



ANNUAL REPORT 2018

Protecting the Child from the Many Faces of Abuse

www.childprotectionnetwork.org

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PROTECTING THE CHILD FROM THE MANY FACES OF ABUSE

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The background of the entire page is a light blue, textured surface. Scattered across this background are several yellow streamers and pieces of confetti. The streamers are long, thin, and curled in various shapes. The confetti consists of small, triangular and diamond-shaped pieces, some of which have patterns like stripes or checkers. The overall effect is festive and celebratory.

PROTECTING THE CHILD FROM THE MANY FACES OF ABUSE

ANNUAL REPORT 2018

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Dear members, colleagues, partners, and friends,

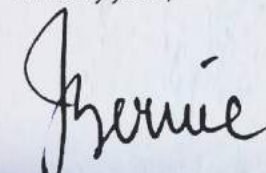
Our goal is to have at least one Child Protection Unit or Women and Children Protection Unit in every province in the Philippines. We are very near that goal with 106 Units in 55 provinces and 10 independent cities. The remaining provinces without a WCPU are mainly in Luzon and Mindanao. With the inclusion of Child Protection in the Pediatric residency training program and Women and Children Protection in the Obstetrics & Gynecology residency training program, there is also demand for training from private hospitals. We are pleased to announce that there are 3 new training centers: Baguio General Hospital and Medical Center in Luzon, Vicente Sotto Memorial Medical Center in the Visayas and Southern Philippines Medical Center in Mindanao. Our efforts will be doubled to reach all 81 provinces within the next 5 years. This is one of the major contributions of CPN to the Philippine Plan of Action to End Violence Against Children. The WCPU is a delivery system for multidisciplinary services that has a nationwide reach. It is the response system for all forms of abuse including victims of trafficking and online child sexual abuse and exploitation.

The number of women and children served by the WCPUs has increased sharply in the last 3 years. Last year, 10,444 children and 4,816 women were provided medical, psychosocial and legal services. Majority were sexual abuse cases and female victims. We know from the National Baseline Survey on Violence against Children (2015) that more boys are victims of abuse; we need to find out how we can increase the reporting and help-seeking behavior of boys.

At CPN, we value excellence. In recognition of our work in this field I was made the co-chair of the World Health Organization Guideline Development Group for the response to sexual abuse of children and adolescents and the Guideline Development Group on responding to child maltreatment. The former Guideline was launched in October 2017 and has been localized to the Philippine setting for use by the WCPUs. We have increased our research output in partnership with leading universities around the world such as University of Cambridge, Oxford University, Cape Town University, University of Edinburgh. This has resulted in better services and expansion of existing services. The WCPU delivery system is a pathway for scaling up evidence-based practices.

We congratulate the Council for the Welfare of Children, our most valuable partner awardee for 2018. CWC is the government agency that has the mandate in the coordination and monitoring of all laws, programs, policies and measures for children in the country. CWC has been a partner of CPN for more than a decade and this partnership enabled CPN to actively participate in the National Baseline Survey on Violence Against Children and in the formulation of the Philippine Plan of Action to End Violence against Children. We look forward to working together in the implementation of the national plan as CPN is involved in all 6 key result areas. There is still much work to be done but we are in a good position to succeed.

Sincerely yours,



Bernadette J. Madrid, MD



TIMELINE ACROSS 21 YEARS



1997

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



2002

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



2008

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



2009

Establishment of CPUs in Lahore and Peshawar, Pakistan.



2010

Expansion of the network to 38 CPUs in 25 provinces nationwide.



2011

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



2012

Expansion of the network to 62 WCPUs in 7 cities and 35 provinces in the Philippines in partnership with the DOH and various local government units.



2013

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



2014

Adoption of Trauma Informed Care (TIC) and Trauma Informed Psychosocial Processing (TIPP) in the Philippines.

Dissemination of the Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation.



2015

Establishment of the Child Abuse, Neglect and Exploitation (CANE) Study Group at the University of the Philippines Manila - National Institutes of Health.



2016

Integration of Women and Children Protection in the OB-GYN Residency Training Curriculum. Completion of the Safe Schools for Teens: Preventing Sexual Abuse of Poor Urban Teens Study.



2017

Integration of Children Protection in the Pediatric Residency Training Curriculum of the Philippine Pediatric Society



2018

Safe Schools proof of concept study showed that we can decrease sexual victimization and bullying thru mindfulness and thru linking schools to WCPUs.

VISION

All children in the Philippines and throughout Asia are protected from abuse and neglect.

MISSION

The Asian Center for Child Protection in collaboration with all Child Protection Units shall serve every abused child with compassion and competence ensuring that all abused children and children at-risk are safe, healthy, and developing to the best of their potential within a nurturing family environment.



FIVE PILLARS OF THE FOUNDATION'S WORK



MEDICAL AND PSYCHOSOCIAL CARE

- 📋 Diagnosis
- 📋 Medical Care
- 📋 STI Treatment
- 📋 Mental Health Treatment
- 📋 Case Management
- 📋 Location of Safe Circumstances
- 📋 Long-Term Monitoring

CHILD SAFETY AND LEGAL PROTECTION

- 📋 Forensic Examination and Interview
- 📋 Mental Health Treatment for Parents and Children with Behavioral Problems
- 📋 Legal Counseling
- 📋 Expert Testimony
- 📋 Social Work Services
- 📋 Parenting Sessions
- 📋 Kids Court

UP PGH – CPU
23,423 children treated

NATIONAL CENTER FOR EDUCATION

- 📋 Multidisciplinary Team Training on Women and Children Protection
- 📋 Women and Children Protection Specialty Training for physicians, social workers, and police officers
- 📋 Competency Enhancement Training for Judges and Court Personnel Handling Cases Involving Children
- 📋 Revised Specialized Course on the Investigation of Crimes Involving Women and Children for PNP-WCPD Police Officers
- 📋 Enhanced Training on Handling Violence Against Women and Children for physicians, social workers, police officers, mental health professionals, nurses, and allied health professionals
- 📋 4Rs (Recognizing, Recording, Reporting, and Referring) Training on Child Protection for Teachers
- 📋 Trainings on the Protocol for the Case Management of Child Victims of Abuse, Neglect, and Exploitation for Child Protection Stakeholders
- 📋 Certificate Course on Trauma-Informed Care
- 📋 Training Leading to a Certificate Course on Trauma-Informed Psychosocial Processing

NATIONAL NETWORK OF WCPUs

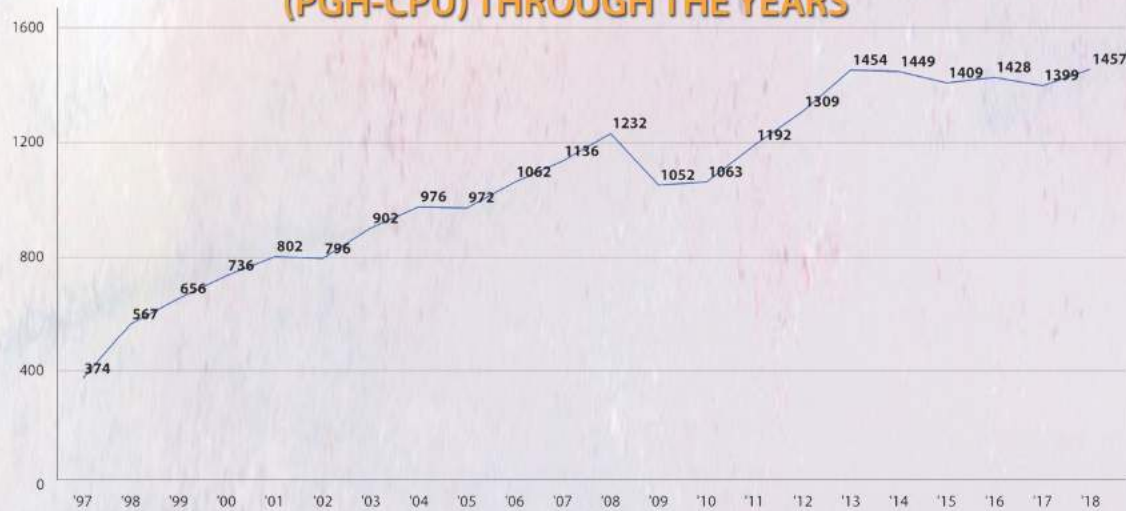
- 📋 88,330 children and adolescents served
- 📋 201 Physicians, 150 Social Workers, 74 Police Officers
- 📋 106 Units covering 55 provinces and 10 independent cities
- 📋 Seed Funding
- 📋 Staff Training
- 📋 Best Practices Sharing
- 📋 24/7 Consultation
- 📋 Roundtable Discussions
- 📋 Annual AKO PARA SA BATA International Conference
- 📋 Visiting Professor Program
- 📋 Peer Review

RESEARCH AND NATIONAL DATABASE ON CHILD ABUSE

- 📋 Women and Children Protection Management Information System
- 📋 Standard System Installed in WCPUs
- 📋 Cases Tracked for Research and Policy Development
- 📋 Cutting-edge Research for Developing Countries
- 📋 WCPMIS Installed in 38 WCPUs
- 📋 Child Abuse, Neglect, and Exploitation (CANE) Study Group at the University of the Philippines Manila - National Institutes of Health
- 📋 Evidence for Better Lives Study
- 📋 Masayang Pamilya Para sa Batang Pilipino Parenting Program
- 📋 Safe Schools for Teens: Preventing Sexual Abuse of Poor Urban Teens

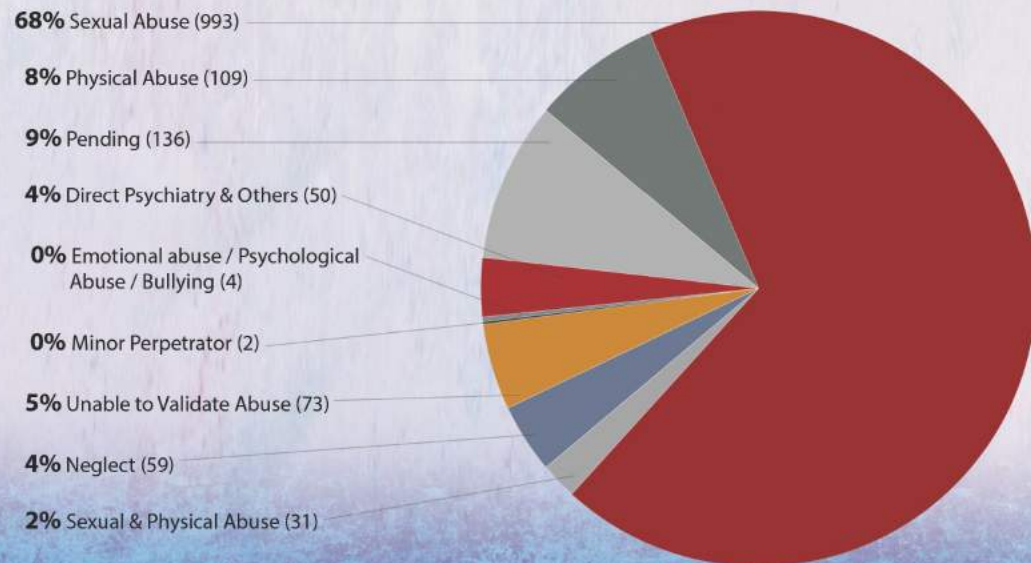
ASIAN RESOURCE CENTER

PHILIPPINE GENERAL HOSPITAL - CHILD PROTECTION UNIT (PGH-CPU) THROUGH THE YEARS



1,457 patients were seen in PGH-CPU in 2018 or a total of 23,423 patients since 1997.

BREAKDOWN OF VIOLENCE AGAINST CHILDREN (VAC) CASES BY TYPE OF ABUSE IN PGH-CPU



In PGH-CPU, as with other WCPUs, majority of cases seen involve sexual abuse (68%).

The PGH-CPU team and services offered



The Medical Team (from left to right): Dr. Melissa Joyce Ramboanga, Dr. Riza Lorenzana, Dr. Marianne Joy Naria-Maritana, Dr. Merle Tan, Dr. Marissa Resulta, Dr. Renee Joy Neri, Dr. Norieta Calma-Balderrama, Dr. Stella Manalo, Dr. Bernadette Madrid, Dr. Sandra Hernandez, Dr. Namnama Villarta-De Dios.

Bernadette J. Madrid, MD, FPPS
Head, PGH-CPU

Stella G. Manalo, MD, FPPS
Assistant Head, PGH-CPU

MEDICAL

Forensic Medical Evaluation
Health Care Maintenance of Survivors
Management of Sexually Transmitted Infections
Developmental Assessment
Expert Testimony in Court Cases

Head, Medical Services:
Merle P. Tan, MD, FPPS, MHPed

Nurse:
Jennalyn D. Casapao, RN
Isabel L. delos Santos, RN

Child Protection Specialist:

Sandra S. Hernandez, MD, MHPed, FPPS
Renee Joy P. Neri, MD, DPPS
Namnama Villarta-De Dios, MD, MSc, DPPS
Melissa Joyce P. Ramboanga, MD, DPPS
Riza C. Lorenzana, MD, DPPS
Marissa A. Resulta, MD, DPPS
Marianne Joy N. Naria-Maritana, MD

PGH-CHILD PROTECTION UNIT

Philippine General Hospital, Taft Avenue, Ermita, Manila, Philippines 1000
Tel. No.: (+63 2) 8353 0667; 8524 1512; 8 554 8400 local 2534, 2535, 2544, 2545
Mobile Nos.: (Triage) 0942 978 1656; (Admin Officer) 0977 837 1094, 0925 312 1760;
(Admin Assistant) 0917 318 9633 | Email: pgh.cpu@gmail.com | Website: www.childprotectionnetwork.org



The Legal and Police Team (from left to right): PSSg Suzette Zerrudo, Atty. Iris Bonifacio, Atty. Katrina Legarda, Atty. Mylen Gonzales

LEGAL

Legal Counselling
Family Court Awareness / Kids Court

Legal Consultant:
Atty. Katrina Legarda
Atty. Mylen E. Gonzales
Atty. Iris L. Bonifacio
Atty. Carmela Andal-Castro

POLICE

Investigation
Forensic Interview
On-Site Case Filing
Case Conferences

Police Investigator:
PSSg Suzette R Zerrudo

MENTAL HEALTH AND WELLNESS

Mental Health Evaluation
Forensic Psychiatric Evaluation
Medico-Legal Testimony in Court Cases
Trauma-Informed Psychosocial Processing
Individual Psychotherapy
Psychoeducation

Head, Mental Health and Wellness Services:
Norieta Calma-Balderrama, MD, FPPA, FPCAPPI

Child Psychiatrist:
Leah S. Gonzaga, MD
Jolly Michelle S. Bustamante, MD

Child Psychologist:
Fritzie Cristina B. Diaz, RPsy
Jason Ray M. Barlaan, MA, RPsy
Anamabelle U. Garcia
Analyn C. Lindo



The Mental Health and Wellness Team (from left to right):
Dr. Norieta Calma-Balderrama, Fritzie Cristina Diaz, Jason Ray Barlaan,
Anamabelle Garcia, Analyn Lindo, Dr. Leah Gonzaga



The Social Work Team (from left to right): Irish Mae Cabrera, Randallou Odango,
Analie Lagdamen, May Ann Demetrio, Annaliza Macababbad, Josephine Bucayu

SOCIAL WORK

Safety and Risk Assessment
Case Management
Educational Assistance
Livelihood Assistance
Parenting Classes
Parent Support Groups
Family Therapy
Kids Court

Head, Social Work Services:
Dolores B. Rubia, MSW

Supervising Social Worker:
Annaliza R. Macababbad, RSW

Social Worker:
May Ann C. Demetrio, RSW
Josephine A. Bucayu, RSW
Irish Mae R. Cabrera, RSW
Analie B. Lagdamen, RSW
Randallou P. Odango, RSW
Maria Perpetua L. Sadio, RSW

ADMINISTRATIVE

Library Services
Publications and Research
Community Advocacy

Administrative Officer:
Belen D. Laporre

Nurse/Triage Officer:
Linda Martha P. Punzalan

Administrative Assistant:
John Bryan V. Magaña

Driver:
David M. Magaña



The Administrative Team (from left to right): Isabel delos Santos,
Belen Laporre, John Bryan Magaña, David M. Magaña, Mary Rose Magaña,
Linda Martha Punzalan

CHILD PROTECTION NETWORK FOUNDATION

Executive Director:

Bernadette J. Madrid, MD, FPPS

Associate Director:

Stella G. Manalo, MD, FPPS

Director, National Network of Women and
Children Protection Units:

Atty. Katrina Legarda

Research Director:

Sandra S. Hernandez, MD, MHPed, FPPS

Training Director:

Melissa Joyce P. Ramboanga, MD, DPPS

Assistant Training Director:

Renee Joy P. Neri, MD, DPPS

Regional Director - Visayas:

Marianne Naomi N. Poca, MD

Accountant:

Cresencia G. Agustin

Finance Officer:

Phoebe S. Emberga

Project Development Officer and
Database Administrator:

Anna Teresa S. Clemente

Resource Development Officer:

Maria Melissa Ann M. David

Project Officer:

Phoebe M. Delos Reyes

Research Coordinator:

Hiedie F. Cariño

Project Assistant:

Mike G. Forte

Administrative Assistant:

Niño P. Yumul

Database Officer:

Jesthyr O. de Vera



The CPN Team (from left to right, clockwise): Dr. Sandra Hernandez, Dr. Melissa Joyce Ramboanga, Dr. Renee Joy Neri, Hiedie Cariño, Dr. Stella Manalo, Dr. Mutya San Agustin-Shaw, Atty. Katrina Legarda, Dr. Bernadette Madrid, Anna Teresa Clemente, Phoebe Delos Reyes, Maria Melissa Ann David, Phoebe Emberga, Cresencia Agustin, Niño Yumul, Eric Gonzales, Jesthyr de Vera

CHILD PROTECTION NETWORK FOUNDATION, INC.

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Website: www.childprotectionnetwork.org

Facebook Page: [@childprotectionnetworkfoundation](https://www.facebook.com/childprotectionnetworkfoundation)

WOMEN AND CHILDREN PROTECTION UNIT STATISTICS 2018

New Cases Served by WCPUs Each Year



The Women and Children Protection Units (WCPUs) served 10,444 cases of violence against children and 4,816 cases of violence against women in the year 2018. There is an increasing number of cases seen which may be attributed to the increasing number of WCPUs. However, the National Baseline Study on Violence against Children in the Philippines (NBS-VAC, 2015) showed that among those who reported awareness of programs or services for young people at the community level, approximately 13.5% (12.8% of males and 14.2% of females) ever consulted or used the services of the Child Protection Unit or the WCPU in their province or region.

REFERENCE:
Council for the Welfare of Children, University of the Philippines Manila, UNICEF Philippines, Consuelo Zobel Alger Foundation, Child Protection Network Foundation, et. al. National Baseline Study on Violence against Children in the Philippines. Manila: Council for the Welfare of Children and UNICEF Philippines, 2015.

University of the Philippines Manila, The University of Edinburgh, Child Protection Network Foundation, and UNICEF Philippines. A Systematic Literature Review of the Drivers of Violence Affecting Children in the Philippines. Manila: UNICEF Philippines, 2016.

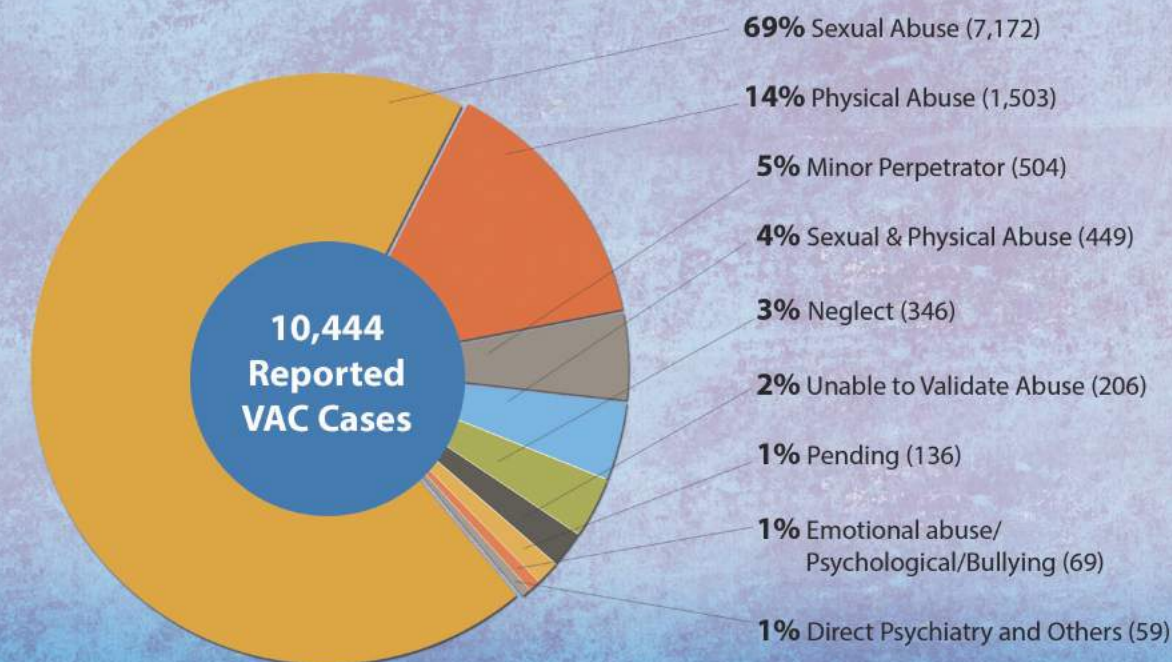
Demographics Of Violence Against Children (VAC) Cases

Breakdown of VAC Cases By Type of Abuse

The NBS-VAC (2015) showed that about 66% of respondents reported experiencing physical violence while 17% experienced sexual violence in childhood. However, as consistently seen in the WCPUs for years, sexual abuse cases (69%) are more commonly reported followed by physical abuse cases (14%). This data validates the findings of the NBS-VAC (2015) where the respondents declared that of all forms of abuse, it is sexual abuse that is reportable while corporal punishment is widely accepted by Filipinos, thus, it is under reported.

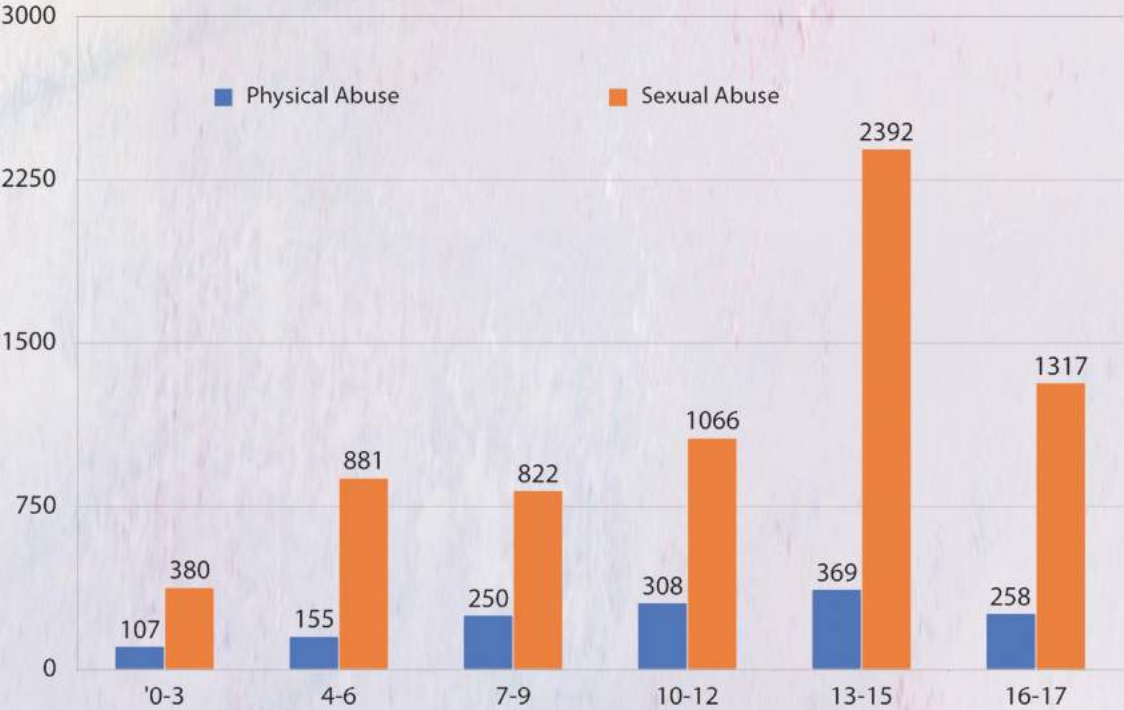
Emotional/Psychological abuse and bullying continue to be the least reported although the NBS-VAC (2015) showed that 3 out of 5 children have experienced psychological violence.

Low disclosure rates are typical of sexual violence against children (NBS-VAC, 2015). The young minimum age of sexual consent/statutory rape (12 years) also drives sexual violence against children (SLR-VAC, 2016).



WOMEN AND CHILDREN PROTECTION UNIT STATISTICS 2018

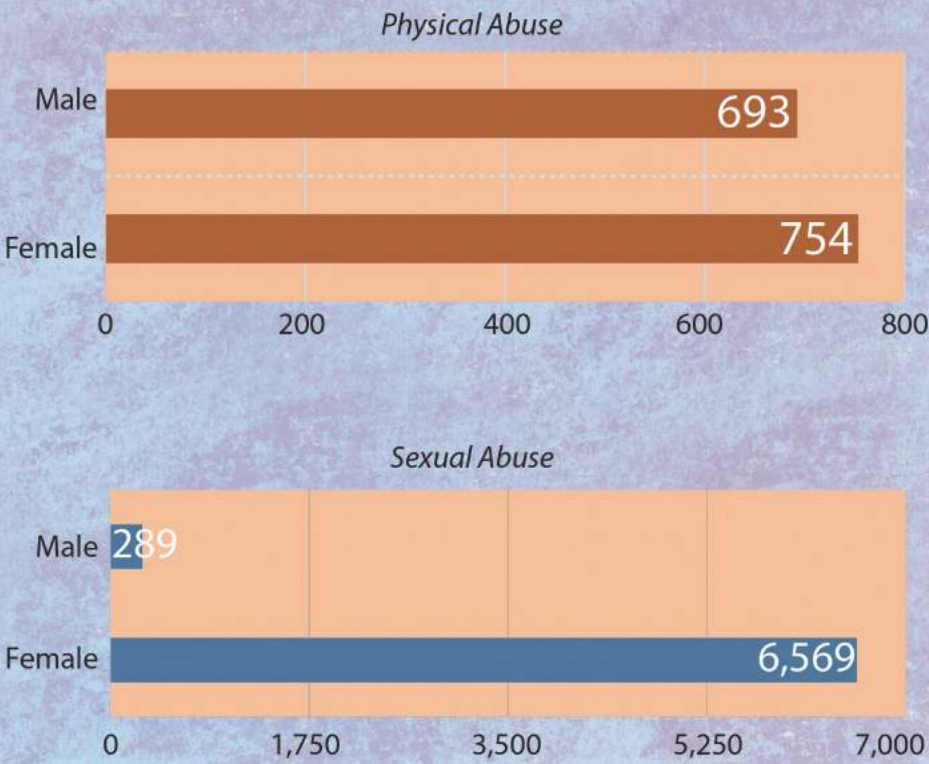
Breakdown of VAC Physical and Sexual Abuse Cases By Age



Children who have experienced sexual abuse seen in the WCPUs are typically teenagers 13 to 15 years old. Physical abuse cases are more or less fairly distributed across ages. The NBS-VAC (2015) also supports the WCPU data that sexual violence most often took place in the home.

Demographics Of Violence Against Children (VAC) Cases

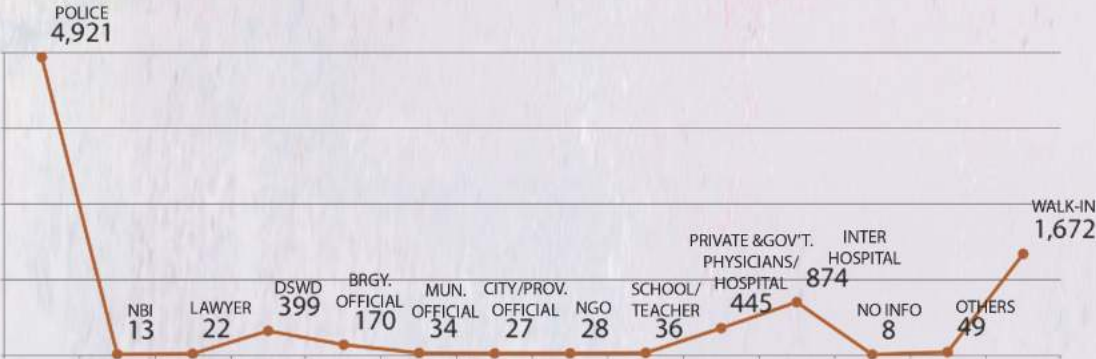
Breakdown of VAC Physical and Sexual Abuse Cases By Gender



There is a general belief that sexually abused children are typically girls. In the WCPUs, girl-children seeking services far outnumber boy-children. However, we know from the NBS-VAC (2015) that males were significantly more likely than females to experience sexual violence at home and in school. A higher proportion of males also reported experiencing sexual violence in all other settings (community, workplace, and dating). While sexual victimization in general is underreported, the sexual violence among boys is even more underreported.

WOMEN AND CHILDREN PROTECTION UNIT STATISTICS 2018

Sources of Referrals and Number of Referred VAC Cases



Majority of the VAC cases referred to the WCPUs are from the police followed by walk-ins or self-referred cases. Referrals from the schools/teachers remain on the lower side. The role of the school in child protection is very important because among children who sought help from authorities, the largest proportion reached out to teachers (18.6%) and guidance counselors (6.7%) (NBS-VAC, 2015).

The Safe Schools for Teens program highlights the key role of the school in child protection by integrating age-appropriate life skills and mindfulness in the school curricula. It also trains teachers to recognize and respond to disclosures of abuse and operationalizes the school Child Protection Committee.

Demographics Of Violence Against Children (VAC) Cases

Perpetrators of Child Physical Abuse

Father	289
Neighbor	281
Mother	123
Unknown	78
Teacher/Principal	70
Uncle	70
Stranger	69
Live-in partner	42
Other relative	37
Acquaintance	35
Schoolmate	35
Classmate	33
Step-father	33
boyfriend	29
Grandparent	29
Friend	24
Aunt	23
Cousin	23
Brother	20

Corporal punishment or violent discipline is widely used by Filipino parents and accepted as a norm (SLR, 2016). The top three perpetrators of child physical abuse in 2018 are fathers, neighbors, and mothers. Evidence-based and culturally-appropriate parenting interventions, such as the Masayang Pamilya Para Sa Batang Pilipino Parenting Program is a key strategy to improve knowledge and skills of parents in providing proper care and protection.

It is also important to note that while most physical violence occurs in the form of violent discipline, it may also occur in non-disciplinary contexts. The toxic trio of social norms around physical violence, financial stress and substance misuse are risk factors (SLR, 2016).

Perpetrators of Child Sexual Abuse

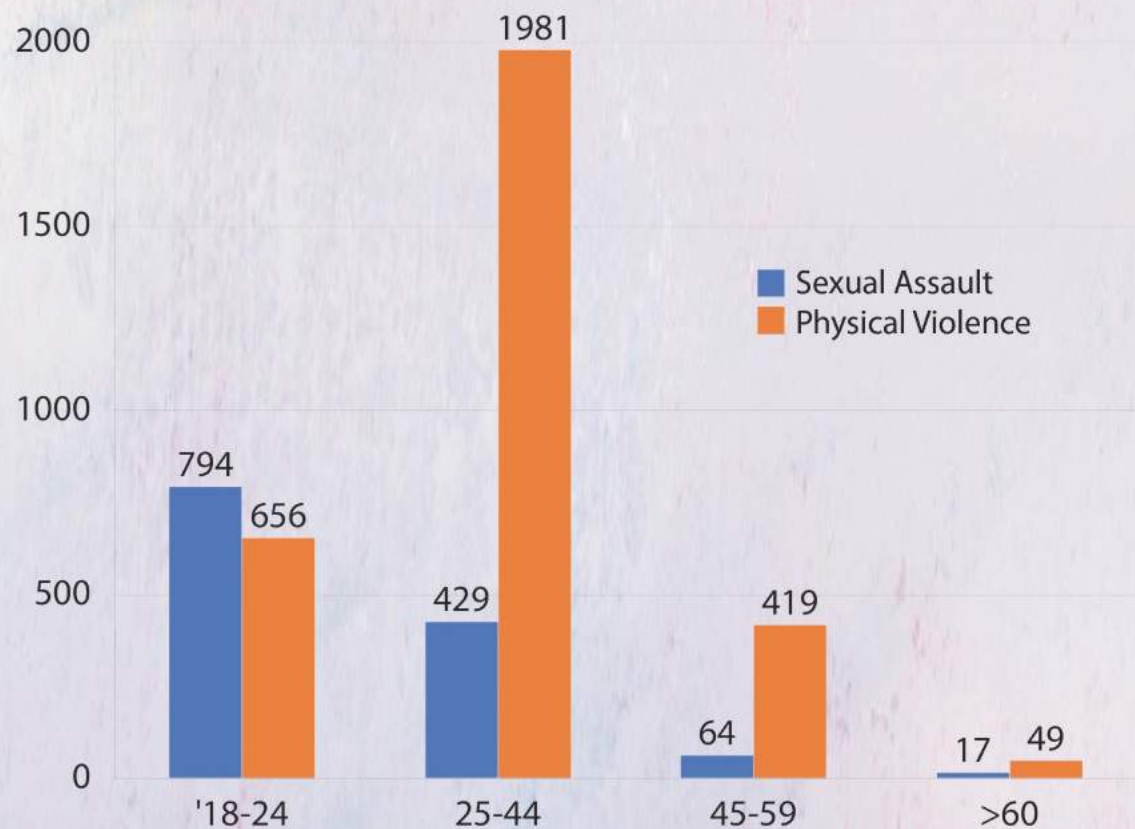
Neighbor	1224
Boyfriend	662
Father	544
Uncle	506
Acquaintance	406
Stranger	383
Unknown (no disclosure)	355
Cousin	325
Other Relatives	312
Friend	309
Stepfather	252
Grand father	152
Parent's partner	102
Other	101
Relative's Partner	81
Classmate	78
Brother	77
Brother-in-law	73
Textmate / chatmate	68

Sexual violence against children most often occurs in the home (11.7%) and during dating (13.7%) (NBS-VAC, 2015). Lack of supervision, single headed households, and absent parents increase the risk for sexual violence against children in the home (SLR, 2016).

The NBS-VAC (2015) identify the neighbor as the most common perpetrator of sexual violence in the community and this data is validated by the cases seen at the WCPUs from 2015 to 2018. The top three perpetrators of child sexual abuse in 2018 are neighbors, boyfriends, and fathers. Some patients disclosed that their predators are their textmates or chatmates. Risky online behavior and lack of supervision when using the internet exposes children to online sexual solicitation and grooming (SLR, 2016).

WOMEN AND CHILDREN PROTECTION UNIT STATISTICS 2018

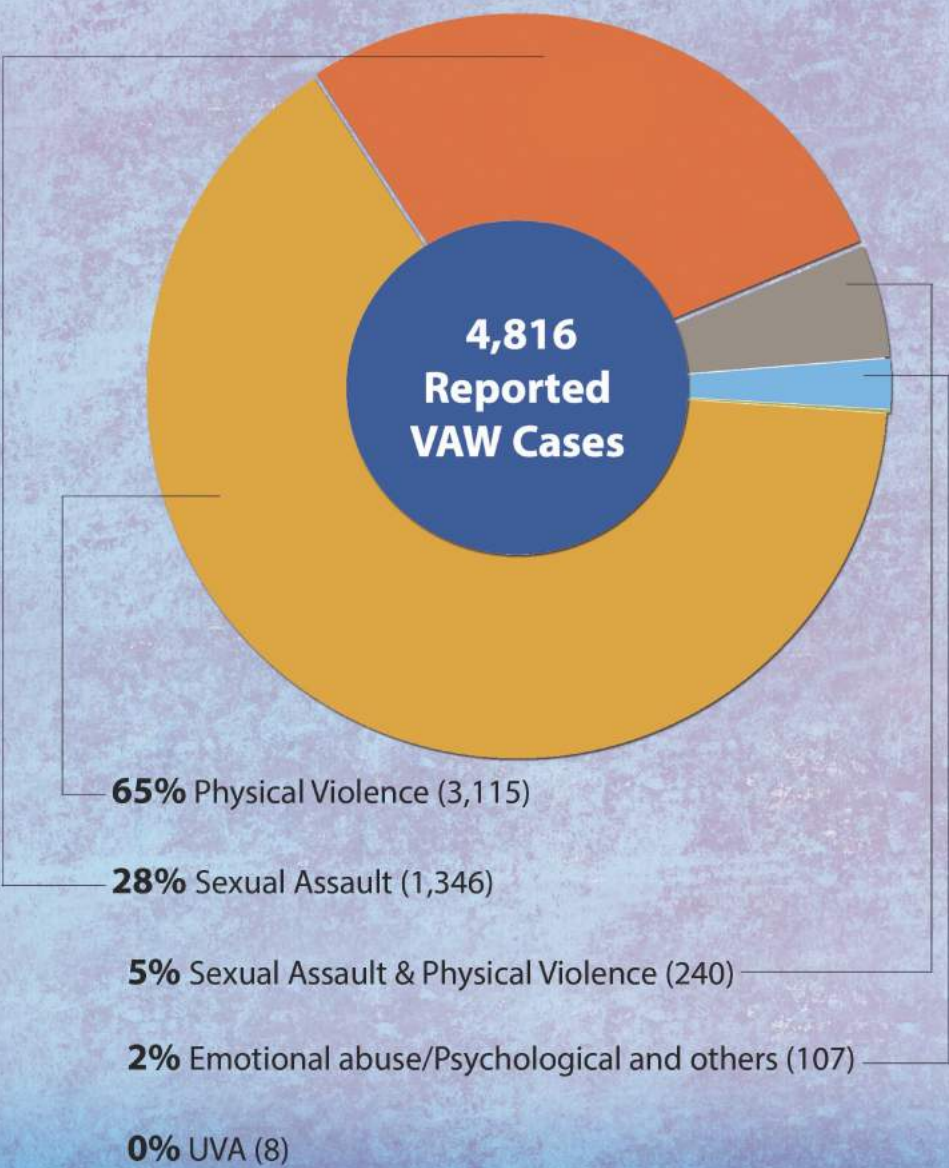
Breakdown of Physical Violence and Sexual Assault Cases Against Women By Age



Women who reported physical violence to the WCPUs are typically age 25 to 44 years old while those who reported sexual assault are more commonly age 18 to 24 years old.

Demographics Of Violence Against Women (VAW) Cases

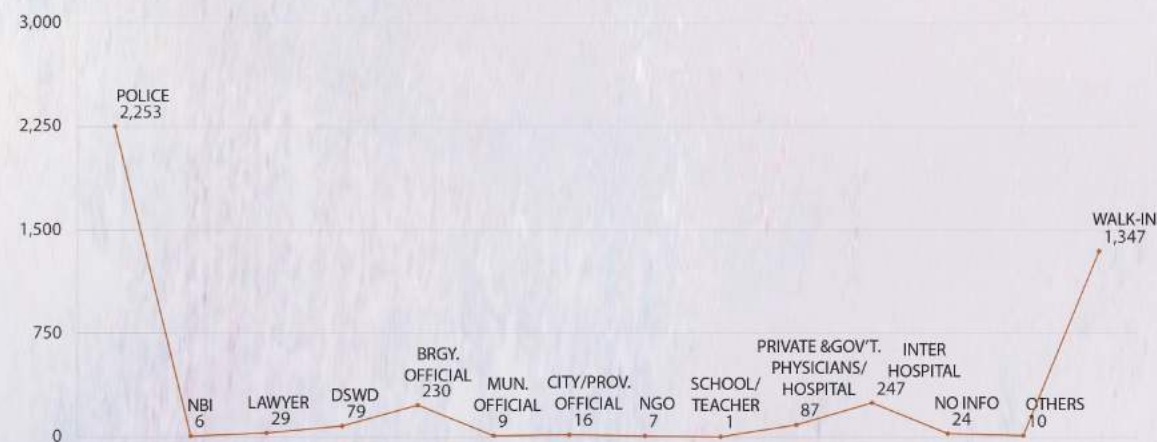
Breakdown of VAW Cases By Type of Violence



For VAW, physical violence cases (65%) are more commonly reported followed by sexual assault cases (28%).

WOMEN AND CHILDREN PROTECTION UNIT STATISTICS 2018

Sources of Referrals and Number of Referred VAW Cases



Similar to VAC cases, majority of the VAW cases referred to the WCPUs are from the police followed by walk-ins or self-referred cases.

Demographics Of Violence Against Women (VAW) Cases

Perpetrators of Physical Violence Against Women

Husband	1,317
Live-in partner	1,226
boyfriend	106
Unknown	56
Ex-boyfriend	43
Neighbor	34
Ex-live-in partner	31
Father	24
Stranger	23
Brother	18
Acquaintance	14
Brother in law	11
Ex-husband	10
Landlord's relative	10
Other relatives	10
Uncle	10

The top three perpetrators of physical violence against women are husbands, live-in partners, and boyfriends.

Perpetrators of Sexual Assault Against Women

Neighbor	202
Stranger	137
Acquaintance	111
Unknown (no disclosure)	69
Boyfriend	64
Friend	62
Other relatives	49
Cousin	46
Co-employee	45
Uncle	43
Father	39
Husband	39
Ex-boyfriend	36
Live-in partner	27
Employer	23

The majority of perpetrators of sexual assault against women are known to them.

LOCATING THE WOMEN AND CHILDREN PROTECTION UNITS (WCPUs) AND VIOLENCE AGAINST WOMEN AND CHILDREN (VAWC) DESKS

Region I - Ilocos Region

- Mariano Marcos Memorial Hospital & Medical Center
- Bacnotan District Hospital*
- Ilocos Training and Regional Medical Center
- Region I Medical Center
- LGU - Bani*

Region III - Central Luzon

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

National Capital Region

- Dr. Jose N. Rodriguez Memorial Hospital
- Ospital ng Makati
- CAPIN Malabon
- Philippine General Hospital
- Ambulatory CPU Lingap Bata*
- Dr. Jose Fabella Memorial Hospital
- San Lazaro Hospital
- Ospital ng Muntinlupa
- CAPIN - Navotas City
- Pasig City Children's Hospital
- Pasig City General Hospital
- Pasig City Health Office
- Rizal Medical Center
- National Children's Hospital
- Philippine Children's Medical Center
- Philippine National Police
- Quezon City Protection Center
- East Avenue Medical Center
- Veterans Memorial Medical Center
- CAPIN Valenzuela
- Valenzuela Medical Center

Region VI - Western Visayas

- Dr. Rafael S. Tumbokon Memorial Hospital*
- Angel Salazar Memorial General Hospital
- CAPIN Antique
- Roxas Memorial Provincial 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
- LGU - Pilar
- CAPIN - Dumaguete City

Region IVA - CALABARZON

- Batangas Medical Center
- Dela Salle University Medical Center
- General Emilio Aguinaldo Memorial Hospital*
- Ospital ng Biñan*
- Quezon Medical Center
- LGU - Infanta*

Region IVB - MIMAROPA

- Purple Hearts - Mindoro
- LGU - Sablayan
- CAPIN - Puerto Princesa City
- Ospital ng Palawan

Region IX - Zamboanga Peninsula

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

Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)

- Amai Pakpak Medical Center
- Maguindanao Provincial Hospital
- Datu Halun Sakilan Memorial Hospital
- Basilan General Hospital

Cordillera Autonomous Region (CAR)

- Baguio General Hospital and Medical Center
- Benguet General Hospital
- Luis Hora Regional Memorial Hospital

Region V - Bicol Region

- LGU - Oas, Albay
- LGU - Tiwi, Albay
- RHU - Legazpi City*
- Bicol Regional Training and Teaching Hospital
- Camarines Norte Provincial Hospital
- Bicol Medical Center
- Camarines Sur Provincial Hospital*
- Masbate Provincial Hospital
- LGU - Cawayan
- LGU - Milagros
- LGU - Irosin

Region II - Cagayan Valley

- Batanes General Hospital
- Cagayan Valley Medical Center
- Gov. Faustino Dy Memorial Hospital
- Southern Isabela General Hospital
- Region II Trauma Medical Center

Region VIII - Eastern Visayas

- LGU - Borongan City
- LGU - Balangkeyan
- LGU - Salcedo
- LGU - Oras
- CPU - Palangga, Northern Samar*
- LGU - Lope de Vega, Northern Samar
- LGU - Sta. Margarita*
- LGU - Tarangnan
- Eastern Visayas Regional Medical Center
- LGU - Libagon
- LGU - Liloan*
- LGU - San Ricardo

Region XIII - CARAGA

- Agusan del Norte Provincial Hospital
- Adella Serra Ty Memorial Hospital

Region X - Northern Mindanao

- Bukidnon Provincial Medical Center
- Mayor Hilarion A. Ramiro, Sr. Medical Center*
- Northern Mindanao Medical Center

Region XI - Davao Region

- Davao Medical Center
- Davao Oriental Provincial Medical Center
- Southern Philippines Medical Center

Region XII - SOCCSKSARGEN

- Cotabato Regional Medical Center
- LGU - Malungon
- Dr. Jorge P. Royeca Hospital
- South Cotabato Provincial Hospital
- Sultan Kudarat Provincial Hospital

DIRECTORY OF WCPUs AND VAWC DESKS

PROVINCE / CITY	HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL	TRAINED PERSONNEL
Cordillera Autonomous Region (CAR)		
Baguio City	Baguio General Hospital and Medical Center Governor Park Road, Baguio City (074) 442 4216 local 427; 443-8342 (Level 3 - Training Center)	Elizabeth J. Batino, MD Nora Genevieve Recolizado, MD Leanne Acosta, MD April Lippi Sudango, RSW Edith Madongit, RSW Joy Nabannal, RSW Rhea Tabor, RSW Haydee V. Yaco, RSW
Benguet	Benguet General Hospital La Trinidad, Benguet (074) 442 316 (Level 2 WCPU)	Mary Jane Paloy Carrido, MD Marietta D. Dela Cruz, MD Cristina Valdez-Anioay, RSW Marissa M. Badongen, RSW SPO1 Edith Balayodao
Mt. Province	Luis Hora Regional Memorial Hospital Bauko, Mt. Province (Level 1 WCPU)	Shamae Emengga Ofo-Ob, MD Delia Akilit-Ligligen, RSW SPO1 Norma Ket-Eng Tuaca
Region I - Ilocos Region		
Ilocos Norte	Mariano Marcos Memorial Hospital & Medical Center Brgy. 6, San Julian, Batac City, Ilocos Norte (077) 792 3133 (Level 2 WCPU)	Ernella A. Agulay, MD Mona Lisa Pastrana, MD Gisele G. Acantilado, MD Elma C. Solmerin, RSW Jenilyn A. Ramos, RSW Marilyn Q. Ramirez, RN
La Union	Bacnotan District Hospital* San Fernando, La Union (072) 607 5453 (VAWC Desk)	Jennifer C. Gamiao, MD Zenaida U. Javar, RSW PO1 Mary Jane N. Rulloda
	Ilocos Training and Regional Medical Center San Fernando City, La Union (072) 607 6418 (Level 2 WCPU)	Michelle Cababa, MD Darellane Bimuyag, RSW Maria Teresa Sison, RSW
Pangasinan	Region I Medical Center Arellano St., Dagupan City, Pangasinan (072) 515 8916 local 139; 523 4103 (Level 1 WCPU)	Gwendolyn M. Luna, MD Michelle Dominica D. Palma, MD Cristita T. Larioza, RSW Fe Maramba, RN
	LGU - Bani* Poblacion Bani, Pangasinan (075) 569 5219; 553 2176 (VAWC Desk)	Ivy S. Paragas, MD Grace A. Taganap, RSW
Region II - Cagayan Valley		
Batanes	Batanes General Hospital National Road, Basco, Batanes (Level 1 WCPU)	Alma B. Bercasio, MD Marineth A. Balderas, RSW
Cagayan	Cagayan Valley Medical Center, Tuguegarao City, Cagayan 078) 302 0000 (Level 1 WCPU)	Monalisa L. Cumigad, MD Ma. Concepcion N. Lavadia, RSW

PROVINCE / CITY	HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL	TRAINED PERSONNEL
Isabela	Gov. Faustino Dy Memorial Hospital* Capitol Compound, Alibago, Ilagan, Isabela (078) 622 3172 (VAWC Desk)	Loren Batoon, RSW
	Southern Isabela General Hospital Santiago City, Isabela (078) 305 0459 (Level 1 WCPU)	Marietess R. Donaire, MD Angelica Joel C. Macapal, RSW
Nueva Vizcaya	Region II Trauma and Medical Center Magsaysay, Bayombong, Nueva Vizcaya (078) 805 3561 (Level 1 WCPU)	Maria Asuncion Gabatino-Salvador, MD Glicerla B. Alava, RSW Charmaine Marie Castillo, RSW
Region III - Central Luzon		
Bataan	Bataan Provincial Hospital Balanga, Bataan (047) 237 3635 (Level 1 WCPU)	Almira Kiat, MD Gloria Canta, RSW
Bulacan	Bulacan Medical Center Malolos City, Bulacan (044) 791 0630 (Level 1 WCPU)	Jose Emiliano T. Gatchalian, MD Violeta M. De Guzman, MD 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 Nueva Ecija (044) 463 8888; 600 0927 (Level 1 WCPU)	Josephine Romero, MD Marilyn M. Toledo, MD August Joy Dela Cruz, RSW
Pampanga	Jose B. Lingad Memorial General Hospital San Fernando, Pampanga (044) 600 0927 (Level 2 WCPU)	Leizl Dela Cruz-Yap, MD Cynthia G. Gueco, MD Jovita S. Baybayan, RSW Deborah Dimitui, RSW
	CAPIN - Angeles City* (Romana Pangan District Hospital) Angeles City, Pampanga (045) 409 3097 (VAWC Desk)	Irene Alacar Flores, MD Nora Gorbato Verwasa, RSW PO2 Christina Paguirigan Ramos
	Rafael Lazatin Memorial Medical Center* Visitation St., Angeles City, Pampanga (045) 322 1222 (VAWC Desk)	Katherine Cadiz Tuazon, MD Ma. Cielo L. Sarion, RSW PI Cherry P. Tirasol
Zambales	James L. Gordon Memorial Hospital* Rizal Avenue Extension, New Asinan, Olongapo City, Zambales (047) 602 1229 to 30 (VAWC Desk)	Ana Verlita R. Figuerres, MD Genia R. Eclarino, RSW Rowena Fabay, RSW PO2 Lolita G. Dela Cruz

DIRECTORY OF WCPUs AND VAWC DESKS

PROVINCE / CITY	HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL	TRAINED PERSONNEL
Region IVA - CALABARZON		
Batangas	Batangas Medical Center Batangas (043) 740 8307 (Level 2 WCPU)	Linabelle P. De Chavez, MD Mary Ann C. Daza, RSW PO3 Monette A. Balahadia
Cavite	Dela Salle University Medical Center Governor D. Mangubat Avenue, Dasmarinas City, Cavite (046) 481 8000 (Level 1 WCPU)	Eileen Feliz C. Garcia, MD Lovely Kae V. Caguioa, RSW
	General Emilio Aguinaldo Memorial Hospital* Trece Martinez City, Cavite (046) 419 0061 (VAWC Desk)	Nonie John L. Dalsay, MD Jennifer M. Sierra, RSW PO1 Joneth Onrubia
Laguna	Ospital ng Biñan* Canlalay, Biñan City, Laguna (049) 511 4119; 511 3872; 511 4622 (VAWC Desk)	Leila C. Bondoc, MD Divino Andal, RSW
Quezon	Quezon Medical Center Quezon Avenue, Lucena City, Quezon (042) 373 5627 (Level 1 WCPU)	Ramon Baldovino, MD Leyden R. Adaya
	LGU - Infanta* Infanta, Quezon (042) 535 2151 (VAWC Desk)	Abelardo Jose, MD Melanie G. Virrey, RSW PO3 Meldie C. Gatdula
Region IVB - MIMAROPA		
Occidental Mindoro	Purple Hearts - Mindoro* MSWDO Municipal Compound, San Jose Occidental Mindoro (VAWC Desk)	Alicia M. Cajayon, RSW
	LGU - Sablayan Sablayan, Occidental Mindoro (043) 458 0028 (Level 1 WCPU)	Meldie D. Soriano, MD Marie Joi S. Angway, RSW Lucybeth C. Collado
Palawan	CAPIN - Puerto Princesa City Palawan (Level 2 WCPU)	Eunice Rina P. Herrera, MD Adornado, RSW PO1 Maria Chin May C. Mendoza
	Ospital ng Palawan 220 Malvar St., Puerto Princesa City, Palawan (048) 433 2621; 434 6864; 434 8339 (Level 1 WCPU)	Sharon M. Garcia, MD Tajmahal Goalcantara, RSW
Region V - Bicol Region		
Albay	LGU - Oas, Albay Municipal Health Office, Oas, Albay (052) 824 4454 (Level 1 WCPU)	Marie Jane Revereza, MD Purita Redito, RSW

PROVINCE / CITY	HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL	TRAINED PERSONNEL
Region V - Bicol Region		
Albay	LGU - Tiwi, Albay Tiwi, Albay (052) 488 5765 (Level 1 WCPU)	Rosa Maria Cantes, MD Anita C. Rey, RSW PO3 Rebecca N. Arcega
	RHU - Legazpi City* Legazpi City, Albay (052) 480 2121 (VAWC Desk)	Marilyn Apodaca Tan, RSW PO1 Girlie Legaspino Nasol
	Bicol Regional Training and Teaching Hospital VAWC Office, Emergency Department, Legazpi City, Albay (052) 483 0014 local 4246 (Level 2 WCPU)	Ana Ma. Corazon Grutas, MD Lea Remonte, MD Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte
Camarines Norte	Camarines Norte Provincial Hospital Bagasbas Road, Daet, Camarines Norte (054) 721 5425 (Level 2 WCPU)	Ma. Victoria Delos Santos, MD Aileen Camacho, RSW SPO1 Monica San Juan
Camarines Sur	Bicol Medical Center Concepcion Requeña, Naga City, Camarines Sur (054) 472 3434 (Level 1 WCPU)	Michelle Taup-Tolentino, MD Corazon Aguilar, RSW Edna Ciudadano, RSW Marites R. Morte, RSW
	Camarines Sur Provincial Hospital* Camarines Sur (054) 721 5425 (VAWC Desk)	Wilfredo C. Baniqued, MD SPO3 Vilma O. Furiscal
Masbate	Masbate Provincial Hospital Hospital Road, Provincial Health Office, Masbate City (056) 333 2244 (Level 2 WCPU)	Cynthia V. Liacer, MD Amelita R. Reyes, MD Ma. Carlota A. Dela Peña, RSW Ruth M. Azupardo, RSW PO2 Arlene T. Capsa PO2 Salvacion I. Caballero
	LGU - Cawayan* Municipal Office, Cawayan, Masbate (056) 294 2360; 254 1525 (VAWC Desk)	Virgenia T. Noynay, MD Mary Ann B. Radones, RSW PO1 Maricel Galarido
	LGU - Milagros* Municipal Office, Milagros, Masbate (VAWC Desk)	Irene Grace G. Calucin, MD Ruth Rosero-Sia, RSW PO2 Analiza Cario-Arsenio
Sorsogon	LGU - Irosin Irosin, Sorsogon (Level 1 WCPU)	Ma. Nerissa Balmes-Tagum, MD Oliver Gabriel E. Franche, RSW
Region VI - Western Visayas		
Aklan	Dr. Rafael S. Tumbokon Memorial Hospital* Mabini St., Kalibo, Aklan (036) 268 2606 (VAWC Desk)	Glenmar R. Martinez, MD

DIRECTORY OF WCPUs AND VAWC DESKS

PROVINCE / CITY	HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL	TRAINED PERSONNEL
Antique	Angel Salazar Memorial General Hospital San Jose, Antique (036) 540 7133 (Level 2 WCPU)	Cecilia M. Balensoy, MD Caren F. Panaguiton RSW PEMS Cheryl R. Sapinosa
	CAPIN - Antique San Jose, Antique (Level 2 WCPU)	Melba M. Billones, MD Maricar Q. Seniel, RSW PO1 Sheila Mae C. Farparan
	Capiz	
Capiz	Roxas Memorial Provincial Hospital Arnaldo Boulevard, Roxas City, Capiz (036) 621 0823 (Level 2 WCPU)	Petty Bermoy, MD Annielee L. Ariel, RSW SPO1 Roxannie Estrella Ayayo
Iloilo	Western Visayas Medical Center Q. Abeto St., Manduriao, Iloilo City (033) 508 0388 (Level 1 WCPU)	Maria Teresa Guzman-Dy, MD Lolita B. Sualog, RSW Ma. Elena B. Wendam, RSW
Negros Occidental	Corazon Locsin Montelibano Memorial Regional Hospital Lacson St., Bacolod City, Negros Occidental (034) 707 0280; 433 2697 (Level 1 WCPU)	April Anotado, MD Mary Gwen Feliciano, RSW Norie D. Agriam, RSW
	Teresita L. Jalandoni Provincial Hospital Brgy. Lantad, Silay City, Negros Occidental (034) 495 1705; 714 8485 (Level 1 WCPU)	Evelyn G. Geraldoy, MD Teresa S. Oscianas, RSW
Region VII - Central Visayas		
Bohol	Gov. Celestino Gallares Memorial Hospital Tagbilaran City, Bohol (038) 411 4868; 411 4869; 501 7531 (Level 2 WCPU)	Maria Azucena Redillas, MD Irene Q. Boligao, RSW Lorelei Flores, RPsy
Cebu	Vicente Sotto Memorial Medical Center Cebu City (032) 266 1946 (Level 3 WCPU - Training Center)	Marianne Naomi N. Poca, MD Medelaine Amadora, MD Minerva Zafra, RSW Methus Sheila T. Liado, RSW Jeraldin S. Mendoza, RSW
	LGU - San Francisco San Francisco, Camotes Island, Cebu (032) 267 6779; 497 0334 (Level 2 WCPU)	Emmanuel L. Almadin, MD Mariter P. Gallindo, RSW PO2 Caren Arcelo
	LGU - Pilar* Municipal Health Office, Pilar, Cebu (032) 400 4023 (VAWC Desk)	Dolita N. Dales, RSW PO1 Caren P. Arcelo
Negros Oriental	CAPIN - Dumaguete City City Health Office, Dumaguete City, Negros Oriental (035) 422 6379 (Level 1 WCPU)	Maria Sarah Talia, MD Roselyn Frejoles, RSW SPO1 Jinky Alalong

PROVINCE / CITY	HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL	TRAINED PERSONNEL
Region VIII - Eastern Visayas		
Eastern Samar	LGU - Borongan City Provincial Capitol, Boronggan City, Eastern Samar (Level 2 WCPU)	Ethel Lagria, MD Thelma F. Banal, RSW PO2 Maria Paz P. Conag
	LGU - Balangkayan Municipal Building, Abrigo St., Balangkayan, Eastern Samar (Level 2 WCPU)	Nelsie Labro, MD Wilda Contado, RSW PO1 Daisy E. Rosaldo
	LGU - Salcedo* Brgy. 3, Salcedo, Eastern Samar (VAWC Desk)	Ma. Amelita Macasa, RSW PO3 Jean M. Sumook
	LGU - Oras* Brgy. Butngam, Oras, Eastern Samar (055) 565 0027 (VAWC Desk)	Marilyn Uy-Umil, MD Leah P. Oculam, RSW Christine G. Redona
Northern Samar	CPU - Palangga, Northern Samar* Anunciacion St., Brgy. Acacia, Catarman, Northern Samar (VAWC Desk)	Myrna Trongoso, MD Herminia Delorino, RSW
	LGU - Lope de Vega, Northern Samar* Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar (VAWC Desk)	Jocelyn C. Galvez, MD Agnes B. Martino, RSW PO1 Myla B. Escareal
Samar	LGU - Sta. Margarita Municipal Health Office, Maharlika Highway, Sta. Margarita, Samar (055) 209 8141; 209 8090 (Level 2 WCPU)	Nestor A. Cailo, MD Marietta A. Verdeflor, RSW SPO1 Lorna Q. Advincula
	LGU - Tarangnan* Rural Health Unit, Brgy. B, Tarangnan, Samar (055) 209 1741 (VAWC Desk)	Aldwin F. Collamar, MD Nonita A. Caguring, RSW PO1 Grace N. Tonel
Leyte	Eastern Visayas Regional Medical Center Tacloban City, Leyte (053) 321 3129; 321 3363; 832 0911 (Level 2 WCPU)	Maria Remegia A. Manalo, MD Lynor Barrot-Gler, MD Glenda Garcia Vilches, MD Rosemarie Abadingo, RSW Janet Galangue, RSW PO3 Eugene Meslas PO3 Marian Repalda Trinchera
Southern Leyte	LGU - Libagon Libagon, Southern Leyte (053) 578 1085; 570 9142 (Level 2 WCPU)	Dolorosa D. Branzuela, MD Elvira C. Arado, RSW SPO4 Elena S. Ganosa
	LGU - Liloan* (Salvacion Oppus Ynigues Memorial) Mantahan, Maasin City, Liloan, Southern Leyte (053) 570 9142 (VAWC Desk)	Lea Catan, MD Glendora Jale, RSW
	LGU - San Ricardo San Ricardo, Southern Leyte (053) 381 9009 (Level 2 WCPU)	Corazon Kasayan Gloria, MD Jojie G. Bonita, RSW PO1 Aracilee L. Estillore

DIRECTORY OF WCPUs AND VAWC DESKS

PROVINCE / CITY	HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL	TRAINED PERSONNEL
Region IX - Zamboanga Peninsula		
Zamboanga del Norte	Dr. Jose Rizal Memorial Hospital Lawaan, Dapitan City, Zamboanga del Norte (065) 213 6421 (Level 1 WCPU)	Maria Dinna Viray-Pariñas, MD Hazel G. Paler, RSW Charlene D. Hamoy, RN
	Zamboanga City Medical Center Dr. Evangelista St., Sta. Catalina, Zamboanga City, Zamboanga del Norte (062) 991 2934 local 126 (Level 2 WCPU)	Leila Nelia Estrella, MD Ma. Fatima C. Conception, MD Stephanie Ledesma, RSW PO1 Floramae Pablo
Zamboanga del Sur	Margosatubig Regional Hospital Pagadian City, Zamboanga del Sur (Level 2 WCPU)	Sheryll B. Lopez, MD Morcida A. Guloy, RSW PO1 Sandra M. Bayan
Region X - Northern Mindanao		
Bukidnon	Bukidnon Provincial Medical Center Casisang, Malaybalay City, Bukidnon (088) 221 2190 (Level 2 WCPU)	Cosette S. Galve, MD Dina Hernandez, MD Dahlia Jabeñar, RSW Leo Villahermosa, RSW PO1 Junelyn Flores
Misamis Occidental	Mayor Hilarion A. Ramiro, Sr. Medical Center* Mindog-Maningcol, Ozamiz City, Misamis Occidental (088) 521 0440 (VAWC Desk)	Angellie M. Taruc, MD Odette L. Caguindangan, RPsy
Misamis Oriental	Northern Mindanao Medical Center Cagayan de Oro City, Misamis Oriental (088) 856 5490 (Level 1 WCPU)	Atilyn S. Pareja, MD Lourdes Mendoza, MD Joel Mae A. Amata, RSW
Region XI - Davao Region		
Davao del Norte	Davao Medical Center Apokon, Tagum City, Davao del Norte (084) 4003144 (Level 2 WCPU)	Emilie Debil-Ugdang, MD Leslie M. Capuno, MD Rio Mae U. Samoranos, MD Felipa Banate, RSW Wingie Imma B. Lawas, RSW
Davao Oriental	Davao Oriental Provincial Medical Center Mati City, Davao Oriental (087) 811 5297 (Level 1 WCPU)	Sandra Yuson, MD Metchie Gay Linaza, RSW
Davao del Sur	Southern Philippines Medical Center J.P. Laurel St., Bajada St., Davao City, Davao del Sur (082) 227 2731 local 4205; 222 1347 (Level 3 WCPU - Training Center)	Maria Aimee Hyacinth Breña, MD Regina P. Ingente, MD Imelda Mallorca, RPsy Janice S. Pamplona, RSW Louella S. Young, RSW

PROVINCE / CITY	HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL	TRAINED PERSONNEL
Region XII - SOCCSKSARGEN		
Cotabato	Cotabato Regional Medical Center Sinsuat Avenue, Cotabato City (064) 421 2340 (Level 1 WCPU)	Nurlinda Arumpac, MD Shirley Salik, RSW Ameera Marandacan, RSW
Saranggani	LGU - Malunon Malunon, Saranggani (Level 2 WCPU)	Jec M. Pane, MD Rona Joy H. Pajinaco SPO2 Mae D. Villa
South Cotabato	Dr. Jorge P. Royeca Hospital (Formerly General Santos City Hospital) General Santos City, South Cotabato (083) 552 4808 (Level 1 WCPU)	Ma. Delilah P. Arpas, MD Ester Pardilla, RSW PO1 Mary Lou Hicban
	South Cotabato Provincial Hospital Koronadal City, South Cotabato (083) 228 2919 (Level 1 WCPU)	Angeles V. Malaluan, MD Nenita Baroquillo, RSW
Sultan Kudarat	Sultan Kudarat Provincial Hospital Isulan, Tacurong City Road, Isulan, Sultan Kudarat (064) 201 3033 (Level 1 WCPU)	Gina Galinato, MD Nemia L. Estabillo, RSW PO1 Kristine Ivy Pensader
Region XIII - CARAGA		
Agusan del Norte	Agusan del Norte Provincial Hospital Libertad, Butuan City, Agusan del Norte (085) 342 8022 (Level 2 WCPU)	Maria Christine G. Mordeno, MD Reyma S. Lim, RSW PO2 Rizza S. Ontua PSINSP Ma. Divinagracia O. Laspoñas
Surigao del Sur	Adella Serra Ty Memorial Hospital Tandag, Surigao del Sur (086) 211 4306 (Level 1 WCPU)	Sherwin Josol, MD Luchie Montero, RSW SPO1 Mary Ann Dahang Alma Trinidad, RN
Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)		
Basilan	Basilan General Hospital Isabela City, Basilan (062) 200 3427 (Level 2 WCPU)	Jehan A. Jabarani, MD April M. Gahapon, RSW PO3 Sarah Grace B. Marcojos
Lanao del Sur	Amal Pakpak Medical Center Marawi City, Lanao del Sur (Level 2 WCPU)	Nadhira M. Abdulcarim, MD Umme Kalsum M. Limbona, RSW PO1 Chrestine G. Espinorio
Maguindanao	Maguindanao Provincial Hospital* Sharif Aguak, Maguindanao (VAWC Desk)	Norben Gevieso, MD Shalimar Saribo, RSW
Tawi-Tawi	Datu Halun Sakilan Memorial Hospital Lamion Bongao, Tawi-Tawi (Level 2 WCPU)	Cynthia Ferrer, MD Mussah Idjilani, RSW PO2 Rufaiza Nurhussin
National Capital Region (NCR)		
Caloocan City	Dr. Jose N. Rodriguez Memorial Hospital* Saint Joseph Avenue Tala, Caloocan City (02) 294 2571 (VAWC Desk)	Rosie P. Rafols, RSW

DIRECTORY OF WCPUs AND VAWC DESKS

PROVINCE / CITY	HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL	TRAINED PERSONNEL
Makati City	Ospital ng Makati Sampaguita St., Brgy. Pembo Makati City (02) 882 6316 local 211 (Level 2 WCPU)	Geraldine V. Alcantara, MD Maria Teresa A. Odevillas, MD Emmylou Q. Erfe, RSW Myla B. Cataluña, RSW
Malabon City	CAPIN - Malabon Malabon City (Level 1 WCPU)	Emerlito D. Bungay, MD Ma. Ruby Jane D. Hermogenes, RSW PO2 Diana Palmones
Manila	Philippine General Hospital - Child Protection Unit Philippine General Hospital, Taft Avenue, Ermita, Manila 1000 (02) 8353 0667; 8524 1512; 8554 8400 local 2534 or 2545 (Level 3 CPU - Asian Resource Center)	See pages 9 -13
	Ambulatory CPU Lingap Bata - UST* Medical Social Service Department Clinical Division, University of Sto. Tomas, Lacson Avenue, Sampaloc, Manila (02) 731 3001 (VAWC Desk)	Rosalia Buzon, MD
	CAPIN - Tondo Likhaan, Tondo, Manila (Level 1 WCPU)	Kristine I. Salon, MD Lyka Mae D. Lucena, RSW
	Dr. Jose Fabella Memorial Hospital* Lope de Vega St., Sta. Cruz, Manila (02) 733 8537 (VAWC Desk)	Mary Anne Ilao, MD Rhea De Guzman, MD Teresita Beronilla, MD
	San Lazaro Hospital Quiricada St, Santa Cruz, Manila, Manila (02) 732 3777; 833 7744; 742 5145 (Level 1 WCPU)	Maria Divina S. Valerio, MD Abigail S. Vitan, RSW
Muntinlupa City	Ospital ng Muntinlupa Muntinlupa City (02) 771 0457 (Level 1 WCPU)	Ramonette H. Guerrero, MD Britt B. Villapando, RSW
Navotas City	CAPIN - Navotas City Navotas City (Level 1 WCPU)	Dorlyn D. Billones, MD Delia N. Napolis, RSW PO1 Mae Anne M. Nudalo
Pasig City	Pasig City Children's Hospital Child's Hope, Industria, Pasig City (02) 643 2222 (Level 1 WCPU)	Maricel O. Marcelo, MD Imee Marie M. Alvarez, RSW

PROVINCE / CITY	HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL	TRAINED PERSONNEL
Pasig City	Pasig City General Hospital F. Legaspi Extension, Pasig City (02) 643 3333 (Level 1 WCPU)	Nerissa G. Sabarre, MD Michelle A. Dollente, RSW
	Pasig City Health Office City Hall Pedestrian Bridge, Pasig City (02) 642 7754 (Level 1 WCPU)	Myra Y. Endiafe, MD Mary Grace L. Wandag, RSW
	Rizal Medical Center Pasig Blvd., Pasig City (02) 865 8400 (Level 1 WCPU)	Marissa Resulta, MD Sheryll Anne M. Promentilla, MD Michelle Lita, RSW
Quezon City	National Children's Hospital E. Rodriguez Sr. Blvd., Quezon City 1102 (02) 724 0656 (Level 1 WCPU)	Elsie Lynn B. Locson, MD May B. Sales, RSW
	Philippine Children's Medical Center Quezon Avenue, Quezon City (02) 924 6601 local 234 (Level 1 WCPU)	Cecilia Gan, MD Renee Joy Neri, MD
	Philippine National Police - Women and Child Crisis Protection Center Ground Floor, PNP Training Service Camp Crame, Quezon City (02) 410 3213 (Level 1 WCPU)	SPO4 Evangeline Villano SPO1 Marsha Agustin
	Quezon City Protection Center Quezon City General Hospital, Seminary Road, Quezon City (02) 929 7224 (VAWC Desk)	Elsie Callos, MD Marivic Bigornia, MD
	East Avenue Medical Center East Avenue, Quezon City (02) 928 0611 local 2601 (Level 1 WCPU)	Mary Jane M. Geneta, MD Katherine Rose Sotomayor, RSW
	Veterans Memorial Medical Center* Project 6, Diliman, Quezon City (02) 927 6426 local 1280; 927 6426-31 local 2583 (VAWC Desk)	Clarisa Arbizos, MD Gilma Mortega, RSW
Valenzuela City	CAPIN - Valenzuela Valenzuela City (02) 350 1000 (Level 2 WCPU)	Alma R. Lalic, MD Christine Mearille Siapno, MD Ma. Kristina C. Ramos, RSW Ma. Sheila Karen Torres, RSW PO2 Joan H De Leon PO3 Annabel Tumamao
	Valenzuela Medical Center Karuhatan, Valenzuela City (02) 294 6711 (Level 2 WCPU)	Liah Ann G. Cruz, MD Maria Lourdes T. Solidum, MD Angela A. Balbin, RSW Aiza C. Avila, RSW

LEVELS OF WOMEN AND CHILDREN PROTECTION UNITS

Reference: Department of Health Administrative Order No. 2013-0011
"Revised Policy on the Establishment of Women and Children Protection
Units in All Government Hospitals"
See Annex or go to www.childprotectionnetwork.org/wp-content/uploads/2019/06/AO-WCPU-Gov.-Hosp..pdf

Personnel

Services

Level III

All Level II
Trained
Personnel
+
Additional Trained
Physician And
Social Worker

Level II
Medical
Services
+
Sub-specialty
consultations and
other support
services

Level II

Level I Trained Personnel
+
Trained Police Investigation
Officer and/or
Mental Health Professional

Level I Medical Services
+
Social Worker Home Visit
Investigation +/-or Mental
Health Care Specialty Consultation
CPMIS

Level I

Trained Physician
Trained Registered Social Worker

Acute Medical Treatment
Medico-Legal Examination
Social Worker Intervention With Safety And
Risk Assessment
Peer Review
Documentation And Record-Keeping
Expert Testimony In Court

MDT

CPU Extensions: Trained Municipal Health Officers,
Provincial / City / Municipal Social Workers, and
Women and Children Police Desk Officers

Basic Care Services;
Refers to WCPU for Complex Cases

WOMEN AND CHILDREN PROTECTION UNITS

The Child Protection Network has grown from one Child Protection Unit at the Philippine General Hospital in 1997 to 106 Women and Children Protection Units (WCPUs) in 55 provinces and 10 cities nationwide. All WCPUs follow a common protocol and standards on the management of abuse cases to avoid retraumatization. The WCPUs implement best practices sharing, roundtable discussions and peer reviews on a regular basis.

WCPU TRAINING CENTERS

Level III WCPUs have the capability of implementing specialty trainings. In 2018, three WCPUs were evaluated to become the first WCPU training centers.

Training Center for Luzon - Baguio General Hospital and Medical Center



Training Center for Visayas - Vicente Sotto Memorial Medical Center



Training Center for Mindanao - Southern Philippines Medical Center



Featuring WCPUs
in each region

Region 1

Ilocos Training and Regional Medical Center



Region 2

Region II Trauma and Medical Center



Region 3

Bataan Provincial Hospital



Region 4

Dela Salle University Medical Center



Region 5

Bicol Regional Training and Teaching Hospital



Region 5

LGU-Irosin



Region 6

Roxas Memorial Provincial Hospital



Region 6

Western Visayas Medical Center



Region 7

Gov. Celestino Gallares Memorial Hospital



Region 8

LGU-Borongan City



Region 10

Northern Mindanao Medical Center



Region 12

Cotabato Regional Medical Center



Region 8

Eastern Visayas Regional Medical Center



Region 9

Margosatubig Regional Hospital



Region 11

Davao Medical Center



Region 12

LGU-Malungon, Saranggani



BARMM

Amai Pakpak Medical Center



BARMM

Basilan General Hospital



CAR

Benguet General Hospital



NCR

Ospital ng Makati



NCR

Pasig City Children's Hospital



NCR

Pasig City General Hospital



Region 13

Agusan del Norte Provincial Hospital

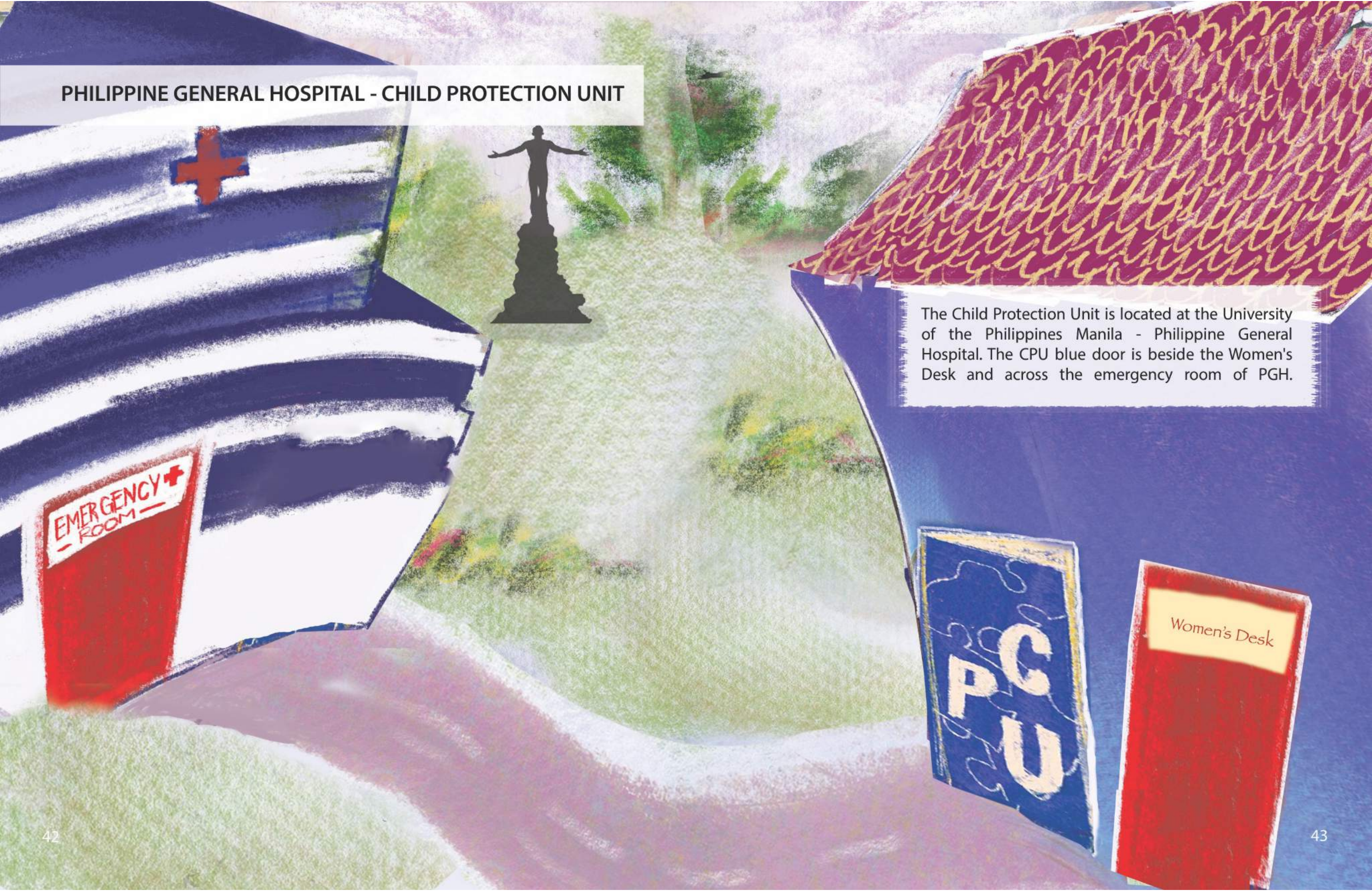


NCR

Valenzuela City Child Protection Center



PHILIPPINE GENERAL HOSPITAL - CHILD PROTECTION UNIT



The Child Protection Unit is located at the University of the Philippines Manila - Philippine General Hospital. The CPU blue door is beside the Women's Desk and across the emergency room of PGH.

When a child is brought to PGH-CPU after disclosing that he/she is abused, the following services are provided by the PGH-CPU Team.

MEDICAL SERVICES

The child is interviewed by a trained doctor and social worker team. The social worker does an intake interview then the doctor takes the medical history. The comprehensive medical evaluation consists of:

1. Medical history
2. Screening for psychological trauma
3. Developmental surveillance
4. Medical examination
5. Collection of forensic evidence
6. Photographic or video documentation

7. Recording in the Women and Children Protection Management Information System
8. Management of sexually transmitted infections (STI)
 - a. Presumptive treatment
 - b. Screening
 - c. HIV Postexposure Prophylaxis
9. Expert testimony in court

POLICE AND LEGAL SERVICES

A police officer assigned at PGH-CPU takes the child's sworn statement. The police officer conducts further investigation to obtain other evidence needed for case filing.

A lawyer is consulted to provide legal counseling.



SOCIAL SERVICES

The social worker leads the **case management** process which includes:

1. Intake interview of the child's guardian to determine the child's safety
2. Safety planning with the doctor to decide if the child is safe to go home
3. Reporting the case to the Local Social Welfare and Development Office within 48 hours
4. Referral to Women's Desk for mothers who are victims of interpersonal violence
5. Risk assessment through home visit within 5-10 days
6. Monitoring compliance to planned interventions
7. Case conference (See Case conference details)
8. After Care: livelihood, educational assistance, parenting program (See Masayang Pamilya Parenting Program details), and other services in the community
9. Recording in the WCPMIS



MASAYANG PAMILYA PARA SA BATANG PILIPINO (MaPa Parenting Program)

Parents of children aged 2-6 years (MaPa Kids) and 10-17 years (MaPa Teens) attend parenting classes aimed at promoting positive parenting and parent-child relationships.

CASE CONFERENCE

A case conference is convened to discuss safety issues, plans for intervention, inform team members of their roles and tasks and implement interventions.

The doctor, social worker, police officer, psychiatrist, lawyer and the child's guardian attend the conference.

MENTAL HEALTH SERVICES

The child will be referred to the Child Psychologist to determine the most appropriate psychiatric or psychological intervention:

1. Trauma Informed Psychosocial Processing (TIPP), a cultural adaptation of Trauma-Focused Cognitive Behavioral Therapy



PHILIPPINE GENERAL HOSPITAL - CHILD PROTECTION UNIT

2. Psychoeducation, a process of didactic knowledge transfer to child victim of abuse and their families/caregivers to enable them to cope with the targeted problem in their life and to improve treatment adherence and efficacy

DEVELOPMENTAL ASSESSMENT

If the doctor assessed the child to have a probable developmental or learning disability, he/she will be referred to the Developmental Pediatrician.

The child will undergo a developmental assessment, a formal evaluation that determines the child's strengths and difficulties in development and behavior. Options for school placement will be discussed with the child's guardian.

WOMEN CHILDREN PROTECTION MANAGEMENT INFORMATION SYSTEM (WCPMIS)

Designed to reflect the case management process, the WCPMIS is instrumental in identifying challenges and obstacles in the implementation of services and contributes to the improvement of PGH-CPU Programs.

The WCPMIS is a database system developed at the PGH-CPU to facilitate women and children protection case management and research in the unit. 38 WCPUs are now using the WCPMIS.

The WCPMIS features:

- a. Format - reflects current practice in WCPU
- b. User-friendly
- c. Data accuracy - mandatory fields and safeguards
- d. Research - built-in queries, query wizard ability to export data for use in other analytical software.
- e. Security - user access limited to pertinent module
- f. Replication - Easy to install and can be deployed to other WCPUs
- g. Tracking common patients and perpetrators
- h. Confidentiality - data are protected at all levels

The vision of WCPMIS is to become a national surveillance system, in collaboration with the Department of Health's Violence Against Women and Children Registry System, that will provide ongoing, systematic collection, analysis and interpretation of data.

PGH-CPU does research and offers training programs.

TRAINING

A training team composed of doctors, psychiatrists, social workers, and police officers give lectures and act as preceptors to trainees who rotate in the PGH-CPU for the following training programs:

1. Certificate in Women and Children Protection Specialty Training (WCPST) for Physicians, Social Workers, and Police Officers
2. UP-PGH Ambulatory Pediatrics Fellowship Training Program
3. UP-PGH Pediatrics Residency Training Program
4. Philippine Pediatric Society (PPS) Accredited Residency Training Programs
5. UP-PGH Child Psychiatry Fellowship Training
6. Selected Internship for Post Graduate Students of Psychology and Law Students

Working with Government and Non-Government Agencies Involved in Child Protection

RECOMMENDATION FOR PROTECTIVE CUSTODY

If the child is found to be at high risk for re-abuse, the PGH-CPU social worker coordinates with the LSWDO to facilitate placement in a shelter under protective custody.

HOME VISIT

The PGH-CPU social worker requests assistance from the barangay to locate a child's house. The social worker conducts a risk assessment to determine the possibility of re-abuse, family support, and availability of community resources.

KIDS COURT

PGH-CPU social workers organize a session, the Kids Court, wherein they teach the rights of the child witness, how to behave in court and how to reply to lawyers and to the judge.

The child and his/her guardian together with the PGH-CPU social worker then visit a family court. An orientation is given by the judge, fiscal, and PAO.

EDUCATIONAL ASSISTANCE PROGRAM

PGH-CPU provides Educational Assistance to selected patients for them to be able to continue schooling. This includes financial support for school supplies, meal, and transportation expenses.

CASE FILING

The PGH-CPU Police Officer files the child's case at the Prosecutor's Office.

AKO PARA SA BATA

THE INTERNATIONAL CONFERENCE IN MANILA

The 10th AKO PARA SA BATA The International Conference in Manila with the theme "INSPIRED: Eight Strategies for Ending Violence Against Children" gathered 2,240 social workers, physicians, police, teachers, guidance counselors, psychiatrists, psychologists, judges, prosecutors, NGO workers, local government officials, parents, and other interested individuals on November 19-20, 2018 at SMX Convention Center Manila.

Fifty-four (54) foreign and local experts shared evidence-based strategies to end violence against children. UNICEF Country Representative Lotta Sylwander provided the Situation Analysis of Children in the Philippines. Plenary presentations include INSPIRE: Seven Strategies for Ending Violence against Children by Robert Alexander Butchart, MA, PhD; Evidence for Better Lives Study (EBLS) by Professor Manuel Eisner; Safe Environments by Valenzuela City Mayor Rexlon T. Gatchalian, Care for the Carers: An Introduction to Mindful Self-Compassion by Fareda Fatima A. Flores, MD; INSPIRED Philippine Plan of Action to End Violence Against Children by Bernadette Madrid, MD; Reach up: An Early Childhood Intervention Program by Professor Susan Walker; and an inspirational speech Finding My Voice by Antonnette Acupinpin.

The Council for the Welfare of Children was awarded as CPN's Most Valuable Partner for 2018 in recognition of its impact in advocating, initiating and implementing programs, policies, and measures to ensure a child-friendly and child-sensitive society.

UNICEF Philippines is the co-presenter of the 2018 conference. Other major partners and sponsors include the Consuelo Foundation, Energen, Globe Telecom, Infotxt, KOPIKO, San Miguel Corporation, ASMAE, Children International (Manila) Inc., City Government of Makati, City Government of Muntinlupa, City Government of Paranaque, City Government of Valenzuela, BCPC and City Government of Zamboanga, International Justice Mission, Kaisahang Buhay Foundation, Municipality of Gen. E. Aguinaldo, Cavite, Provincial Government of Aklan, Provincial Government of Cavite and Provincial Council for the Protection of Children of Cavite, SM Mall of Asia, UNILAB, Children and Youth Empowerment Zamboanga, Adarna House, Ms. Renna Hechanova-Angeles, and Ms. Marivic Rufino.

MVP Awardees

- 2005 The British Embassy
- 2006 UNICEF Manila
- 2007 Plan Philippines
- 2008 Philippine Judicial Academy
- 2010 Consuelo Foundation
- 2011 Philippine National Police
- 2012 World Health Organization
- 2013 United Nations Population Fund
- 2014 43 Women and Child Protection Specialists and staff
- 2015 Special Committee for the Protection of Children
- 2016 Kindernothilfe
- 2017 Department of Health
- 2018 Council for the Welfare of Children



(1) EBLs Consortium and CPN partners; (2) The Council for the Welfare of Children Executive Director Mary Mitzi Cajayon-Uy and representatives receive CPN's Most Valuable Partner award; (3) Keynote speaker Lotta Sylwander of UNICEF with Dr. Bernadette Madrid of CPN; (4) Plenary speaker Mayor Rexlon T. Gatchalian of Valenzuela City; (5) AKO PARA SA BATA delegates participating in the Care for the Carers session; (6) A delegate wins an artwork by Marivic Rufino; (7) Inspirational speaker Antonnette Acupinpin; (8) Session speaker Paulo Tibig pledges to advocate and support the implementation of the INSPIRE strategies; (9) Plenary speaker Dr. Madrid; (10) Conference Chair Dr. Sandra Hernandez and CPN Executive Director Dr. Madrid awarding the certificate of appreciation to Dr. Robert Alexander Butchart of World Health Organization, Geneva, Switzerland; (11) Performers from Trumpets Playshop; (12) Session speakers Paulo Tibig and Jorge Noel Wieneke III with session chair Dr. Stella Manalo and conference coordinator Melissa David

EVIDENCE FOR BETTER LIVES STUDY (EBLS) STAKEHOLDERS SUMMIT

NOVEMBER 19-23, 2018

THE EVIDENCE FOR BETTER LIVES STUDY is an integrated research, impact and capacity-building programme supported by the WHO, Global Partnership to End Violence against Children, and UNICEF. It aims to generate high-quality evidence on how to prevent violence against children and how best to support children growing up in the context of adversity so that they achieve their full potential. Led by the University of Cambridge, it is based in eight medium-sized cities in low- and middle- income countries across the world: Jamaica, Ghana, South Africa, Romania, Sri Lanka, Pakistan, Vietnam, and the Philippines.

With support from Consuelo Foundation, a Stakeholders Summit was held in conjunction with the AKO PARA SA BATA Conference. A Co-Investigators Research Workshop was subsequently held in Escala, Tagaytay City on November 21-23, 2018.



EBLS Research Workshop Delegates

Standing, L-R: Vo Van Thang (Vietnam), Alexis Reyes (University of the Philippines), Asvini Fernando (Sri Lanka), Sara Valdebenito-Muñoz (University of Cambridge), Susan Walker (Jamaica), Fahad Abbasi (Pakistan), Marguerite Marlow (South Africa), Dang Thi Anh Thu (Vietnam), Diana Taut (Romania). Seated, L-R: Adriana Baban (Romania), Joseph Osafo (Ghana), Nicanor Torre (Consuelo Foundation), Manuel Eisner (University of Cambridge), Bernadette Madrid (Child Protection Network), Catherine Ward (South Africa).



Professor Manuel Eisner of the University of Cambridge present the Evidence for Better Lives Study to the AKO PARA SA BATA delegates.



Professor Susan Walker of the University of West Indies, Jamaica is given the certificate of appreciation by Dr. Stella Manalo and Dr. Bernadette Madrid of the Child Protection Network Foundation.



Dr. Dang Thi Anh Thu (Hue University of Medicine and Pharmacy) and Mr. Ha Van Tuan (Department of Labour, War Invalids and Social Affairs of Thua Thien Hue Province).



Dr. Elizabeth Mary Ward (Violence Prevention Alliance, Jamaica), Whitney Skowronski and Dr. Alexander Butchart (World Health Organization), and Professor Michael Dunne (Queensland University of Technology, Australia).



Dr. Fahad Abbasi (Health Services Academy, Pakistan), Professor Adriana Baban and Dr. Diana Taut (Babes-Bolyai University, Romania), Dr. Ioana Rotar (University of Medicine and Pharmacy, "Iuliu Hatieganu", Romania)



Handri Liebenberg (Western Cape Government Health, South Africa), Marguerite Marlow (University of Cape Town, South Africa), Harrison Tete-Donkor (Department of Social Welfare, Ghana), Professor Susan Walker (University of the West Indies, Jamaica), Back row: Dr. Jaime Exconde, Jr. (City Health Office, Valenzuela City), Andrea de Jesus (Health Education and Promotion Office, Valenzuela City).

OBJECTIVES OF THE EBLs STAKEHOLDERS SUMMIT

1

Advancement of collaboration with technical experts at WHO and UNICEF

2

Identification of the needs and available resources in each partner site

3

Development of a shared policy impact strategy

4

Stronger integration of the EBLs project into the INSPIRE and SDG agenda

EVIDENCE FOR BETTER LIVES STUDY (EBLS) STAKEHOLDERS SUMMIT

EBLS POLICY SUMMIT

The EBLs Policymakers and Researchers Dialogue was held at the Conrad Hotel. The policy representatives gave their response to the results of the Needs and Assessment Report in their respective sites as well as their perspectives on EBLs.

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Dr. Iona Cristina Rotar, University of Medicine and Pharmacy, "Iuliu Hatieganu", Cluj Napoca, Romania



Regional Director Harrison Tete-Donkor, Department of Social Welfare, Ghana



Mayor Rexlon Gatchalian, Valenzuela City, Philippines



Mr. Ha Van Tuan, Department of Labour, War Invalids and Social Affairs of Thua Thien Hue



Dr. Elizabeth Mary Ward, Violence Prevention Alliance, Jamaica



Handri Liebenberg, Western Cape Government Health, South Africa

Valenzuela: EBLs City Site in the Philippines

Delegates visited facilities featuring the best practices and programs in Valenzuela City: the Child Protection Center, a safe haven that provides free multidisciplinary services for children needing special protection; 3S (Sama-Samang Serbisyo) Center, satellite city halls & EBLs local data collection sites; Bahay Pag-Asa, an institution for children in conflict with the law; and Bahay Kalinga, a temporary shelter for street wanderers, founding children & those recovering from any form of abuse.



EBLS Delegates at the Karuhatan 3S (Sama-Samang Serbisyo) Center



EBLS Delegates at Bahay Kalinga



EBLS Delegates at Bahay Pag-Asa



A/Prof. Vo Van Thang and Dr. Jaime Exconde, Jr.



EBLS Delegates at the Karuhatan 3S Center Day Care.



EBLS Delegates inside the Karuhatan 3S Center Police Station



EBLS Delegates inside the Karuhatan 3S Center Health Station



Dr. Alma Lalic of Valenzuela City Child Protection Center with A/Prof. Vo Van Thang and Professor Michael Dunne



EBLS Delegates with Ms. Dorothy Evangelista, Head of CSWDO, Valenzuela City (leftmost) at the Valenzuela City Child Protection Center



EBLS Delegates inside the Karuhatan 3S Center Health Station



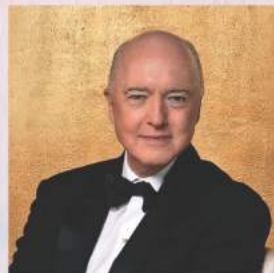
Valenzuela City staff welcome EBLs delegates with a lei at the City Hall

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FINANCIAL REPORT 2018

Child Protection Network Foundation, Inc.
(A non-stock, not-for profit organization)

STATEMENT OF ASSETS, LIABILITIES AND FUND BALANCE (In Philippine Peso)
as of December 31, 2018 and 2017

ASSETS	2018	2017
Current Assets		
Cash	27,328,028.00	28,323,923.00
Receivables	66,200.00	52,000.00
Financial asset at fair value through profit or loss	16,217,782.00	16,965,403.00
Prepayments and other current assets	3,272,887.00	1,825,574.00
	46,884,897.00	47,166,900.00
Non-current Assets		
Property and equipment-net	35,359.00	29,434.00
Intangible asset-net	29,333.00	-
	64,692.00	29,434.00
TOTAL ASSETS	46,949,589.00	47,196,334.00
LIABILITIES AND FUND BALANCE		
LIABILITIES		
Current Liability		
Payables	822,488.00	1,048,633.00
FUND BALANCE		
Fund Equity	46,127,141.00	46,147,701.00
TOTAL LIABILITIES AND FUND BALANCE	46,949,629.00	47,196,334.00

LIST OF DONORS

The Child Protection Network Foundation recognizes and appreciates the following individuals and institutions for their generosity. **We are also grateful for being the beneficiary of the 2017 Tatler Ball.** Moreover, we offer our heartfelt gratitude to those who helped but would like to remain anonymous. May the universe abundantly reward and keep all of you protected at all times.

From the bottom of our hearts, we thank you for helping us fulfill our mission.

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Ms. Renna Hechanova-Angeles
Ms. Marivic Rufino

Special thanks to

Mr. Boy Abunda
Ms. Marivic Rufino



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 whether 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);
- 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

ANNEX - A

MANUAL OF OPERATIONS

The Committee on Women and Children Protection Program is mandated to regulate the establishment and operations of all WCPUs in the Philippines.

I. The minimum standard criteria should be maintained by all WCPUs.

A. Organizational Structure

1. The WCPU shall be an integral part of the hospital;
2. It shall be under the Office of the Chief of Clinics;
3. It shall be supervised by a WCPU head who shall have the following responsibilities:
 - a. Integrate all functions of the WCPU
 - b. Prepare the annual work and financial plan including budget preparation,
4. Submit quarterly reports to the Office of the Undersecretary, cluster head of the NCDPC
5. It shall have the following minimum staff, preferably with regular plantilla positions, who shall be primarily responsible to the WCPU:
 - c. a trained physician, and
 - d. a trained social worker.

B. Facilities

1. Permanently situated in a designated area preferably near the emergency room of the hospital;
2. Spacious enough to accommodate all the services provided by the facility, such as:
 - a. A separate room for interviews and crisis counselling
 - b. A separate room for medical examination;
 - c. A reception area to accommodate those waiting to be served, including their companions. The reception area must have culture- and gender-sensitive information materials on violence against women and children (VAWC)

- d. Filing cabinets and other furniture/equipment that will ensure the security and confidentiality of files and records;
8. Its own toilet or comfort room;
9. The following fixtures:
 - a. Examination table
 - b. Desk and chairs
 - c. Washing facilities with clean running water
 - d. Light source, and
 - e. Telephone line
10. Readily available supplies and equipment for medical examination, including:
 - a. Digital camera
 - b. Rape kit
 - c. Speculum of different sizes
 - d. Blood tubes
 - e. Syringes, needles and sterile swabs
 - f. Examination gloves
 - g. Pregnancy testing kits
 - h. Microscope slides
 - i. Measuring devices like rulers and calipers
 - j. Urine specimen containers
 - k. Refrigerator for storage of specimens
 - l. Analgesics, and medicines for STI prophylaxis
 - m. Labels
 - n. Medical forms including consent forms and anatomical diagrams
 - o. Colposcope (Optional)
 - p. Videocamera for recording the forensic interview (optional)
 - q. Tape recorder (optional)

II. LEVELS OF CARE DELIVERED BY WCPUs

A. Level I WCPU

1. Personnel

- A trained physician, and
- A trained and registered social worker

2. Services. – A level I WCPU provides

- Minimum medical services in the form of medico-legal examination, acute medical treatment, minor surgical treatment, monitoring & follow-up
- A full coverage, 24/7
- Minimum social work intervention such as safety (and risk) assessment, coordination with other disciplines (*i.e.*, Department of Social Welfare and Development (DSWD) or the local social welfare and development office (SWDO), police, legal, NGOs)
- Peer review of cases
- Expert testimony in court, documentation, and record-keeping
- Networks with other disciplines and agencies

3. Training Capability

- Training on 4Rs

4. Research

- Proper documentation of experiences which will serve as inputs for policy research, formulation and program improvement

B. Level II WCPU

1. Personnel

- A trained physician;
- A trained and registered social worker, also with full-time coverage of duties at the WCPU; and

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- A trained police officer or a trained mental health professional.

2. Services

- Medical services similar to a Level I WCPU including rape kits and surgical intervention.
- Full coverage, 24/7
- Social work intervention similar to that of a Level I WCPU plus case management and case conferences
- Additional services in the form of police investigation or mental health care
- Expert testimony in court
- Documentation and record-keeping using the Child Protection Management Information System (CPMIS)
- Peer review of cases
- Availability of specialty consultations (ENT, ophthalmology, surgery, OB-Gyne, pathology)
- Networks with other disciplines and agencies.

3. Training Capability

- Training on 4Rs
- Residency training

4. Research

- Proper documentation of experiences which will serve as inputs for policy research, formulation and program improvement

C. Level III WCPU

1. Personnel

- At least two (2) trained physicians;
- At least two (2) trained and registered social workers;
- A registered nurse;
- A trained police officer; and
- A mental health professional

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2. Services

- Medical services of a Level 2 WCPU
- Full coverage, 24/7
- Social work intervention of a Level 2 WCPU capacity plus long-term case management
- Mental health care
- Police investigation
- Nursing services
- Peer review of cases
- Death review
- Expert testimony in court
- Documentation and record- keeping using CPMIS
- Availability of specialty consultations (i.e., ENT, Ophthalmology, Surgery, OB-Gyne, Pathology)
- Other support services (i.e., livelihood, educational)
- Networks with other discipline and agencies
- Availability of subspecialty consultations (e.g., child development, forensic psychiatry, forensic pathology)

3. Training Capability

- Training on 4Rs
- Competence and facility to run residency training and specialty trainings

4. Research

- Proper documentation of experiences which will serve as inputs for policy research, formulation and program improvement;
- Conduct of empirical investigations on women and children protection work;
- Publication of such research studies in reputable journals and/or presentation in scientific conferences or meetings.

III. TRAINING AND EDUCATION IN WOMEN AND CHILDREN PROTECTION

A multi-disciplinary training program will address human resource needs of women and child protection units and women's and children's desk as well as create and sustain a woman- and child-sensitive hospital environment. The women and children protection program in the central office will set directions and define a career path for medical and paramedical graduates who might be interested in professionally pursuing this line of work. This will be made available not only to hospital personnel but to community and interested organizations that would like to avail of the training. Training areas may focus on the following:

1. Acquisition/enhancement of attitudes necessary in the management of acute and chronic causes of crisis such as sensitivity, compassion, confidentiality and empathy.
2. Development/strengthening of skills in early detection, screening, interviewing, physical examination, use of appropriate diagnostic procedures, management, counseling and referral.
3. Additional knowledge on understanding of conditions leading to crisis, recognition of early sign of crisis identification, analysis of aggravating/contributory factors including family factors/stresses, understanding of the impact of crisis on the individual, the family and the community, management of patients and their families, networking, linkage development and referral.

IV. MINIMUM REQUIREMENTS OF A TRAINED WOMEN AND CHILDREN PROTECTION SPECIALIST

1. Physician

- Six (6)-week Child Protection Specialist Training for Physicians of the Child Protection Network Foundation or its equivalent

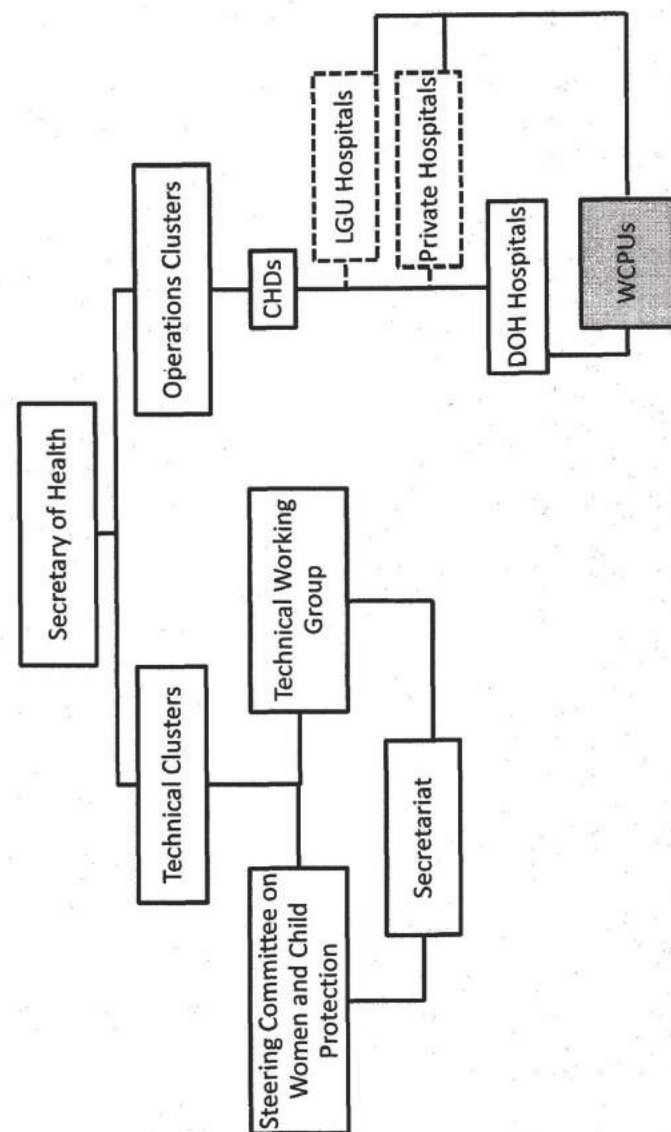
2. Social Worker

- Four (4) -week Child Protection Specialist Training for Social Workers of the Child Protection Network Foundation or its equivalent

3. Police Officer

- Four (4)-week Child Protection Specialist Training for Police Officers of the Child Protection Network Foundation or its equivalent

Women and Child Protection: Organizational Structure



MAJOR PARTNERS

