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Girl-children in vulnerable situations

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*The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

I would like to make policy recommendations on issues concerning the girl-child from all over the world. My paper will begin with an overview of the **Strategic Development Framework for the Girl-child** in the Philippines. This will be followed by issues confronting girl-children in my country. A Philippine situationer on girl-children will also be presented, as well as case studies and best practices. I will close with policy recommendations based on my practical knowledge of the plight of girl-children in the Philippines.

I. The Strategic Development Framework for the Girl-child (Philippines)¹

This development framework was developed by the Council of the Welfare of Children's (CWC) Sub-task Force on the Girl-child, of which **Childhope Asia Philippines** has been an active member. The principles that guide the framework for the girl-child is the same as those that guide development frameworks for all children.

The conceptual framework

The Framework for the Girl-child adopts a gender and development perspective which: a) highlights distinct but complementary roles or responsibilities of the two genders; b) addresses issues of inequity or inequality that have negated the development and growth of the girl-child over a long period of neglect; and c) is provided for from the gender perspectives of the CEDAW and the CRC. The Philippines became a State Party to the CEDAW in 1981; to the UN CRC in 1990.

In spite of the existence of these two international instruments, it cannot be denied that major issues continue to confront girl-children. In the Philippines, health, protection, and participation issues impact the lives of girl-children in different ways.

II. Issues facing the girl-child (Philippines)²

Health issues

The following health issues impact on the girl-child's survival:

- Traditional practices detrimental to health or development of the girl-child
- Susceptibility to certain diseases such as anemia because of her sex and physiological needs
- Lack of attention to special nutritional needs essential for her future role as child bearer and care-giver
- Effects of pregnancy on health status of child-bride/ unwed adolescent and her offspring

Development issues³

¹ Girl-children Have Rights Too!, Council for the Welfare of Children and UNICEF-Manila, 2002

² Council for the Welfare of Children, *ibid*, 2002, pp. 17, 31, and 35

³ Developing Programs, Projects, and Activities for the Girl-child: Guidelines for Planners and Implementors, CWC/ UNICEF

The girl-child's development rights are hampered by discrimination/ gender stereotyping in schools and by a negative portrayal in mass media, as manifested by:

- Drop-out from school due to poverty, teen-age pregnancy, and disability
- Sex-role stereotyping/ sexist concepts in school curricula, textbooks, instructional materials
- Gender-tracking in choice profession
- Stereotyped/ Negative portrayal as sex objects/ victims in advertisements/ tri-media
- Proliferation of pornographic materials that promote/ reinforce sexual abuse
- Sensational coverage of rape cases/ other crimes against girl-children
- Showing of TV/ movie trailers reflecting violence that can adversely affect young minds

Working children forego schooling and other development needs, its reported impact showing:

- more girl-children are being hired as domestic helpers, thus living away from home
- girl-children living away from home are highly vulnerable to physical/ psychological abuse/ interrupted schooling
- girl-children from rural areas are victims of illegal recruitment
- working girl-children do not have access to adequate leisure/ rest

There are also key programmatic issues that need to be looked into:

- **Gender has yet to be substantially mainstreamed in the children sector**
 - lack of heightened sense of urgency among child-focused technical agencies/ NGOs/ POs for ensuring gender sensitivity in their program development/ implementation tasks
 - absence of a child-focused gender perspective: hence, inadequate integration of gender concerns in plans/ programs for children, and lack of basis for evaluating adequacy of gender concerns, if any, in development programs/ projects
- **The girl-child's concerns need to be adequately mainstreamed in the women's sector agenda**
 - there is a lack of in-depth awareness among development policy-makers/ program implementors on the situation of the girl-child/ its relation to the general pattern of gender discrimination
- **Inadequate technical skills of policy-makers/ program and project implementors among GAD-related concerns**
 - there is an apparent absence of an overall framework to guide/ effect provision of progressively related gender-sensitivity/ skills training currently being undertaken
- **There remains an urgent need for a comprehensive database on the girl-child**
 - there is lack of sex-disaggregated data/ information to serve as basis for policy-makers/ planners for project development/ impact evaluation of development programs/ projects vis-à-vis improving the girl-child's situation

Protection issues

These urgent concerns reinforce violence against the girl-child:

- Violence against the girl-child highlights need for increased protection
 - greater number of girl-children involved in prostitution or other forms of commercial sexual exploitation
 - high incidence of sexual abuse, especially incestuous rape among girl-children
 - bias of law enforcers and judiciary in handling cases where victims are women and children (girl-children are discriminated against on two counts)
- Despite the country's comprehensive laws to promote the welfare of women and children, these are deficient in effectively addressing problems of domestic violence and trafficking of women and girl-children –
 - they are yet to be adequately enforced
 - procedures need to be improved to become women/ child-friendly
 - more implementors (police/ others in justice system) need to undergo wholistic training in dealing with children
 - quality of operations and limited number of operating hours of *barangay*⁴ day-care centers need to be addressed

Participation issues

- Difficulties to ensure birth registration of children
 - problems faced by non-registered children in the enjoyment of their fundamental rights and freedom
- Major and real barriers to effective birth registration
 - lack of information on its need/ importance
 - poverty/ marginalization of groups: urban/ rural poor, indigenous people, Muslim communities, among others
 - seeming inconsistencies of national/ local legislation, particularly in relation to collection of birth registration fees
 - low priority of local chief executives for birth registration since there is no perceived immediate visible impact from this service
 - perceived discrimination against illegitimate children
 - incompatible cultural traditions of indigenous/ Muslim Filipinos with civil registry law/ enabling guidelines
- Sustaining the efforts for genuine child participation
 - need for advocates to integrate project goals that focus on child participation in their initiatives/ programs
 - need for government units to forge “a nation that respects/ values the rights of every child”
 - need for structures to sustain young people's participation both at the local and global levels

⁴ smallest political unit in the Philippines

- need for adults to reorient their perceptions about young people's capacity to make meaningful contribution to society
- need for adults to provide support to young people in going through the entire project cycle
- need to ensure that young people's perspectives on participation are articulated, recognized, and integrated into the conceptualization of children's right to participate

III. Situation of girl-children in the Philippines⁵

In CWC's 2006 Situation of Filipino Children, the following data about girl-children were reported:

- In 2000, half of the estimated children population are female
- Victims of commercial sexual abuse are mostly female, aged 13 – 18, and initiated into the sex trade as early as age 10
- Of 1,392 children who have been victims of commercial sexual exploitation, 1,289 are girls
- An overwhelming ninety-nine percent (99%) of sexually-abused children are girls, i.e. 22,475 out of 22,742 victims of rape, incest, acts of lasciviousness, from 2000 – 2005
- Girl-children are usually victims of child abuse; more affected by HIV/AIDS, STD, and teenage pregnancy; victims of illegal recruitment (esp. girls from rural areas); and victims of gender stereotyping in education, child labor, prostitution, etc.

An over-all picture of girl-children In the Philippines shows the following problems besetting them:

- culture-based discrimination within the family and society
- increasing rate of teen-age pregnancy
- increasing rate of reproductive health problems among adolescent girls
- lack of services or facilities for both pre-adolescent and adolescent girls, especially girl street children
- gender stereo-typed concepts still existing in textbooks
- sensational reporting of cases involving girl-children
- negative portrayal of girl-children on TV, radio, advertisements, and magazines
- more reported cases of physical, psychological or sexual abuse
- more girl-children involved in or victims of commercial sexual exploitation
- girl street children are more vulnerable to exploitation and STD-HIV/AIDS
- more girl-children live away from home, are hired as domestic helpers or are victims of illegal recruitment, especially those from rural areas
- lack of awareness in handling girl-children involved in armed conflict

Case studies of girls assisted by Childhope Asia Philippines and its sister NGOs

Childhope believes in using the integrated approach and the CRC and CEDAW as its ideology and philosophy in working with street children and their families, and other children in

⁵ Girl-children Have Rights Too!, Council for the Welfare of Children and UNICEF-Manila, 2002

need of special protection (CNSP). Using the Comprehensive Program Framework for Street Children and Other CNSP, it has collaborated closely with two (2) other non-government organizations, which I helped to establish: Families and Children for Empowerment and Development (FCED), which implements community-based programs for urban poor families in two (2) districts in Manila (Districts V and VI); and Tahanan Sta. Luisa (TSL) Crisis Intervention Center for Sexually-exploited Street Girls, which provides temporary shelter and recovery programs and services among adolescent street girls who have been sexually abused.

Over the years that Childhope, FCED, and TSL have assisted street and urban-poor girls, we have conducted advocacy and prevention education and have, in the process, identified difficult situations of abuse, exploitation, violence, and discrimination committed against girls in various settings – at home, in school, on the streets, in the community. I have chosen to present three cases that particularly challenged our social workers’ psychosocial case management knowledge and skills. The girls’ names have been changed to protect their identity.

Case study 1: “Jean”

Jean was 13 years old when Childhope’s street educator first came into contact with her. She is a product of a broken family – her mother and her brother left her and her father when she was only two (2) months old. She lived with her father, his common-law wife, and her six (6) step-brothers and –sisters, until she decided to run away from home because her father, who now had six other children, had begun physically abusing her and making her feel unloved.

Although she stayed in the streets long enough to be influenced by her peers, she never got into trouble or substance use or committed petty crimes. And unlike other street children, she readily wanted to be referred to a center because she wanted to continue her studies. She dropped out of 4th grade in elementary school when she was ten years old.

Her street educator referred her to Tahanan Sta. Luisa (TSL) Center in 2004, where she did well in non-formal education classes – getting the highest grade during the first quarter grading period. She was happy in the center, and she felt loved and cared for. There were times she felt like leaving the center, but she quickly banished the idea. Her father occasionally called or visited the center to check on her. Seeing that Jean was doing all right in TSL, her father admitted that Jean would be better off staying there so she could focus on her studies.

In 2005, Jean returned to her family when her father and his live-in partner separated and after he agreed to send her to school. They now live with her paternal uncle who also has his own family. The social worker of TSL discussed Jean’s schooling with her father and aunt. She informed them that Childhope may be able to provide educational support, but her father must be sure to provide for her day-to-day needs. At present, Jean is in first year secondary school and receiving educational assistance from Childhope.

Case study 2: “Elena”

Elena was 14 years old when she was introduced by another street girl to two Childhope Street Educators/ Counselors. She is the youngest of three daughters born to a jeepney driver and

his wife who sold cigarettes, soda, and candies in front of a big shopping mall in Caloocan City. She participated enthusiastically in the street education program activities conducted by the street educators – notably the core group of children that was organized to develop the members' leadership skills. Because of her being smart and articulate, she was elected by the other children as their core group over-all president for four areas in Caloocan. She regularly met with the president of each of the four areas for updates on their group activities and to plan for their future activities, all under the supervision of the street educators.

In the same year, she joined the Junior Health Workers Program of Childhope. She underwent and passed the required training given by Childhope and soon after began performing her role as JHW – administering first-aid in her community, referring children to public health centers, and conducting alternative education sessions on primary health care and the UN CRC. It came as no surprise that she was again chosen to participate in first-aid training and in six months of week-end exposure exercise at the government Philippine General Hospital. All these training helped her to enhance her skills as JHW. She is thankful to Childhope for giving her these opportunities.

Her excellent performance as JHW paved the way for her becoming the youth representative to the First Young Partners Meeting convened by Consuelo Foundation. She helped to plan programs for children and had the opportunity to talk about the Junior Health Workers Program. On top of all these activities, she was able to give time to her studies and to housework.

Elena, now 18, is in college on a scholarship for a 2-year technical course in Computer Technology. However, she has expressed preference for working and earning while studying part-time. This is now being further discussed and clarified with her.

Case study 3: “Aida”

Aida is an 18-year old girl whom Childhope's social workers met through its community mobilization project on the prevention of child prostitution. She was physically abused by her own mother who is a substance user. Perhaps because of parental neglect, Aida developed an ill temper and a mischievous behavior. She worked in a bar when she was only 15 and occasionally engaged in commercial sex to earn more. She regularly gave money to her mother who knew of her work. When she turned 18, she decided to stop working in bars or in the sex trade as she began experiencing abdominal pain and noticing yellow vaginal discharge. She was afraid these would worsen and ruin her health.

She expressed to the FCED community social worker her desire to find a decent job to help her younger sibling. She wanted to enroll first even in vocational school to learn the skill needed for entry-level jobs. The social worker facilitated her enrollment at the Educational and Research Development Assistance-Technical School (ERDA-Tech) in Manila where Aida lives and which is a depressed area assisted by Childhope's sister NGO, FCED. Prior to the assistance from FCED, Aida exhibited signs of being marginally functional. Presently, however, she attends alternative learning system classes to prepare for the government accreditation and equivalency test. She has also been referred for therapy sessions with a psychiatrist. The parents participate in counseling sessions with the social worker.

Case study 4: “Claire”

Claire, 15 years old, has been a beneficiary of the community-based program of FCED since she was five years old. When she was a little older, she began joining children’s groups organized by FCED’s social workers/ community organizers, specifically the children’s association in their *barangay* called “*Kabataan Kabalikat ng Barangay 850*”, of which she was elected President when she was 14 years old. She was also active in the ECPSR (Expanding Children’s Participation for Social Reform) project of the Christian Children’s Fund-The Philippine Office, which supports FCED’s programs among children. Her self-confidence and communication/ interpersonal skills were enhanced – prompting her social worker to encourage her to participate in the training for Junior Advocates and Junior Health Workers. As a Junior Advocate, she appeared in community theater presentations that were used as advocacy tools to teach other children/ youth in the communities about the UN CRC, Rights of the Girl-Child, Gender Sensitivity, Adolescent Sexuality, Substance Abuse Prevention, Protective Behavior against Sexual Abuse, etc.

Aside from these activities, she was also elected in June 2003 as president of the Better Young Citizens (BYC) – the coalition of children’s associations that FCED helped to establish. In the same year, she became Chairperson of the National Coalition of Children’s Associations in the Philippines (NaCCAP). She considers education very important and is a consistent honor student. She is now in her 2nd year as a nursing student.

IV. Best practices in program interventions for girls in vulnerable situations

Although only thirty percent (30%) of the street children that Childhope assists are girls, they are nevertheless encouraged to actively participate in Childhope’s activities, which we have classified into three (3) categories:

- **Advocacy and prevention activities**

Childhope, together with FCED, has been conducting grassroots community-based advocacy in thirty (30) *barangays* and twelve (12) public schools in Districts V and VI of Manila. The advocacy sessions focus on the UN CRC/ CEDAW and the prevention of substance abuse, prostitution, sexual abuse, and other forms of abuse of children. Parents, children/ youth, and community leaders are trained, by Childhope and FCED Advocacy and Training Officers, as volunteer advocates to conduct these sessions in their respective communities. From among the active volunteer advocates, those with training potential are selected to participate in a Training of Trainers (TOT) and receive upgrading training to enhance their knowledge, attitudes, and skills.

Childhope Asia and FCED also organize *Barangay Councils for the Protection of Children (BCPCs)* as grassroots community structures to assume responsibility for promoting and monitoring the implementation of the CRC (specifically the survival, development, protection, and participation rights of children) and the CEDAW. The grassroots advocates, women and girls alike, are part of the six (6) council committees, i.e. health, education,

micro-finance/ livelihood, advocacy and protection, youth, and early childhood care and development (ECCD).

Older street children and urban-poor girls and boys have also been trained, since 1996, as Junior Advocates (JAs) and Junior Health Workers (JHWs). Junior Advocates primarily conduct advocacy sessions on the UN CRC among other children and youth in their communities or on the streets, with supervision of the Street Educator/ Social Worker. They use advocacy and alternative education modules that include such topics as the UN CRC/ CEDAW, Gender Sensitivity, Girl-children's Rights, Adolescent Sexuality, and Reproductive Health. Of the existing Junior Advocates, ninety percent (90%) are girls.

- **Development and participation rights activities**

Junior health workers, on the other hand, focus on health issues when conducting advocacy sessions among other children and youth. Aside from the UN CRC, they also teach about STD-HIV/AIDS prevention, substance abuse prevention education, and primary health care. They also accompany children to public health centers for medical intervention and are trained to accomplish health screening tools and administer simple first aid treatment or home remedies. To date, we have trained fifty-two (52) girls as junior health workers.

These JAs and JHWs are provided educational assistance by Childhope and FCED to motivate them to continue the volunteer work they do. One of our most successful girl-JHWs is Elena, whose case study was presented above.

Street children who desire to return to formal school or to receive accreditation are enrolled in the alternative learning system (ALS) classes conducted by street educators trained as facilitators by the government Department of education, which also provides the modules. These non-formal education classes are conducted on the streets, in parks, parking areas, community learning centers. A child may choose to take the accreditation and equivalency test and, if he passes, receives a certificate signed by the Secretary of the Department of education.

The five (5) Learning strands contained in the ALS curriculum are:

- Communication skills
- Problem-solving and critical thinking
- Sustainable use of resources and productivity
- Development of self and sense of community
- Expanding one's world vision

Among the modules that the children study are:

Even though you are far away (Family values)	How will I be without you? (The five senses)
Tiny piece of cloth, you are important! (Nationalism)	Wherever...whenever (Philippine culture and tradition)
Healthy on the outside but not inside (Health)	Heroes of the past and of the present (History)
Self-learning modules on reading and writing	Symbols of our nation (Social studies)
There is still a way (Health)	We can if we want to (The value of education)
Take care of your health (Health)	Your rights are my rights! (Human rights)
I am me, why is it so? (Values)	I remember it now! (Geography)

These ALS classes are also conducted in the low-income urban-poor communities among out-of-school youth who cannot attend formal education schools.

The same modules are used in basic education classes in the recovery centers for street children who are sexually and/or physically abused.

- **Protection and recovery rights activities**

The ultimate goal of the street education program of Childhope Asia Philippines is to motivate street children to give up life on the streets and reunite with families or relatives or enter a temporary shelter where they can be relatively safe from the hazards and risks of street life and be further assisted with educational opportunities or vocational training.

The girl-children participate in alternative education sessions on topics related to their lifestyle: UN CRC, gender sensitivity, adolescent sexuality, reproductive health, substance abuse prevention education, basic literacy and numeracy, protective behavior and personal safety, life skills and life goal planning, etc.

The children are also assisted through psychosocial counseling and referral to public health centers and hospitals for medical/ dental assistance and to temporary shelters for recovery and protection. Street educators work doubly hard to refer street girls to centers because of their vulnerability to all kinds of abuses and exploitation on the streets.

Street girls assisted by Childhope's street educators are referred to Tahanan Sta. Luisa crisis intervention centre for Sexually-exploited street girls. At TSL, each girl is individually assessed for appropriate psychosocial intervention and case management, i.e. counseling, psychiatric consultations and psychological assessments, medications, etc. A recent innovation at TSL is the wholistic and traditional ear acupuncture treatment provided by INAM (Integrative medicine for alternative health care systems) used to treat some of the girls who are victims of drug abuse and/or sexual abuse.

Aside from alternative basic education classes, the girls attend values education sessions, including spiritual values, as well as music/ art/ drama therapy classes conducted by volunteers and by a former street educator of Childhope Asia who himself is a former street child.

V. Policy recommendations

Before I close, I would like to present the following recommendations, which were among those presented by the Sub-task Force on the Girl-child, of which Childhope is a member.

Prevention	<ul style="list-style-type: none"> • Advocate in grassroots communities, schools, church groups to make them aware of the hazards faced by girls working in tourism, entertainment, and hotel industry • Make schools/ other social services accessible/ affordable to poor families.
Protection	<ul style="list-style-type: none"> • Prioritize rescue operations for children working in extremely hazardous or abusive working conditions, most especially in prostitution • Local government units (LGUs) must review existing/ proposed laws on commercial sex, including law enforcement mechanisms. Current law enforcement tends to focus more on victims than on perpetrators. Instead of a system that penalizes the child, adopt more child-sensitive systems/ approaches. • Government interventions must be strengthened in cases where parents are the perpetrators of child abuse/ exploitation. • Community-based intervention programs must be encouraged/ institutionalized. It is not enough that community members are aware of commercial sexual exploitation of girl-children. • LGUs must be guided on what steps/ processes to take to ensure protection of children from possible transgression of their basic human rights. • The Department of Interior and Local Government (DILG) must institutionalize a system to prosecute erring/ corrupt law enforcers who assist in the perpetration of commercial sexual exploitation of girl-children. It can devise a scheme that will encourage public to file complaints against corrupt/ erring law enforcers (e.g. install telephone hotlines, provide free legal aid, etc.). • DILG must also ensure that reports are swiftly/ favorably acted upon. • LGUs in identified tourist spots must devise/ strictly implement community-based monitoring/ surveillance systems to curb incidence of commercial sexual exploitation of girl-children.
Recovery and reintegration	<ul style="list-style-type: none"> • Develop specialized program responses to commercial sexual exploitation of girl-children so that GOs/ NGOs do not have to use generic types of responses but can choose more appropriate, focused, deliberate responses, such as psychological and psychiatric treatments. This will enhance mix-matching of organizational responses to causes/ effects of commercial sexual exploitation of girl-children and to victims' needs. • Develop/ strengthen intervention programs focused not only on the child-victim but on the family, i.e. family reconciliation program, parent effectiveness seminars, family counseling. • The Ministry of Education should develop an alternative mode of education (out-of-classroom arrangement) suited to needs of children-victims and duly accredited as a degree-granting program, like the Alternative learning system (ALS). • It should also pursue programs geared toward providing alternative employment to families of children-victims and reorienting them on the role of

	upholding/ protecting children’s rights, welfare, and development.
Child participation	<ul style="list-style-type: none"> • Maximize children’s role in advocacy work. They may be tapped to participate in the design/ implementation of advocacy materials, in the formulation of statements/ slogans, and in actual lobbying/ mobilization activities. • Organize children-victims in clusters per area to promote “sense of community” which in turn can enhance the feelings of self-worth/ sense of power to advance their cause against abuse/ exploitation.
In research and documentation	<ul style="list-style-type: none"> • Document alternative approaches to document commercial sexual exploitation of girl-children, i.e. peer-support programs, action-oriented community-based programs, etc.) for possible replication in other areas. • Document successful “best practices”, particularly successful <i>Barangay</i> Councils for the protection of children (BCPCs) to encourage others to be more active/ replicate in other areas.
In training and capacity-building	<ul style="list-style-type: none"> • The Ministry of social welfare and development should continue to provide technical/ capacity-building assistance to managers/ service providers particularly on proper management/ handling, monitoring, documentation of cases of commercial sexual exploitation of girl-children, e.g. building of capabilities of service managers/ implementors: pooling/ exchange of expertise among organizations.
In advocacy and social mobilization	<ul style="list-style-type: none"> • Tap/ Encourage media in campaigns to protect/ promote children’s rights/ welfare. • Take part in advocacy against commercialization of young women, particularly in the film industry. • Focus their reports on the crime perpetrators than on victims. • Conduct gender-sensitivity programs focused on girl’s rights, and an advocacy campaign emphasizing on role of mass media in curbing commercial sexual exploitation of girl-children. • Strengthen community action, reorient community values, conduct community-wide advocacy to sustain efforts to fight commercial sexual exploitation of girl-children.
Information sharing and exchange	<ul style="list-style-type: none"> • Structures for inter-agency cooperation/ collaboration have been put up. The need now is to translate “discussions”/ initiatives into concrete action and reinforce conscious/ systematic complementation of efforts, resources, expertise by a periodic, coordinated, joint planning of strategies/ activities among organizations.
For schools	<ul style="list-style-type: none"> • Proactively create new curricula to improve self-image, perception of study/ work opportunities for girls, especially in fields where women have been underrepresented. • Promote full/ equal participation of girls in extra-curricular activities. • Provide full/ free access to appropriate health education/ counseling to adolescent girls. • Fund/ Promote more research on the situation of the girl-child. Require researchers to disaggregate/ analyze their data on children by gender/ age. Lobby for their research findings to be included in policy-making/ program development for the girl-child.

For government	<ul style="list-style-type: none">• Raise the level of awareness of policy-makers, planners, and administrators in all areas of the government on the disadvantaged situation of the girl-child.• Require all government/ public-funded research on health, education, labor, and other areas to disaggregate/ analyze data by gender/ age of children.
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In closing, I wish to express my deep hope that the vision and mission of our programs on behalf of the girl-child can become a commitment of governments, all sectors of society, and in particular, grassroots communities, so that every girl-child can realize and enjoy her rights to the full.