the Basic Learning Education Continuity Plan for the School Year 2020-2021 in the light of the COVID-19 Public Health Emergency,⁶² focusing on the strengthened school-based feeding program; coordination with local government units, non-government organizations and volunteers for the cleaning and disinfection of schools; provision of health and sanitation supplies in schools during *Brigada Eskwela* including those under remote learning; observance of social distancing protocols and access to WASH facilities for learners under the Alternative Learning System (ALS); and mental health interventions such as psychological first-aid and in-house and online counseling sessions. The Joint Implementing Guidelines on the 2020 *Brigada Eskwela and the Oplan Balik Eskwela* Relative to the COVID-19 Situation⁶³ provides for capacity building for teachers on psychological first-aid during the *Brigada Eskwela Forum* which will benefit children. At the time these were issued, it was anticipated that classes will still be conducted in schools. The Guidelines on the Required Health Standards in Basic Education Offices and Schools⁶⁴ outlined the guidelines for its testing protocols in schools such as testing, quarantine, contact tracing, referral and support. It does not however provide for child-rights sensitivity in all its processes. It did not outline a protocol on the type of quarantine to be imposed that would be in the best interest of the child, especially in minimizing family separation. Contact tracers must not only be equipped with technical capacity but must also be given orientation on how to handle children, whether as patients or as persons exposed to a COVID-19 positive, in order to mitigate the negative effect of undergoing protocol for suspected or confirmed COVID-19 patients. The same order further prioritized the promotion of mental health services with the guidance offices being operationalized to provide mental health services to learners and personnel. However, while the school heads are being capacitated to establish and implement mental health and psychosocial services,⁶⁵ there is no directive on establishing mental health services where children can have direct access to it.

On the other hand, the DILG focused on its *Disiplina Muna National Advocacy Campaign to Defeat COVID-19 Pandemic*⁶⁶ in the implementation of minimum health standards through the *Barangay Disiplina Brigades*. It encourages LGUs to promote discipline on the following minimum health safety standards as prescribed by the World Health Organization (WHO) such as frequent handwashing, cough etiquette and observance of physical distancing, among others. They are even urged to incorporate in their campaign the slogan, hashtag and logo as prescribed in the memorandum circular. While the *Barangay Disiplina Brigades* are composed of *brangay tanod*, volunteers and concerned residents, this would have been an opportunity for

⁶¹ Department Memorandum 123, "Interim Guidelines on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities for the Management of Persons Under Investigation and Mild Cases of COVID-19"

⁶² DepEd Order No. 12

⁶³ DepEd No. 53

⁶⁴ DepEd Order No. 14

⁶⁵ DepEd Order No. 58

⁶⁶ DILG MC No. 116

advocacy by children if the local government units would also encourage participation of children through dissemination of information in various online platforms and production of child-friendly infographics.

▪ **Bills Pending in Congress**

There are bills pending in Congress that seek to ensure the continuous/sustained delivery of health services for children as well as maternal care, child health and nutrition during the pandemic.⁶⁷ Among these are the amendments⁶⁸ to the Solo Parents' Welfare Act of 2000 that provides for social protection packages for solo parents and children, and the accessibility of medical services by the children in Malita, Davao Occidental through creation of women and children wellness center.⁶⁹



▪ **Tool Indicators Not Addressed**

No law or policy measure addresses the need for a feedback mechanism and consultation on health services needed and received by the children during the pandemic. Nor was there any guidance on the strengthened coordination and collaboration between schools and the communities on the delivery of health and nutrition services for children in this time of health crisis.



In particular, the Bayanihan 1 and Bayanihan 2 do not directly address the basic health and welfare needs of the children other than the provision on access to free and healthy meals to undernourished children and social amelioration measures for families to augment survival needs, which did not focus on children alone. There was absence of provisions for continuous access to appropriate sexual and reproductive health services and for establishing and ensuring children's continuous access to mental health services.

It must also be noted that while certain policies are directed toward the benefit of children, oftentimes they are lumped under the vulnerable group classification together with the older persons and persons with disabilities who have different needs from children.

Development: Education, Culture, and Leisure Activities

▪ **Laws Passed by Congress**

The *Bayanihan 2*⁷⁰ provides for subsidies and allowances to qualified students in private and public elementary, secondary and tertiary students whose families are facing financial difficulties to be applied on unpaid tuition fees for the school year 2019-2020 and payment of tuition fees for the school year 2020-2021, ensuring access to formal basic education during the pandemic. It also mandates the adoption of measures to improve internet service for the public. However, it does not prioritize improved internet service for the learners in the light of the conduct of online classes. Other laws ensuring children's right to leisure and cultural activities, although not in response to the COVID-19 pandemic, were enacted such as Republic Act 11470, which created the National



⁶⁷ Tool A, 1.1-1.2

⁶⁸ Senate Bill No. 86164, An Act Amending Republic Act No. 8972 also known as the Solo Parents' Welfare Act of 2000, Enhancing the Programs for Solo Parents and their Children, Appropriating Funds Therefor and for Other Purposes

⁶⁹ Senate Bill No. 6218, Malita Women and Children Wellness Center

⁷⁰ Republic Act No. 11494

Academy of Sports; Republic Act 11476, which institutionalized the Good Manners and Right Conduct and Values Education in the K to 12 program; Republic Act 11480, which gives the President the latitude to set a different date for the opening of classes in basic education schools in a time of emergency or state of calamity, and the grant of 25-year franchise to Gold Label Broadcasting System, Inc.,⁷¹ Bicol Broadcasting Systems, Inc.,⁷² and Crusaders Broadcasting System, Inc.⁷³ which includes a proviso to allot a minimum of 15 percent of the daily total air time of each broadcasting network to child-friendly shows within its regular programming.

▪ **Issuances by the Office of the President**

Under the 2020 Revised Implementing Rules and Regulations of Republic Act No. 11132, the DepEd is mandated under the BP2 Program to provide support to returning learners by implementing and coordinating programs in the formal and non-formal education and supervising the transfer of returning learners to ensure continuity of education.



▪ **IATF-EID Resolutions**

The IATF-EID made recommendations⁷⁴ suspending classes in Metro Manila following the implementation of the community quarantine but is silent on how students will continue to fulfill their educational requirements during the said period of class suspension. It failed to take into account the possible effects of the abrupt shift from face-to-face learning to online or home-based learning especially on children who rely on the traditional face-to-face learning. The IATF-EID subsequently issued several resolutions on the opening of classes with the latest resolution suspending the face-to-face or in person classes,⁷⁵ adoption of various learning options and cancellation of curricular activities except those conducted online, provided that a learning continuity plan shall be submitted. Local government units outside of the National Capital Region are given the discretion to suspend classes in their localities, without prejudice to the suspension of classes by the national government if warranted.⁷⁶ The adoption of various learning delivery options also depended on the local COVID Risk Severity Classification and compliance with minimum health standards.⁷⁷



▪ **Issuances by Executive Agencies**

The lone issuance during the period covered is the Joint Administrative Order No. 2020-001 by the DOH, Philippine Sports Commission and the Gaming and Amusement Board which suspends the conduct of recreational and non-professional contact sports until a vaccine or a standard of care for COVID-19 cases is developed. It also discouraged the resumption of training of athletes including those under twenty-one years old.



▪ **Bills Pending in Congress**

To ensure children's access to online platforms, the Senate Bill 1831 or the Better Internet Act requires internet service providers to deliver a minimum standard for internet connection

⁷¹ Republic Act No. 11492

⁷² Republic Act No. 11493

⁷³ Republic Act No. 11491

⁷⁴ Resolutions No. 10 and 11, s. 2020

⁷⁵ Resolution No. 38, s. 2020

⁷⁶ Resolution No. 11, s. 2020

⁷⁷ Resolution No. 34, s. 2020

speed and to expand the coverage of their services in the country. There are bills pending in Congress which, although are not in response to the pandemic, may have an effect on children. Senate Bill 1839 or the Lifeguard Act requires public swimming pools to have a lifeguard to address security of children while enjoying their right to leisure and recreation. Said bill also requires the establishment of day care centers for children five years old and below in government-owned and controlled corporations with more than 300 employees, provision of scholarship grants to qualified children of solo parents and technical and vocational programs to children, and capacity building on early childhood development, behavioral management, health care, and rights and duties of parents and children. Pending franchise bills include a proviso pursuant to the Children’s Television Act of 1997⁷⁸ on the minimum 15% of daily total airtime of a broadcasting network devoted to child-friendly shows within its regular programming. Likewise pending are Senate Bill 1582 on the Safe Pathway Act, which establishes bicycle lanes, and Senate Bill 1541 on increasing the school calendar to 220 days.



▪ **Tool Indicators Not Addressed**

Efforts to keep children safe from the virus have somehow undermined their right to development, including their right to education and to play and recreation. There is a gap in the laws, policies and legislative measures that will fulfill the development rights of the children especially in the time of the pandemic. There is also a dearth of directive or measure to address the continuity of early childhood and development programs, close coordination between parents and caregivers for early childhood education, access to quality non-formal and alternative basic education especially for children in conflict with the law and those in child caring facilities, access to enrollment and home-based learning, guidelines for online learning and encouragement of regular attendance of students and reduction of drop-out rates, children’s safety and protection in accessing online platforms for learning, access to child-friendly, age-appropriate, inclusive and culturally- sensitive information, and the safe return to schools when it is possible.



Child Protection

▪ **Laws Passed by Congress**

The establishment of a national referral system under the *Bayanihan 2*⁷⁹ can be a window in establishing or strengthening the reporting, referral and response mechanisms in the local government units to address cases of violence against children in the time of pandemic.⁸⁰ The national referral system jointly developed by the DOH and Philippine Red Cross provides patients a fast and efficient way to locate and avail of the services of hospitals, clinics, isolation centers, other health facilities, blood banks and ambulance system. This can facilitate access to medical assistance by children rescued or subjected to violence.



▪ **Issuances by Executive Agencies**

The COVID-19 Response and Recovery Plan (2020-2022)⁸¹ by the DSWD provides for assistance to vulnerable groups including children on cases of gender-based violence and child abuse during

⁷⁸ Republic Act No. 8370

⁷⁹ Republic Act No. 11494

⁸⁰ Tool A, 3.4-3.5

⁸¹ Administrative Order 3, s. 2020

the pandemic, and further mitigation of pre-existing incidences of gender-based violence and child abuse cases. It focuses on collaboration among stakeholders in providing appropriate intervention by looking into the incidences of gender-based violence and child abuse cases, formulation of child protection policy guides, reporting on violence against children and online abuse and exploitation cases. It also highlights reporting on the implementation of the CEPC and the promotion of evidence-based decision making through the development of information system for minors travelling abroad and integrated grievance redress system.



The DepEd, in the *Adoption of Basic Learning Continuity Plan for the School Year 2020-2021*,⁸² will be training teachers in assisting children under vulnerable conditions and protecting them from violence in school, home as school and online. Coordination with the local government units, non-government organizations and volunteers is seen as a measure in preparing the schools to mitigate and respond to risks of COVID-19. Meanwhile, the conduct of a webinar series on Child Rights and Child Protection in Basic Education will capacitate DepEd personnel, parents and learning facilitators.

Joint Memorandum Circular No.1, s. 2020 of the DILG and the Council for the Welfare of Children provides for guidelines on handling aggression to children during the pandemic, reiteration of protocols on case management of child abuse victims, handling of children at risk and children in conflict with the law and guidelines on the localization of the CEPC. These were likewise reiterated in the Joint Memorandum Circular No. 1, s. 2020 of the DILG, DOH, Department of Information and Communications Technology and National Economic Development Authority. The DILG also issued Memorandum Circular 2020-78 on the *Monitoring of Children in Conflict with the Law in LGU-Managed Detention Facilities with Suspected and Confirmed Cases of COVID-19*. The issuance is only concerned with the monitoring of the condition of children instead of taking a proactive measure to reduce their risks to the disease.

The DILG also issued an advisory on April 2, 2020 on the Activation of Barangay Violence Against Women and their Children (VAWC) Desk and Barangay Council for the Protection of Children to ensure that measures are undertaken to prevent the incidence of VAWC, to provide immediate assistance to victim of VAWC, and to render appropriate support in the implementation of enhanced community quarantine throughout Luzon and other areas under community quarantine. However, the advisory should have specified, at least, the minimum activities that can be undertaken by the VAWC Desk and BCPC, taking into consideration the minimum health standard being implemented in communities.

Meanwhile, the Juvenile Justice and Welfare Council (JJWC) issued *Guidance for Bahay Pag-Asa (BPA) and Other Youth Care and Rehabilitation Facilities Handling Children at Risk and Children in Conflict with the Law during COVID-19 Pandemic Situation*.⁸³ It provides for specific measures to mitigate and manage the risk of COVID-19 infection in BPA and other caring institutions through information dissemination, other forms of communication in case face-to-face visitation is not possible, hygiene measures, case management and admission of children in the facility and attendance in court procedure, and response in cases where residents and staff are exhibiting symptoms of COVID-19.

⁸² DepEd Order No. 12, s.2020

⁸³ Posted on www.facebook.com/JJWCOfficial on May 6, 2020.

On employment of children, *Guidelines on the Processes and Proceedings before the Office of the Secretary of Labor and Employment, Bureaus and Regional Offices in Areas under Community Quarantine*⁸⁴ issued by the DOLE allowed the filing of child labor cases through courier and postal services or other platforms, and the conduct of hearing and conferences through digital platforms. On the other hand, student workers and children were excluded from the grant of Special Risk Allowance.⁸⁵ Neither did the joint circular on special education fund provide assistance and benefit to children allowed by law to work but will not be able to do so due to the implementation of the enhanced community quarantine.⁸⁶ Concerns of working children must not be neglected in the time of pandemic.

While the issuances of the judiciary are outside of the scope of policies reviewed, the Supreme Court issued Office of the Court Administrator Circular Number 91-2020 on Release of Qualified Persons Deprived of Liberty. It reminded the first and second level courts to adhere to the “guidelines for decongesting holding jails by enforcing the right of the accused to bail and speedy trial for qualified persons deprived of liberty (PDLs).” It also directed all first and second level court to immediately conduct an inventory of their pending criminal cases to determine cases which may be covered by said guidelines, and to consider as urgent and immediately set for hearing the motions for recognizance and provisional remedies of cases that will result to the release of PDLs. The circular referred to PDLs in general but CICLs stand to benefit when released on recognizance.

▪ Tool Indicators Not Addressed

Several of the indicators on Child Protection and Special Protection Measures during the pandemic have not been addressed since the policies issued were mere reiteration, which may not have provided adequate guidance for implementation during the pandemic. These include the risk of incidence of corporal punishment in the homes, guidance in handling children who violate quarantine protocols, guidelines in the conduct of anti-drug police operations where children may be involved, implementation of anti-child labor laws, capacitating of children and the pillars of justice on protection of children from abuse and exploitation, support services for children left behind by parents or caregivers who violated the Bayanihan 1 and local quarantine rules, and feedback mechanism on the need for child protection services in the time of pandemic.



Civil Rights & Freedoms

▪ Laws Passed by Congress

Of the laws that were enacted from March 15, 2020, to August 31, 2020, one was found to have an impact on the civil rights and freedoms of children. The *Anti-Terrorism Act* contains provisions⁸⁷ that are broad enough to cover the acts of individuals, groups, or organizations that are expressly critical of government policies, programs, or projects, even if such individuals or groups work for the interest of children and for the protection of children’s rights. Such a law could hamper a child’s



⁸⁴ Department Order No. 214, s.2020

⁸⁵ Budget Circular No. 2020-02, “Guidelines on the Grant of Special Risk Allowance to Frontline Public Health Workers during the Period of Enhanced Community Quarantine Relative to the COVID-19 Outbreak”

⁸⁶ Joint Circular No. 1, s.2020, “Addendum to DepEd-DBM-DILG JC No. 1, s. 2017 entitled Revised Guidelines on the use of Special Education Fund”

⁸⁷ Republic Act No. 11479, Sections 25, 26, 27, and 29.

right to speak out and criticize the government in civic spaces, as well as their right to participate meaningfully in awareness-raising, prevention, and response programs,⁸⁸ especially in such contexts as uncertain as the pandemic.

▪ Issuances by Executive Agencies

The *Guidelines on the Required Health Standards in Basic Education Offices and Schools*,⁸⁹ issued by the DepEd, provides that “information, education, and communication (IEC) materials containing the key messages on health and safety shall be displayed in key strategic areas of the school” or distributed to the learners or personnel for their ready reference. This provision meets the standard that policy measures should ensure that children have access to child-friendly, culturally sensitive, and age-appropriate relevant information on the COVID-19 situation and COVID-related laws, policies, and programs. The guidelines, however, could have required that the IEC materials be in languages or formats that can be understood by children or learners with disabilities. The DepEd could have also considered how children who are not able to visit the schools could access such IEC materials.



▪ Tool Indicators Not Addressed

Other than the two above-mentioned policy measures, none of the other issuances reviewed provide for access to free birth registration for marginalized children during the pandemic; support for children’s safe, voluntary, and meaningful participation in COVID-19 awareness-raising, prevention, and response programs; children’s means to access the Internet, with measures for ensuring their safety online; children’s protection from harmful information and media during the pandemic; support and promotion of children’s formation of their own organizations during the pandemic; support for children’s activities and initiatives that are beneficial to other children in the community during the pandemic; venues and process for children to be consulted and heard in decisions related to the COVID-19 response and have their opinions and suggestions taken into account; mechanisms for children to seek information, give feedback, and report complaints in relation to the government’s COVID-19 response; or opportunities for children to be represented and to participate in Katipunan ng Kabataan, local councils for the protection of children, local school boards, local health boards, local development councils, local DRRM councils, school-governing bodies, and other local special bodies during the pandemic.



Non-discrimination & Inclusion

▪ Laws Passed by Congress

The *Bayanihan to Heal as One Act*⁹⁰ recognized the need to “immediately mobilize assistance in the provision of basic necessities to families and individuals affected by the imposition of the Community Quarantine, especially indigents and their families” as part of its declaration of policy.⁹¹ Among all the laws reviewed for this paper, this is the only provision that could be interpreted to ensure “continued



⁸⁸ Tool A, 4.2 and 4.3

⁸⁹ DepEd Department Order No. 14, s. 2020

⁹⁰ Republic Act No. 11469.

⁹¹ Ibid., Section 3.

access to education, health, child protection and social protection services for marginalized and disadvantaged children during the pandemic.”⁹²

▪ **IATF-EID Resolutions**

By way of a general mandate denouncing “in the strongest of terms acts of discrimination inflicted upon healthcare workers, OFWs, COVID-19 cases, whether confirmed or suspected, recovered or undergoing treatment, as well as Patients under Investigation and Patients under Monitoring,” IATF-EID Resolution No. 19, Series of 2020,⁹³ could be said to indirectly meet the standard on provisions “that aim to protect children who are infected with COVID-19, whose parents, housemates or neighbors are infected with COVID-19 or who live in communities with high incidence of COVID-19 infection against discrimination, labelling and stigmatization.”⁹⁴



This declaration, however, could have been strengthened by provisions for the stricter protection of child-patients against discrimination given their vulnerability.

▪ **Issuances by Executive Agencies**

The *DSWD COVID-19 Response and Recovery Plan*⁹⁵ was issued to provide “appropriate and responsive social protection programs and social amelioration measures to mitigate the impacts of the pandemic in promoting and protecting the rights of the poor, vulnerable and marginalized sector.” Among its strategies is the “[p]rovision of appropriate interventions for vulnerable sector[s],” which shall be measured by the number of gender-based violence cases responded to and the number of abused children assisted, among others. This strategy can be said to “protect children whose vulnerability is further increased by the exceptional circumstances cause[d] by the pandemic,” as well as “address sexual and gender-based violence among children during the pandemic.”⁹⁶



DILG Memorandum Circular No. 2020-090, which addresses the *Provision of Assistance to the Relocated Informal Settler Families (ISFs) in Resettlement Communities in Response to the COVID-19 Emergency*, was issued by for LGUs where relocatees had originated and LGUs that accepted them, both of whom are made responsible for extending financial and/or non-financial assistance to ISF relocatees of government relocation programs in response to the COVID-19 crisis. This issuance, in ensuring assistance to informal settler families, could be said to have the indirect effect of protecting the children in these families. However, it lacks specificity in its response to the issue of children’s “continued access to education, health, child protection, and social protection”⁹⁷ during the pandemic.

The DILG likewise issued Memorandum Circular No. 2020-066, or the *Guidelines on Providing Proper Welfare of Persons with Disabilities During the Enhanced Community Quarantine Due to the COVID-19 Pandemic*. The guidelines tasks local government officials to include persons with disabilities in their lists of beneficiaries for the distribution of food packs, which include medicine and vitamins. Barangays are also mandated to ensure that persons with disabilities are able to access adequate food and nutrition and are able to use barangay vehicles in emergency

⁹² Tool A, 5.2

⁹³ IATF-EID Resolution No. s. 2020.

⁹⁴ Tool A, 5.1

⁹⁵ DSWD Administrative Order No. 03, s. 2020

⁹⁶ Tool A, 5.4 and 5.7

⁹⁷ Tool A, 5.2

situations. The document also mentioned that “children with disability, pregnant women with disability,” and “senior citizens with disability” should be prioritized. It should be noted, however, that while the guidelines were meant to provide “uniform, programmatic and strategic approach by LGUs to fulfill the needs of persons with disabilities,” the scope of the assistance was limited to their food supply, medicine, and vitamins. It fails to expressly provide for other health care needs such as psychological assessments, rehabilitation, therapy, or provision of assistive devices.⁹⁸

A joint memorandum circular was issued by the Commission on Human Rights (CHR) and the DILG⁹⁹ recognizing that “women and girls are disproportionately affected during pandemics” and that it is important that government responses and interventions recognize this gendered nature of the COVID-19 crisis and to craft gender-responsive and intersectional responses. Titled *Ensuring Gender-Responsive Interventions to COVID-19 and the New Normal Including Ensuring Prompt, Effective, and Survivor-Centered Response to All Forms of Gender-Based Violence*, this document meets CRC standards for provisions that “protect children whose vulnerability is further increased by the exceptional circumstances caused by the pandemic,” “provide greater protection for girl children and LGBTQI+ children and address their issues related to inequity, discrimination, marginalization, hate speech and violence during the pandemic,” “address the disproportionate burden of women’s and girls’ care work during the pandemic,” “prevent and address sexual and gender-based violence among children during the pandemic,” ensure “access to sexual and reproductive health information and services including menstrual hygiene health especially for girls during the pandemic,” support “safe and meaningful participation of girls and young women in decision making in relation to COVID-19,” and that prioritize “continuous access to health services including continued supply and access to medicine for children with disabilities.”¹⁰⁰ This policy measure will be covered further in the discussion on the gender dimension in the next section.

■ Tool Indicators Not Addressed

Besides the policy measures mentioned in this section, none of the other issuances reviewed provides for the conduct of training and awareness-raising of health workers to prevent discrimination based on prejudice and bias against persons with disabilities, adolescent girls and boys, LGBTQI+ children, and IP children; access to early detection, identification, and intervention for children with disability; the removal of barriers to treatment including ensuring accessible environments (hospitals and testing and quarantine facilities), as well as the availability and dissemination of health information and communications in accessible modes, means, and formats for children with disabilities and other marginalized and disadvantaged children; information on COVID-19 related measures that is accessible to children with disabilities, including through sign language interpretation, captioning, and easy-to-read formats, among others; support for parents/caregivers of children with disabilities including exemption from stay-at-home restrictions in order to provide support to children with disabilities; consultations with and the active involvement of children with disabilities and their parents/carers in framing an appropriate response to the pandemic that is inclusive of, and responsive to, children with disabilities in all their diversity; access to Internet for remote learning and software that is accessible to



⁹⁸ Tool A, 5.11

⁹⁹ CHR-DILG Joint Memorandum Circular No. 2020-01

¹⁰⁰ Tool A, 5.4–5.9 and 5.11

learners with disabilities, including through the provision of assistive devices and reasonable accommodation; guidance, training, and support for teachers on inclusive education through remote learning; access to inclusive feedbacking mechanisms for children with disabilities; the development of accessible and adapted materials for learners with disabilities, to support remote learning; guidance and distance support for parents and caregivers to assist in setting up equipment and to support the education program of learners with disabilities; or consulting/engaging persons with disabilities or their organizations in COVID-19 response/actions plans across different sectors/sub-themes.

Gender Dimension

This subsection covers the findings related specifically to the gender dimension in relation to the nondiscrimination principle, covered by the standards in Tool B.

The assessed policy measures consider children generally, and they do not appear to have underlying assumptions about gender. While this may point to gender neutrality in these policy measures, this does not mean that the impacts of these policies are not gendered.¹⁰¹ The impacts of these policies should be assessed, and the data that will be collected should be not only sex-disaggregated but also gender-disaggregated.

It should be noted that some policies that seem gender-neutral may signify a disregard for gender, in that they do not recognize that gender roles, responsibilities, and capabilities are socially determined. Such policies are likely to be based on the assumption that all persons of diverse sexual orientations, gender identities and expressions, and sexual characteristics (SOGIE-SC) who are affected by the policies have the same needs and interests.¹⁰² In order to avoid such policies, this paper recommends that, in addition to the use of the abovementioned gender-disaggregated data to be collected on the impacts of these policies, the formulation and implementation of future policy measures involve the use of gender mainstreaming tools or gender sensitivity tools. In providing for the identification of quarantine facilities,¹⁰³ for example, the needs of children of diverse SOGIE-SC should be recognized and responded to.

The CHR-DILG joint memorandum circular *Ensuring Gender-Responsive Interventions to COVID-19 and the New Normal Including Ensuring Prompt, Effective, and Survivor-Centered Response to All Forms of Gender-Based Violence*¹⁰⁴ is the only policy measure among those reviewed for this paper that focuses on gendered and intersectional responses to the COVID-19 crisis. For example, one of the provisions under its guidelines directs LGUs to ensure consultation with “and participation of women’s organizations, and/or LGBTQI+ organizations if available, in the planning, design, and implementation” of strategies and responses to health emergencies. This paper recommends that policy-makers refer to this joint memorandum circular in the formulation and implementation of policies to ensure gendered and intersectional responses.

It should be noted, however, that this CHR-DILG joint memorandum circular does not focus on circumstances that are particular to children, whose capacity to access services or participate in

¹⁰¹ “How to Make Policies More Gender Sensitive.” World Health Organization. https://www.who.int/tobacco/publications/gender/en_tfi_gender_women_how_make_policies_more_gender_sensitive.pdf (accessed November 11, 2020).

¹⁰² Ibid.

¹⁰³ IATF-EID Resolution No. 17, s. 2020.

¹⁰⁴ CHR-DILG Joint Memorandum Circular No. 2020-01

policy-making differ from those of adults. Policy-makers and implementing bodies would benefit from guidelines that would ensure that policies are responsive to the needs of children as well.

Governance Dimension

This subsection covers the findings related to the general categories of UN CRC rights and the UN CRC principle on nondiscrimination, covered by the indicators in Tool A.

▪ Laws Passed by Congress

Among the laws that were reviewed for this paper, only the *Bayanihan to Heal as One Act* and the *Bayanihan to Recover as One Act*, which repealed the former, had provisions that indicated measures for the implementation of the UN CRC.



The *Bayanihan to Heal as One Act* mandates that the savings generated from the discontinuance of appropriated programs, projects, or activities be applied to the enumerated items to be prioritized for augmentation under Section 4 (v) of the law. The following items in the enumeration can be considered provisions “securing budget allocation for programs and services for children, especially for marginalized and disadvantaged children, at the time of the pandemic or under the new normal”:¹⁰⁵

“x x x

(7) Under the DepEd- School-Based Feeding Program;

(8) Under various DSWD programs, such as but not limited to Assistance to Individuals in Crisis Situations (AICS), distribution of food and non-food items, livelihood assistance grants, and supplemental feeding program for daycare children;

(9) Under allocations to local government units;

(10) Quick Response Funds lodged in the various relevant departments, such as, but not limited to the DOH and DSWD.”¹⁰⁶

However, despite the directive to prioritize for augmentation the school-based feeding program by DepEd and the supplemental feeding program for daycare children by the DSWD, no mechanisms were put in place for how the budget should reach the intended beneficiaries considering communities were placed in quarantine and classes were suspended.

The *Bayanihan to Recover as One Act* provides that a portion of the Special Education Fund “may be used for the support of alternative learning modalities, digital education, digital infrastructure, and continuity plans, such as the purchase of equipment, materials, and supplies related thereto, printing and delivery of self-learning modules, provision of safe schools infrastructure, equipment and facilities such as handwashing stations, soap, alcohol, sanitizers, and other disinfecting solutions, as well as medical health supplies deemed appropriate by public health officials such as thermometers, face masks, and face shields.”¹⁰⁷ The law also provides that four billion pesos (P4,000,000,000,000) will be allocated to assist “the DepEd in the implementation of Digital Education, Information Technology (IT) and Digital Infrastructures and Alternative Learning Modalities, including printing and delivery of self-learning of the DepEd.”¹⁰⁸

¹⁰⁵ Tool A, 6.9

¹⁰⁶ Republic Act No. 11469

¹⁰⁷ Republic Act No. 11494, Section 4 (jii).

¹⁰⁸ Ibid., Section 10 (n).

The same law, however, authorizes the local chief executives of all LGUs to “realign their respective local funds including, but not limited to, their development fund, Gender and Development Fund, Sangguniang Kabataan Fund, Special Education Fund (SEF), and other local funds, including unutilized or unreleased subsidies and transfers in order to address the COVID-19 pandemic.”¹⁰⁹ In addition, the law also authorizes the President to realign “the unused balance of the DepEd’s 2020 ‘New School Personnel Positions’ and ‘Basic Education Facilities’ appropriations to the Maintenance and Other Operating Expenses (MOOE) for ‘Operation of Schools - Elementary, Junior and Senior High School’ under its ‘Support to Schools and Learners Program’ for the hiring of teacher-assistants, and for the production or reproduction of modular learning materials for K-12.”

While the *Bayanihan to Heal as One Act* and the *Bayanihan to Recover as One Act* can be said to have provisions “securing budget allocation for programs and services for children, especially for marginalized and disadvantaged children, at the time of the pandemic or under the new normal,”¹¹⁰ they may end up impacting children negatively because of decisions to realign local funds that were meant to support programs and services for children.

The *Bayanihan to Recover as One Act*, in the section on the declaration of policy, provides that the State establish mechanisms to, among other things, “[c]onsolidate, update, and validate existing records, through the Department of Social Welfare and Development (DSWD) in coordination with the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) and the Philippine Statistics Authority including local government units (LGUs), to come up with a comprehensive, up to date, and unified database to effectively implement the provision of socioeconomic relief intended for all Filipinos by properly identifying the recipients thereof.” This provision could be read to include the “collection of data on and monitoring of the situation of children during the pandemic,” considering the agencies that are tasked to establish the mechanism. The language, however, does not expressly mention children and could be improved to ensure that vulnerable and marginalized sectors are not excluded.

■ IATF-EID Resolutions

The recommendations relative to the management of the COVID-19 situation issued through IATF-EID Resolution No. 28 expressly mentions children as among those who should remain at home in areas placed under General Community Quarantine. IATF-EID Resolution No. 33 mentions the Hatid Estudyante Program of the DOTr and, pursuant to its implementation, directs the DILG to coordinate with LGUs for “the return of stranded students to their respective places of residences.” These students, who have to be registered under the Program, are exempted from the stay-at-home requirement while traveling for this purpose. IATF-EID Resolution No. 12 recommended to the Office of the President the issuance of an executive order expanding the membership of the IATF-EID to include the following agencies: Department of Environment and Natural Resources, Department of National Defense, DepEd, Department of Trade and Industry, DSWD, Office of Civil Defense, NEDA, Office of the Executive Secretary, Department of Finance, Department of Agriculture, Philippine National Police, Armed Forces of the Philippines, Office the Chief Presidential Legal Counsel, Presidential Communications Operations Office, Philippine Coast Guard, the National Security Adviser, and the Cabinet Secretary. By including the DepEd and



¹⁰⁹ Ibid., Section 4 (q).

¹¹⁰ Tool A, 6.9

DSWD in the composition of the IATF-EID, this and other IATF-EID resolutions mentioned in this section could be identified as provisions that establish or strengthen “mechanisms for coordinating services for children during the pandemic.”¹¹¹

▪ Issuances by Executive Agencies

The DSWD issued *Guidelines in the Implementation of the Supplementary Feeding Program During the Community Quarantine Period or Other Similar Emergencies*¹¹² to lay down the implementing procedures of the SFP during the quarantine period, to allocate funds for implementation,¹¹³ and to direct LGUs, through Child Development Workers (CDW), Supervised Neighborhood Play (SNP) workers in coordination with the Barangay Nutrition Council/Scholars to monitor the implementation of the program.¹¹⁴ These guidelines provide a mechanism that focuses specifically on children’s concerns, provides the budget for this mechanism, and establishes coordination between concerned agencies.¹¹⁵

The issuance also mandates the recording of the height and weight of children beneficiaries by CDWs, SNP workers, or barangay workers and the submission of nutritional status reports to field offices,¹¹⁶ and it provides for the monitoring of the implementation of the program, which shall be done every 15 days to minimize the risk of contracting COVID-19.¹¹⁷ Such provisions support the collection of data on and the monitoring of the situation of the children during the pandemic.¹¹⁸



The same DSWD issuance recognizes the health risk involved in the conduct of post-implementation activities for the continued implementation of the SFP and, because of this, declared that “the nutritional status prior to the implementation of the community quarantine will be used both as baseline and end line accomplishment.” Although the reduction of close physical contact is reasonable, this may, however, disregard the changes in children’s needs that would inevitably arise because of the community quarantine, which must inform any COVID-19 response set out by the government’s policy measures.¹¹⁹

The *Guidelines on the Required Health Standards in Basic Education offices and Schools*,¹²⁰ issued by the DepEd, provides the required health standards to be followed in all basic education schools and community learning centers and DepEd offices, to ensure the protection of the health, safety, and well-being of learners, teachers, and personnel and prevent the further transmission of COVID-19. As part of its support mechanism, the DepEd Task Force COVID-19 is directed to prepare “regular internal situation reports containing updated statistics of infected persons nationally and within the Department,”¹²¹ but it does not require the collection of data on and monitoring of the situation of learners, which should inform the department’s COVID-19 responses.¹²²

¹¹¹ Tool A, 6.11

¹¹² DSWD Memorandum Circular No. 12, s. 2020.

¹¹³ Ibid., VI.

¹¹⁴ Ibid., VIII.

¹¹⁵ Tool A, 6.3, 6.9, and 6.11.

¹¹⁶ DSWD Memorandum Circular No. 12, s. 2020, X.

¹¹⁷ Ibid., XII.

¹¹⁸ Tool A, 6.5.

¹¹⁹ Ibid., 6.4. And 6.7.

¹²⁰ DepEd Department Order No. 14, s. 2020.

¹²¹ Ibid., Enclosure No. 1, 54.

¹²² Tool A, 6.5.

Several issuances were found to have provisions securing budget allocation for programs and services for children during the pandemic. The DepEd issued the *Application of Adaptive Strategies for Financing and Resource Mobilization for the Implementation of the Basic Education Learning Continuity Plan for School Year 2020-2021*,¹²³ which contains fiscal measures for recalibrating appropriate mechanisms and interventions to fund the Basic Learning Continuity Plan (BE-LCP) and adaptive strategies to mobilize financial resources from both internal and external sources. DepEd-DBM-DILG Joint Memorandum Circular No. 1, Series of 2020, provides the funding for the implementation of the National Feeding Program for undernourished children, and DSWD Memorandum Circular No. 12, Series of 2020, mentioned above, also lays out the fund allocation for the program.

The review also found issuances that have budget allocation provisions that could have expressly provided for the charging of expenses related to programs and services for children. DILG-DBM Joint Memorandum Circular No. 1, Series of 2020, allows for expenses related to COVID-19 to be charged against the 20% Development Fund. DILG Memorandum Circular No. 2020-074 directed the realignment and augmentation of Sangguniang Kabataan budgets to provide funds for programs, projects, and activities related to COVID-19, and it could have provided for how the budget may be utilized or that it should be utilized to fund programs and services that would address the needs of children during the pandemic.

¹²³ DepEd Department Order No. 19, s. 2020.

Conclusions and Recommendations

Children's Rights

A review on the laws, policies and proposed measures by the government reveals a piece-meal instead of a comprehensive and holistic approach in upholding children's rights in the time of pandemic. Absent is a national framework that will serve as a roadmap for both the national government and LGUs in the implementation of programs for children. Yet it must be noted that in 2018, the Children's Emergency Relief and Protection Act was enacted which mandates both the national and local governments to draw up a Comprehensive Emergency Program for Children that shall be implemented immediately after a declaration of a national or local state of calamity or any other emergency situation and the localization thereof through DILG Memorandum Circular 2018-196. In its response to a public health crisis, a relatively more health-responsive policy was formulated and implemented which not only addresses children's concerns in relation to COVID-19 but also ensures the continuous delivery of non-COVID-related health services for children. In doing so, the balance tilts towards ensuring the survival and health of children, relegating to the background the fulfillment of equally important rights of children to protection, development, and participation. Such prioritization goes against the principle of indivisibility of rights enshrined in the UN CRC.

Survival Rights

The COVID-19 pandemic is a public health emergency with the expectation that basic health and welfare of children will be addressed by government policies. Yet, the two laws enacted in response to the pandemic only provide for the delivery of uninterrupted immunization programs against vaccine-preventable diseases including COVID-19, and access to free and healthy meals for undernourished children as among the interventions to the pandemic.

Issuances of the executive departments and legislative measures filled in the gaps in addressing the basic health and welfare of children. Commendable are the series of interim guidelines issued by the DOH in the provision of specific health services to children in the context of COVID-19. The DepEd focused on making its spaces for learning clean and safe including those who have access to alternative education. It also laid down guidelines for its testing protocols in schools. However, it failed to account measures to be undertaken in situations where school-based learning will not be feasible. Meanwhile the COVID-19 Response and Recovery Plan by the DSWD prioritized children at risk and in vulnerable groups in minimizing illnesses and ensuring their access to psychosocial services. Yet, much is left to be desired in the provision of health services that is in consonance with the adequate standard of living of children.

The following are recommended:

- There is a need for strengthened coordination among service providers, the community and families in the delivery of health and nutrition services to children which can be done by improving on existing issuances and reviewing which agency can best deliver the services during pandemic.
- There must be provision of and access to mental health services and reproductive health services for children.
- There should be a monitoring of delivery of health and nutrition services to children at the community level. The DILG, DepEd, DOH, DSWD, ECCD Council, and NNC can work on a system to immediately address the needs of children and must come up with a comprehensive and holistic approach in the delivery of nutrition and health services.

- There must be a consultation and feedback mechanism with children to determine the health and nutrition services needed by the children.
- The needs of children especially those in marginalized and disadvantaged situation must be recognized instead of subsuming it under the general welfare of the family.

Development Rights

The threats and risks of exposure to COVID-19 prompted the issuance of policy measures by the IATF-EID that restricted children's enjoyment of their right to education, leisure and cultural activities. The suspension of classes within the school year following the imposition of community quarantine left little room for transition from the traditional mode of learning in schools to online or home-based learning. The IATF-EID resolutions were silent on how students will be able to fulfill their educational requirements during the community quarantine with the abrupt transition to other modes of learning, and how the teachers will conduct the sessions for the remaining weeks or quarter of the school year. The suspension also did not account for the possible disruption of classes especially for learners who rely solely on learning within the classrooms. The policies on modes of learning delivery also changed with the level of community quarantine in place. The pandemic showed the lack of contingent measures to ensure continuous and uninterrupted access to basic education especially for children who rely on face-to-face interaction and learning in schools.

Restriction of movement of students has also been the pervading policy as curricular activities, other than online, have been cancelled and students have to remain in their homes for the duration of the community quarantine. Yet, there were no corresponding measures to ensure that children still enjoy their right to leisure and recreational activities in the midst of the pandemic.

There were gaps in the laws enacted in response to the pandemic to ensure that the development rights of children are fulfilled. Subsidies for school fees were provided to qualified beneficiaries whose families are facing financial difficulties due to work stoppage or loss of jobs. Yet, it failed to account the peculiar situation of marginalized children such as learners with disabilities who may have different needs.

It is recommended that:

- The DepEd craft policies that are adaptive and responsive to the pandemic and other emergency situations instead of mere reiteration of prior policies. This includes formulation of a program that ensures children's continuous access to both formal and alternative education as well as early childhood development during a state of calamity. Such program should guide educators and learners and include measures on the appropriate modes of learning, access to tools of learning, monitoring on the academic development of children, and support for a child's recreation. It should also take into account the needs peculiar to the disadvantaged and marginalized children.
- Coordination between the school, the community and the families should be strengthened to provide support and to ensure the continuous access to education as learners and educators shift to different modes of learning.
- There should be an established feedback and monitoring mechanism to allow the stakeholders to adopt appropriate learning methods that are responsive to the needs of the children.
- Broadcast networks' free airtime for child-friendly shows can be utilized by broadcasting DepEd modules on free television.

Child Protection

States parties are bound by the UN CRC to take appropriate measures to protect a child from all forms of physical or mental violence, injury or abuses which include establishment of social welfare programs that will provide the necessary support to children.¹²⁴ Yet, there is a dearth in policy measures to ensure protection of children from all forms of abuses during pandemic. Where directives have been issued, these are merely reiteration of the adoption of protocols in the referral and management of cases without taking into consideration the limitations and risks posed by the pandemic.

The following are recommended:

- The five pillars of the criminal justice system (community, law enforcement, the prosecution, the courts and the correctional institutions) must guarantee that there is a continued holistic approach in the handling of cases of children, both victims of abuse and children in conflict with the law. In particular, the DSWD, JJWC, DILG, the local health offices, PNP, DOJ, and CWC must ensure that reporting, referral and response mechanisms in reporting of cases continue to operate and be fully functional during pandemic. Where a face-to-face access to such protection services is not feasible, alternative avenues must be provided to the children such as online platforms, provided that children are consulted and necessary measures to protect children online are in place.
- Protocols in the handling and management of cases must not only be reiterated but must also provide for guidelines adapting to the limitations posed by the pandemic.
- The JJWC should give attention to children at risk and children in conflict with the law, especially those in the Bahay Pag-Asa and other rehabilitation centers, who are oftentimes neglected in the time of pandemic, not only by monitoring their health conditions but also providing for health and educational services and making recommendations on the speedy disposition of cases that are to their best interest.
- Children must also be provided with access to information on the different forms of abuses that may be committed against them, how to protect themselves from such abuses and the mechanism of reporting cases of abuse to proper authorities.

Civil Rights & Freedoms

The policy measures reviewed for this paper do not provide for the protection of children's civil rights and freedoms under the UN CRC and may have endangered these rights instead.

The UN CRC protects the right of a child to reliable information from a variety of sources, and the government should ensure that children can understand this information while protecting them from materials that could harm them. In that regard, only one issuance was found to have addressed the right of children to have access to child-appropriate information on the COVID-19 situation, and it is a DepEd directive about displaying IEC materials in schools.

Children have the right to express their views, feelings, and wishes in all matters affecting them and to have their views considered and taken seriously. They must be free to express their thoughts and opinions, and they have the right to meet with other children and to join groups and organizations. The findings, however, show that the government may have placed the civil rights of children at risk of being violated by the government itself by enacting the Anti-Terrorism Act, especially during a

¹²⁴ Article 19, UN Convention on the Rights of the Child

crucial period such as this pandemic, when their vulnerabilities as children may be exploited and when their views and participation, therefore, are necessary. Their civil rights and freedoms must always be taken into consideration in the drafting of laws, especially those that are penal in nature, so that law enforcers are prevented from violating such rights.

As also mentioned in the findings, none of the issuances reviewed provide venues or support for children's meaningful participation in COVID-19 prevention and response programs, and there are no mechanisms set up for them to be consulted on any decisions that are made during the pandemic. All in all, the laws and all the policy measures that were reviewed for this paper had been enacted without careful regard for the civil rights and freedoms that are afforded children by the UN CRC.

The following are recommended:

- Congress should take care not to hamper mechanisms and venues for child participation and take care not to violate their civil rights and freedoms. All laws and policies should always seek to protect these fundamentally held rights, especially for those who are most vulnerable.
- Considering the restrictions in mobility and communication caused by the COVID-19 crisis, policy measures issued by the IATF-EID and the executive agencies should be quick to adapt and ensure that children are consulted and that they are able to participate in the government's decision-making process in matters that affect them during the pandemic.
- Such policy measures by the IATF-EID and the executive agencies must ensure that all information related to the pandemic and the government's responses is made available to children through child-friendly materials.
- These policy measures must also ensure that the information is accessible to children with disabilities and children without means to access the Internet, in addition to ensuring that they are protected from false or harmful information.

Non-discrimination & Inclusion

The government has been explicit in denouncing discrimination against any person that may be caused by the stigmatization of being infected with COVID-19, but it fails to recognize what the particular effects of this form of discrimination may be on children and it does not provide for ways of preventing those effects.

A few of the policy measures issued in response to the pandemic have due regard for families who are poor, indigent, vulnerable, or marginalized. Such measures could be said to be indirectly protective of children who are members of these poor, indigent, vulnerable, or marginalized families, but the effect of this may be discriminatory in that children's material needs and interests are subsumed in the needs and interests of the family in general.

One issuance concerning the provision of food supply, medicine, and vitamins recognizes the vulnerabilities of children with disabilities and prioritizes them in the distribution of food packs, but no other policy measure provides for other health care needs such as psychological assessments, therapy, or assistive devices.

Taken as a whole, while some the policy measures issued in response to this pandemic recognize the vulnerabilities of some groups of children, they seem to lack a holistic approach in ensuring that all of their needs are addressed at a time when their circumstances may have been made more difficult by the pandemic. Most of the policy measures fall short when set against the standards that have been identified to protect a child's right against non-discrimination.

In addition, while none of the policy measures appear to be discriminatory in terms of gender, care should be taken so that policies do not disregard gender and that they account for differences in needs and impacts and avoid excluding marginalized sectors.

The following are recommended:

- The concerns of children are often subsumed in the concerns of adults or families. The formulation and implementation of policies by the IATF-EID and the implementing agencies should be based on assessments of the impacts of the crisis that are particular to children, and the responses should be age-appropriate. If such assessments are not available, policies must be formulated to direct the conduct of such assessments as soon as possible.
- Such policies should also be gender-responsive. The relevant executive agencies should ensure that the data that is collected on children be not only sex-disaggregated but also gender-disaggregated. They should be mindful of socially determined roles, responsibilities, and capabilities and determine how interventions may be diversified to prevent any form of discrimination and to ensure the inclusion of all children.
- Finally, these policies should ensure that children with disabilities are not excluded from any interventions or responses that are implemented to manage the pandemic. It is crucial that they are included and not deprioritized with regard to access to public information on interventions and responses and that referral and coordination mechanisms are set up for disability-specific care and support, especially those that have been made inaccessible by quarantine measures.

Measures of Implementation

National Policies and Plans of Action

As a general measure of implementation, the UN Committee on the Rights of the Child recommends that governments work on the basis of a “comprehensive national strategy or national plan of action for children, built on the framework of the Convention.”¹²⁵ This comprehensive strategy would then serve as the framework for government policies that would be developed for children, whether it impacts them directly or indirectly.

The findings as discussed in this paper show that there is no framework that focuses on all of the issues faced by children during the COVID-19 pandemic. The review of the pending bills in Congress that are related to the pandemic likewise reveals a lack of an intention to devise a national strategy or plan of action to address those issues.

Children’s organizations and the media have been prompt in reporting the negative impacts brought about by the quarantine measures on Filipino children, but neither the Bayanihan to Heal as One Act or the Bayanihan to Recover as One Act, the two national legislations passed to mitigate the effects of the pandemic, outlined a strategy that would address these problems faced by children, which does not indicate a willingness to give political priority to children in the enactment of national policy measures.

The absence of a focus on the impact of policy measures on children and their rights at the level of national legislation is also apparent in issuances at the level of the IATF-EID and the executive agencies. It would seem that because of the lack of a comprehensive plan of action that would serve

¹²⁵ UN CRC General Comment No. 5

as the guide for the development of policies affecting children, directly or indirectly, the policies issued by these government departments have ended up lacking crucial measures that would ensure that the rights of children are fully protected.

This paper strongly recommends that a comprehensive national strategy focusing on addressing the needs of children and protecting their rights in managing the COVID-19 pandemic be devised or incorporated into current plans of action. This strategy may be enacted by Congress, the IATF-EID, or the relevant executive agencies.

The government could use the 3rd National Plan of Action for Children (3rd NPAC) as basis for this strategy. The 3rd NPAC, which covers the period 2017–2022, is described by the Council for the Welfare of Children (CWC) as “the third and penultimate multi-sector medium-term action plan that concretizes the strategies, policies and programs for children into an action plan to achieve and realize the vision for Filipino children by 2025.”¹²⁵ This plan provides strategic frameworks for its aspirations for Filipino children and is “driven by the country’s commitment to the United Nations Convention on the Rights of the Child and related Optional Protocols to uphold children’s rights.”

The 3rd NPAC should also be amended by the CWC to include crucial indicators that have arisen because of the pandemic. It will be even more important to ensure that relevant data is collected on the situation of the children and that they are consulted directly. Any sector or local plans of action that will be formulated pursuant to this national plan of action should then also be informed by the said indicators, as well as the data collected on and from the children.

Coordination & Oversight Mechanisms

A comprehensive national strategy should recognize the interdependence and indivisibility of all of the rights that should be enjoyed by children. This necessitates coordination among the different implementing agencies, ensuring that the obligations under the UN CRC are recognized not only by those agencies whose mandates have a substantial impact on children, such as education, health, or social welfare, but also agencies that are concerned sectors such as finance, employment, or justice, among others.

Despite the inclusion of the DSWD and the DepEd in the IATF-EID, only a few provisions of the resolutions of the IATF-EID have mentioned children’s concerns. As the body tasked to manage the COVID-19 situation, **the IATF-EID must be directed to ensure that any mechanisms for the implementation of policies issued to manage the COVID-19 crisis consider the concerns of children and the protection of their rights, consulting bodies such as the CWC, the National Youth Commission, the National Anti-Poverty Commission - Children Basic Sector, the National Council on Disability Affairs, and the Commission on Human Rights.** A separate task force or inter-agency body may also be created specially to monitor the formulation and implementation of policies issued in response to the pandemic and to continually assess the impact of these policies on children.

¹²⁵ “3rd National Plan of Action for Children.” *Council for the Welfare of Children*.

The CWC, as the policy coordination body for children, is responsible for the overall directions, management, coordination, monitoring and evaluation of the 3rd NPAC. **For the long term, this paper also recommends that the powers and functions of the CWC be strengthened, by having it reorganized into a commission, allowing it oversight power over national and local agencies or offices for improved and efficient policy-making, implementation, and coordination. The CWC should also be equipped to conduct continuing assessments of laws and policies, whether proposed or effective, and provide recommendations pursuant to these assessments.**

Resources for Child-Focused Programs and Services

Attention has to be paid to the resources that are allocated for children, directly or indirectly, in national and other budgets.¹²⁷ The government is required to “undertake all possible measures towards the realization of the rights of the child”¹²⁸ and to “undertake such measures to the maximum extent of their available resources.”¹²⁹

While the two laws that were passed specifically to address the pandemic provided for realignments and the augmentation of budgets for programs and services for children, these have resulted in the discontinuance of other programs and services equally important for children. Instead of allowing for the deprioritization of children’s needs, adaptive measures and mechanisms should be legislated so these negative impacts on other programs or services can be avoided.

The 3rd NPAC cites as points of concern in making public sector budgets child-friendly the following: “(a) funds for health care and social welfare service delivery are allocated to national agencies despite the devolution of said services to local government units; (b) uncertainty in the percentage of sector budgets actually allocated to and dispensed by LGUs; and (c) the lack of a mandated provision in the Local Government Code for a specific fund for nutrition programs in the LGUs.”¹³⁰ Such budget concerns would also likely affect the implementation of measures and delivery of services in the context of the COVID-19 pandemic. **For the long term, this paper recommends that laws and policy measures concerning national and local budgets be enacted or reformed by Congress or the implementing agencies such as the DILG so that budgets are accessible to the LGUs and are responsive to children’s rights, including their right to participate in the planning for these budgets.**

Data Collection and Impact Assessments

The government is obliged to actively identify “groups of children the recognition and realization of whose rights may demand special measures.”¹³¹ The UN Committee on the Rights of the Child highlights “the need for data collection to be disaggregated to enable discrimination or potential discrimination to be identified.”¹³² This obligation is all the more significant in the context of the pandemic, where vulnerabilities are exacerbated and any gaps in data collection or monitoring are further widened by mobility restrictions imposed by quarantine measures.

¹²⁷ UN CRC General Comment No. 5

¹²⁸ Ibid.

¹²⁹ UN CRC.

¹³⁰ “3rd National Plan of Action” Council for the Welfare of Children.

¹³¹ UN CRC General Comment No. 5.

¹³² Ibid.

Apart from the issuance by the DSWD directing the collection of data on the nutritional status of children, the rest of the policies reviewed for this paper do not provide for the collection of other forms of data, the monitoring of the situation of children during the pandemic, or the assessment of the effects and impacts of the policies on children.

Impact assessments and research studies must be conducted and so that the policies measures that are formulated and enacted are evidence-based and therefore responsive to determined needs and realities. Impact assessments include assessments of the potential adverse impacts of a proposed policy even before the policy is adopted or implemented. The assessments should look into immediate and long-term impacts on the rights of children, and these will form the basis for whether or not a policy should even be enacted or the basis for mitigation measures that could be included in the policy so that risks to children's rights are minimized. To support this, the 3rd NPAC also recognizes the significance of "inclusion statistics, equity and impact evaluation of public policies, budgets and development programs to inform strategies, planning and programming for children."

The formulation of any laws to be passed by Congress or policy measure to be issued by the IATF-EID and implementing agencies going forward should include inputs and reports that are conducted and published not only by the government agencies and offices such as the CWC but also by civil society organizations that work with children.

Child and Civil Society Participation

The policy measures reviewed for this paper do not provide for adaptive mechanisms for children to participate in the making of policies that affect them directly or indirectly, and that finding in itself is indicated by the lack of provisions that protect children's rights. They do not provide for the utilization of the existing mechanisms for child participation.

One of the four (4) goals of the 3rd NPAC is to have children actively participate in decision-making processes affecting their lives according to their evolving capacities. The inputs of children should be incorporated in the plans, from the situational analysis to strategic planning, to implementation and evaluation, and they should be consulted in legislative and policy development of measures that affect them.¹³³

This paper recommends that the existing spaces for child participation, whether directly or indirectly via civil society organizations, be used as venues for ensuring that children are consulted and in the planning and implementation of responses to the COVID-19 situation. These spaces include the local councils for the protection of children, the local special bodies or boards, local disaster risk reduction and management councils, and the Katipunan ng Kabataan under the Sangguniang Kabataan Reform Act of 2015,¹³⁴ as well as children's associations and groups that are organized at the local level. Any adaptive policy measures should include provisions that will ensure that these venues are equipped to be functional and ensure the meaningful, continuing participation of children.

¹³³ "3rd National Plan of Action" Council for the Welfare of Children.

¹³⁴ Republic Act No. 10742.

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Annex B and C

Tool A: Content Analysis Checklist

Title of policy measure			Legislation/policy/ bill number	
Type of policy measure	<input type="checkbox"/> Legislation <input type="checkbox"/> Executive policy <input type="checkbox"/> Bill	<input type="checkbox"/> Others (Pls. specify):	Issued by: (for existing laws/policies only)	

NOTE: Marginalized and disadvantaged children refer to children with disabilities, children in conflict with the law, children at risk, children in child caring centers, children in street situations, working children, children from urban poor and remote rural communities, IP children, pregnant girls, child parents, children living with HIV/AIDS, pregnant girls, and children in evacuation centers and temporary shelters in conflict- and disaster-affected areas, among others.

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
1	Basic Health and Welfare			
1.1	Are there provisions ensuring the continuous/ sustained delivery of health services for children (e.g. check-ups, treatment of illnesses, immunizations) during the pandemic?			
1.2	Are there provisions ensuring the continuous/ sustained delivery of maternal, newborn, child health and nutrition (including for pregnant girls and child mothers) during the pandemic? These include pre- and post-natal care, breastfeeding and infant feeding, among others?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
1.3	Are there provisions ensuring the continuous/sustained access to appropriate adolescent sexual and reproductive health services, sexuality education and HIV-AIDS services for children and adolescents, during the pandemic?			
1.4	Are there provisions ensuring access to medicines and medical supplies for children during the pandemic?			
1.5	Are there provisions ensuring access to programs and services addressing hunger and malnutrition for children, including access to nutritious food during the pandemic?			
1.6	Are there provisions on strengthening coordination and collaboration between schools and LGUs/communities (such as through service delivery networks) in the delivery of health and nutrition services for children during the pandemic?			
1.7	Are there provisions ensuring continuous access to clean water, sanitation and hygiene (WASH) facilities and services, hygiene kits and personal protective equipment such as face masks and face shields specifically for children or considering children's needs?			
1.8	Are there provisions for children's access to mental health services during the pandemic?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
1.9	Are there provisions for child-sensitive handling and treatment of children infected with COVID 19?			
1.10	Are there provisions on providing support/ assistance to children left behind by parents/ caregivers infected with COVID 19 who are confined in hospitals or quarantine facilities?			
1.11	Are there provisions on providing support/ assistance to children in evacuation centers and temporary shelters in disaster- and conflict-affected areas?			
1.12	Are there provisions for child-focused social insurance and social protection services during the pandemic?			
1.13	Do provisions on COVID 19 infection prevention and control consider children’s standard of living, environment, and household and community contexts?			
1.14	Are there provisions ensuring children’s access to child-friendly age-appropriate, culturally sensitive, inclusive, relevant and accurate information on COVID 19 and its prevention?			
1.15	Are there provisions on mechanisms/ processes for children especially those who are marginalized and disadvantaged to give feedback and suggestions and be consulted in relation to the health services they need or they received during the pandemic?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
2	Education, Culture and Leisure Activities			
2.1	Are there provisions ensuring continuity of early childhood and development (ECD) programs including for children 0-3 years old during the pandemic?			
2.2	Are there provisions ensuring continuous access to quality formal basic education during the pandemic especially for marginalized and disadvantaged children?			
2.3	Are there provisions ensuring continuous access to quality non-formal and alternative basic education including for children in conflict with the law and children in child caring facilities during the pandemic?			
2.4	Are there provisions to facilitate access to enrollment, home-based learning and continuing of formal or alternative education, and learning materials for children in child-caring facilities?			
2.5	Are there provisions that ensure that online learning does not exacerbate existing inequalities or replace student-teacher interaction?			
2.6	Are there provisions ensuring minimum health and safety standards are followed in the delivery of education services to ensure that both learners and teachers are protected from COVID-19 infection?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
2.7	Are there provisions supporting collaboration between schools and LGUs for the continuous delivery of health and nutrition services (e.g. feeding programs, WASH, immunization, deworming) previously delivered through the local ECCD programs or the basic education school system?			
2.8	Are there provisions ensuring that ECD facilitators, day care workers, teachers and school personnel are provided sufficient training, equipment and resources, including access to community of practice, to effectively deliver education services during the pandemic?			
2.9	Are there provisions encouraging regular attendance at schools and on the reduction of drop-out rates?			
2.10	Are there provisions supporting children's right to play, recreation and leisure activities during the pandemic?			
2.11	Are there provisions ensuring children's access to online platforms, internet, tools and gadgets, books, toys and other learning materials especially for marginalized and disadvantaged children?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
2.12	Are there provisions for the development of accessible educational audio-visual materials to disseminate through different media (e.g. online on demand, televised educational programs, etc.)			
2.13	Are there provisions addressing children's safety and protection risks when accessing online platforms for learning?			
2.14	Are there provisions for assistance to parents (including access to information, training and resources, and access to community of support) so they can support their children's learning during the pandemic?			
2.15	Are there provisions that establish close coordination with parents and caregivers for early education?			
2.16	Are there provisions on safe return to school (physically going back to school)? Are there any provisions ensuring early learning centers and school facilities are safe once the children go back to schools?			
2.17	Are there provisions ensuring children's access to child-friendly age-appropriate, inclusive, culturally sensitive, relevant and accurate information on available learning modalities during the pandemic?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
2.18	Are there provisions promoting culturally-sensitive and inclusive appropriate learning methods and approaches during the pandemic?			
2.19	Are there provisions providing clear guidance to education and school authorities on the scope of their obligations and the variety of available resources when providing education outside schools?			
2.20	Are there provisions for setting up mechanisms for improved collaboration between homes-schools-communities for children’s continuous learning especially during the pandemic?			
2.21	Are there provisions on mechanisms/processes for children to give feedback and suggestions and be consulted on the different learning modalities during the pandemic?			
3	Child Protection and Special Protection Measures			
3.1	Are there provisions that prevent and address risks of children experiencing corporal punishment inside the home during the pandemic?			
3.2	Are there provisions promoting the practice of positive/nonviolent discipline among parents, teachers, and other caregivers?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
3.3	Are there provisions that aim to raise awareness on violence against children (including corporal punishment, harmful child labor, bullying, trafficking and online sexual abuse and exploitation) among children, parents, communities and local authorities during the pandemic?			
3.4	Are there provisions on establishing/strengthening reporting, referral and response mechanisms to address violence against children during the pandemic?			
3.5	Are there clear provisions on protocols on proper handling and/or referral and coordination with barangay and the local city/municipality’s social and welfare office on responding to children’s cases during pandemic? Are there other alternative means/guidelines especially for the barangay if for some reason, the city/municipality’s social and welfare office is unavailable and cannot response?			
3.6	Are there provisions on establishing clear protocols and guidance for handling children who experience abuse and exploitation during the pandemic?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
3.7	<p>Are there provisions on establishing clear protocols and guidance for handling children who violate curfew and quarantine protocols during the pandemic?</p> <p>(Elaboration: Are there further clear provisions and guidelines especially for barangays/BCPCs on how to categorize children who are curfew and quarantine violators? Are there additional clear guidelines on an “okay/non-abusive” manner of intervention and handling these quarantine violators by the barangay or a list of approved and suggested community-based child-sensitive and child-safe interventions?)</p>			
3.8	<p>Are there provisions on establishing clear protocols and guidance for handling children in conflict with the law and children at risk during the pandemic?</p>			
3.9	<p>Are there provisions on establishing clear protocols and guidance for handling children in street situations (CISS) during the pandemic?</p>			
3.10	<p>Are there further provisions on facilitating CISS’ access to food, shelter, information on covid19 and how to protect themselves, education (i.e.ALS) and easy and accessible reporting mechanism?</p>			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
3.11	Are there clear provisions on protocols and guidelines adapted to the COVID 19 pandemic for the conduct of anti-drug police operations during the pandemic, especially if these police operations involve children?			
3.12	Are there provisions ensuring that harmful child labor is prevented thru implementation and monitoring of anti-child labor laws during the pandemic?			
3.13	Are there provisions ensuring support for children who are in employment during the pandemic, and clear guidance for barangays, LGUs and law enforcement on how they should be handled during the quarantine period?			
3.14	Are there provisions on capacitating children on how to also protect themselves from abuse and exploitation during the pandemic?			
3.15	Are there provisions supporting relevant training and capacity building for social workers, law enforcers, barangay tanods, day care workers, teachers, health workers and other service providers that include children's rights and the respectful treatment of children during the pandemic?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
3.16	Are there provisions for support and guidance to child caring facilities (i.e., Bahay Pag-Asa, children/youth rehabilitation centers, temporary shelters including for children in street situations, centers for child victims of abuse, neglect and exploitation) during the pandemic, including provision of relevant and accurate information on COVID 19 and its prevention; access to personal protective equipment, hygiene kits and handwashing facilities; and provision of food and other supplies for children and residential staff?			
3.17	Are there provisions/guidance for LGU, BPAs and other child-caring facilities to prepare and mitigate risks in case facilities have or at-risk to have covid19 positive cases; and set up preventive and/or response plan or preparedness plan in protecting children should one of them have been diagnosed to have one.			
3.18	Are there provisions ensuring continuous access to legal assistance and justice systems, and immediate action on pending cases for children victims of crimes, and children in conflict with the law? Are there clear provisions for courts and Bahay Pag-asa			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
	to facilitate faster disposition of CICL cases during the pandemic, so as to prevent children from being detained for a longer period of time than they are ought to? Are there access to e-court hearings, for example?			
3.19	Are there provisions on protection and provision of support/assistance to children left behind by parents/caregivers detained due to violations of the Bayanihan to Heal as One Act and local quarantine policies?			
3.20	Are there provisions that prevent the arrest or detention of children for violating government directives related to COVID-19?			
3.21	Are there provisions ensuring that children are released in all forms of detention, whenever possible, and children who cannot be released are provided with the means to maintain regular contact with their families?			
3.22	Are there provisions ensuring children's access to child-friendly age-appropriate, culturally sensitive, relevant and accurate information on child protection services and reporting and referral systems during the pandemic?			
3.23	Are there provisions to capacitate children on how, where and when to report abuse and rights violations and on protecting themselves from all forms of abuse, including online?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
3.24	Are there provisions on mechanisms/processes for children to give feedback and suggestions and be consulted in relation to child protection services they need or they received during the pandemic?			
4	Civil Rights and Freedoms			
4.1	Are there provisions for access to free birth registration for marginalized children during the pandemic?			Article 7
4.2	Are there provisions ensuring that children have access to child-friendly, culturally sensitive, and age appropriate relevant information on the COVID 19 situation, COVID-related laws and policies and programs/services/assistance?			Article 17
4.3	Are there provisions that support children’s safe, voluntary and meaningful participation in COVID-19 awareness raising, prevention and response programs?			13, 17
4.4.	Are there provisions that protect children’s right to speak out and criticize the government in civic spaces including in cyberspace?			13, 15
4.5	Are there provisions to provide children the means to access the internet, with measures for ensuring their safety online?			17

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
4.6	Are there provisions protecting children from harmful information and media during the pandemic?			17
4.7	Are there provisions supporting and promoting children's formation of their own organizations during the pandemic?			15
4.8	Are there provisions supporting children's activities and initiatives that are beneficial to other children in the community during the pandemic?			
4.9	Are there provisions providing venues and processes for children (especially marginalized children) to be consulted and heard in decisions related to the COVID 19 response (such as in policy making, local planning and budgeting), and have their opinions and suggestions taken into account?			
4.10	Are there provisions supporting the setting up of mechanisms for children to seek information, give feedback and report complaints in relation to the government's COVID 19 response/			
4.11	Are there provisions providing opportunities for children to have representation and participate in the Katipunan ng Kabataan, local councils for the protection of children,			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
	local school boards, local health boards, local development councils, local DRRM councils, school governing bodies and other local special bodies, during the pandemic?			
5	Non-discrimination and Inclusion (including gender and disability)			
5.1	Are there provisions that aim to protect children who are infected with COVID 19, whose parents, housemates or neighbours are infected with COVID 19 or who live in communities with high incidence of COVID 19 infection against discrimination, labelling and stigmatization?			
5.2	Are there provisions that ensure continued access to education, health, child protection and social protection services for marginalized and disadvantaged children during the pandemic?			
5.3	Are there provisions securing priority access to COVID 19 testing, treatment and support for marginalized and disadvantaged children?			
5.4	Are there provisions that protect children whose vulnerability is further increased by the exceptional circumstances caused by the pandemic (i.e. marginalized and disadvantaged children)?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
5.5	Are there provisions that provide greater protection for girl children and LGBTQI+ children and address their issues related to inequity, discrimination, marginalization, hate speech and violence during the pandemic?			
5.6	Are there provisions that address the disproportionate burden of women’s and girls’ care work during the pandemic?			
5.7	Are there provisions that prevent and address sexual and gender-based violence (including domestic violence and online violence) among children during the pandemic?			
5.8	Are there provisions for ensuring access to sexual and reproductive health information and services including menstrual hygiene health especially for girls during the pandemic?			
5.9	Are there provisions supporting safe and meaningful participation of girls and young women in decision making in relation to the COVID 19?			
5.10	Are there provisions for the conduct of training and awareness-raising of health workers to prevent discrimination based on prejudice and bias against persons with disabilities, adolescent girls and boys, LGBTQI+ children, and IP children?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
5.11	Are there provisions prioritizing continuous access to health services including continued supply and access to medicines (primary health care services as well as psychological assessments, rehabilitation, therapy, provision of assistive devices) for children with disabilities?			
5.12	Are there provisions on access to early detection, identification and intervention for children with disability?			
5.13	Are there provisions that remove barriers to treatment including ensuring accessible environments (hospitals, testing and quarantine facilities), as well as the availability and dissemination of health information and communications in accessible modes, means and formats for children with disabilities and other marginalized and disadvantaged children?			
5.14	Are there provisions that ensure that information on COVID-19 related measures is accessible to children with disabilities, including through sign language interpretation, captioning, and easy to read formats, among others?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
5.15	Are there provisions ensuring support for parents/caregivers of children with disabilities including exemption from stay-at-home restrictions in order to provide support to children with disabilities?			
5.16	Are there provisions that support			
5.17	Are there provisions that ensure access to Internet for remote learning and ensure that software is accessible to learners with disabilities, including through the provision of assistive devices and reasonable accommodation?			
5.18	Are there provisions that provide guidance, training and support for teachers on inclusive education through remote learning?			
5.19	Are there provisions to ensure access to inclusive feedbacking mechanisms for children with disabilities?			
5.20	Are there provisions supporting the development of accessible and adapted materials for learners with disabilities, to support remote learning.			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
5.21	Are there provisions providing guidance and distance support for parents and caregivers to assist in setting up equipment and to support the education program of learners with disabilities.			
5.22	Are there provisions for consulting/engaging persons with disabilities or their organizations in Covid-19 response/actions plans across different sectors/sub-themes?			
6	General Measures of Implementation			
6.1	Is there a national policy on COVID 19 that focuses on children’s concerns during the pandemic?			
6.2	Is there a national response strategy on COVID 19 that includes a specific component on children?			
6.3	Is there a mechanism or structure within the COVID-19 response structure (i.e. IATF) that focuses specifically on children’s concerns?			
6.4	Are there provisions supporting the conduct of needs assessment among children and the use of the results to inform the COVID 19 response?			

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6.5	Are there provisions supporting the collection of data on and monitoring of the situation of children during the pandemic?			
6.6	Are there provisions for assessing the effects and impacts of COVID-19 related policies and programs on children?			
6.7	Are there provisions mandating the assessment of the potential impacts of COVID-19 related policy or program on children before a policy or program is adopted/implemented?			
6.8	Are there provisions supporting education and awareness raising on children's rights among children, adults and the general public during the pandemic?			
6.9	Are there provisions securing budget allocation for programs and services for children, especially for marginalized and disadvantaged children, at the time of the pandemic or under the new normal?			
6.10	Are there provisions supporting the Commission on Human Rights in its function to receive and investigate rights violations against children during the pandemic?			

	CRC Standards/Indicators	Provisions that address this standard	Provisions that violate/go against this standard	Assessment points/Remarks (include gaps/absence of provisions)
6.11	Are there provisions establishing or strengthening mechanisms for coordinating services for children during the pandemic?			
6.12	Are there provisions to strengthen children and civil society's participation in the government's COVID-19 response?			

Tool B: Gender Policy Analysis Checklist (COVID-19 specific)

	Gender	Assessment	Recommendations
1	Is the language of the policy measure gender-sensitive? Does it subsume women under "men" and "people"? Is man/men used as a generic pronoun? Is the policy measure gender binary?		
2	Does the policy measure have underlying assumptions about children of different gender in terms of their conditions, capacities, context, culture, etc.? Are those assumptions valid or are they gender-biased?		
4	Does the policy measure have negative impact on children of diverse genders?		
5	If the policy measure has a negative impact on children, what can be integrated to minimize or enhance the differential negative impact on children of diverse gender?		
6	What provisions can be integrated to promote girls' and women's empowerment and enjoyment of their rights?		
7	What provisions can be integrated or enhanced to move away from gender-based discrimination, if any?		

Tool C: Summative Analysis (COVID-19 specific)

Policy No. / Title of the Policy	Issuing government agency or body	Summary of provisions that promote children's rights/ Benefits to children	Summary of rights violations/Harmful provisions	Summary of gaps in Protecting/ Promoting Children's Rights	Adverse impacts on children (based on children's views/experiences)
					(NOT APPLICABLE FOR BILLS)



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