CPMS MAINSTREAMING CASE STUDIES SERIES

Child Protection and Health

"Health Emergency Response Unit and youth lead community outreach: joint health and child protection interventions in the Typhoon Haiyan response (Philippines)"

In emergencies, children's risks and exposure to violence, abuse, neglect and exploitation are further increased. Violations take place in health clinics, during food distributions, at water points, in schools and sometimes directly due to humanitarian workers' actions or non-actions. Many threats to the safety and wellbeing of children can be diminished or even eradicated through timely and child-sensitive provision of humanitarian aid across all sectors. We all therefore have a critical role to play in protecting children.

To mainstream child protection means to ensure child protection considerations inform all aspects of humanitarian action. It also minimizes the risks of children being violated by programmes designed without proper consideration for children's safety or wellbeing. ***Mainstreaming child protection is an essential part of compliance with the 'do no harm' principle that applies to all humanitarian action.***[1]

Going beyond mainstreaming, integrated programming allows for actions between two or more sectors to work together towards a common programme objective, based on an assessment of needs. Where integrated child protection programming is not possible, child protection mainstreaming is essential. This case studies series looks at both examples of integrated programming and mainstreaming and the CPMS mainstreaming standards are applicable for both.

On the 8th of November 2013, Typhoon Haiyan struck the Philippines with devastating force. The super typhoon was the most powerful storm to ever reach landfall in the Philippines and killed or left missing more than 7,000 people.[2] Haiyan destroyed vast areas in the poorest communities of the Visayas region of central Philippines, affecting an estimated 16 million people with 1.4 million homes damaged or destroyed.[3]

This case study takes place in the barangays (native Filipino term for village or district) around Ormoc City, in the province of Leyte. The second largest city in Leyte (after Tacloban), Ormoc and its surrounds were significantly impacted by Haiyan and humanitarian needs quickly grew. Health Emergency Response Unit (ERU) personnel were trained in responding to child protection issues. Recognising that increased stress for those impacted by a natural disaster can lead to an increase in violence against children, members of the Red Cross and Red Crescent Movement decided enhance on child protection prevention work, using a youth led community based approach. In addition to providing health services to mothers and children and establishing a child friendly space as part of its mobile health facility, a small group of young

[1] Child Protection Working Group, *Minimum Standards for Child Protection in Humanitarian Action: Briefing note to ensure child protection mainstreaming*, "Standard 21: Health and Child Protection", 15 December 2014, http://cpwg.net/minimum_standards-topics/mainstream.

[2] BBC News, *Typhoon Haiyan: Images of then and now*, 6 November 2014, http://www.bbc.com/news/world-asia-29931035

[3] International Federation of Red Cross Red Crescent Societies (IFRC), Kate Marshall, *Philippines: Shattered communities recover two years on from Typhoon Haiyan*, 7 November 2015, http://www.ifrc.org/en/news-and-media/news-stories/asia-pacific/philippines/philippines-shattered-communities-recover-two-years-on-from-typhoon-haiyan--69616/

volunteers with the Philippine Red Cross (aged 16 years-early 20s) were trained to conduct community outreach activities aimed at providing first aid for minor injuries when needed as well as running child protection and psychosocial activities for children and spreading messages to adults about the local referrals for child protection concerns. In the end, the volunteers were able to reach over 4,000 children and their families in some of the hardest hit and barangays around Ormoc City.[4]

This case study is based on an interview with Gurvinder Singh, Advisor on Violence Prevention and Response with the International Federation of Red Cross and Red Crescent Societies (IFRC).[5] Gurvinder was deployed to Leyte province about a week after Haiyan struck the Philippines to support the deployment of a Health ERU as a psychosocial and violence prevention/response advisor.

Emergency Response Units (ERUs): Responding to child protection as a key health need

ERUs are standardised packages of both trained personnel and modules of equipment that can be deployed at the onset of an emergency and are fully self-sufficient for a month.[6] There are a number of types of ERUs – in this context, the activities described below took place within the Health ERU which is a mobile health facility and also has a focus on community outreach.

Within the Red Cross Red Crescent Movement, psychosocial work falls under the health sector and child protection is integrated as a component of psychosocial support in emergencies. As a pre-emergency mechanism, child protection issues had already begun being integrated within the Health ERU through the psychosocial components of its work.[7] Thus all Health ERUs included resources and trained psychosocial personnel to run child friendly spaces. Health personnel working within this ERU are also trained on child protection issues such as responding to cases of physical, sexual and psychological violence against girls and boys; responding to incidents of children being separated from their caregivers; and providing referrals to community-based organizations to help children and families access local support for violence and to receive counselling.[8]

This meant that some staff working within this ERU were aware of, and trained on how to consider child protection issues within their work. Moreover, the Philippine Red Cross was similarly experienced in implementing psychosocial programmes and had some familiarity with child protection issues. This experience and familiarity with psychosocial and child protection issues meant that there was no need to convince health actors of its importance and there existed a foundation to build upon for further building the capacity of health responders. It also

[4] Information shared by Gurvinder during the interview.
[5] Conducted on 9 June 2016. Images and quotes were shared by Gurvinder Singh.
[6] IFRC, *Emergency Response Units (ERUs): Types*, http://www.ifrc.org/en/what-we-do/disaster-management/responding/disaster-response-system/dr-tools-and-systems/eru/types-of-eru/
[7] For more information on the psychosocial support component of the Health ERU, see: IFRC, *Health Emergency Response Unit: Psychosocial Support Delegate Manual*, September 2012, http://pscentre.org/resources/health-emergency-response-unit-psychosocial-support-component-delegate-manual/
[8] For a range of actions for health providers to consider ways to mainstream child protection in their work, see: Child Protection Working Group, *Minimum Standards for Child Protection in Humanitarian Action (2012), Standard 21: Health and Child Protection,* pp.181-182, http://cpwg.net/minimum-standards/

meant that projects addressing these aspects of the response were able to begin very early on in the response.

Broadening the approach to child protection prevention work

While child protection issues had been integrated within the Health ERUs, when it came to violence against children, there tended to be a focus on responding to incidents; little was done to prevent these incidents occurring. In this case, rather than waiting for cases of violence against girls and boys to start reaching health facilities in Ormoc City, the Red Cross emergency operation in Leyte decided to operate under a working assumption. Gurvinder explains: "We started with the assumption that the risk [of violence against children] was very present…What we know is that natural disasters can cause high levels of stress. If this stress isn't handled well and coping strategies are harmful, this can lead to violent behaviour against boys and girls, among others."

Therefore, the decision was made to intentionally focus on violence prevention as well as response through community outreach to children and their communities in typhoon-affected barangays. Capitalising on the wide network of local volunteers within the local Ormoc branch of the Philippine Red Cross and truly embracing the principle of participation, the Red Cross determined that the implementation of this community outreach would be led by young people themselves.

First aid, psychological first aid and child protection prevention work

To bring about the outreach programme, a high level of collaboration was required between various members of the Red Cross Red Crescent Movement who were working in Ormoc. The entire process was led by the Philippine Red Cross. However, the Canadian, Norwegian, Australian and Hong Kong Red Cross Societies who were working together within the Health ERU also supported this work. The IFRC was the coordinating body.

The Philippine Red Cross selected and trained a group of 16 young people aging from 16 years to those in their early 20s. The volunteers came to the Red Cross after the typhoon wanting to help provide care and support their communities to be resilient and re-build. The training was supported by Red Cross personnel involved in the Health ERU and was based on the Child Protection Minimum Standards and related guidelines.[9] The training included topic such as first aid[10] and psychological first aid; information and skills related to working with children and messaging around how to prevent violence against children; and how to refer suspected cases of violence against boys and girls. The capacity of the young volunteers was also built through an informal mentoring with older and more experienced volunteers.

[9] ibid.

[10] For more information on the value of training children in cardiopulmonary resuscitation (an approach endorsed by the World Health Organisation), see: Bottiger, BW and Aken, HV, "Kids save lives", *Resuscitation*, Vol. 94 (September 2015), pp. A5-A7), http://dx.doi.org/10.1016/j.resuscitation.2015.07.005

Efforts were made to ensure that young people were physically safe, had their own psychosocial support from Philippine Red Cross staff and volunteers, and were not being put in positions where they were dealing with situations not age appropriate or too technical. For instance, the community outreach involved teams of approximately 6 or 7 volunteers who worked together, including one older volunteer and support from Red Cross staff , and consisted of three components. Firstly, psychosocial support was provided through the provision of psychological first aid as needed and running activities with children that had a psychosocial emphasis. Health support was provided through first aid stations set up and run by the volunteers who attended to minor injuries. Lastly, child protection concerns were addressed through activities run with children so they understood the risks and types of violence and where to ask for help. Child protection risks were also addressed through discussions with adults, emphasizing the impact of stress on children, which can be exacerbated by violence and abuse.

Collaborating with relief distribution actors provides access

A significant challenge with gaining access to the worst affected barangays presented a unique opportunity for collaboration with actors from another sector. Relief distribution (of food and non-food items) was occurring immediately after Haiyan struck, largely through the Philippine Red Cross in partnership with the American Red Cross, throughout the barangays in Leyte. Health actors saw a strategic opportunity to work alongside distribution efforts to gain the access to communities that they needed. As distribution personnel weren't maximising their vehicles' capacity when conducting distribution, the youth volunteers were able to accompany distribution colleagues and set up their activities and stations alongside the mobile distribution units. For example, while parents stood in line-ups for the distributions, volunteers reached out to them. And because most distributions occurred in open areas or school yards, and parents brought along their children to the distributions, children were also reached during the distributions. This had an additional benefit of efficiency and maximising resources.

> "It's so important for kids and adults to learn to manage their stress and know how to handle basic injuries. Through the Philippine Red Cross training I learned that violence is never the answer and we can all take action to care for one another. I wanted to share that with my community." Joseph Joshua Magtuba, (16 year old Health ERU volunteer)

The impacts of the community outreach

Overall, this small group of young volunteers were able to reach over 4,000 girls and boys and their families in some of the worst affected barangays in Layte province. While it's difficult to measure the impact of preventive measures, Gurvinder says it was clear that the young volunteers had a very positive impact on the children they were encountered through their activities: "The way the children would run towards the stations, excited and engaged with these young people, was really inspiring." It was also clear that these children and their families were able to not only receive support and assistance but also know where to get help if they

needed it. The success of the outreach programme resulted in its implementation in Tacloban as well as continuing for two months in the areas surrounding Ormoc City.

Lastly, the outreach programme also had a positive impact on the Philippine Red Cross recovery programming. It now has a national child protection policy for all volunteers and staff, it is exploring new ways to further integrate child protection concerns in its existing community outreach programmes, and is planning to further strengthen adn scale-up its work on child friendly spaces. It is also considering ways to more regularly engage with young people as volunteers in its ongoing activities.

Lesson Learned

Child protection integration through a youth-led approach

The fact that this outreach project integrating child protection as part of health interventions was run and implemented by young people was a key element to its success. The youth volunteers brought energy and enthusiasm to the work. But it brought a lot more. Firstly, their perspective on child protection issues was very different from attitudes coming from older generations. Gurvinder provides an example of this, "Older generations can often think hitting children or other adults is normal. This generation of young people didn't agree and believed all children have a right to be safe." They also understood the psychological impact of violence for children: "They were highlighting the negative impact of abusive behaviour in emergencies and how this can further impact children."

Photo: Philippines / Terre des hommes / 2014

Supporting young people so that they can lead the implementation of a project requires a degree of 'letting go' for those supporting the process.[11] As Gurvinder notes, "You have to accept that it might not be what someone who's trained and highly experienced in these

[11] See *Distribution and Child Protection* and *Shelter and Child Protection* in this case study series for further discussion on this issue.

situations might do. Sometimes, once do no harm systems are in place, this means you need to stand back." The young volunteers were able to communicate and build rapport with children from affected communities in a unique way. As peers, they had a perceived credibility and could understand the experiences of the children they were supporting. Again, Gurvinder observed, "There's a certain trust that exists between young people that you don't always get with someone who's older." This trust enabled the children from the various barangays to openly communicate their experiences and needs, enabling the volunteers to better support them.