



PROTECTING THE CHILD FROM  
THE MANY FACES OF ABUSE

# TIMELINE ACROSS 16 YEARS

1997

Creation of the Child Protection Unit (CPU) at the Philippine General Hospital - a dedicated emergency room and clinic for abused children

Establishment of the Child Protection Network (CPN). Six CPUs launched in one year

2002

Foundation of the Asian Resource Center, a collaborative effort between CPN & the International Society for the Prevention of Child Abuse & Neglect

2008

Establishment of CPUs in Lahore and Peshawar, Pakistan

2009

Expansion of the network to 38 CPUs in 25 provinces nationwide

2010

Recognition of the Women and Child Protection Specialty Training as the required training of Women and Child Protection Unit (WCPU) physicians by the Department of Health (DOH).

2011

Expansion of the network to 62 WCPUs in 9 cities and 35 provinces in the Philippines in partnership with DOH and various local government units.

2012

Issuance of DOH of Administrative Order No. 2013-0011: "Revised Policy on the Establishment of WCPU in all Government Hospitals."

2013





# MESSAGE FROM THE EXECUTIVE DIRECTOR

*Dear members, colleagues,  
partners and friends,*

2013 will always be remembered as the time that the fortitude and resiliency of the Filipino was tested against formidable odds. Yolanda/Haiyan, the strongest typhoon to ever hit land, battered the Visayas barely 3 weeks after Bohol was shaken by a 7.2 magnitude earthquake and just 2 months after Zamboanga City was shell-shocked by a siege. Through it all, the WCPUs never wavered in their service to abused women and children in areas of humanitarian emergency. It is to these heroic physicians, social workers and police that this annual report is dedicated.

This annual report highlights the comprehensive services needed by abused children in order to keep them safe, healthy and in school. Abuse does not happen in isolation and it is the interplay of multiple and cumulative risks and protective factors that determine positive or negative outcomes. The importance of integration, coordination and innovation cannot be over-emphasized.

The United Nations Population Fund (UNFPA) is our 2013 Valuable Partner! UNFPA and CPN share a common vision of improving the lives of women and children in underserved areas as well as protecting them from all forms of violence. It is with UNFPA's support that we remain on target in covering at least 60% of women and children by the end of 2013.

We bid UK Ambassador Stephen Lillie goodbye as he takes on new challenges as Director of the Asia Pacific Directorate of the Foreign Commonwealth Office. We will always remember Stephen as the young ambassador who immediately accepted our invitation to be a member of the board in his first week in the Philippines and who was comfortable talking and interacting with our teens in Tondo. We welcome with great anticipation, UK Ambassador Asif Anwar Ahmad, our newest member of the board!

Sincerely yours,

BERNADETTE J. MADRID, MD



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# PILLARS OF THE FOUNDATION'S WORK

UP-PGH CPU  
16,281 CHILDREN TREATED



## MEDICAL AND PSYCHOSOCIAL CARE

- Diagnosis
- Medical Care
- STI Treatment
- Mental Health Treatment
- Social Work Services
- Location of Safe Circumstance
- Long-term Monitoring



## CHILD SAFETY AND LEGAL PROTECTION

- Referrals from CPS and DSWD
- Forensic Examination and Interview
- Mental Health Treatment for Offending Parole Children in Contact with the Law
- Legal Counsel
- Expert Testimony
- Social Work Services
- Family Education Consultation
- Kids Court





### NATIONAL CENTER FOR EDUCATION

- Multidisciplinary Team Training
- Physicians' Training
- Social Workers' Training
- Police Training
- Legal Training
- Judges' Training
- Advocacy in Legislature and Media



### NATIONAL NETWORK OF CPUs

- 115 Physicians
- 62 Centers Covering 9 Cities and 35 Provinces
- Seed Funding
- Staff Training
- Best Practices Sharing
- 24/7 Consultation
- Roundtable Discussions
- Annual Conference
- Visiting Professor Program
- Safety Net
- Peer Review



### RESEARCH & NATIONAL DATABASE ON CHILD ABUSE

- Design and Installation of Case-Tracking System
- Standard System Installed in CPUs
- Cases Tracked for Research and Policy Development
- Shared National Database
- Cutting-edge Research for Developing Countries
- CPMIS Installed in 26 CPUs

# LOCATING THE 62 WCPU<sub>s</sub>

## REGION I - ILOCOS

- Mariano Marcos Memorial Hospital & Medical Center
- Bacnotan District Hospital
- Region I Medical Center
- LGU - Bani, Pangasinan

## REGION III - CENTRAL LUZON

- Bulacan Medical Center
- CAPIN - Angeles City
- Dr. Paulino J. Garcia Memorial & Medical Center
- Jose B. Lingad Memorial General Hospital
- Rafael Lazatin Memorial Medical Center
- James L. Gordon Memorial Hospital

## NATIONAL CAPITAL REGION (NCR)

- Philippine General Hospital - Child Protection Unit
- Ambulatory CPU Lingap Bata
- Dr. Jose Fabella Memorial Hospital
- Philippine Children's Medical Center
- Philippine National Police
- Rizal Medical Center
- Quezon City General Hospital - Quezon City Protection Center

## REGION IV - SOUTHERN LUZON

- Ospital ng Biñan
- Quezon Medical Center
- LGU - Infanta, Quezon
- Purple Hearts Occidental Mindoro
- Ospital ng Palawan

## REGION VI - WESTERN VISAYAS

- Dr. Rafael S. Tumbokon Memorial Hospital
- Western Visayas Medical Center
- Corazon Locsin Montelibano Memorial Regional Hospital
- Teresita L. Jalandoni Provincial Hospital

## REGION VII - CENTRAL VISAYAS

- Gov. Celestino Gallares Memorial Hospital
- Vicente Sotto Memorial Medical Center
- LGU - San Francisco, Cebu
- LGU - Pilar, Cebu

## REGION IX - WESTERN MINDANAO

- Dr. Jose Rizal Memorial Hospital
- Zamboanga City Medical Center

## REGION XII - CENTRAL MINDANAO

- Cotabato Regional Medical Center





## CORDILLERA ADMINISTRATIVE REGION (CAR)

- Benguet General Hospital
- Baguio General Hospital
- Luis Hora Memorial Regional Hospital

## REGION II - CAGAYAN VALLEY

- Gov. Faustino Dy Memorial Hospital
- Veterans Regional Hospital

## REGION V - BICOL

- LGU - Oas, Albay
- LGU - Tiwi, Albay
- LGU - Legazpi City
- Bicol Regional Training & Teaching Hospital
- Bicol Medical Center
- Masbate Provincial Hospital

## REGION VIII - EASTERN VISAYAS

- LGU - Lope de Vega, Northern Samar
- LGU - Palangga, Northern Samar
- LGU - San Roque, Northern Samar
- Eastern Samar Provincial Hospital
- LGU - Balangkayan, Eastern Samar
- LGU - Salcedo, Eastern Samar
- RHU - Oras, Eastern Samar
- LGU - Sta. Margarita, Samar
- RHU - Tarangnan, Samar
- Eastern Visayas Regional Medical Center
- LGU - Libagon, Southern Leyte
- Salvacion Oppus Ynigues Memorial Provincial Hospital
- LGU - San Ricardo, Southern Leyte

## REGION X - NORTHERN MINDANAO

- Bukidnon Provincial Medical Center
- Mayor Hilarion Ramiro Sr. Regional Training & Teaching Hospital

## REGION XI - SOUTHERN MINDANAO

- Davao Regional Hospital
- Southern Philippines Medical Center

## AUTONOMOUS REGION OF MUSLIM MINDANAO (ARMM)

- Maguindanao Provincial Hospital

# WOMEN & CHILDREN PROTECTI

## CORDILLERA ADMINISTRATIVE REGION (CAR)

### BENGUET

**Benguet General Hospital**  
La Trinidad  
Members:  
Dr. Mary Jane Paloy Carrido  
Cristina Valdez-Anioay  
Edith Mangawa Baday-Odao

### BAGUIO

**Baguio General Hospital**  
Gov. Pack Rd., Baguio City  
Members:  
Dr. Asuncion Ogues  
April Lippi Sudango, RSW

### MT. PROVINCE

**Luis Hora Memorial Regional Hospital**  
Bauko  
Members:  
Dr. Shamae Ofo-Ob  
Delia Akilit – Ligligen, RSW  
SPO1 Norma Ket-Eng Tuaca

## REGION I - ILOCOS

### ILOCOS NORTE

**Mariano Marcos Memorial Hospital & Medical Center**  
Brgy. 6 San Julian, Batac City  
Tel. No.: (077) 792-3133  
Members:  
Dr. Ernella Agulay  
Dr. Mona Lisa Pastrana  
Mrs. Marilyn Ramirez  
Mrs. Elma Solmerin

### LA UNION

**Bacnotan District Hospital**  
Manila North Rd., Bacnotan  
Members:  
Dr. Jennifer C. Gamiao  
Zenaida U. Javar, RSW  
PO1 Mary Jane N. Rulloda  
PO3 Lilian A. Miro

### PANGASINAN

**Region I Medical Center**  
Arellano St., Dagupan City  
Tel. Nos.: (072) 515-8916 loc. 139; 523-4103  
Members:  
Dr. Brenda Tumacder  
Dr. Gwendolyn M. Luna  
Dr. Michelle Dominica D. Palma  
Cristita T. Larioza, RSW  
Fe Maramba

### LGU - Bani

Poblacion Bani, Pangasinan  
Tel. Nos.: (075) 569-5219; 553-2176  
Members:  
Dr. Ivy S. Paragas  
Grace A. Taganap, RSW  
Alma C. Mabanglo, RSW  
Haydee R. Insigne

## REGION II - CAGAYAN VALLEY

### ISABELA

**Gov. Faustino Dy Memorial Hospital**  
Capitol Compound, Alibagu, Ilagan  
Member:  
Loren Loren Batoon, RSW

### NUEVA VIZCAYA

**Veterans Regional Hospital**  
Magsaysay, Bayombong  
Members:  
Dr. Evelyn G. Nacionales  
Dr. Marietta Ann Balbas  
Mrs. Gliceria B. Alava, RSW

## REGION III - CENTRAL LUZON

### BULACAN

**Bulacan Medical Center**  
Malolos City  
Members:  
Dr. Jose Emiliano T. Gatchalian  
Dr. Violeta M. De Guzman  
Leah Jean S. Fernando, RSW  
Pinky Valeriano, RSW  
PO2 Epamela M. Sarsaba

### NUEVA ECIJA

**Dr. Paulino J. Garcia Memorial Medical Center**  
571 Mabini St., Cabanatuan City  
Tel. Nos.: (044) 463-8888; 600-0927  
Members:  
Dr. Cynthia Daniel  
August Joy Dela Cruz, RSW

### PAMPANGA

**Jose B. Lingad Memorial General Hospital**  
San Fernando  
Members:  
Dr. Cynthia G. Guaco  
Jovita S. Baybayan, RSW

**CAPIN – Angeles City**  
(Romana Pangan District Hospital)  
Angeles City  
Members:  
Dr. Irene Alacar Flores  
Nora Garbat Verwasa, RSW  
PO2 Christina Paguirigan Ramos

**Rafael Lazatin Memorial Medical Center**  
Visitation St., Angeles City  
Members:  
Dr. Katherine Cadiz Tuazon  
Ma. Cielo L. Sarion, RSW  
PI Cherry P Tirasol

### ZAMBALES

**James L. Gordon Memorial Hospital**  
Rizal Ave., Olongapo City  
Members:  
Dr. Ana Verlita R. Figuerres  
Genia R. Eclarino  
Rowena Fabay, RSW  
PO2 Lolita G. Dela Cruz

## REGION IV - CALABARZON

### LAGUNA

**Ospital ng Biñan**  
Canlalay, Biñan City  
Tel. Nos.: (049) 511-4119; 511-3872  
Members:  
Dr. Leila C. Bondoc  
Divino Andal, RSW

### QUEZON

**Quezon Medical Center**  
Integrated Provincial Health Office, Quezon Medical  
Center Compound, Quezon Ave. St., Lucena City  
Tel. No.: (042) 373-5627  
Members:  
Dr. Ramon Baldovino  
Ma. Teresita B. Lajara  
Aireen Hernandez, RSW  
Leyden R. Adaya

### LGU - Infanta

Infanta  
Members:  
Dr. Abelardo Jose  
Melanie G. Virrey, RSW  
PO3 Meldie C. Gatdula

## REGION IV - MIMAROPA

### OCCIDENTAL MINDORO

**Purple Hearts**  
MSWDO Municipal Compound, San Jose  
Tel. Nos.: (043) 491-2679; 491-1316  
Members:  
Dr. Eleonor B. Fajardo  
Alicia M. Cajayon, RSW  
SPO4 Analyn Pacaul-Loja

### PALAWAN

**Ospital ng Palawan**  
220 Malvar St., Puerto Princesa City  
Members:  
Dr. Alma Rivera  
Tajmahal Goalcantara, RSW  
SPO1 Lorelyn M. Bolos

## REGION V - BICOL

### ALBAY

**LGU - Oas**  
Municipal Health Office, Oas  
Tel. No.: (052) 824-4454  
Members:  
Dr. Marie Jane Reverera  
Purita Redito, RSW

### LGU - Tiwi

Tiwi  
Tel. No.: (052) 488-5768  
Members:  
Dr. Rosa Maria Cantes  
Anita C. Rey, RSW  
PO3 Rebecca N. Arcega

### LGU - Legaspi City

Legaspi City  
Tel. No.: (052) 480-2121  
Members:  
Dr. Joy Andes David  
Marilyn Apodaca Tan, RSW  
PO1 Girlie Legaspi Nasol

### Bicol Regional Training and Teaching Hospital

Legaspi City  
Tel. No.: (052) 483-0014 Loc. 4246  
Members:  
Dr. Ana Ma. Corazon B. Grutas  
Maria Jezebel F. De Mesa, RSW  
PO3 Perla D. Lazarte

### CAMARINES SUR

**Bicol Medical Center**  
Conception Requena, Naga City  
Members:  
Dr. Michelle Taup-Tolentino  
Dr. Aileen Bisumbre  
Mrs. Corazon Aguilar, RSW

### MASBATE

**Masbate Provincial Hospital**  
Hospital Rd., Provincial Health Office, Masbate City  
Tel. No.: (056) 333-2244  
Members:  
Dr. Cynthia V. Ulacer  
Ma. Carlota A. Dela Peña, RSW  
PO2 Arlene T. Capsa  
Dr. Amelita R. Reyes  
Ruth M. Azupardo, RSW  
PO2 Salvacion I. Caballero

## REGION VI - WESTERN VISAYAS

### AKLAN

**Dr. Rafael S. Tumbokon Memorial Hospital**  
Mabini St., Kalibo  
Members:  
Dr. Glenmar R. Martinez  
Marichu R. Dantes, RSW  
PO1 Marilyn M. Rello



# ON UNITS (WCPUs)

## ILOILO

**Western Visayas Medical Center**  
Q. Abeto St., Mandurriao, Iloilo City  
Tel. No.: (033) 508-0388  
Members:  
Dr. Maria Teresa Guzman-Dy  
Ma. Elena B. Wendam, RSW

## NEGROS OCCIDENTAL

**Corazon Locsin Montelibano Memorial Regional Hospital**  
Lacson St., Bacolod City  
Tel. Nos.: (034) 707-0280; 433-2697  
Members:  
Dr. Crisalito Inventado  
Zenaida Valenzuela, RSW  
Grace Mineralles, RN

**Teresita L. Jalandoni Provincial Hospital**  
Brgy. Lantad, Silay City  
Tel. Nos.: (034) 491-1705; 714-8485  
Members:  
Dr. Evelyn G. Geraldoy  
Dr. Larry Joy A. Paez  
Teresa S. Oscianas, RSW

## REGION VII - CENTRAL VISAYAS

### BOHOL

**Gov. Celestino Gallares Memorial Hospital**  
M. Parras St., Tagbilaran City  
Tel. Nos.: (038) 501-7531; 412-3181  
Members:  
Dr. Maria Azucena Redillas  
Nilo L. Madios, RSW  
Ms. Lorelei Flores

### CEBU

**Vicente Sotto Memorial Medical Center**  
Cebu City  
Tel. No.: (032) 266-1946  
Members:  
Dr. Marianne Naomi N. Poca  
Dr. Maria Consuelo B. Malaga

**LGU - San Francisco**  
San Francisco, Camotes Island  
Tel. Nos.: (032) 267-6779; 497-0334  
Members:  
Dr. Emmanuel L. Almadin  
Mariter P. Galindo, RSW  
PO1 Virgilia Albarracin

**LGU - Pilar**  
Municipal Health Office, Pilar  
Members:  
Dr. Eufemia P. Maratas  
Dolita N. Dales, RSW  
PO1 Caren P. Arcelo

## REGION VIII - EASTERN VISAYAS

### NORTHERN SAMAR

**LGU - Lope de Vega**  
Purok 7, Brgy. Poblacion, Lope de Vega  
Members:  
Dr. Jocelyn C. Galvez  
Agnes B. Martino, RSW  
PO1 Myla B. Escareal

**LGU - Palangga**  
Anunciation St., Brgy. Acacia, Catarman  
Members:  
Dr. Myrna Trongcosa  
Salvacion Mandigo, RSW  
PO3 Regina Dente

**LGU - San Roque**  
San Roque  
Members:  
Dr. Rowell Deniega  
Edna S. Meregildo  
PO1 Ma. Edlyn O. Encina

## EASTERN SAMAR

**Eastern Samar Provincial Hospital**  
Brgy. Songco, Borongan City  
Members:  
Dr. Ma. Teresa E. Tabungar  
Julia C. Dulfo, RSW  
PO2 Catherine Poro

**LGU - Balangkayan**  
Municipal Bldg., Abrigo St., Balangkayan  
Members:  
Dr. Nelsie Labra  
Wilda Contada, RSW  
PO1 Daisy E. Rosaldo

**LGU - Salcedo**  
Salcedo LGU, Brgy 3, Salcedo  
Members:  
Dr. Ma. Socorro S. Campo  
Ma. Amelita Macasa, RSW  
PO3 Jean M. Sumook

**RHU - Oras**  
Brgy. Butnga, Oras  
Members:  
Dr. Marilyn Uy-Umil  
Leah P. Oculam, RSW  
Christine G. Redona

### SAMAR

**LGU - Sta. Margarita**  
Municipal Health Office, Maharlika Highway,  
Sta. Margarita, Calbayog City  
Members:  
Dr. Nestor A. Cailo  
Marietta A. Verdeflor, RSW  
SPO 1 Lorna Q. Advincula

**RHU - Tarangan**  
Brgy. B. Tarangan  
Members:  
Aldwin F. Collamar, MD  
Nonita A. Caguring, RSW  
PO1 Grace N. Tonel, PNP

### LEYTE

**Eastern Visayas Regional Medical Center**  
Tacloban City  
Tel. Nos.: (053) 325-6497; 520-3137; 322-2200  
Members:  
Dr. Maria Remegia A. Manalo  
Dr. Rufina Lynor Barrot-Gler  
Mrs. Janet Galangue, RSW  
PO2 Eugene Mesias

### SOUTHERN LEYTE

**LGU - Libagon**  
Libagon  
Tel. No.: (053) 578-1085  
Members:  
Dr. Dolorosa D. Branzuela  
Elvira C. Arado, RSW  
SPO4 Elena S. Ganosa

**Salvacion Oppus Ynigues Memorial Provincial Hospital**  
Mantahan, Maasin City, Liloan  
Members:  
Dr. Lea Catan  
Glendora Jale, RSW  
SPO3 Teresita Maitem

**LGU - San Ricardo**  
San Ricardo  
Members:  
Corazon Kasayan Gloria, MD  
Jojie G. Bonita, RSW  
PO1 Aracilee L. Estillore, PNP

## REGION IX - WESTERN MINDANAO

### ZAMBOANGA DEL NORTE

**Dr. Jose Rizal Memorial Hospital**  
Lawaan, Dapitan City

Tel. No.: (065) 213-6421  
Members:  
Dr. Maria Dinna Viray-Pariñas  
Ms. Hazel G. Paler, RSW  
Charlene D. Hamoy

### ZAMBOANGA CITY

**Zamboanga City Medical Center**  
Dr. Evangelista St., Sta. Catalina  
Tel. No.: (062) 991-2934 Loc. 126  
Members:  
Dr. Leila Nelia Estrella  
Myrna M. Lanuza, RSW  
Dr. Fatima Concepcion

## REGION X - NORTHERN MINDANAO

### BUKIDNON

**Bukidnon Provincial Medical Center**  
Casasang, Malaybalay City  
Tel. No.: (088) 221-2190  
Members:  
Dr. Cosette S. Galve  
Dr. Dina Hernandez  
Dahlia Jabeñar, RSW  
PO1 Junelyn Flores  
Leo Villahermosa, RSW

### MISAMIS OCCIDENTAL

**Mayor Hilarion Ramiro Sr. Regional Training & Teaching Hospital**  
Mindog-Maningol, Ozamiz City  
Members:  
Dr. Loreta Tamada  
Dr. Mercy Senados  
Odette L. Caguindangan  
Charita O. Alunan, RSW  
Phoebe G. Pangilinan, RN

## REGION XI - SOUTHERN MINDANAO

### DAVAO DEL NORTE

**Davao Regional Hospital**  
Apokon, Tagum City  
Tel. No.: (084) 400-3144  
Members:  
Dr. Emilie Debil-Ugdang  
Felipa Banate, RSW

### DAVAO CITY

**Southern Philippines Medical Center**  
J. P. Laurel St. Bajada, Davao City  
Tel. No.: (088) 227-2731 Loc. 4205  
Members:  
Dr. Maria Aimee Hyacinth Bretaña  
Dr. Regina P. Ingente  
Louella S. Young, RSW  
Janice S. Pamplona, RSW  
Imelda Mallorca

## REGION XII - CENTRAL MINDANAO

### NORTH COTABATO

**Cotabato Regional Medical Center**  
Sinsuat Ave., Cotabato City  
Members:  
Dr. Teresita Mansilla (Ret.)  
Dr. Nurlinda Arumpac  
Shirley Salik, RSW

## AUTONOMOUS REGION OF MUSLIM MINDANAO (ARMM)

### MAGUINDANAO

**Maguindao Provincial Hospital**  
Sharif Aguak  
Members:  
Dr. Norben Gevieso  
Shalimar Saribo, RSW

## NATIONAL CAPITAL REGION (NCR)

### MANILA

**Ambulatory CPU Lingap Bata**  
Medical Social Service Department,  
Clinical Division, University of Sto. Tomas  
Hospital, Lacson Ave., Sampaloc, Manila  
Members:  
Dr. Rosalia Buzon

**Dr. Jose Fabella Memorial Hospital**  
Lope de Vega St., Sta. Cruz  
Members:  
Dr. Mary Anne Ilao  
Dr. Rhea De Guzman  
Dr. Teresita Beronilla

**Philippine General Hospital - Child Protection Unit**  
Taft Avenue  
Tel. Nos.: (02) 353-0667; 554-8400 Loc. 2535

### PASIG CITY

**Rizal Medical Center**  
Pasig Blvd., Pasig City  
Member:  
Dr. Carmencita Solidum

### QUEZON CITY

**Philippine Children's Medical Center**  
Quezon Ave. Extension  
Member:  
Dr. Cecilia Gan  
Dr. Rene Neri

**Philippine National Police**  
2nd Fl., Kiangnan Bldg., Camp Crame  
Members:  
PSSupt. Tereasa Ann B. Cid  
SPO2 Evangeline Villano  
SPO1 Marsha Agustin

**Quezon City General Hospital - Quezon City Protection Center**  
Seminary Rd., EDSA  
Members:  
Dr. Elsie Callos  
Dr. Marivic Bigornia  
Nida Angayan, RSW  
PO3 Ma. Leonora Eclipse

**\*62 WCPUs in 9 cities  
and 35 provinces**

SHARE  
THE  
INFORMATION

# 2013 WCPU STATISTICS



In 2013, **7 out of 10 patients** who were brought in for child protection services were victims of sexual abuse - a consistent trend for the past 16 years.

## BREAKDOWN OF CASES BY TYPE OF ABUSE

TYPE OF ABUSE	NUMBER OF CASES
Sexual Abuse	3650
Physical Abuse	998
Emotional Abuse & Others	328
Unable to Validate Abuse	172
Neglect	169
Sexual & Physical Abuse	135
Minor Perpetrator	25

## BREAKDOWN OF SEXUAL AND PHYSICAL ABUSE CASES ACCORDING TO GENDER OF VICTIM

### SEXUAL ABUSE



24%



76%

### PHYSICAL ABUSE

46%

MALE

54%

FEMALE

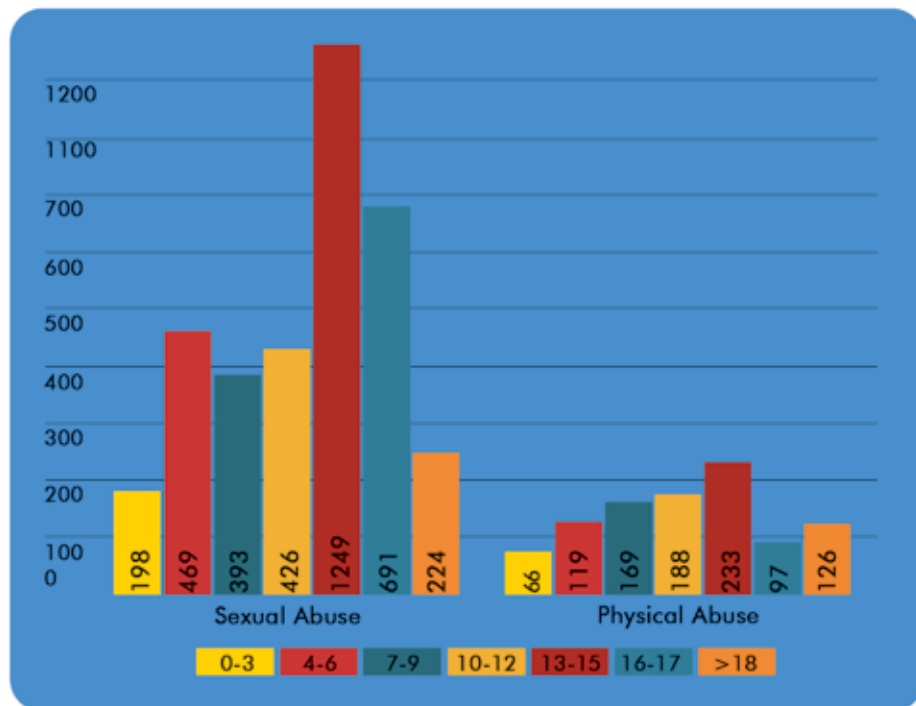
**76%** of sexually abused children seen at the WCPUs were young girls; however, it is important to note that sexual abuse among boys is more often underreported.

Meanwhile, physical abuse cases were *almost equally distributed* between boys and girls.

Referrals for possible emotional abuse spiked but these cases were mostly in the context of neighbors squabbling.



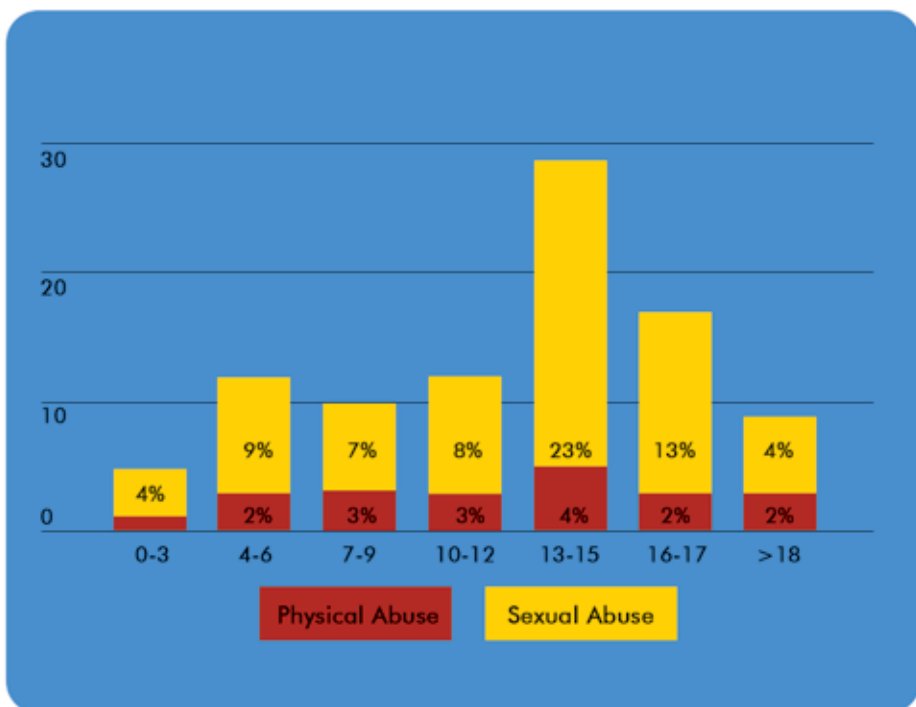
## NUMBER OF SEXUAL AND PHYSICAL ABUSE CASES ACCORDING TO AGE GROUP



Sexual abuse cases were still more common among teens in their middle adolescence (13 to 15 years old).

On the other hand, physical abuse was fairly distributed among the different age groups, with a slight predilection to the middle adolescence age group.

## PERCENTAGE OF SEXUAL AND PHYSICAL ABUSE CASES ACCORDING TO AGE GROUP



Teens at the middle to late adolescent stage of their development are highly vulnerable to abuse.

They are neurodevelopmentally wired to engage in risky behaviors and to seek new experiences, making them susceptible to peer pressure and adult influences. Impulsiveness and lack of foresight contribute to poor decision-making, which could then lead these adolescents to abusive and exploitative situations, without even recognizing them as wrong or problematic.

# WCPUs SERVING VICTIMS AFTER THE ZAMBOANGA

## Zamboanga City Medical Center - WCPU during and after the September Crisis by Dr. Fatima Concepcion



The war between the Moro National Liberation Front (MNLF) and the Armed Forces of the Philippines in Zamboanga City happened in September 2013. The war caused the displacement of more than 100,000 people and the deaths of many civilians. The MNLF attacked and held as hostage hundreds of residents in the highly populated barangays of Sta. Barbara, Rio Hondo, Sta. Catalina, and Mariki. The standoff brought terror to all the citizens of Zamboanga for 27 days.

Situated at the war zone, the Zamboanga City Medical Center (ZCMC) had to be relocated at the gymnasium of the Western Mindanao State University, along with the ZCMC-Women and Child Protection Unit (WCPU). Despite the inconvenient set-up at the relocation area, the ZCMC-WCPU, with the assistance of the Mindanao Central Sanitarium, served 18 women and children who were victims of abuse during the war.

The crisis was never a hindrance for the unit to pursue its vision and mission, in the best interest of women and children. Twenty-seven days after fighting broke out, the ZCMC medical staff were cleared to return to the hospital. The ZCMC-WCPU physical unit was immediately renovated and repainted.

The ZCMC-WCPU continues to strengthen its goal to uplift the rights of women and children who are victims of abuse. With the support of the United Nations Population Fund (UNFPA) and CPN, Dr. Fatima Concepcion and PO1 Florame Pablo were trained on the "Certificate on Women and Child Protection Specialty Course" (CWPCS) at the UP Manila-PGH-CPU. They are the additional child protection specialists who will manage the WCPU together with Dr. Leila Nelia Estrella and Ms. Myrna M. Lanuza, RSW. With the additional trained members, the WCPU team trained OB-GYN and Pediatrics residents as well as police officers in handling cases of abuse involving women and children in all other parts of Zamboanga. The team also conducted bi-monthly case conferences to ensure proper case management, one-day lecture in barangays with high reported cases of abuse, and fund raising activities such as garage sale, as an additional support for the primary needs of the WCPU patients.

*"We at the unit will continue to work together with other agencies to make Zamboanga a child-mother friendly City."*



## SPO1 Marsha in Tacloban

SPO1 Marsha Agustin, the police officer assigned at UP Manila-PGH-CPU, was one of the female police personnel who were deployed to Tacloban City right after the catastrophic typhoon Yolanda hit central Philippines on November 8, 2013. The widespread damage of typhoon Yolanda, internationally known as *Typhoon Haiyan* was documented in Region 8 where 14 WCPUs are situated.

SPO1 Marsha joined the Philippine National Police Disaster Management Preparedness Task Group as representative of the Directorate for Investigation and Detective Management (DIDM) – Women and Children Protection Center (WCPC). The group was ordered to establish help desks to assist women and children in the evacuation centers and to conduct investigation on any suspected trafficking case intercepted at the airport.

The group worked with international and local teams of UNICEF and UNFPA on child protection efforts, family tracing and reunification, and investigation of gender-based violence cases. They also helped in the distribution of donated equipment to local Women and Child Protection Desks (WCPDs) such as portable tents & laptops.





# SIEGE, BOHOL EARTHQUAKE, AND TYPHOON YOLANDA

## Psychosocial Support for WCPUs

On January 16-18, 2014, CPN in partnership with Rainbow Babies' Hospital, Philippine Ambulatory Pediatrics Association, and Citizens' Network for Psychosocial Response in Humanitarian Emergencies conducted the "Workshop on Psychosocial Needs of Children and Families During Disaster Situations."

This three-day workshop was managed by a team of international experts, led by Dr. Karen Olness, from Case Western University of Cleveland, Ohio, USA. Using case histories and interactive approach, the participants exchanged experiences and learned how to effectively assist children and families while managing humanitarian emergencies.

The participants were child protection specialists, social workers, and psychologists who manage WCPUs that are situated in areas directly affected by Typhoon Yolanda, Bohol earthquake, and Zamboanga siege.





# CHILD PROTECTION UNIT

## ASIAN RESOURCE CENTER



Philippine General Hospital  
Taft Avenue, Ermita, Manila  
Email: [pgh.cpu@gmail.com](mailto:pgh.cpu@gmail.com)  
Tel nos.: (02) 353-0667; 524-0712; 554-8400 loc. 2535  
Website: [www.childprotectionnetwork.org](http://www.childprotectionnetwork.org)

## THE MULTIDISCIPLINARY TEAM AND AVAILABLE SERVICES

**Bernadette J. Madrid, MD, FPPS**  
Executive Director

**Stella G. Manalo, MD, FPPS**  
Associate Director

### MEDICAL

**Merle P. Tan, MD, FPPS, MHPed**  
Child Protection Specialist

**Sandra S. Hernandez, MD, DPPS**  
Director for Training

**Renee Joy P. Neri, MD, DPPS**  
Child Protection Specialist

**Namnama Villarta-de Dios, MD, DPPS**  
Child Protection Specialist

**Melissa Joyce P. Ramboanga, MD**  
Child Protection Specialist

**Riza C. Lorenzana, MD**  
Child Protection Specialist

**Marie Celieza A. Antonio, RN**  
Nurse

#### SERVICES:

- Medico-legal evaluation
- Forensic interview
- Expert testimony in court cases
- Health care maintenance of survivors
- Management of sexually transmitted infections
- Developmental assessment

### MENTAL HEALTH

**Norieta Calma-Balderrama, MD, FPPA, FPCAPPI**  
Child Psychiatrist

**Joseph B. Sayo, MD**  
Child Psychiatrist

#### SERVICES:

- Mental health evaluation
- Forensic psychiatric evaluation
- Medico-legal testimony in court cases
- Individual and group therapy
- Therapy for children with problematic sexual behavior
- Stress debriefing

### LEGAL

**Atty. Amy A. Avellano, LLB, LLM**  
Legal Consultant

#### SERVICES:

- Forensic Interview
- Legal counseling

### POLICE SERVICES:

**SPO3 Evangeline R. Villano**  
Police Officer

**SPO1 Marsha Agustin**  
Police Officer

#### SERVICES:

- Investigation
- Forensic interview
- On-site case filing
- Case conferences

### SOCIAL WORK

**Dolores B. Rubia, RSW, MSW**  
Social Work Supervisor

**Annaliza R. Macababbad, RSW**  
Social Worker

**Leizl R. Sombrio, RSW**  
Social Worker

**May Ann C. Demetrio, RSW**  
Social Worker

**Genesis S. Faderogao, RSW**  
Social Worker

**Annalie B. Lagdamen, RSW**  
Social Worker

#### SERVICES:

- Safety and risk assessment
- Case management
- Educational assistance
- Family Court Awareness / Kids Court
- Livelihood assistance
- Parenting classes
- Parent support groups
- Crisis counseling

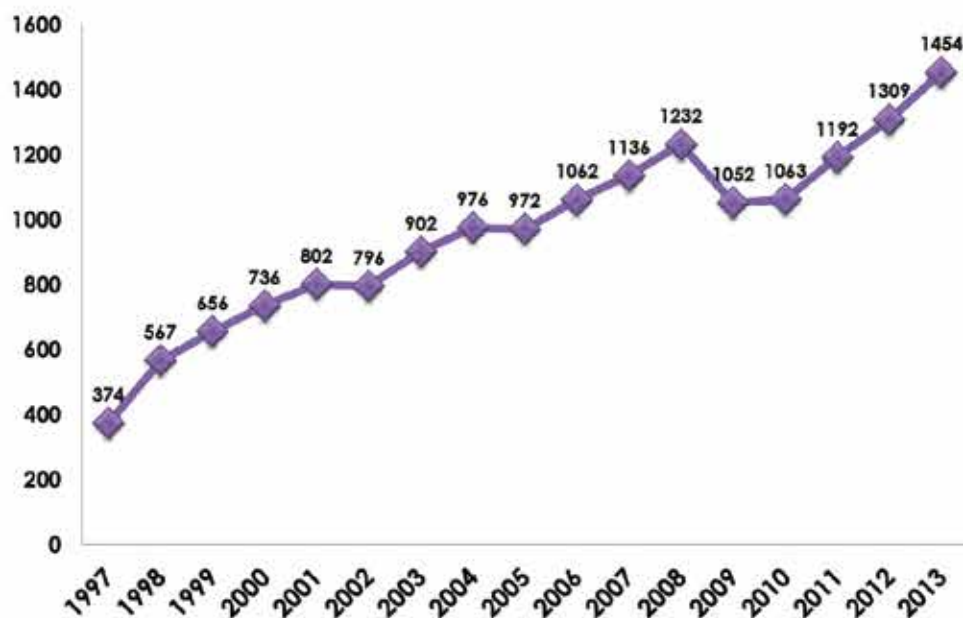
**Andromeda C. Legaspi**  
Triage Officer

#### OTHER SERVICES:

- Library services
- Publication
- Research



# THROUGH THE YEARS



Since its establishment in 1997, PGH-CPU provides child protection services to an increasing number of cases.

There was an **11% increase** in the number of cases served in 2013 alone; and a **four-fold increase** in the past 16 years.



The Child Protection Network team



The PGH-CPU multidisciplinary team





# HOME VISIT



The PGH-CPU social workers conduct home visits to assess risk in the home. This is to ensure that the child and her siblings remain safe at home. The family needs assessment is also part of the home visitation.





# FAMILY THERAPY

Family therapy sessions are provided to selected families that are experiencing difficulties in handling family issues. This type of therapy helps family members or individuals understand and improve the way they interact with each other and resolve conflicts. It is part of family strengthening to further protect and care for the children.

Prominent issues dealt with during the sessions include family conflicts, difficulty handling children's misbehaviors, and marital problems. Most families who have undergone therapy sessions claimed that they were not used to discussing issues with one another as a family. The sessions provided each member an opportunity to express feelings and concerns towards other family members. It also taught them how to resolve problems in a peaceful manner.







# EDUCATIONAL ASSISTANCE

*Atty. Gizela Gonzales*, through the PGH-CPU, has been helping children go to school since 2006. Selected children who are studying in public elementary or high school are given school supplies, school uniforms, and monthly transportation allowance. Other selected students enrolled in college or vocational courses are also provided with the same assistance with an additional allowance for projects and other miscellaneous expenses.



## SUMMARY OF RECIPIENTS OF EDUCATIONAL ASSISTANCE FROM SCHOOL YEAR (S.Y.) 2006-2007 TO S.Y. 2013-2014

SCHOOL YEAR	# OF RECIPIENTS	GENDER		EDUCATIONAL LEVEL		
		Female	Male	Elementary	High School	College/ Vocational
2006-2007	18	17	1	13	5	0
2007-2008	18	17	1	13	5	0
2008-2009	9	8	1	4	5	0
2009-2010	16	14	2	3	11	2
2010-2011	17	16	1	3	9	5
2011-2012	17	14	3	3	9	5
2012-2013	16	12	4	6	8	2
2013-2014	21	17	4	5	15	1

## CRITERIA IN SELECTING RECIPIENTS OF EDUCATIONAL ASSISTANCE

1. The child has been evaluated at the CPU-PGH for an alleged abuse and resides within the NCR;
2. The child is currently enrolled in school and desires to continue his/her studies but his/her parents are not financially capable of supporting his/her studies; and
3. The parents or guardians must express their willingness to attend and participate in the required or designed intervention plan to help the child cope with the trauma of abuse.

## A MESSAGE FROM A RECIPIENT OF THE EDUCATIONAL ASSISTANCE

July 12, 2014

Dear CPU -PGH,

I am writing to thank you for your generous financial support towards my higher education.

I started being part of this program when I was in high school way back 2005-2006, wherein I studied at Araullo High School. Then I went to college at Universidad De Manila and graduated with a degree of Bachelor of Secondary Education major in Biological Science last April 2013.

Your financial generosity has allowed me to reach my goal. Now I am currently teaching in a catholic school. Practicing my profession and inspiring my students. Last January 2014 took up my Licensure Examinations for Teachers (LET) and luckily I passed the exam. I got my license last March same year.

It wouldn't be all possible without the help of God, my parents and especially my CPU family. With all means of support like my school supplies, uniform, shoes, bag and allowance, everything was said to be well provided. That is why I'd like to extend my deepest gratitude to CPU -PGH for making it possible. Thanks to all the sponsors who generously help us and make us feel that we are not depriving of education. I will never forget that I became once a part of this and I will always be thankful to God.

I am hoping that God will continue to bless you all. And I hope I will also be able to help other children to achieve their dream just as you have helped me.

Sincerely,

CCG



Atty. Gizela Gonzales





# KIDS COURT

To enable children to prepare for their court testimony; assist family members on their roles in supporting the child-witness; address court trial-related concerns; and help children gain control over their pre-, actual-, and post-court experience.

This is a once-a-month whole-day activity where children are given an opportunity to learn their rights before going to court so that they know and understand what they need to do while they are on the witness stand and what to expect after they have given their testimony in court. The children get to visit an actual courtroom and meet court personnel, including the presiding judge of a certain family court in Manila.





# PARENTING CLASS

PGH-CPU recognizes that the lack of parenting skills is an important risk factor in all cases of child maltreatment. Hence, PGH-CPU conducts parenting classes for parents of child abuse survivors. The six-session basic parenting class has been conducted for more than a decade now.

Those who underwent parenting classes were able to develop and practice age-appropriate positive discipline techniques; promote positive interaction with their children; enhance their capability to prevent abuse; and foster the optimal development of their children and of themselves.







**CRIME SCENE INVESTIGATION • CRIM**  
**CRIME SCENE**



Women and Child Protection Desk (WCPD) police trainees conduct a crime scene investigation (CSI) on simulated cases of child abuse as part of the practicum on *Certificate on Women and Child Protection Specialty Training* at UP Manila-PGH-CPU under the supervision of SPO3 Evangeline Villano and SPO1 Marsha Agustin.



The UP-PGH Women's Desk was established in 1998 to address the need for gender-responsive management of cases of abused women seen at the hospital. It is committed not only in delivering services to its women survivors of violence, but also in advocating for gender sensitivity and women's rights.

Since its inception, It has received over 6,000 consults from women who suffered sexual assault, intimate partner violence, and human trafficking. The Women's Desk uses a multidisciplinary approach in assisting their clients. It provides counseling, facilitates medical management, and makes the necessary referral to appropriate clinical departments, other government agencies and/or Non-Government Organizations (NGOs) for services the clients may need. Physicians attending court trials are assisted in preparing for their testimony by retrieving necessary documents, performing case review and orienting them on the procedures in court.

Aside from direct patient care, the Women's Desk is active in advocacy work. It provides orientation on Gender Sensitivity and Violence Against Women to healthcare providers and non-medical staff in the hospital. It works in partnership with government agencies and NGOs in their advocacy work and reaches out to small communities, school, courts, and other hospitals. It is currently working closely with the Child Protection Unit in the conduct of its Multidisciplinary specialists' training in the establishment of Women and Children Protection Units in various provinces in the country.

The UP-PGH Women's Desk has earned recognition for its work, among which is the 2006 Gawad Pag-Asa Award given by the Civil Service Commission.

# WOMEN'S DESK



## *Self care*

refers to an understanding of one's personal response to stress as well as coming up with active solutions to enable one's self to recover from stress and to remain physically, mentally and emotionally healthy. Good self care skills are essential to avert adverse outcomes of vicarious trauma and stress to frontline workers.







Art Therapy and Team Building  
Shimbela, Cavite || February 12-13, 2010



Planning and Team Building  
Calatagan, Batangas || February 4-5, 2011



Team Building  
Las Casas Filipinas de Acuzar, Bagac, Bataan || January 26-27, 2012



Planning and Team Building  
Clearwater Resort, Clark, Pampanga || February 21-22, 2013



# AKO PARA SA BATA

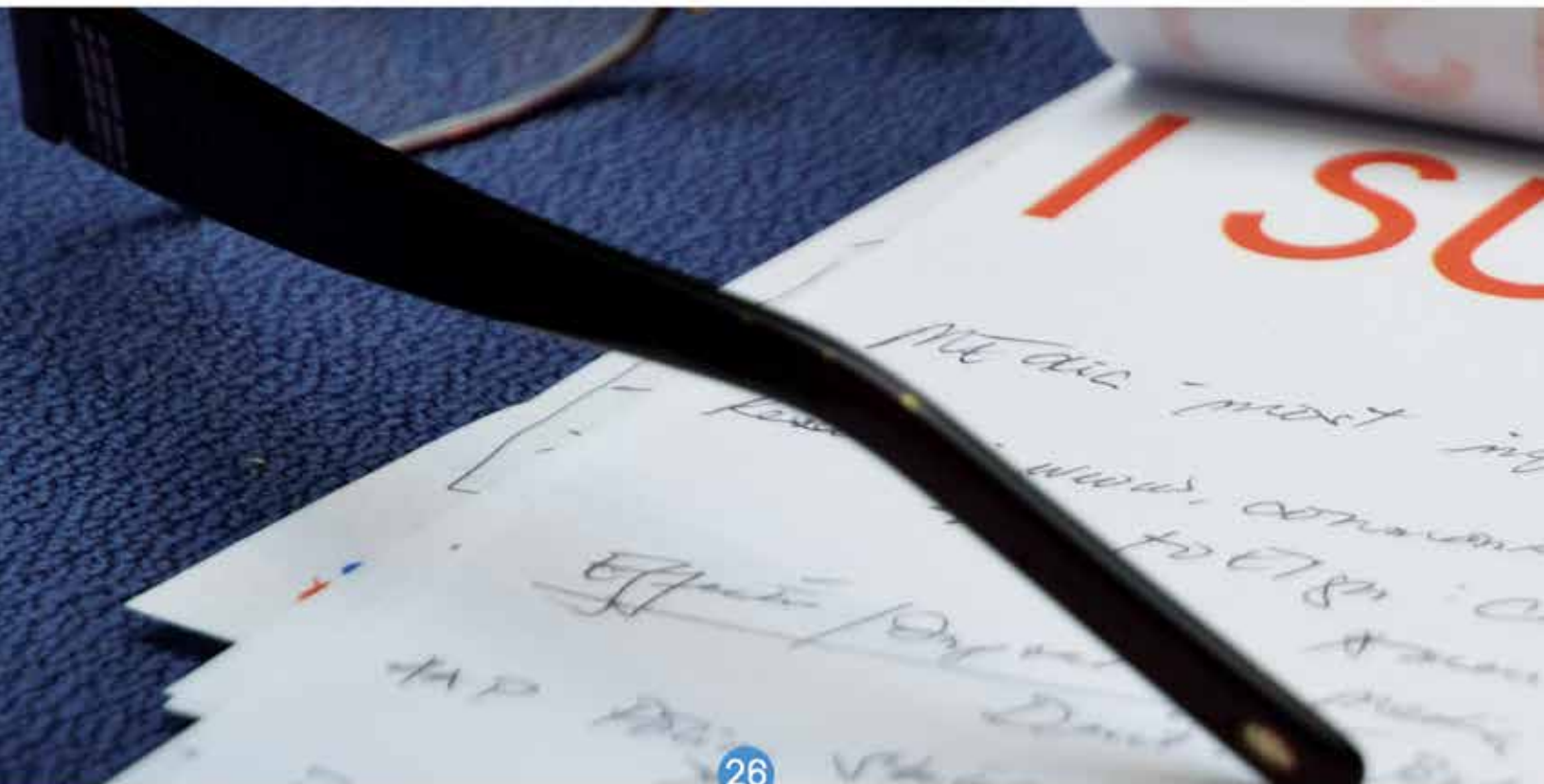
## The Manila Conference



THEME:

RESPONDING TO INTERPERSONAL VIOLENCE,  
SEXUAL ASSAULT AND EXPLOITATION

A nationwide pledge to rise and continue the fight against abuse of women and children was made by more than 600 hundred academicians, guidance counselors, social workers, medical practitioners, and law enforcers during the 5<sup>TH</sup> AKO PARA SA BATA (APSB) MANILA CONFERENCE held on December 2-3, 2013 at the SMX Convention Center, Mall of Asia Complex, Pasay City.





Interpersonal violence remains a largely hidden problem that few countries, communities or families openly confront. With the theme "All R.I.S.E.: Responding to Interpersonal Violence, Sexual Assault and Exploitation", the APSB speakers discussed the impact of interpersonal violence, sexual assault and exploitation at every stage of the family life cycle and the intervention strategies to deal with the different levels of interpersonal violence and exploitation.

The inspirational speech of Mr. Boy Abunda, multi-awarded broadcast journalist and founder and chairman of Make Your Nanay Proud, received the highest rating from the delegates. Mr. Abunda narrated his first public performance and how he strived to be better at his craft. He also shared his struggles growing up and his journey on becoming socially accepted.

The United Nations Population Fund (UNFPA) was awarded as Child Protection Network (CPN) Foundation's Most Valuable Partner for 2013. CPN acknowledged the support given by UNFPA to establish four (4) Women and Child Protection Units and form 54 multidisciplinary teams which directly improved the lives of women and children in underserved areas.

Energen Go-Fruit is the co-presenter of APSB 2013. Other sponsors include UNICEF, Council for the Welfare of Children, Godiva, Kopiko, Biokos, PAC, Lenovo, UNFPA, Consuelo Foundation, SM Mall of Asia (MOA), United Laboratories Inc., Pediatrica, World Vision, Armvet Printing Company, Decisive Moments, Embu Integrated and Trading Corporation, MarkSign Corporation, San Miguel Corporation, S Point products Inc., Pepsi, and Waters Philippines.

## MVP AWARDEES

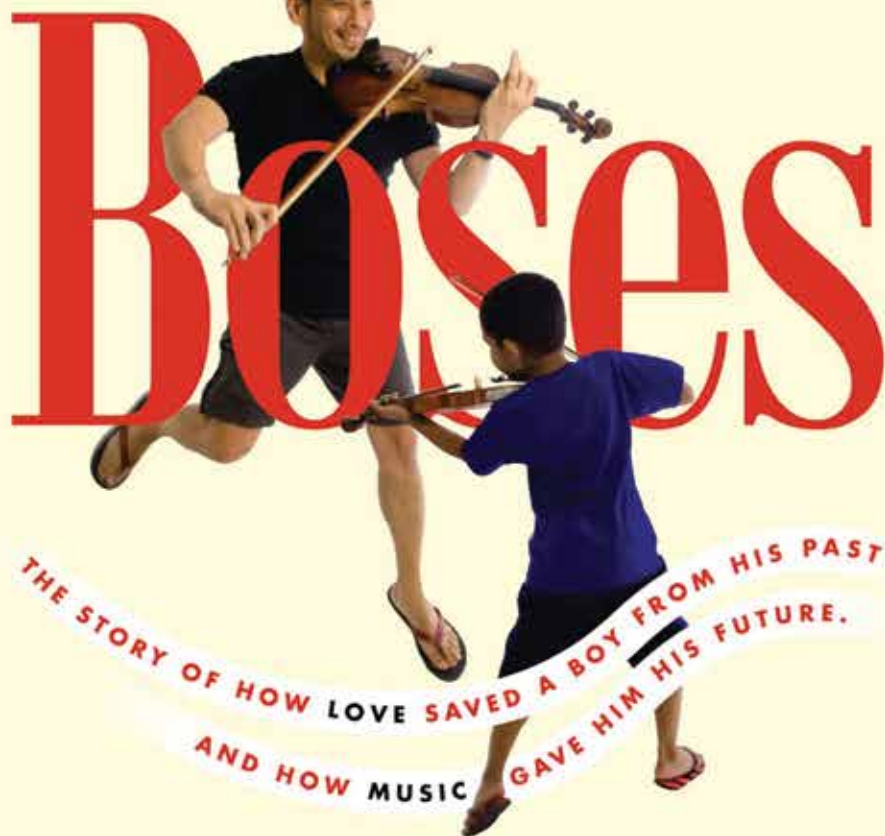
<b>2005</b>	The British Embassy	<b>2010</b>	Consuelo Foundation
<b>2006</b>	UNICEF Manila	<b>2011</b>	Philippine National Police
<b>2007</b>	Plan Philippines	<b>2012</b>	World Health Organization
<b>2008</b>	Philippine Judicial Academy	<b>2013</b>	<b>UNITED NATIONS POPULATION FUND</b>





# CHILD PROTECTION NETWORK

Cherry Pie  
**PICACHE**      Ricky  
**DAVAO**      Meryll  
**SORIANO**



INTRODUCING **Coke Bolipata** AND **Julian Duque**

Directed by **Ellen Ongkeko-Marfil**

An Indie Film Production in cooperation with: UNICEF - Casa Sin Miedo, Department of Social Welfare and Development, Council for the Welfare of Children, National Commission on Culture and the Arts, Film Development Council of the Philippines

Consultant for Screenwriting: **ARMANDO LAD**, Consultant for Child Psychology: **REACHY FERNANDO**, Sound Supervisor: **ALLAN MARCELO VILADO**, Editor and Sound Design: **ORLEAN TAY**, Camera: **JOHN SAN**, Production Design: **BIANCA GONZALES**, Musical Score: **JOSEPH O. PETAVER**, Musical Director: **COLE BOLIVADA**, Director of Photography: **MAN MARI**, Co-Director and Technical Supervisor: **WED ALTO-RAZ**, Supervising Producer: **CYNTHIA NAZ**, Executive Producers: **MARTIN P. MARTE** & **ELLEN ONGKEKO-MARFIL**, Screenplay: **TRICIAN MEDINA** and **ROD VERA**, Director: **ELLEN ONGKEKO-MARFIL**

Based on Theater Workshop's *Trig to Dile*, 2nd prize winner of the Cinemalaya 2007 Independent competition

[facebook.com/BosesTheMovie](https://facebook.com/BosesTheMovie)

## Boses

Helping abused children does not only mean addressing the medical and psychological effects of child abuse. The work requires keeping them healthy, safe, and in school. Some of these children, however, do not have the resources to enable them to attend public school. Thus, CPN sponsored the screening of the film *Boses* on August 2, 2013 at the Premier Cinema, SM Mall of Asia to provide educational scholarship to indigent abused children treated at the UP Manila-PGH-CPU.

The indie film tackled the story of a child musical prodigy who was so severely maltreated he became mute. It is the discovery of the boy's talent in playing the violin by a similarly broken man that both boy and man triumph over adversity.





# BENEFIT



## *Energen Family Fun Run*

**"Let us run together and uphold child protection."**

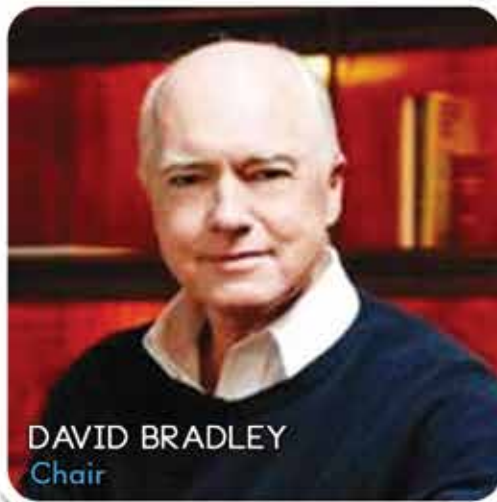
From professional runners to "weekend warriors," all actively participated in the Energen Family Fun Run held on October 29, 2013 at Bonifacio Global City. The CPN family, composed of doctors, social workers, police, lawyer, and administrative staff, participated and supported the event. Inbisco Philippines, the main organizer of the event, selected CPN as one of the beneficiaries of the fun run.

Energen is exclusively distributed in the Philippines by TriDharma Marketing Corporation. TriDharma has always been supportive of CPN's work against child abuse.





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- Dr. Mutya San Agustin
- Dr. Mario Festin



## STATEMENTS OF ASSETS, LIABILITIES AND FUND BALANCE

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012 (IN PHILIPPINE PESO)

	NOTES	2013	2012
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash	7	22,553,149	20,969,023
Prepayments and other current assets	8	2,510,372	719,751
		<b>25,063,521</b>	<b>21,688,774</b>
<b>Non-current Assets</b>			
Property and Equipment - net	9	767,740	21,760
Intangible assets - net	10	40,500	54,000
		<b>808,240</b>	<b>75,760</b>
<b>TOTAL ASSETS</b>		<b>25,871,761</b>	<b>21,764,534</b>
<b>LIABILITIES AND FUND BALANCE</b>			
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Trade and other payables	11	573,727	777,885
Loans payable	12	197,304	-
		<b>771,031</b>	<b>777,885</b>
<b>Non-current Liabilities</b>			
Deferred revenue	13	-	500,000
Loans payable - net of current portion	14	282,559	-
		<b>282,559</b>	<b>500,000</b>
<b>TOTAL LIABILITIES</b>		<b>1,053,590</b>	<b>1,277,885</b>
<b>FUND BALANCE</b>		<b>24,818,171</b>	<b>20,486,649</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>		<b>25,871,761</b>	<b>21,764,534</b>

## STATEMENTS OF INCOME AND FUND BALANCE

	NOTES	2013	2012
<b>INCOME</b>			
Donations	15	14,572,880	17,643,327
Fund raising	16	8,633,338	100,000
Other income	17	1,533,434	1,212,354
		<b>24,739,652</b>	<b>18,955,681</b>
<b>EXPENSES</b>			
Program expenses	18	18,010,411	17,797,624
Administrative expenses	19	2,397,719	2,036,061
		<b>20,408,130</b>	<b>19,833,685</b>
<b>EXCESS (DEFICIENCY) OF INCOME OVER EXPENSES</b>		<b>4,331,522</b>	<b>(878,004)</b>
<b>FUND BALANCE AT BEGINNING OF YEAR</b>		<b>20,486,649</b>	<b>21,364,653</b>
<b>FUND BALANCE AT END OF YEAR</b>		<b>24,818,171</b>	<b>20,486,649</b>

# LIST OF *Donors*

AS OF DECEMBER 31, 2013

Child Protection Network recognizes and appreciates the following individuals and institutions for their generosity.

## *Thank you*

for helping us fulfill our mission.

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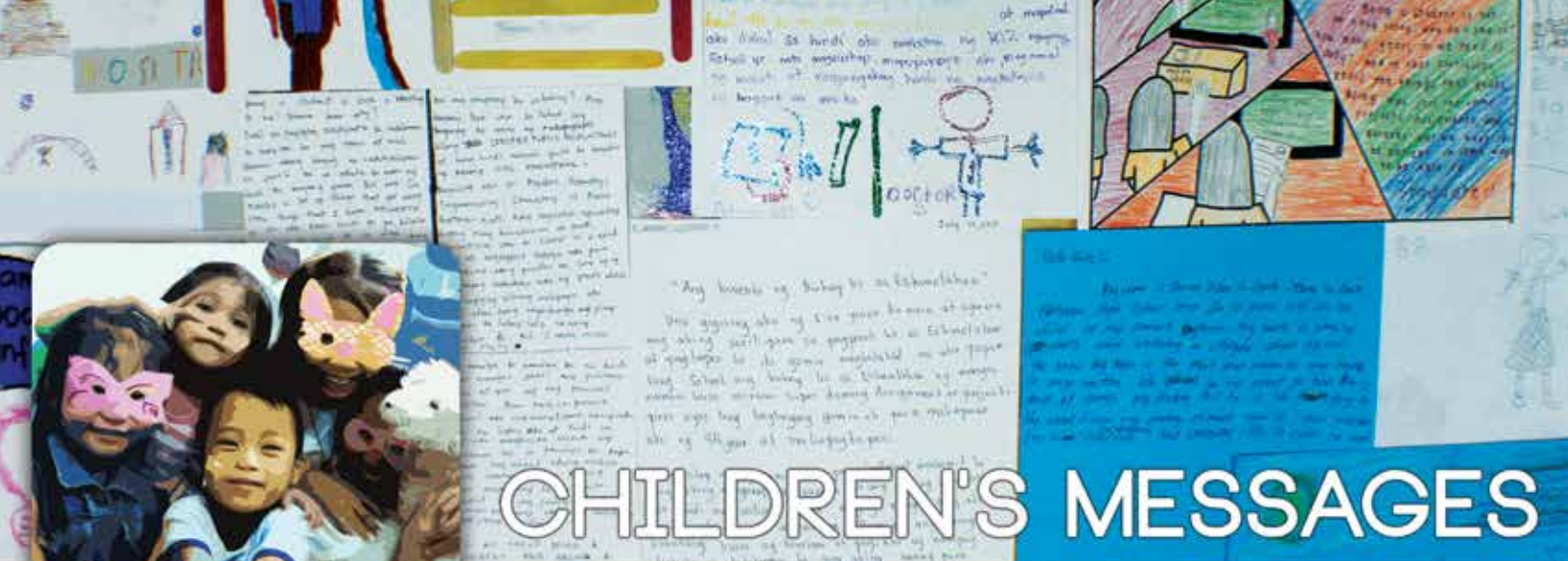
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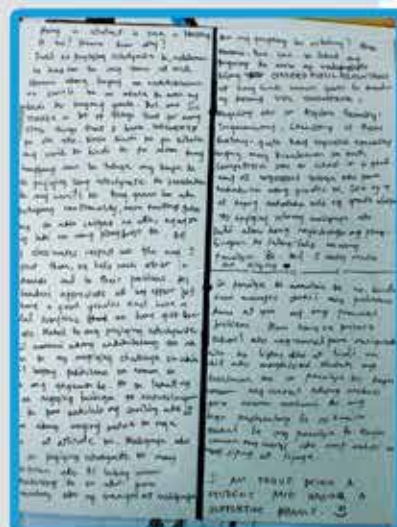
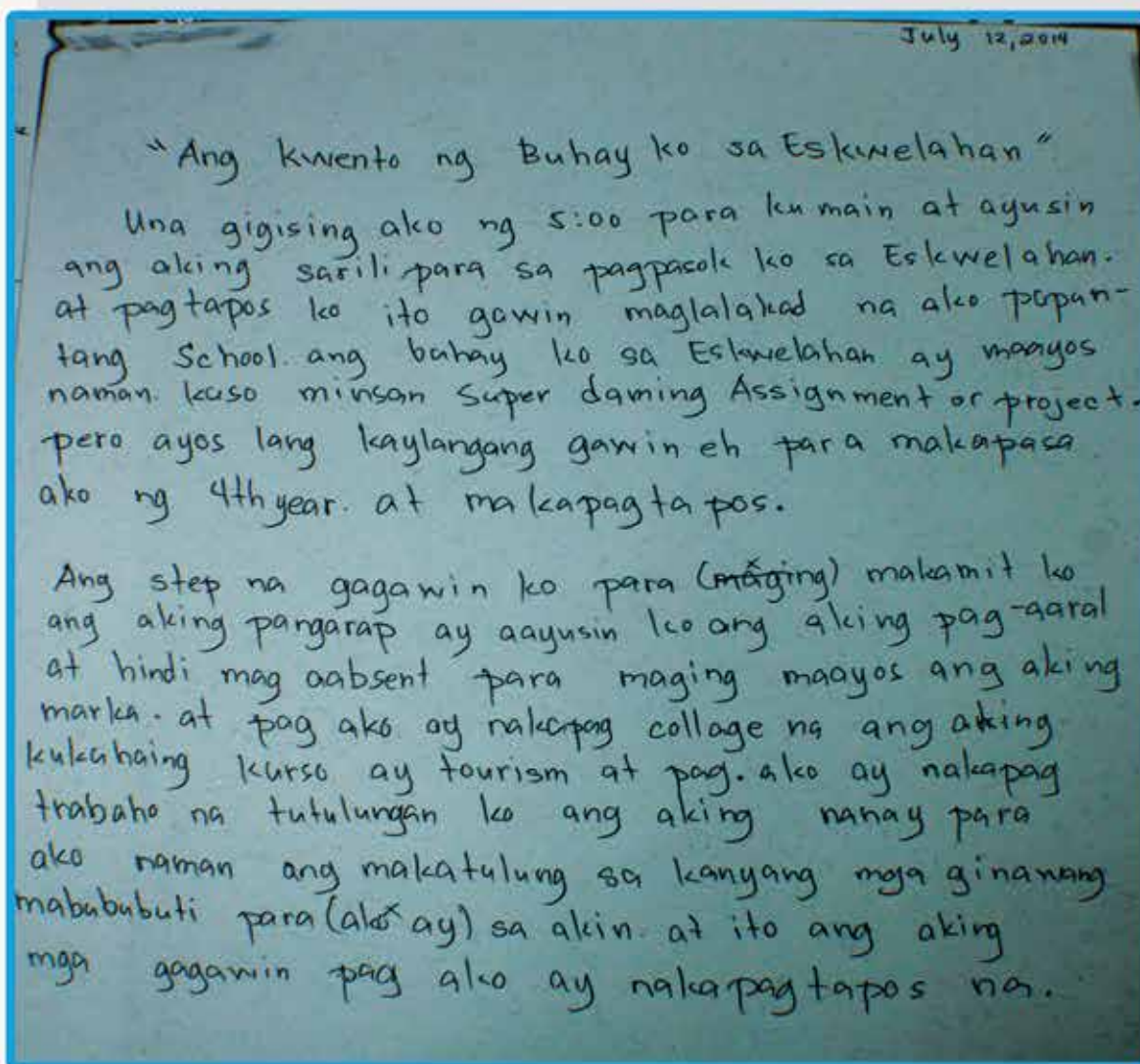
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**Our heartfelt  
gratitude to those  
who helped us but  
would like to  
remain  
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May the universe  
abundantly reward  
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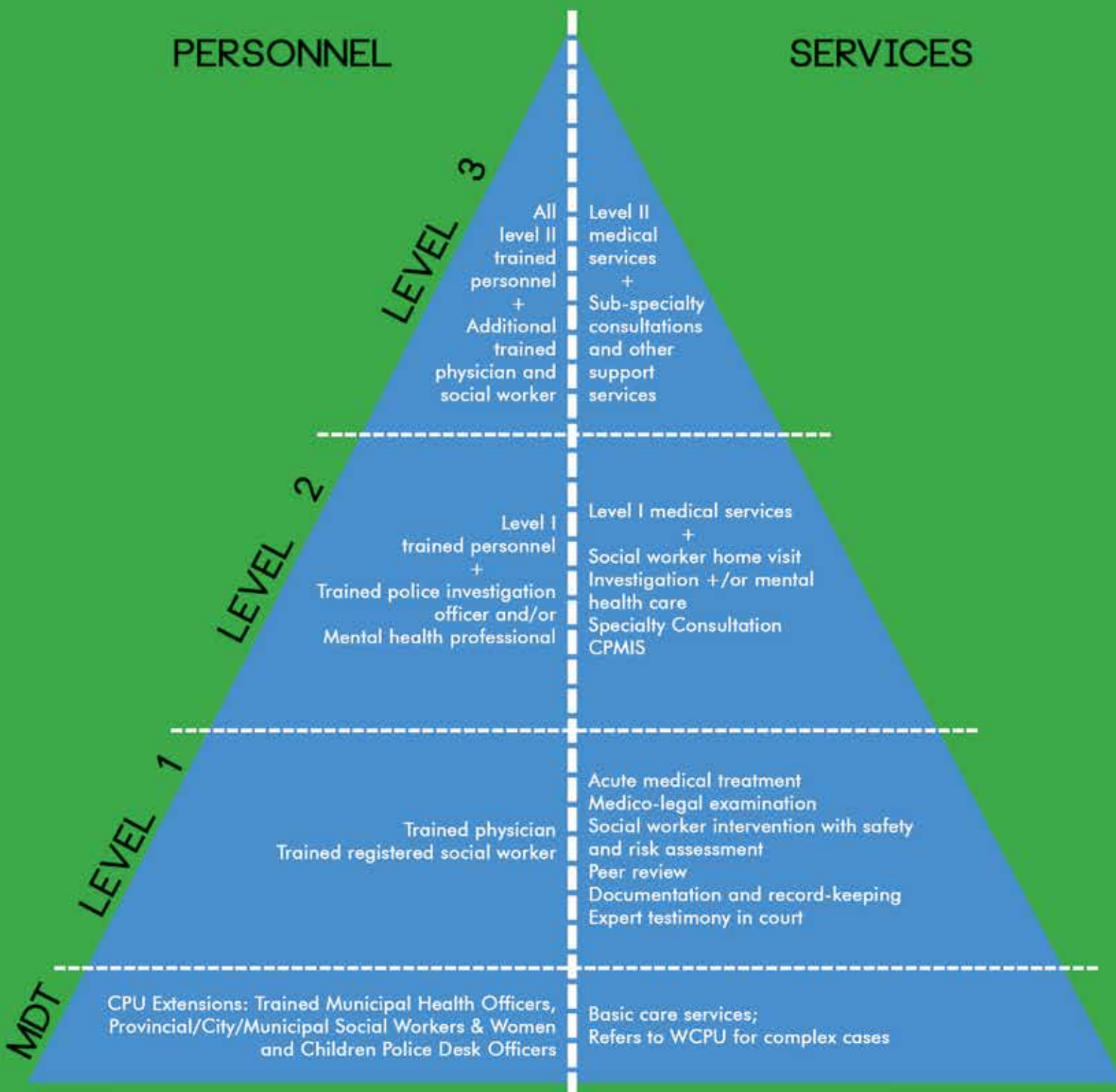


# LEVELS OF WOMEN AND CHILD PROTECTION UNITS (WCPUs)

Administrative Order No. 2013-0011

Revised Policy on the Establishment of Women and Child Protection Units in all Government Hospitals

[www.doh.gov.ph/content/women-and-children-protection-program](http://www.doh.gov.ph/content/women-and-children-protection-program)







Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

MAR 11 2013

**ADMINISTRATIVE ORDER**  
No. 2013 - DOH

**SUBJECT: Revised Policy on the Establishment of Women and Their Children Protection Units in All Government Hospitals**

**A. RATIONALE**

The Aquino Health Agenda (AHA): Achieving Universal Health Care for All Filipinos embodied in Administrative Order No. 2010-0036, dated December 16, 2010 states that poor Filipino families "have yet to experience equity and access to critical health services." A.O. 2010-0036 further recognizes that the public hospitals and health facilities have suffered neglect due to the inadequacy of health budgets in terms of support for upgrading to expand capacity and improve quality of services.

AHA also states "the poorest of the population are the main users of government health facilities. This means that the deterioration and poor quality of many government health facilities is particularly disadvantageous to the poor who needs the services the most."

In 1997, Administrative Order 1-B or the "Establishment of a Women and Children Protection Unit in All Department of Health (DOH) Hospitals" was promulgated in response to the increasing number of women and children who consult due to violence, rape, incest, and other related cases.

For the past years, there have been attempts to increase the number of WCPUs especially in DOH-retained hospitals but they have been unsuccessful for many reasons.

The experiences of these 38 women and children protection units (WCPUs) reflect that: over the last 7 years from 2004 to 2010, all these WCPUs handled an average of 6,224 new cases with a mean increase of 156 percent. The 2010 statistics presented a record high of 12,787 new cases and an average of 79.86 percent increase from 2009. More than 59 percent were cases of sexual abuse; more than 37 percent were physical abuse and the rest on neglect, combined sexual and physical abuse and minor perpetrators. More than 50 percent of these new cases were obtained from WCPUs based in highly urbanized areas across the country.

Figures show there is a need to continue to raise awareness on domestic violence to have more accurate recording and reporting;

- The source of budget cited in A.O. 1-B is subjected to multiple interpretations and is dependent on the priorities of the local chief executive and/or the healthcare facility management;

- Doctors and social workers hesitate to take on the task due to heavy workload of child protection work, lack of training and feelings of inadequacy, considering the nature of work, which among others requires responding to subpoenas and appearing in court;

This Administrative Order supports the Government Health Sector Reform Agenda, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women, the Beijing Platform for Action, the Child Protection Law, the Anti-Violence against Women and Their Children's Act of 2004, the Anti-Rape Act of 1998, the Rape Victim Assistance and Protection Act of 1998, and the Magna Carta of Women of 2009.

## **B. OBJECTIVE**

This Order aims to institutionalize and standardize the quality of health service delivery in all women and children protection units in support of the strategic thrust to achieve Universal Health Care as described in the Kalusugan Pangkalahatan Execution Plan.

## **C. SCOPE AND APPLICATION**

This Administrative Order shall apply to the entire health sector, including the DOH health care facilities, LGU-supported health facilities, private health care facilities, other DOH attached agencies, development partners and other relevant stakeholders involved in its implementation.

## **D. DEFINITION OF TERMS AND OTHER RELEVANT LAWS:**

1. **Children** – refer to persons below 18 years old or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of physical or mental disability.
2. **Violence Against Children** – refers to all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. (Definitions in Republic Act 7610, 9208, and 9775 and other relevant laws)
3. **Violence Against Women** – refers to any act of gender-based violence that results in, or is likely to result in physical, sexual, psychological harm or suffering to women, including threats of such acts, coercion, harassment or arbitrary deprivation of liberty, whether occurring in public or private life. It includes, but is not limited to, the following acts:
  - 3.1. Physical, sexual, psychological, and economic violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation;



- 3.2. Physical, sexual, psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment, and intimidation at work, in educational institutions and elsewhere, trafficking in women, and prostitution; and
- 3.3. Physical, sexual, and psychological violence perpetrated or condoned by the State, whenever it occurs. It also includes violence against women as defined in Republic Acts 9208 and 9262 and other relevant laws.
4. **Women and Children Protection Unit (WCPU)** - a unit composed of a multidisciplinary team of trained physicians, social workers, mental health professionals and police providing comprehensive medical and psychosocial services to women and children victims of violence.
5. **CPMIS** - Child Protection Management Information System that assures retrieval and management of reports; research and data capture of the WCPU.
6. **Peer Review** - is a process of examination of professional or academic efficiency, and competence by others in the same occupation. In cases of child abuse, the peer review would be the process whereby child protection specialists would examine forensic evidence in order to analyze findings of the physician-examiner in the absence of examiner and reviewer bias.
7. **Standard Protocol** - A protocol is a legally binding or otherwise authoritative document that provides directions for the actions of a group or groups as benchmark of performance.
8. **Gender Sensitivity** - The ability to recognize gender issues and especially the ability to recognize women's different perceptions and interests arising from their varying gender orientation and gender roles.
9. **4Rs** - refers to the processes of Recognition, Recording, Reporting and Referral of Violence Against Women and Child Abuse Cases;

## **E. DECLARATION OF PRINCIPLES AND POLICIES**

The DOH shall contribute to the realization of the country's goal of eliminating all forms of gender-based violence and promoting social justice based on the following:

1. Identification and treatment of violence against women and children are anchored on respect for and recognition of the rights of women and children as mandated by the Philippine Constitution, the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, and the Beijing Platform for Action.
2. All actions concerning victims of abuse, neglect, and maltreatment shall be taken in full account of the children's best interests. All decisions regarding children shall be

based upon the needs of individual children, taking into account their development and evolving capacities so that their welfare is of paramount importance. This necessitates careful consideration of the children's physical, emotional/psychological, developmental and spiritual needs. Adequate care shall be provided by multidisciplinary child protection teams when the parents and/or guardians fail to do so. In cases where there is doubt or conflict, the principle of the best interest of the child shall prevail.

3. Care should be focused on the whole person addressing the bio-medical, psycho-social, and legal concerns.
4. Holistic and appropriate health care delivered shall be coupled with respect for cultural, religious, developmental (including special needs), gender and sexual orientation, and socioeconomic diversity. All women and children victims of violence shall have a right to receive medical treatment, care, and psycho-social interventions.

#### **F. GENERAL GUIDELINES**

1. Policies and guidelines shall be developed in accordance with recent data gathered through prevalence surveys, efficacy studies, and other research done locally and internationally. Recommendations from international organizations may also be utilized when appropriate.
2. Recognition, reporting, and care management of cases involving violence against women and children shall be through medical and psycho-social teamwork including the mental health intervention and local government unit response and cooperation, whenever necessary.
3. Every province/chartered city shall establish at least one Women and Children Protection Unit;
4. All health facilities shall ensure to have competent and trained gender-responsive professionals who will coordinate the services needed by women and children who were victims of violence;
5. The quality of health care services shall be standardized and maintained by all women and children protection units;
6. A mechanism shall be created and a harmonized database be maintained for all reports submitted by the different women and children protection units.
7. Public-Private Partnership shall be enhanced by establishing a service delivery network within their area to ensure sustainability of WCPU human resource.

#### **G. IMPLEMENTING GUIDELINES**

##### **1. Steering Committee on Women and Children Protection (SCWCP)**

The Steering Committee on Women and Children Protection, hereinafter referred to as the "Committee," shall be created primarily responsible for policymaking, coordinating, monitoring, and overseeing the implementation of this Order.



### **1.1. SCWCP Membership, Structure and Functions**

The Committee shall be composed of the following:

- Undersecretary of Health or representative as chairperson of SCWCP
- Undersecretary of the Department of the Interior and Local Government or representative,
- Undersecretary of the Department of Social Welfare and Development or representative,
- A director of the Department of Health - NCDPC,
- A director of a DOH - retained hospital,
- A director of DOH - Legal Service
- Executive Director of the Philippine Commission for Women
- Executive Director of the Child Protection Network Foundation,
- One representative each from the Philippine Obstetrics and Gynecological Society, Inc., the Philippine Pediatric Society, the Philippine College of Emergency Medicine, the Philippine College of Surgeons, the Philippine Academy of Family Physicians, Inc., and the Philippine Psychiatric Association.

The Chairperson shall appoint a Vice-Chair from among the Committee members who shall preside over the meeting in the former's absence.

### **1.2. Functions:** The Committee shall have the following functions:

- a. Provide overall leadership, policy and program directions;
- b. Monitor the progress of the program with the assistance of NCHFD and CHDs using the Performance Standards and Assessment Tools for Services Addressing Violence Against Women in the Philippines. (This can also be downloaded from the website of the Philippine Commission on Women [pcw.gov.ph](http://pcw.gov.ph));
- c. Provide assistance in the security/protection of WCPU staff from perpetrators;
- d. Ensure that networking and inter-organizational linkages are available at the national, regional and local levels;
- e. Resolve issues, concerns and/or problems, make recommendations and decisions that may affect the execution of the project in terms of strategic direction, significant change of scope, timing, resource, and cost requirements.
- f. Nominate the members of the Technical Working Group (TWG);
- g. Draft / review / comment and recommend approval of Resolutions / Circulars / Memoranda and Administrative Orders on VAWC.
- h. Sustain Public-Private Partnership to assist in the sustainability of WCPU human resource;
- i. Submit to the Office of the Secretary of Health its annual report on policies, plans, programs, accomplishment and statistical reports and narrative description of activities on or before the last working day of February of every year.

- j. The Committee shall meet regularly at least once every quarter. The venue shall be agreed upon by the members. Special meetings may be requested by the Chairperson or any Committee member, as the need arises.

**1.3. Term:** The Committee members shall hold office for three (3) years and may be reappointed or until their successors shall have been appointed and duly qualified.

The Committee members shall designate the Director III of the NCDPC-FHO as the Chairperson of the Technical Working Group (TWG), as well as the members of the TWG representing the NGO, specialty organizations, faith based, and community based organization. The selected staff from the Family Health Office will act as the secretariat as may be necessary to discuss and address particular concerns to ensure functionality of WCPUs.

## **2. Technical Working Group (TWG): Functions**

- a) Identify/Map out health care facilities that need to establish WCPU using demographic and population ratio criteria;
- b) Formulate standard protocols and procedures for multidisciplinary care for women and children victims of abuse and violence;
- c) Set the criteria and procedures on certification standards of women and children protection units;
- d) Set minimum competency requirements for training programs that are gender-responsive which include but shall not be limited to Certification for Women and Child Protection Specialty Training Program;
- e) Monitor and evaluate the efficiency, effectiveness and sustainability of the WCPUs;
- f) Recommend policy reforms and new guidelines anchored on evidence-based interventions and approaches; and
- g) Perform other functions as may be necessary for the implementation of the revised issuance

## **3. The Secretariat**

The selected staff from the Family Health Office shall act as the secretariat whose functions are the following:

- a) Provide administrative support to the Steering Committee and TWG in all activities related thereto;
- b) Facilitate and organize meetings, workshops, symposiums, for a and other activities as instructed by the Steering Committee and/or TWG;
- c) Prepare minutes of the meeting and other required documentation;
- d) Ensure availability of logistics requirements during the conduct of the activities

The members of the Technical Working Group and the corresponding members of the secretariat previously appointed by the Steering Committee members shall hold permanent appointment for continuity purposes.



## **REQUIREMENTS FOR THE ESTABLISHMENT OF WOMEN AND CHILDREN PROTECTION UNITS**

- a) The Committee is mandated to ensure that all WCPUs and those that have yet to be established meet the criteria enumerated in the attached Manual of Operations.
- b) All WCPUs, depending on the number of their personnel, range of services rendered and annual budget, should meet the service requirements as enumerated in the Manual of Operations.

## **MINIMUM REQUIREMENTS FOR ALL HOSPITALS**

- a) Training – The Committee is mandated to ensure that all hospital personnel undergo training on the recognition, reporting, recording and referral (4R's) of cases of violence against women and children.
- b) Women's and Children's Protection Coordinator – Hospitals without a women and children protection unit must have a women and children's protection coordinator (WCPC) responsible for coordinating the management and referral of all violence against women and children cases in a hospital facility. The organizational structure is provided in ANNEX B

## **H. ROLES AND RESPONSIBILITIES**

### **1. National Center for Disease Prevention and Control (NCDPC) shall:**

- a) Manage, supervise and monitor the overall execution of the revised WCPU Policy;
- b) Provide overall policy direction and guidance;
- c) Monitor and evaluate the impact of WCPU in families and survivor of violence against women and their children;
- d) Conduct capacity building activities for Women and Child Protection;
- e) Monitor WCPU reports and analyze data for decision making

### **2. Health Human Resource Development Bureau shall:**

- a) Develop and implement plans and programs on the recruitment, selection, deployment, and utilization of health human resources for WCPU.
- b) Assist in the development of training programs, designs and manuals for various stakeholders of WCPU;
- c) Identify and coordinate with institutions that provide capability building on WCPU
- d) Institute career development based on training needs;
- e) Together with the steering committees, monitor standards on the health human resource of WCPU;

**3. National Epidemiology Center (NEC) shall:**

- a) Manage the development of the operational policies, practices, standards and protocols to ensure the effective and efficient implementation of Online National Electronic Injury Surveillance System (ONEISS);
- b) Develop an efficient and effective surveillance system for WCPU

**4. Information Management Service (IMS) shall:**

- a) Ensure that the system is updated and that all software-related problems are properly addressed;
- b) Conduct orientation and training on the ONEISS-VAWC System among the Information Technology staff of the hospital who will manage the ONEISS;
- c) Maintain ONEISS-VAWC records submitted to them

**5. Legal Service shall:**

- a) Render legal assistance and advice to the Secretary of Health and his support staff on matters, policies on VAWC;
- b) Prepare legal opinions on VAWC matters regarding provision of laws, circulars, rules and regulations as well as VAWC legal queries within the DOH;
- c) Perform legal counseling and advice regarding the enforcement, application of VAWC laws, rules and regulations;
- d) Answer all VAWC legal queries and communication referred to Legal Service regarding VAWC laws

**6. National Center for Health Promotion (NCHP) shall:**

- a) Translate the evidence based WCPUs research findings into key messages prototype IEC materials that are appropriate for specific population segments.
- b) Develop communication plan for the WCPU Events/campaigns

**7. National Center for Health Facility Development shall:**

- a) Set standards for the technical operation/management of WCPUs to include reporting mechanism;
- b) Provide implementation support for hospitals to comply with the service requirements of WCPU

**8. Bureau of Health Facilities and Services shall:**

- a) Integrate standards on WCPU service requirements of health facilities in licensing checklist;
- b) Set basic standards for WCPU service requirements for health facilities;
- c) Inspect WCPUs to establish compliance to the set standards.



**9. Centers for Health Development shall:**

- a) Ensure the adoption and implementation of this policy by LGUs in the different localities within their respective regions in public and private health care facilities;
- b) Certify health care facilities in the regions meeting the standard service requirements of WCPU through their Licensing Operations Unit;
- c) Provide technical assistance to leverage resources and monitor implementation of WCPUs in health facilities;
- d) Formulate and implement advocacy plans for local chief executives to generate stakeholders' support from relevant partners;
- e) Monitor the implementation of this revised policy and guide in both public and private hospitals, and in different localities in their respective regions.

**10. Local Government Units shall:**

- a) Conduct training and orientation on the 4Rs for medical and non-medical staff;
- b) Orient/train public and private health workers on the revised WCPU policy and manual of operations;
- c) Translate this Order into local ordinances/resolutions for its adoption;
- d) Provide budgetary allocation for an effective/efficient operations of WCPUs, particularly on the hiring of dedicated staff to manage the unit;
- e) Advocate with municipalities/cities and other concerned agencies and stakeholders to adopt and implement the revised policy and manual of operations of this AO;
- f) Generate and allocate logistics and human resources in support of WCPU provision of services for victims of violence (e.g., counterpart funds for training, procurement of supplies); and
- g) Maintain an accurate, complete and timely database on WCPU clients.

**11. Child Protection Network Foundation, Inc. & Women Protection Unit of UP-PGH (Women's Desk) shall:**

- a) Provide technical expertise and support for the establishment of WCPUs;
- b) Support the training of physicians and social workers in WCPUs as facilitators/resource persons;
- c) Converge efforts with the Council for the Welfare of Children, Philippine Commission on Women, and other organizations working on women and children health and gender concerns.

**12. Council for the Welfare of Children (CWC) and Philippine Commission on Women (PCW) shall:**

- a) Provide expertise and technical assistance on gender-responsive delivery of services to the WCPU service providers;
- b) Assist the DOH in monitoring the implementation of WCPU in coordination with the Steering Committee. Likewise, the Standard Performance Assessment Tools shall be used for this purpose.

**13. Philippine Health Insurance Corporation (PhilHealth) shall:**

- a) Develop PhilHealth Insurance benefit packaged for WCPU inpatient and outpatient services for the abused/survivors of violence in accredited hospital facilities in consideration to active and non-active members.

**I. FUNDING SUPPORT**

Hospitals shall include in their annual proposed budget the funds needed to support the annual operation and services of the Women and Children Protection Unit. The Gender and Development Funds of the hospital may be used for the purpose.

National and local government units shall use GAD funds for technical assistance, monitoring and advocacy campaigns, and other related activities to enhance the operation of Women and Children Protection Unit.

**J. REPEALING CLAUSE**

This Administrative Order repeals Administrative Order # 1-B s. 1997 and all other previous DOH issuances inconsistent thereto.

**K. SEPARABILITY CLAUSE**

In the event that any provision or part of this Administrative Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

**L. EFFECTIVITY**

This Order shall take effect immediately.



**ENRIQUE T. ONA, MD, FPCS, FACS**  
Secretary of Health





# MAJOR PARTNERS IN TRAINING

AS OF DECEMBER 31, 2013

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CHILD PROTECTION NETWORK FOUNDATION, INC.

Mezzanine, Tropicana Apartment Hotel

1630 Guerrero St., Malate, Manila, Philippines

Tel. Nos.: (632) 404-3954; 525-5555 loc. 7008

Email: [info@childprotectionnetwork.org](mailto:info@childprotectionnetwork.org)

Fax No.: (632) 404-3955

Website: [www.childprotectionnetwork.org](http://www.childprotectionnetwork.org)

Annual Report Team and Contributors

Bernie Madrid | Rai Clemente | Melissa David | Amy Avellano | Sandra Hernandez |  
Dolores Rubia | Annaliza Macababbad | Leizl Sombrio | Mel Ramboanga | Phoebe Emberga  
Cres Agustin | Marsha Agustin | Evangeline Villano | Fatima Concepcion | Yella Castillo

Photos by Rai Clemente || Cover Photo by Eric Hernandez

Layout by Almira E. Manduriao || Printed by Southern Voices

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