

# Regional Emergency



## PSYCHOSOCIAL SUPPORT NETWORK

### FAQ

Gives you answers to most frequently asked questions about emergencies and psychosocial response.

### ABOUT US

Gives you a brief description of the Regional Emergency Psychosocial Support Network and its objectives.

### NEWS

Up-to-date information on activities and events involving the network and its members can be accessed here.

### ONLINE RESOURCES

Gives you access to the searchable database:

- Resource Persons database (name, contact details and services offered)
- Organizations database (name, mission-vision, contact details and services offered)
- Information database – a collection of relevant international laws, research studies and training modules relevant to psychosocial response in emergencies. (author, subject, title, geographical scope)

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Individuals and organizations may use this form if they wish to be included in the searchable database. Inclusion will be decided on by the Secretariat in accordance with the criteria set by the group.

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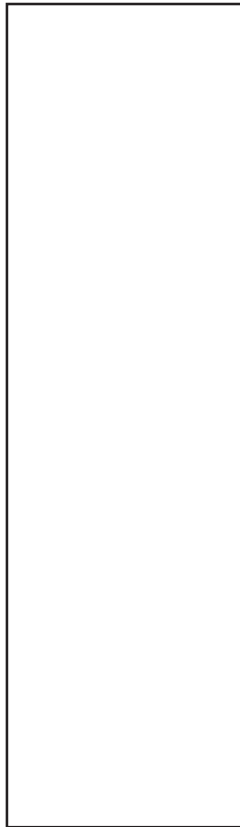
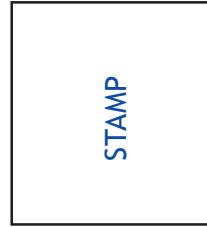
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# REGIONAL EMERGENCY PSYCHOSOCIAL SUPPORT NETWORK QUARTERLY NEWSLETTER

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[www.psychosocialnetwork.org](http://www.psychosocialnetwork.org)

## Network Established in Cambodia, Oceania, Philippines, Thailand, and Vietnam

### Building Links in Indonesia and East Timor

From June to July 2003, Dr. Les Spencer, Project Consultant for the Regional Emergency Psychosocial Support Network, visited Thailand, Cambodia and Vietnam to network with people and organizations doing psychosocial work and to collect relevant materials for a planned training module for emergency response teams. A meeting in Bangkok with representatives of local and international NGOs explored possibilities of gaining contacts with groups working in the Thai-Burmese border. In his detailed report, Dr. Spencer described the trip to Cambodia as “very fruitful” with “excellent exchanges” conducted with contacts in Phnom Penh. Meanwhile, some of the contacts that Dr. Spencer met in Vietnam expressed interest in joining the network and recommended potential members. During the three-country visit, Dr. Spencer also gathered various materials, ranging from booklets to CDs.

During his visits to Bangkok, Thailand and Phnom Penh, Cambodia from June 6 to 16, Dr. Spencer met with the representatives of various organizations. In Thailand, he met with Catherine Breen of the International Rescue Committee (IRC), Dr. Elizabeth Emerson from the World Health Organization (WHO) – Thailand, and Sally Thompson of the Burmese Border Consortium (BBC). The network

consultant also met with the Regional Coordinator of the SEA Coalition to Stop the Use of Child Soldiers, Glenda Ramirez. In Phnom Penh, Dr. Spencer met with representatives of groups that are already members of the regional network. He met separately with Dr. Kek Galabru and Jason Barber of LICADHO, Pyden Chea and Peech Kang Sam of the Vulnerable Children Assistance Organization (VCAO), They Chan To, Mao Sok Kim and Loong Boom of the Cambodia Transcultural Psychosocial Organization (TPO), and Dr. Bhoomi of Cambokids. During his visit at a center run by Cambokids, he witnessed children avidly follow the exquisite move of a young professional teacher from the Cambodian National Dance Academy. He described the center as “enchanting” and a superb model of gently being with children in ways that support psychological integrity.”

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# Demobilization of Child Soldiers: The Philippine Experience

(Edited excerpt of the paper presented by Lourdes G. Balanon, Undersecretary for Policy and programs, Department of Social Welfare and Development, Republic of the Philippines during the International Conference on Children in the Crossfire: Prevention and Rehabilitation of Child Soldiers held in Washington DC, USA from May 7 to 8, 2003.)

The Philippines has been besieged by two internal conflicts for more than three decades. The first one is between the government armed forces and the revolutionary arm of the Communist Party of the Philippines, the New People's Army (NPA) <sup>1</sup> and the other is the government forces and the Moro National Liberation Front (MNLF)<sup>2</sup> and its breakaway group, the Moro Islamic Liberation Front (MILF)<sup>3</sup>. A third group emerged in late 1990s, the Abu Sayyaf Group (ASG) which is known for its kidnapping and hostage taking activities. The Moro groups and the Abu Sayyaf operate only in Mindanao, south of the Philippines. Cases of child soldiers have been documented in areas where the armed groups are active. UNICEF (1999) estimated that 3% of the approximate 9,000 NPA fighters are children. The MILF has an estimated strength of 6,000 to 10,000 and media and NGOs confirm that there are children including girls used in combat. Despite the NPA and MILF's pronouncements that they no longer recruit children, there are children who are rescued/captured by the Armed Forces of the Philippines (AFP). Last year, seven children escaped from the ASG where they were used to act as spies, cooks, couriers and medical aides. With the current offensives against the NPA and the MILF, there are reports of intensive recruitment going on among young people and children. On the other hand, there are no reports of government forces using children in armed conflicts. However, media has reported children in paramilitary units.

The Philippines is a State Party to the Convention on the Rights of the Child and its Optional Protocol on the Involvement of Children In Armed Conflict and the ILO Convention 182, which include the compulsory recruitment of children in armed forces as among the worst forms of child labor. National laws were passed with specific provisions on the non-recruitment of children in armed forces. The Indigenous People's Rights Act (RA 8371) provides for the non-recruitment of children of indigenous cultural communities into armed forces under any circumstances. The Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act (RA 7610, 1991) states that children shall not be recruited to become members of the Armed Forces of the Philippines and its civilian units or other armed groups, nor be allowed to take part in the fighting, or used as guides, couriers or spies.

RA7610 declares children as zones of peace and entitles them to protection. Children should not become targets of aggression nor



recruited to become members of any armed group, nor be allowed to directly or indirectly participate in combat. It also sets the rules and regulations providing for the care and humane treatment of rescued or surrendered child soldiers who are entitled to separate detention facilities; immediate notification of his/her parents; immediate free legal assistance; and be released within 24 hours to the custody of the Department of Social Welfare and Development (DSWD) or any responsible member of the community determined by the court. Children taken into custody by government forces shall be informed of his/her constitutional rights; be treated humanely; be provided food and the necessary medical attention/treatment and ensure his/her physical safety. A Memorandum of Agreement on the handling and treatment of children involved in armed conflict was signed by nine government agencies including the AFP, PNP [Philippine National Police], DSWD on March 21, 2000.

## DEMOBILIZATION PROCESS

In view of the lack of information on children in the armed groups, child soldiers only come to the attention of the government when they voluntarily surrender to the authorities, to religious or nongovernmental organizations (NGO) or are

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# PROFILE ■

## PULIH

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PULIH is a non-profit organization in Indonesia providing psychosocial support and trauma prevention and intervention to individuals and communities affected by acts of violence. Formed on July 24, 2002, PULIH understands that every person has the right to be protected from violence and has the rights to be provided services for psychological recovery and integration. The organization, which is active in areas like Jakarta, Aceh and Ambon, is committed to re-empower survivors, families, and communities to gain a productive and meaningful life, and to stress the important roles of the community, particularly in issues of mental health, by raising awareness about trauma prevention and intervention. PULIH provides direct services through a clinic. Aside from providing expert assistance in court proceedings, it also has capacity building and community education services. (MPP)

## Phoenix Center

**Contact Person/Designation:** Paul Kowalik  
**Address:** 49 Molle Street, Hobart, Tasmania 7000 Australia  
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**Fax Number:** (613) 6231 1264  
**E-mail:** phoenix@mrchobart.org.au

Funded by the federal government, the Phoenix Center exists primarily to facilitate the psychological rehabilitation of survivors of torture and trauma in the refugee and migrant communities, regardless of their race, belief, colour, or experience. Additionally, services are available to survivors of the Second World War (and other subsequent wars) who are established migrants in Australia, but who require assistance in order to overcome the re-emergence of trauma symptoms. These include entrants from Bosnia, Serbia, Iraq and the Sudan. Humanitarian entrants and survivors of recent wars are a major group to be accessing the service in recent years. The center's principal services include the Early Health Assessment and Intervention Program (EHAIP), offering psychological assessment, referral, and case coordination services. The Phoenix Center provides psychological and practical support to its client groups. Counseling is offered using a variety of techniques and methods, including cognitive behavioral therapy, grief work, and long-term psychotherapy. The center also conducts trainings, documentation work, and networking. (MPP)

## Medical Action Group (MAG)

**Contact Person/Designation:** Dr. Nymia Simbulan, Phd, Chairperson  
**Address:** 27 Masikap Street, Barangay Pinyahan, Quezon City, Philippines  
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**E-mail:** faith@impactnet.com

Established on April 16, 1982 as the health sector's response to grave human rights violations perpetrated by the administration of Ferdinand Marcos (1965-1986), the Medical Action Group (MAG) is a health service organization of physicians, nurses, dentist, psychologists, health students and health workers collectively working for the promotion and defense of health and human rights in the Philippines. The Medical Action group envisions a society where the health and human rights of its citizens are upheld and protected at all times. This society ensures that health care is accessible to all, is appropriate and effective; and guarantees as well other human rights in accordance with the United Nations' Universal Declaration of Human Rights. MAG provides assistance to forcibly evicted communities, biopsychosocial services to victims of torture and political detention. The organization also conducts research and documentation work on torture incidences in the Philippines. It also has a human rights education and advocacy component. Aside from maintaining a resource center, MAG also publishes a quarterly news-magazine, "Progress Notes," which carries news and information on health and human rights situation in the country and health and human rights developments here and abroad. MAG has also conducted fact-finding missions in regions throughout the Philippines. (MPP) ■

The PROFILE section of the April-July 2003 issue of the newsletter featured LICADHO and Cambokids. It also featured in the FORUM section, an article based on a paper written by Dr. Les Spencer entitled "Interfacing Alternative and Complementary Well-being Ways for Local Wellness." These articles can be viewed at [http://www.psychosocialnetwork.org/faq\\_viktor.htm](http://www.psychosocialnetwork.org/faq_viktor.htm) and [http://www.psychosocialnetwork.org/faq\\_spencer\\_etal.htm](http://www.psychosocialnetwork.org/faq_spencer_etal.htm). For the full-text of Dr. Spencer's paper, please see [http://www.psychosocialnetwork.org/faq\\_interfacing.htm](http://www.psychosocialnetwork.org/faq_interfacing.htm). For more on UN-Inma enablers, please see <http://www.laceweb.org.au/>

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**Network Established** (continued from page 4)

or mutual self-help, and the lack or absence of knowledge on new developments in psychosocial care, such as socio-healing and cultural-healing action.

Although the Philippines are not part of the list of countries covered by his consultancy work, Dr. Spencer visited this country before flying to Vietnam. He attended “the Fifth Biennial Conference of the Asian Association of Social Psychology” in Manila and delivered a talk as part of a symposium chaired by Dr. Elizabeth Protacio-de Castro, Convenor of the Psychosocial Trauma and Human Rights Program of University of the Philippines Center for Integrative and Development Studies (UP CIDS-PST). During the conference, Dr. Spencer met with people connected with local and international organizations doing psychosocial work. An UN-Inma enabler from Australia, Dr. Spencer became the consultant for the Regional Psychosocial Network in April 2003. He has been working on grassroots-based initiatives on self-help in Australia. As part of his consultancy work, he is slated to conduct visits to other SEA countries like Indonesia and East Timor before the end of the year. (MPP) ■



One of the artworks featured in the Children and Community Peace Art Project at the Saigon War Remnants Museum visited by Les Spencer in Vietnam.

**Demobilization** (continued from page 5)

language/dialect they understand and accurate information are important to reach them. Rescue of children mostly during military operations endanger their lives.

Child protection staff and security/military/police personnel need to be trained in handling child soldiers during demobilization. They should have clear understanding of the child’s situation, the assessment to be undertaken and the need to involve the child in planning his/her future. This transition period between demobilization and returning home is crucial as it is a bridge between the child’s past and future.

Family tracing must be a priority. The child’s reunification with his/her family shall be the first option before other alternative care arrangements shall be considered. Tracing oftentimes is difficult as families live in remote areas, some in indigenous communities. The children must be informed of the progress of the tracing. There should be objective assessment of the family’s strengths and capabilities for continuing care and support for the returning child. Interim care for the child maybe provided with clear objectives and time frame. Oftentimes, due to security reasons, residential care is resorted to.

Children need support to help them break their ties with the military and prepare them to resume life with their family and community. They may have formed attachments with their comrades and maybe reluctant to their families who may be the reason for their conscription in the first place. A holistic approach

is needed taking into consideration the child’s experiences before, during and after recruitment, his/her age, educational background and his/her family. The child’s participation and his/her family and if possible, the community would facilitate rehabilitation and reintegration process.

Confidentiality is important to protect the privacy of the child. Media can easily sensationalize the cases of child soldiers and used for propaganda purposes by both sides. The Guidelines for Media Practitioners on the Reporting and Coverage of Cases Involving Children<sup>4</sup> developed with the Philippine media practitioners themselves must be strictly observed. Children and their guardians must consent to any publication and interviews to be undertaken. Many children have shared their life stories as child soldiers. We, adults must listen to their voices of frustration, anxieties, fears as well as their aspirations and calls for peace. The Christian and Muslim children have taken initiatives to promote peace such as the KIDS FOR PEACE and a jamboree called “Journey to Peace”. Children are instruments for peace. ■

**(Footnotes)**

<sup>1</sup> Founded by Jose Ma. Sison, the NPA has been fighting the government since the 1970s. The presence of NPA units has been reported in many provinces throughout the Philippines.

<sup>2</sup> The Philippine government and the MNLF signed a peace accord in 1996.

<sup>3</sup> The MILF maintains a strong presence in the provinces of in the southern Philippine island of Mindanao.

<sup>4</sup> These guidelines stress that “in all media coverage involving children their best interests shall be the primary and paramount concern and that they should take into consideration the present, as well as the long-term implications of any publicity on the child’s recovery and rehabilitation.”

**SPECIAL FEATURE**

# UN study on **violence** against **CHILDREN**: Promotion of wider involvement at the national and regional levels and the role of the NGO Advisory Panel

Children around the world are victimized by violence in their homes, schools, and communities as well as in institutions. Among those particularly at elevated risk are children with disabilities, children living in institutions, children deprived of parental care, children in conflict with the law, children living in extreme poverty, children facing harmful cultural practices, and other marginalized children. In recognizing the magnitude of violence against children, the United Nations Committee on the Rights of the Child recommended in 2001 the conduct of a study on violence against children. It recommended a study as “thorough and influential” as the 1996 study by Graca Machel on the impact of armed conflict on children.

In November of the same year, the General Assembly agreed unanimously to request Secretary-General Kofi Annan to conduct an in-depth study on the issue. On February 12, 2003, the Secretary-General appointed an independent expert to direct the study, Mr. Paulo Sergio Pinheiro, who was the Special Rapporteur in Burundi and Myanmar (Burma). From June 22 to 24, members of the NGO Advisory Panel for the UN study met in Geneva for the first time. Nineteen of the members coming from countries including Brazil, Kenya, the Philippines, Tanzania, South Africa, and the United States, attended the two-day meeting. They discussed the key aspects of the study, including its scope, research agenda, participation of children, regional consultations, and follow-up plans. The panel presented the outline to Pinheiro and to representatives of UNICEF, the World Health Organization, and the Office of the High Commissioner for Human Rights.

The study seeks to “provide an in-depth global picture of violence against children and propose clear recommendation for the improvement of legislation, policy and programmes relating to the prevention of and responses to violence against children.” The UN study also examines the causes and consequence of violence on children and its linkages to poverty and globalization, as well as state responsibility for violence and the concept of due diligence.

Highlighting the importance of national action and participation in forming and shaping the study and post-study action, the study is not “an end in itself but it is hoped that the study will spur national, regional and international action towards the eradication of violence against children.” The results of the study will be used to prompt action by governments, NGOs, and “Civil Society.” Increased national action and participation in the study will give more credence and weight as a result of the involvement of a wide sector. This ensures that the global study would still “reflect national realities” and “facilitate the development of responsive mechanisms.” At the national level, preliminary actions involve the identification of key actors, wherein, in many of the states, the government will take the initiative in disseminating information about the study and -encouraging a detailed national response. It may also be necessary for NGOs to take the lead in identifying and alerting key governmental and non-governmental bodies and individuals. In both scenarios, the active involvement of “Civil Society” is important.

The role of the NGO Advisory Panel is to proactively advise on all aspects of the study, and to provide expert and secretariat input on its content, process, and outcome. The NGO Panel is also tasked to ensure child participation, encourage and facilitate broad and effective NGO involvement, aid mobilize follow-ups to the study, and ensure that the study and its recommendations are based on human rights. The panel is co-chaired by Jo Becker of Human Rights Watch, US and Melanie Gow of World Vision International, Australia. Dr. Elizabeth Protacio de Castro, Convenor of the Psychosocial Trauma and Human Rights Program of University of the Philippines Center for Integrative and Development Studies (UP CIDS-PST) and Project Director of the Regional Psychosocial Network, was chosen to become part of the advisory panel in December 2002. She is the only member in the panel to come from the East Asia and Pacific Region. (MPP) ■

References: undated document entitled “Briefing Paper to Promote Wide Involvement in the UN Study at the National Level,” Sept. 11.2003 draft of the document entitled “UN Study on Violence against Children Briefing Paper to Promote National Action from the NGO Advisory Panel for the Study.” For more information about the UN Study on Violence Against Children, please contact Jo Becker or Melanie Gow through [childrenandviolence@domeus.co.uk](mailto:childrenandviolence@domeus.co.uk).



**SEA Coalition to Stop the Use of Child Soldiers Southeast Asia/UNICEF-EAPRO Regional Workshop Slated for November 2003 in Thailand**

From November 17 to 19, 2003, the Southeast Asia Coalition to Stop the Use of Child Soldiers and the UNICEF- East Asia and Pacific Regional Office will conduct in Bangkok, a workshop on the disarmament, demobilization, reintegration and rehabilitation of children involved in armed conflict in the region. The aim of the workshop is to enhance efforts for disarmament, demobilization, reintegration and rehabilitation in the region, particularly looking at the situation of children involved in armed conflicts in Indonesia, Burma (Myanmar), and the Philippines. A follow-up activity to the research on children and armed conflict in the region, the workshop is an opportunity for local, regional and international organizations to learn, build capacity, network and collaborate on programs for children involved in armed conflict. The experiences of other regions in developing programs will be presented in the workshop. Among others, the workshop will consider specific concerns, like legal and policy frameworks and the protection of children involved in armed conflict; and the Optional Protocol on the Involvement of Children in Armed Conflict as an advocacy tool in the demobilization process. Other themes in the workshop include juvenile justice in post-conflict environments, and strategy development for enhanced programming related

to demobilization of children. The deadline for registration is on October 15, 2003. (MPP)

For more information about the workshop and registration, please contact Jean-Luc Bories of UNICEF-EAPRO through [jlbories@unicef.org](mailto:jlbories@unicef.org) or Glenda Ramirez of the SEA Coalition to Stop the Use of Child Soldiers at [seacoordinatorchildsoldiers@yahoo.com](mailto:seacoordinatorchildsoldiers@yahoo.com).

**Refugees Studies Centre  
 Second Term of Adolescents, Armed Conflict and Forced Migration Seminar Series Set for December 2003**

The Refugee Studies Centre at the University of Oxford, with the support of the Andrew W. Mellon Foundation, is conducting in December 2003, the second term of its seminar series entitled "Adolescents, Armed Conflict and Forced Migration." The first term was held from April to June this year. A new endeavor, the seminar series aims to move forward thinking about adolescents and their experiences of forced migration and armed conflict. The themes covered by the seminar series include the construction and experience of adolescence in the context of armed conflict and forced migration, suffering and healing, the integration of displaced adolescents, post-conflict resolution, and programme development. For more information, e-mail the Refugee Studies Centre at [rsc@geh.ox.ac.uk](mailto:rsc@geh.ox.ac.uk) or visit their website [www.rsc.ox.ac.uk](http://www.rsc.ox.ac.uk). (MPP) ■

**Network Established** (continued from page 1)

From July 22 to 28, Dr. Spencer visited Ho Chi Minh City (HCMC), Vietnam, where a broad and diverse range of well-being ways from at least seventeen people were sampled and documented. In separate meetings, he met with Madame Nguyen Thi Oanh, a respected and popular "elder" in Vietnam and mentor at the Thao Dan Street Children Program, Le Quang Nguyen, Program and Liaison Officer of the Save the Children Sweden, and Vo Hoang Son, Senior Project Officer of Save the Children UK. He also met with local health practitioners, like Dr. Le Van Tuan of the Public Health Department and Dr. Pham Ngoc Thanh M.D., Chief of the Ambulatory Care Department and Head of the Children and Adolescent Department of Psychology at the HCMC Children Hospital, and doctors from the HCMC Mental Health Hospital.

Dr. Spencer also met with the heads of local NGOs, like Prof. Trinh Ngoc Trinh, Director of the Highland Education

**Demobilization...** (continued from page 2)

rescued/captured (involuntary) during military operations. The demobilization of children has been discussed in peace negotiations with the NDF, which is currently stalled, but only a commitment of non-recruitment of children was arrived at. In line with the law on Special Child Protection [RA 7610], the AFP/PNP are to report within 24 hours of a rescue or surrender of a child to the DSWD Field Office and/or the Local Chief Executive of the city/municipality. Arrangements shall be made immediately by the DSWD to meet the child before the turnover to prepare him/her for the transfer to the protective custody of the DSWD.

While under military custody, the child must be: a) informed of his/her rights; b) provided immediate physical and medical treatment to the wounded, including psychological/psychiatric treatment when necessary, or transport him/her to the nearest medical facility for treatment in case of an emergency; c) must be given adequate food, appropriate clothing and other basic needs; d) protect the child from exposure to media, except when such is justified by compelling national security interest; and e) protect the child from further exploitation and trauma particularly that no tactical interrogation or any similar forms of investigation or use in military operations.

The transfer of the child from the military or police to the DSWD should be made within 24 hours from the time of rescue or surrender. However, when the situation does not warrant such turn over within the prescribed period in view of distance and other circumstances, the child should be turned over within 72 hours. In the case of a child undergoing medical treatment, DSWD shall have protective/constructive custody although physical custody may not be effected. The DSWD ensures that no tactical interrogation is done while the child is undergoing medical treatment.

The first tasks of the social worker upon receipt of the report are a) to visit the child, to establish his/her identity, to assess her situation and prepare for her transfer to the custody of the DSWD and b) to notify the child's parents or relatives to inform them of the child's situation and give them opportunity to visit the child. Tracing the family and relatives sometimes are difficult particularly if there have been no contacts between them. In some instances, for security reasons, another venue for visitation maybe arranged with the family.

The social worker's assessment is focused on the child's physical, social and psychological condition; his/her strengths and capabilities; his/her perception and feelings about the situation and plans e.g. return to family; and other support system as well as other external resources to effect change in his/her situation. The assessment of the psychosocial wellbeing of the child becomes the basis in the formulation of treatment /rehabilitation plan in consultation with the child,

his/her family and other professionals, as necessary. The child's feelings of anger, guilt, loss of what happened as well as his/her fears, anxieties and uncertainty of what lies ahead must be handled with understanding and assurance that help is available with her cooperation.

The child is usually admitted in a center for children once transferred to the custody of the DSWD. Here, he/she is with other children who have other problems such as being abandoned, neglected and abused. There are no specific centers for child soldiers. The special needs of girl children are taken into consideration in the center and there are specific centers for girls as well. The child is provided basic needs, counseling and stress debriefing and other interventions to prepare for family reunification or other alternate plans arrived at. As they had no time to play and socialize with others, the children oftentimes enjoy play and recreational activities. The military and the police are not allowed in the center's premises.

In some instances, the DSWD files a petition in court for the child's involuntary commitment to support the child's continuing stay in the center when his/her immediate return to his/her family is not possible. There could be some issues to be resolved such as the security of child and family and opportunities for the child's rehabilitation and reintegration in the community. The child's stay in the center should be as short as possible.

In cases where the parents/relatives are ready to accept the child back to their care and custody, immediate release of the child is effected with continuing assistance in terms of psychosocial interventions, livelihood assistance, educational assistance for the child to ensure the child's reintegration. These are usually done with the support of religious groups and non-governmental organizations.

Alternative parental care maybe resorted to such as foster care or group home for independent living if child's family/relatives could not be located. However, because of security issues, there are few foster families willing to care for a former child soldier.

**LESSONS LEARNED**

Demobilization is a complex and fragile process. The parties to the peace agreements must be fully committed and confidence building measures maybe helpful. Both the peace agreements with the NDF and the MILF are on hold and there are no specific provisions on demobilization of child soldiers. Political will and commitment is needed to pursue the elusive PEACE we want for our country.

There should be concerted efforts among stakeholders to advocate measures to prevent the children joining armed groups and for those in the armed groups to demobilize them. Children must be informed and encouraged to seek voluntary means such as negotiations and use of intermediaries to be able to return to civilian life in a safe and peaceful manner. Messages of benefits of demobilization in a