ANNUAL REPORT 2018
Protecting the Child from the Many Faces of Abuse
www.childprotectionnetwork.org

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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 key result areas. There is still much work to be done but we are in a good position to succeed.

Sincerely yours,

[Signature]

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

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 (CAN) 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
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**

- 68% Sexual Abuse (993)
- 8% Physical Abuse (109)
- 9% Pending (136)
- 4% Direct Psychiatry & Others (50)
- 0% Emotional abuse / Psychological Abuse / Bullying (4)
- 0% Minor Perpetrator (2)
- 5% Unable to Validate Abuse (73)
- 4% Neglect (59)
- 2% Sexual & Physical Abuse (31)

*In PGH-CPU, as with other WCPUs, majority of cases seen involve sexual abuse (68%).*
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:
Norita Calma-Balderrama, MD, FPPA, FPCAPP

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

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

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 R. 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. Lapdamen, RSW
Randallo P. Odango, RSW
María 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
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

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Cresencia G. Agustin

Finance Officer:
Phoebe S. Emberga

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Anna Teresa S. Clemente

Resource Development Officer:
Maria Melissa Ann M. David

Project Officer:
Phoebe M. Delos Reyes

Research Coordinator:
Hiedie F. Carino

Project Assistant:
Mike G. Forte

Administrative Assistant:
Niño P. Yunui

Database Officer:
Jesthyr O. de Vera

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Email: cpn@childprotectionnetwork.org
Website: www.childprotectionnetwork.org
Facebook Page: @childprotectionnetworkfoundation
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:


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).

69% Sexual Abuse (7,172)
14% Physical Abuse (1,503)
5% Minor Perpetrator (504)
4% Sexual & Physical Abuse (449)
3% Neglect (346)
2% Unable to Validate Abuse (206)
1% Pending (136)
1% Emotional abuse/ Psychological/Bullying (69)
1% Direct Psychiatry and Others (59)
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.

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.
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.

Cultural and societal norms often lead children to keep their experiences private. 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).

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.

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

**Perpetrators of Physical Violence Against Women**

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>1,317</td>
</tr>
<tr>
<td>Live-in partner</td>
<td>1,226</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>106</td>
</tr>
<tr>
<td>Unknown</td>
<td>56</td>
</tr>
<tr>
<td>Ex-boyfriend</td>
<td>43</td>
</tr>
<tr>
<td>Neighbor</td>
<td>34</td>
</tr>
<tr>
<td>Ex-live-in partner</td>
<td>31</td>
</tr>
<tr>
<td>Father</td>
<td>24</td>
</tr>
<tr>
<td>Stranger</td>
<td>23</td>
</tr>
<tr>
<td>Brother</td>
<td>18</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>14</td>
</tr>
<tr>
<td>Brother in law</td>
<td>11</td>
</tr>
<tr>
<td>Ex-husband</td>
<td>10</td>
</tr>
<tr>
<td>Landlord's relative</td>
<td>10</td>
</tr>
<tr>
<td>Other relatives</td>
<td>10</td>
</tr>
<tr>
<td>Uncle</td>
<td>10</td>
</tr>
</tbody>
</table>

**Perpetrators of Sexual Assault Against Women**

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbor</td>
<td>202</td>
</tr>
<tr>
<td>Stranger</td>
<td>137</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>111</td>
</tr>
<tr>
<td>Unknown (no disclosure)</td>
<td>69</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>64</td>
</tr>
<tr>
<td>Friend</td>
<td>62</td>
</tr>
<tr>
<td>Other relatives</td>
<td>49</td>
</tr>
<tr>
<td>Cousin</td>
<td>46</td>
</tr>
<tr>
<td>Co-employee</td>
<td>45</td>
</tr>
<tr>
<td>Uncle</td>
<td>43</td>
</tr>
<tr>
<td>Father</td>
<td>39</td>
</tr>
<tr>
<td>Husband</td>
<td>39</td>
</tr>
<tr>
<td>Ex-boyfriend</td>
<td>36</td>
</tr>
<tr>
<td>Live-in partner</td>
<td>27</td>
</tr>
<tr>
<td>Employer</td>
<td>23</td>
</tr>
</tbody>
</table>

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

The majority of perpetrators of sexual assault against women are known to them.
## DIRECTORY OF WCPUs AND VAWC DESKS

<table>
<thead>
<tr>
<th>PROVINCE / CITY</th>
<th>HOSPITAL / ADDRESS / CONTACT NUMBER / WCPU LEVEL</th>
<th>TRAINED PERSONNEL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cordillera Autonomous Region (CAR)</strong></td>
<td></td>
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</tr>
<tr>
<td>Baguio City</td>
<td>Baguio General Hospital and Medical Center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Governor Park Road, Baguio City</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(074) 442-4216 local 427: 443-8342</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Level 3 - Training Center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elisabeth J. Blatino, MD</td>
<td>Loren Bahsoon, RSW</td>
</tr>
<tr>
<td></td>
<td>Nona G. Balerio, RN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Larre A. Acosta, MD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>April L. J. Subido, RN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>John Ramirez, RN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reina Tabao, RN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hayden R. Vea, RSW</td>
<td></td>
</tr>
<tr>
<td>Benguet</td>
<td>Benguet General Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>La Trinidad, Benguet (077) 442-316</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Level 2 WCPU</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mary Jane Pauli Carrillo, MD</td>
<td>Markelias R. Doma, M.D.</td>
</tr>
<tr>
<td></td>
<td>Merlinda O. Osorio Cruz, MD</td>
<td>Angelica Joel C. Marapaj, RSW</td>
</tr>
<tr>
<td></td>
<td>Cristina Veloso Araujo, RSW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marissa M. Slaughter, RSW</td>
<td></td>
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<tr>
<td></td>
<td>SP03 Edith Baladandao</td>
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<tr>
<td>Mil-Province</td>
<td>La Union Regional Memorial Hospital</td>
<td></td>
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<tr>
<td></td>
<td>Baguio, Mil-Province (077) 792-3133</td>
<td></td>
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<tr>
<td></td>
<td>Level 1 WCPU</td>
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<tr>
<td>Region I - Eastern Region</td>
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<tr>
<td>Ilocos Norte</td>
<td>Mariano Marcos Memorial Hospital &amp; Medical Center</td>
<td></td>
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<tr>
<td></td>
<td>Brgy. 6, San Juan, Batac City, Ilocos Norte</td>
<td></td>
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<tr>
<td></td>
<td>(077) 792-3133</td>
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<tr>
<td></td>
<td>Level 2 WCPU</td>
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<tr>
<td></td>
<td>Emella A. Agayay, MD</td>
<td>Akhina Keat, M.D.</td>
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<tr>
<td></td>
<td>Minerva L. Paterno, MD</td>
<td>Gloria Canta, RSW</td>
</tr>
<tr>
<td></td>
<td>Gisel G. C. Acabado, MD</td>
<td></td>
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<tr>
<td></td>
<td>Elena C. Solano, RSW</td>
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<td></td>
<td>Joy Ann A. Ramos, RSW</td>
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<tr>
<td></td>
<td>Marilyn Q. Roman, RNI</td>
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<tr>
<td>La Union</td>
<td>Bacnotan District Hospital*</td>
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<tr>
<td></td>
<td>San Fernando, La Union</td>
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<tr>
<td></td>
<td>(072) 607-5443</td>
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<tr>
<td></td>
<td>Level 2 WCPU</td>
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<td></td>
<td>Enrica Training and Regional Medical Center</td>
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<td>San Fernando City, La Union</td>
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<tr>
<td></td>
<td>(072) 607-6418</td>
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<tr>
<td></td>
<td>Level 2 WCPU</td>
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</tr>
<tr>
<td></td>
<td>Michelle Calabaza, MD</td>
<td></td>
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<td>Melvin M. Williams, MD Manik A. Sanab, RSW POI: Edna Mar C. Farriaran</td>
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<td>Marianne Roxelles, MD Meleomar Atayde, MD Mere-Vieza Zeita, RSW Mertha TD Dado, RSW Mary Beth S. Mendoza, RSW (Level 1 WCP - Training Center)</td>
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<td>Althea K. Caloam, MD Noreen R. Cagayung, RSW POI: Mona M. Torres (WAC Desk)</td>
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<td>Maria Renegada A. Malod, MD Sunny Bayasal, MD Glenda Garcia Velino, MD Rosamonde Abadina, RSW Janet Galang, RSW POI: Marge Melo, RSW POI: Marlyn Reposa Fuentes (WAC Desk)</td>
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<td>Dr. Jose Rizal Memorial Hospital, Lapu- Lapu City, Zamboanga del Norte (0955) 213 0421</td>
<td>Maria Dhuva Vey-Pavitas, MD; Eze巡航 45; RSW; Chellene O. Verminen, RN (Level 1 WCPU)</td>
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<td>Zamboanga City Medical Center</td>
<td>Dr. Evangelista St., Sta. Catalina, Zamboanga City, Zamboanga del Norte (0952) 991 2364</td>
<td>Lila Nela Cervilla, MD; F. Parra C. Concepcion, MD; Stephanie Saboisa, RSW; POI: Peregrina Fabre (Level 2 WCPU)</td>
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<td>coconut S. Gueh, MD; Dina Hernandez, MD; Daniel Abueva, RSW; Leo Vilamorosa, RSW; POI: Jhunely Flores (Level 2 WCPU)</td>
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<td>Misamis Oriental</td>
<td>Mayer Haron A. Ramirez, Sr. Medical Center, Mindanao Manning, Davao City, Misamis Occidental (0980) 321 0440 (WACD Desk)</td>
<td>Angela M. Tanci, MD; Odelina L. Cegledy-Singang, RN (Level 2 WCPU)</td>
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<td>Misamis Oriental</td>
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<td>Mijeth S. Penay, MD; Lourdes Mendosa, MD; Jose Max A. Ananada, RSW (Level 1 WCPU)</td>
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<td>Region XI - Davao Region</td>
<td></td>
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</tr>
<tr>
<td>Davao del Norte</td>
<td>Davao Medical Center, Ayala, Davao City, Davao del Norte (0980) 4003164</td>
<td>Emelie Dela-liguilde, MD; Leslie M. Casimiro, MD; Ro Maxi U. Sanmartines, MD; Felisa Benete, RSW; Wengie Jenny B. Lawing, RSW (Level 2 WCPU)</td>
</tr>
<tr>
<td>Davao Oriental</td>
<td>Davao Oriental Provincial Medical Center, Malo City, Davao Oriental (0980) 811 5297 (Level 1 WCPU)</td>
<td>Sandra Yuson, MD; Nardette Gay Lina, RSW (Level 1 WCPU)</td>
</tr>
<tr>
<td>Davao del Sur</td>
<td>Southern Philippines Medical Center, JPT Laurel St., Bajada St., Davao City, Davao del Sur (0980) 127 2710, local 4300, 122 1347</td>
<td>Maria Annette Hayacinth Batawala, MD; Reyna P. Iniguez, MD; Imelda Malaya, RSW; Janice S. Pamplona, RSW; Loreliza S. Young, RSW (Level 1 WCPU)</td>
</tr>
</tbody>
</table>

Region XII - SOCCSKSARGEN

Cotabato
Cotabato Regional Medical Center, Site 1, Jaramillo Street, Cotabato City (0961) 241 2130 (Level 1 WCPU) |

Soronggan
LU呈 - Makaben, Makayan; Soronggan (Level 2 WCPU) |

South Cotabato
Dr. Jorge P. Bayona Hospital, General Santos City, South Cotabato (0961) 352 4006 (Level 1 WCPU) |

South Cotabato Provincial Hospital, General Santos City, South Cotabato (0961) 238 2019 (Level 1 WCPU) |

Sultan Kudarat
Sultan Kudarat Provincial Hospital, Isulan, Tawi-tawi, Sultan Kudarat (0961) 251 3155 (Level 1 WCPU) |

Region XII - CAATINGA

Agusan del Norte
Agusan del Norte Provincial Hospital, Libertad, Butuan City, Agusan del Norte (0986) 841 8402 (Level 2 WCPU) |

Surigao del Sur
Adinka Jona Sy Memorial Hospital, Surigao del Sur (0988) 211 4806 (Level 1 WCPU) |

Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)

Basilan
Basilan General Hospital, Isabela City, Basilan (0961) 241 3427 (Level 2 WCPU) |

Lanao del Sur
Amal Mahal Medical Center, Balingoan, Lanao del Sur (Level 2 WCPU) |

Meguindang
Meguindang Provincial Hospital, Sharif Aguas, Maguindanao (WACD Desk) |

Marmulot
Datu Salma Memorial Hospital, Davao del Sur (Level 1 WCPU) |

National Capital Region (NCR)

Caloocan City
Dr. Jose N. Rodriguez Memorial Hospital, Site 1, Jr. Avenue, Caloocan City (0971) 244 2571 (WACD Desk) |

Cotabato Region
Cotabato Regional Medical Center, Site 1, Jaramillo Street, Cotabato City (0961) 241 2130 (Level 1 WCPU) |

Surigao del Norte
Agusan del Norte Provincial Hospital, Libertad, Butuan City, Agusan del Norte (0986) 841 8402 (Level 2 WCPU) |

Cotabato Region
Cotabato Regional Medical Center, Site 1, Jaramillo Street, Cotabato City (0961) 241 2130 (Level 1 WCPU) |

Southern Mindanao
Bukidnon Provincial Medical Center, Malaybalay City, Bukidnon (0980) 221 2190 (Level 2 WCPU) |

Misamis Oriental
Mayer Haron A. Ramirez, Sr. Medical Center, Mindanao Manning, Davao City, Misamis Occidental (0980) 321 0440 (WACD Desk) |

Northern Mindanao
Cagayan de Oro City, Misamis Oriental (0980) 850 5490 (Level 1 WCPU) |

Davao del Norte
Davao Medical Center, Ayala, Davao City, Davao del Norte (0980) 4003164 (Level 2 WCPU) |

Davao Oriental
Davao Oriental Provincial Medical Center, Malo City, Davao Oriental (0980) 811 5297 (Level 1 WCPU) |

Davao del Sur
Southern Philippines Medical Center, JPT Laurel St., Bajada St., Davao City, Davao del Sur (0980) 127 2710, local 4300, 122 1347 (Level 1 WCPU) |
<table>
<thead>
<tr>
<th>PROVINCE / CITY</th>
<th>HOSPITAL / ADDRESS / CONTACT NUMBER / CONTACT LEVEL / TRAINED PERSONNEL</th>
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<tbody>
<tr>
<td>Misamis Oriental City</td>
<td>Ospital ng Misamis Oriental Medical Center, Legazpi Extension, Cagayan de Oro, Misamis Oriental 02 (06) 822-3236</td>
</tr>
<tr>
<td></td>
<td>TEL: 620-3333</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Malabon City</td>
<td>CAPIN: Malabon, Malabon Hospital, Malabon City, Malabon, Metro Manila 02 (02) 683-1550</td>
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<td></td>
<td>(Level 1 WVCU)</td>
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<tr>
<td>Manila</td>
<td>Philippine General Hospital - Children's Medical Center, Manila 02 (02) 803-1553</td>
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<td></td>
<td>(Level 2 WVCU)</td>
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<td></td>
<td>Ambulatory Care Unit - St. Luke's Medical Center, University of the Philippines, Manila 02 (02) 833-1553</td>
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<td>Capin: Manila, Manila, Metro Manila, Metro Manila 02 (02) 803-1553</td>
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<td></td>
<td>Dr. Jose Fabella Memorial Hospital, Lungsod ng Maynila, Sta. Cruz, Manila 02 (02) 833-1553</td>
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<td>(Level 1 WVCU)</td>
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<td>San Lazaro Hospital, Quirino St., Sta. Cruz, Manila, Metro Manila 02 (02) 833-1553</td>
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<td>Ospital ng San Lazaro, Manila, Metro Manila 02 (02) 833-1553</td>
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<td>Capin: Quezon City, Quezon City, Metro Manila 02 (02) 833-1553</td>
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<td>Philippine General Hospital - Children's Medical Center, Quezon City 02 (02) 833-1553</td>
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<td>(Level 1 WVCU)</td>
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<td></td>
<td>National Children's Medical Center, Quezon City 02 (02) 833-1553</td>
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<td></td>
<td>Philippine National Police - Women and Child Crisis Management Center, Quezon City 02 (02) 833-1553</td>
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<td>(Level 1 WVCU)</td>
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<td>Philippine General Hospital - Children's Medical Center, Quezon City 02 (02) 833-1553</td>
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<td>Quezon City Protection Center, Quezon City, Quezon City 02 (02) 833-1553</td>
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<td>Philippine General Hospital - Children's Medical Center, Quezon City 02 (02) 833-1553</td>
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<td></td>
<td>Veterans Memorial Medical Center, Quezon City, Quezon City 02 (02) 833-1553</td>
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<td></td>
<td>Valenzuela City, Quezon City, Quezon City, Quezon City 02 (02) 833-1553</td>
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</tbody>
</table>
LEVELS OF WOMEN AND CHILDREN PROTECTION UNITS


MDT

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

Level I

- Trained Physician
- Trained Registered Social Worker

Level II

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

Level III

- All Level II Trained Personnel + Additional Trained Physician And Social Worker
- Level II Medical Services + Sub-specialty consultations and other support services

Services

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

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

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

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
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)
   - Presumptive treatment
   - Screening
   - 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

PHILIPPINE GENERAL HOSPITAL - CHILD PROTECTION UNIT

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 lecturers 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
**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.

**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.

**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.

**CASE FILING**
The PGH-CPU Police Officer files the child’s case at the Prosecutor’s Office.
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, psychiatrist, 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 Esnser; 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 Philippines 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 Acuppin.

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.


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
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 Thong (Vietnam), Aleks 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 Boban (Romania), Joseph Ostafo (Ghana), Nicanor Torre (Consuelo Foundation), Manuel Eissner (University of Cambridge), Bernadette Madrid (Child Protection Network), Catherine Ward (South Africa).

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.

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; 35 (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, foundling children & those recovering from any form of abuse.
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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

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2018</th>
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<td>Cash</td>
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<td>64,692.00</td>
<td>29,434.00</td>
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<td>TOTAL ASSETS</td>
<td>46,949,589.00</td>
<td>47,196,334.00</td>
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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.

A Magaysays Inc.
AA Industrial Chrome and Plating Co.
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Bradley, David & Katharine
Bueloa, Dr. Althes
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Children International
China National Technical Import & Export Corp.
Consuelo Zobel Aliger Foundation
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KOPIKO
Legarda, Katrina
Medical Social Service, UP-PH

Montinola, Atty. Gizela Gonzalez
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Pineda, Marilou
Pleno, Mercedes & Family
Puno, Rodolfo
Razon, Enrique Jr. & Lizzy
Resulta, Dr. Marissa
Resulta, Marian Claire
Rode, Chinggay & Manfred
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Zobel de Ayala, Jaime Augusto
Zubiri, Ma. Victoria

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Raffle Sponsors

Ms. Renna Hechanova-Angeles
Ms. Mariolic Rufino

Special thanks to

Mr. Boy Abunda
Ms. Mariolic Rufino
ADMINISTRATIVE ORDER
No. 2013 - 010

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 deteriorating 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 Pangkalalakihan 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 - refers 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 psw.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 WAWC;
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 WCPU's and those that have yet to be established meet the criteria enumerated in the attached Manual of Operations.

b) All WCPU's, 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 (NCDCP) 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 WCPU's 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 WCPU's 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 WCPUs 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 in 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 units;
    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 standards 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 regular plantilla positions, who shall be primarily responsible to the WCPU:
      a. A trained physician, and
      b. 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

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
II. 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 signs 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