

ANNUAL REPORT 2019 Protecting the Child from the Many Faces of Abuse

www.childprotectionnetwork.org

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ANNUAL REPORT 2019



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PROTECTING THE CHILD FROM THE MANY FACES OF ABUSE

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Disclaimer: Children in the cover and inside pages are not victims of child abuse.

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Dear members, colleagues, partners and friends,

The good news is that we have evidence that the intervention we do works to prevent abuse, stops abuse from happening again and alleviates the effects of the abuse. A study done by Dr. Riza Lorenzana (2019) on the legal, social, and psychological outcomes of sexually abused patients seen at PGH-CPU and followed up 5 to 10 years later showed that the majority (78%) did not have ongoing trauma symptoms. The prevalence of suicide attempt and self-harm within the past year was 4.8% which is much lower than the 28% who had suicidal ideations upon first consultation at PGH-CPU. 6.5% experienced reabuse which is much lower than the 11 to 17% sexual reabuse prevalence among victims seen in child protection units in other countries. Majority remained in school. PGH-CPU services and support ranked second among the factors that were most helpful to the children and their parents throughout the legal process. The support of family and relatives ranked first. Desistance in this study (2.35%) was lower than the findings of Sugue-Castillo (9.05%) on the sexual abuse cases that reached court in an earlier study (2009).

A randomized clinical trial on Masayang Pamilya Para sa Batang Pilipino (MaPa) showed that a culturally-adapted parenting program may be effective in sustaining reductions in violence against children among poor families who are recipients of the conditional cash transfer (CCT) program. Overall significant reduction in child maltreatment, emotional abuse, physical abuse, and neglect were seen. There were also significant effects for reduced dysfunctional parenting, child behaviour problems, and intimate partner violence, and increased parental efficacy and positive parenting. MaPa is now being delivered by PGH-CPU and several WCPUs.

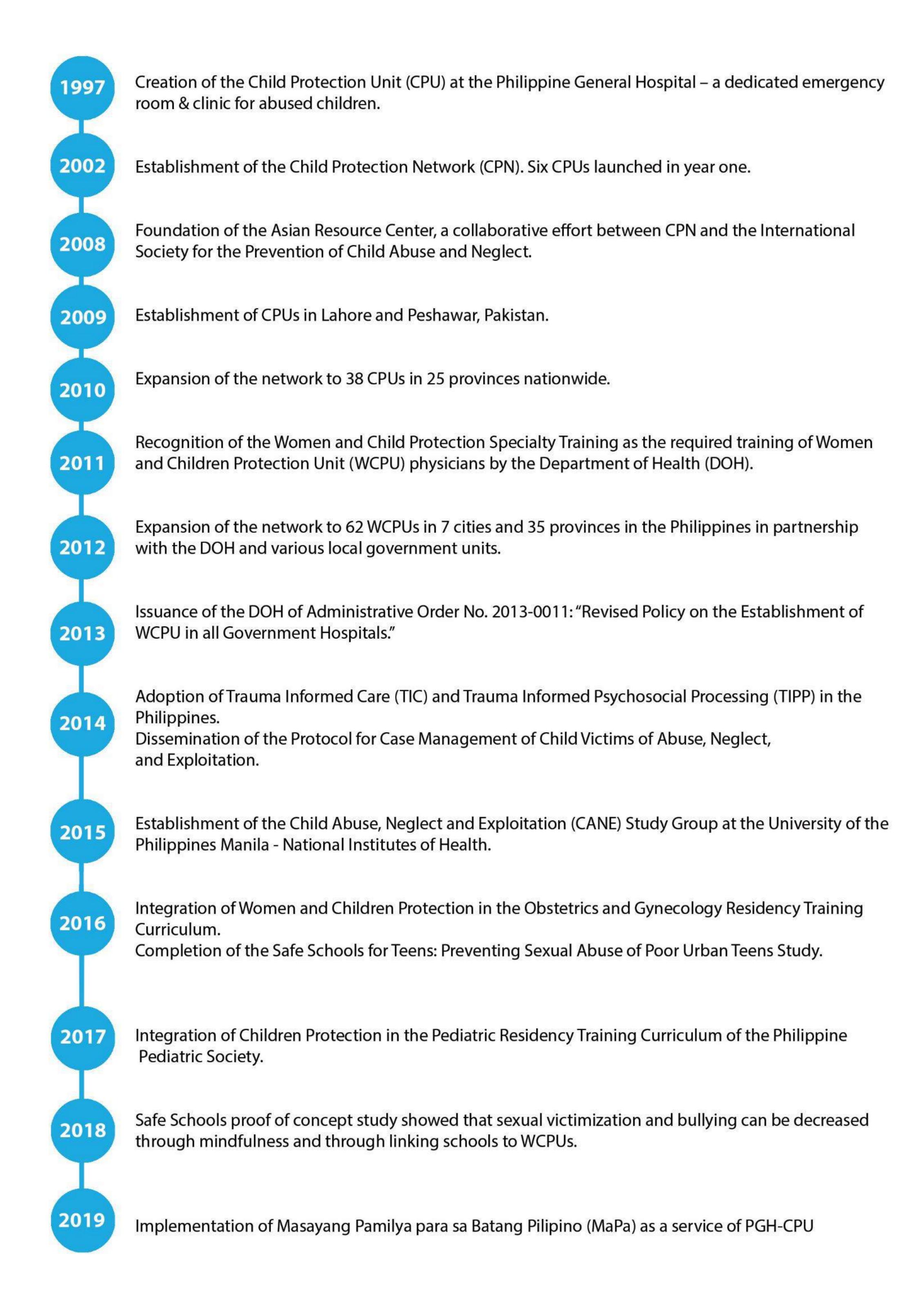
The Safe Schools for Teens intervention significantly raised the awareness and increased the reporting of child sexual abuse by teachers and students. The training of teachers was effective in improving the 4Rs of CSA: Recognition, Recording, Reporting and Referring cases of child abuse. It showed that adolescents can develop the skills to help their peers and to prevent sexual abuse. The use of mindfulness and the modules on healthy relationships are effective in reducing peer-to-peer violence, specifically bullying and dating violence. It also showed the need for a solid referral structure between the school and the child protection agencies including the child protection unit.

We recognize that the work we do builds on what the pioneers of child rights in our country have started decades ago. During the AKO PARA SA BATA 2019 we honored Teresita Silva, the champion of children in street situations; Angela Maria Pangan, the champion of children with disabilities and those without parental care; Lourdes Balanon, who played a critical role in institutionalizing rights-based policies and mechanisms for the realization of the rights of the child at the international, regional, national, and sub-national spheres. We are very happy that we had this opportunity to honor their life work.

It has been a fulfilling year but the work is not yet done. We have miles to go but we know we are going in the right direction.

Sincerely yours,

Bernadette J. Madrid, MD



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

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.

GUIDING PRINCIPLES:

Excellence: We strive for the highest standards, guided by evidence in research, experience in the frontlines and evaluation of programs.

Integrity and accountability: We are guided in all actions by the highest standards of conduct and the code of ethics of our professions.

Collaboration: We actively seek out partnerships with government and non-government organizations as well as individuals who share our mission.

Leadership: We provide leadership to advance the field of child protection in both the science and the service.

Humility: We respect every individual and lead with humility; with a willingness to learn and accept what we don't know and putting the best interest of the child above all other interests.

Pillar 1

Pillar 2

Pillar 3





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 24,778 children treated

NATIONAL NETWORK OF WCPUs

98,379 children and
 adolescent, and 4,364
 women served

216 Physicians
 171 Social Workers
 79 Police Officers

- 113 Units covering 57 provinces and 10 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

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 Cases 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

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 39 WCPUs

Child Abuse, Neglect, and Exploitation (CANE) Study Group at the University of the Philippines

of Health

Manila - National Institutes

- Evidence for Better
 Lives Study
- Masayang Pamilya
 Para sa Batang Pilipino
 Parenting Program

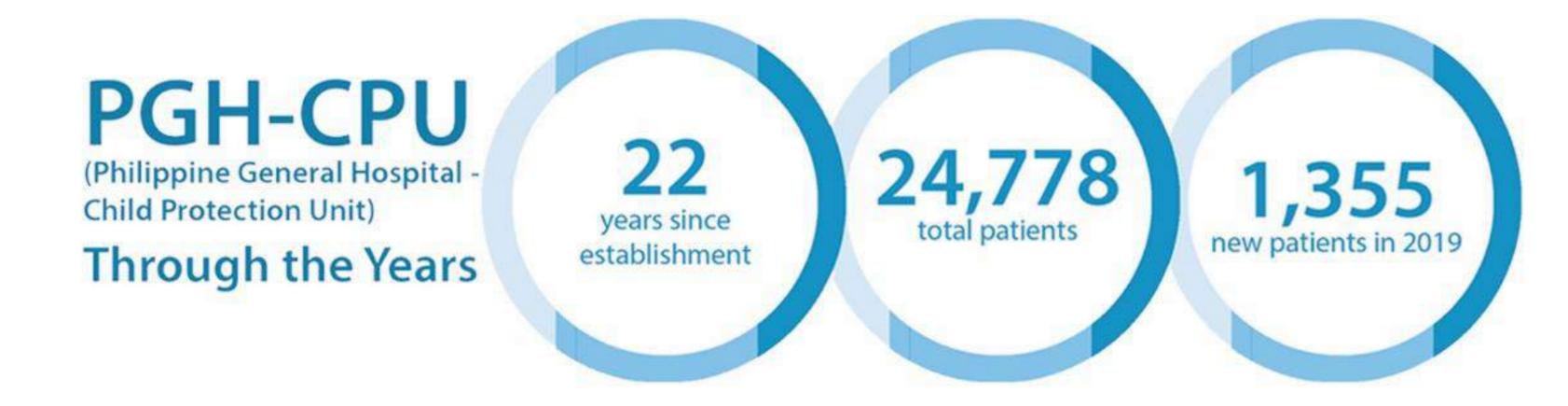
Safe Schools for

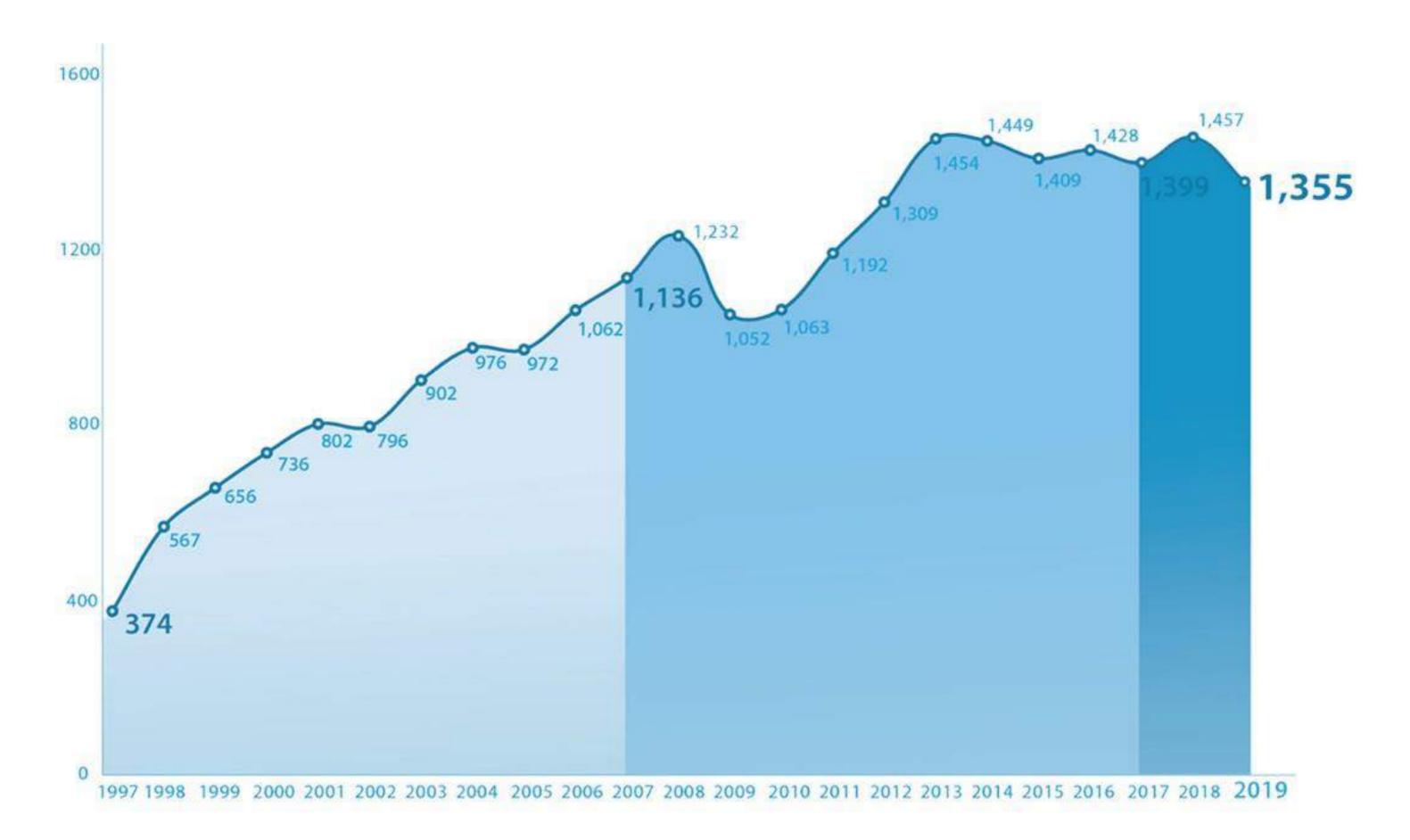
Teens: Preventing Sexual Abuse of Poor Urban Teens

Sian Resource Center

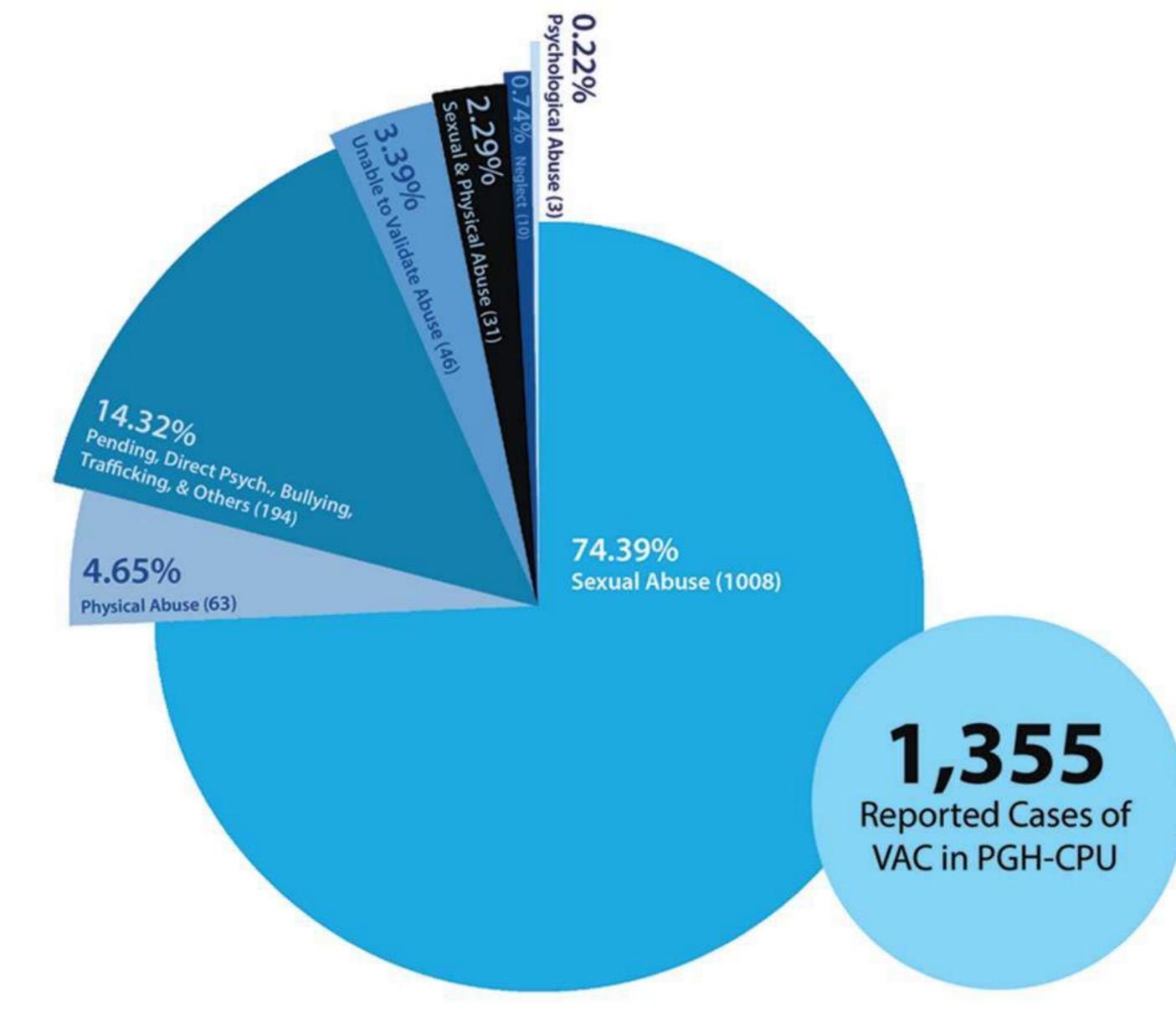
1: Medical and Psychosocial Care

2: Child Safety and Legal Protection





Breakdown of VAC Cases in PGH-CPU by Type of Abuse



The PGH-CPU team and services offered



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

Bernadette J. Madrid, MD, FPPS

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 Charyl Shenn L. Ochengco, RN

Stella G. Manalo, MD, FPPS

Assistant Head, PGH-CPU

Child Protection Specialist:

Sandra S. Hernandez, MD, MPH, DPPS
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

Nurse/Triage Officer: Linda Martha P. Punzalan

PGH-CPU

Philippine General Hospital, Taft Avenue, Ermita, Manila, Philippines 1000
Tel. No.: (+63 2) 8353 0667; 8524 1512; 8554 8400 local 2534, 2535, 2544, 2545
Mobile Nos.: (Triage) 0942 978 1656; (Admin Officer) 0977 837 1094, 0968 731 1030;
(Admin Assistant) 0917 318 9633 | Email: admin@cpupgh.org.ph | Website: www.childprotectionnetwork.org

PGH-CPU Helpline No.: 0968 731 1032



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

LEGAL

Legal Counselling Family Court Awareness / Kids Court

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

POLICE

Investigation
Forensic Interview
On-Site Case Filing
Case Conferences

Police Investigator:
PSSg Suzette R. Zerrudo
PO1 Jemima Joyce G. Daquioag



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 Niña Mikhaela T. Rabago, RSW

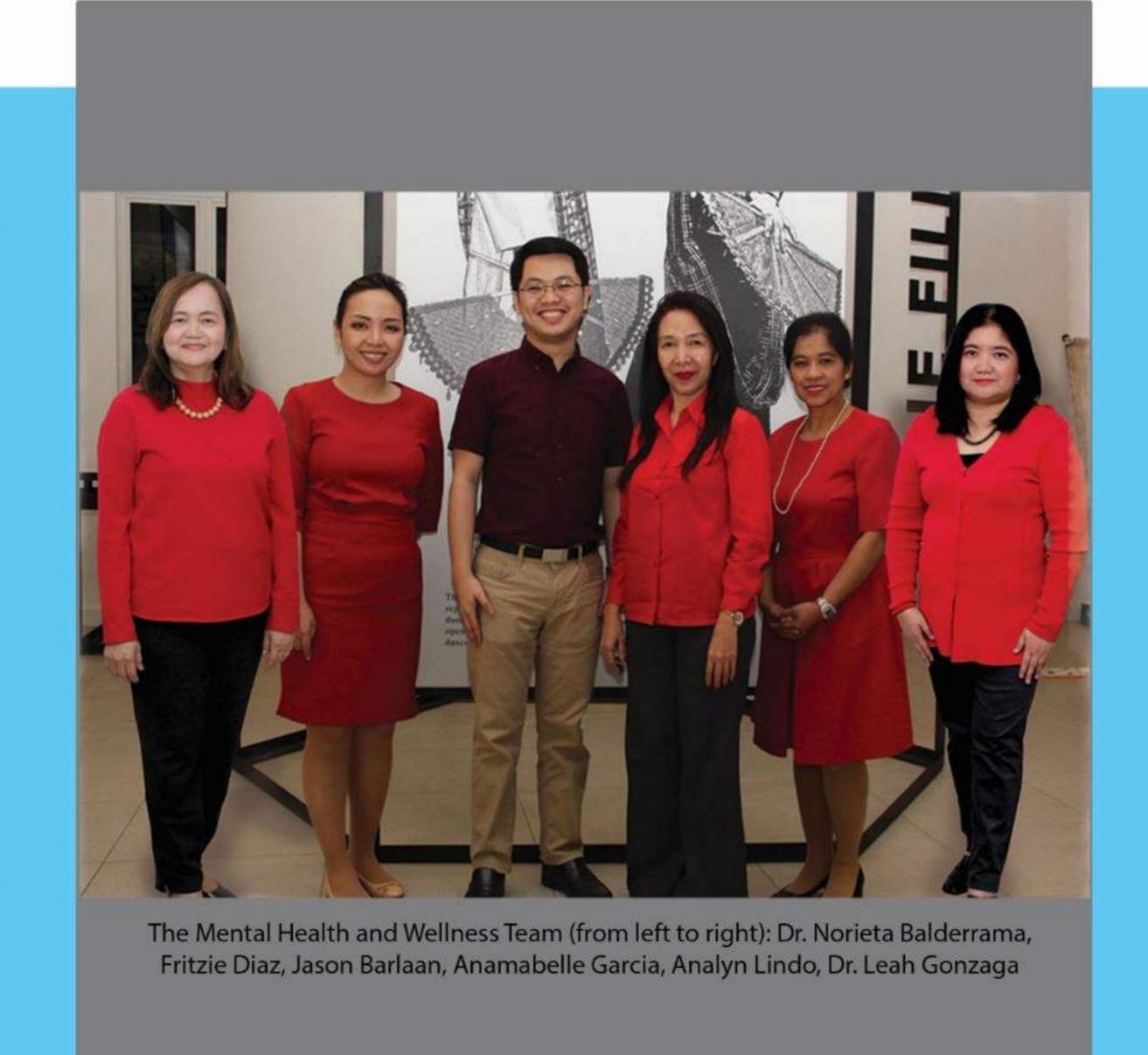
MENTAL HEALTH AND WELLNESS

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



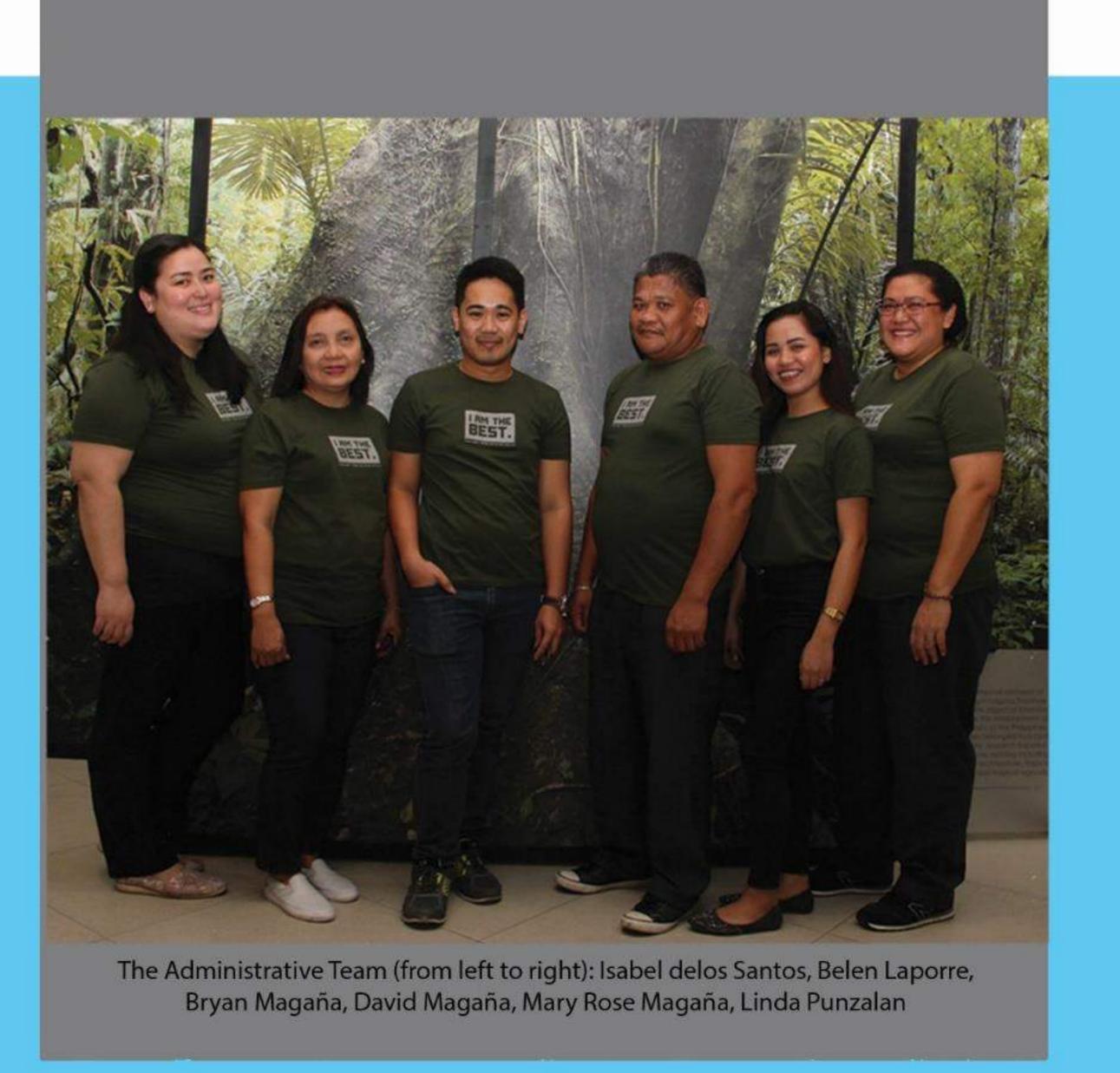
ADMINISTRATIVE

Library Services
Publications and Research
Community Advocacy

Administrative Officer: Belen D. Laporre

Administrative Assistant: John Bryan V. Magaña

Driver: David M. Magaña



Legal Protection

1: Medical and

O 9 O

Khylie is a 15-year-old girl who was brought to PGH-CPU by her paternal grandmother for physical abuse by her paternal uncle. Khylie's parents separated when she was 3 years old and her siblings were given to the care of maternal relatives. She was raised by her paternal grandparents and uncle. Her father died from a chronic illness when she was 12 years old and her mother left to work overseas. Khylie became increasingly difficult (pasaway) as she grew up and was transferred from one relative to another. She is currently a Grade 8 student with average grades. She spends most of her time with her 15-year-old boyfriend, frequently cuts class, gets involved in gang fights, drinks alcohol and smokes cigarettes. She often disappears for days and is beaten up by her uncle when she comes home. At PGH-CPU, Khylie disclosed past sexual abuse by her maternal grandfather, a classmate's father and her mother's female friend. She also reported thinking of committing suicide by slashing her wrist. Khylie underwent full evaluation and case management at PGH-CPU as illustrated in Figure 1.

Khylie improved after four months of admission in the Psychiatric Ward. She was discharged under the custody of the City Social Welfare and Development Office and later reintegrated with maternal relatives. At present, she is taking medications and has monthly follow-up with a CPU psychiatrist. She told her CPU social worker during a follow-up call that she is looking forward to going back to school. She has regular video calls with her mother. No legal case has been filed.

UP-PGH Department of Surgery

Evaluation and management of physical injuries

UP-PGH Department of Psychiatry

- Emergency psychiatric screening
- In-patient management for 4 months

Multidisciplinary case conferences

Child-caring

institutions

- Coordination for

possible protective

custody

Attended by government, hospital and CPU social workers, pediatricians, child psychiatrist, police officer and paternal and maternal relatives

PGH-CPU

- Medico-legal examination
- Safety assessment
- Assessment for psychological trauma
 Follow up psych therapy

Barangay

- Provided watchers

City Social Welfare and Development Offices

- Assessment of paternal and maternal relatives' capacity to provide a safe and protective environment for Khylie

UP-PGH Medical Social Service

- Ensured continuous access to psychiatric medications during admission

Figure 1

Evaluation of the Sexual Assault Investigation Kit (SAI.Kit)

evidence that would aid investigation of other stakeholders such as lawyers and sexual assaults. Results of DNA tests could judges. The kit has been used by the CPN corroborate victim testimony or support since then. exoneration of the falsely accused. However, use of DNA evidence requires available Recently, the SAI.Kit contents and package relevant biological samples from which DNA design were fine-tuned to "professionalize" can be obtained. Hence the Sexual Assault the kit's appearance and usability, improve Investigation Kit (SAI.Kit) was conceptualized sample security, and decrease storage space. by members of the DNA Analysis Laboratory To assess the impact of these changes on the of the Natural Sciences Research Institute, usability of the kit, an evaluation activity University of the Philippines Diliman (DAL, was conducted. NSRI-UPD). The kit aims to ensure the most relevant samples are collected, stored and As a result of the evaluation, the SAI.Kit is documented so that DNA test results can be currently being modified to further increase obtained and used in court in the future. A usability by medical practitioners to collect prototype kit was tested over 15 years ago biological samples from patients for future and was found acceptable by the Child DNA testing. The final SAI.Kit will be

DNA evidence could provide objective Protection Network (then CPU), as well as

available commercially.



Dr. Bernadette Madrid of CPN introduced the SAI.Kit team from the DAL, NSRI-UPD and the collaboration of the CPN on the development of the SAI.Kt through the years



Ms. Miriam Ruth M. Dalet of the DAL, NSRI-UPD discussed the importance of proper collection, documentation and storage of relevant biological samples for future DNA testing



Doctors from the Child Protection Network evaluated the SAI.Kit



Dr. Merle Tan of PGH-CPU discussed her experience in using the SAI.kit



Dr. De Ungria, Head of the DAL, NSRI-UPD gave some words of inspiration and closed the program



Participants and organizers of the SAI.Kit **Evaluation Activity**

BABY JR'S STORY

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According to Baby JR's mother, she left her 8-month-old baby boy sleeping in a hammock (See Figure 1) after lunch. She went outside of their house to do some housework thinking her aunt was in the house to watch over Baby JR.

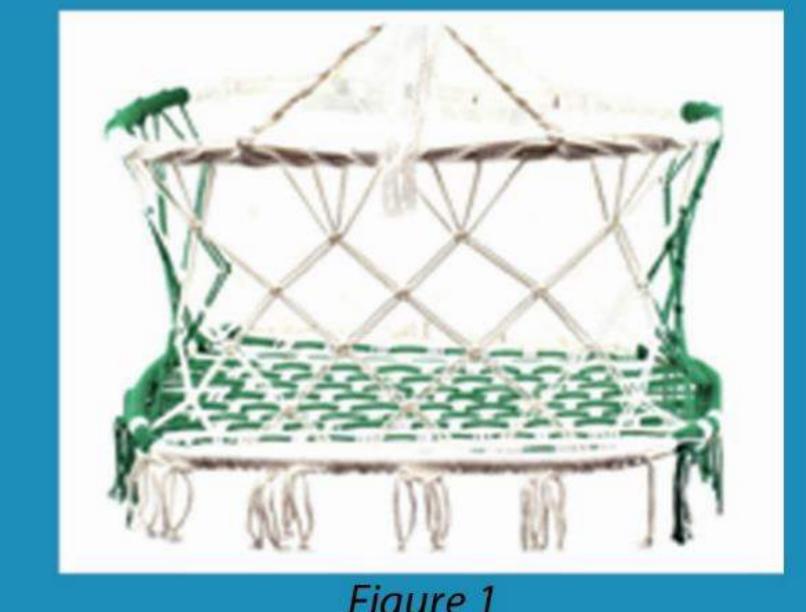


Figure 1

After about an hour, Baby JR's sister allegedly found him limp and cyanotic with his head trapped in one of the holes of the hammock. He was brought to a local hospital where he was declared dead on arrival. He was resuscitated and advised transfer to a tertiary hospital where he was again declared dead on arrival and could no longer be resuscitated.

The case of Baby JR was immediately reported to the police and City Social Welfare and Development Office (CSWDO). The family of Baby JR consented to the conduct of an autopsy.

A Child Death Review was held at PGH-CPU, attended by UP-PGH Forensic Pathologists Dr. Raquel Fortun and Dr. Cecilia Lim and Pathology residents, the PGH-CPU police officer, social workers, doctors, nurse, trainees, and UP-PGH social workers. The Department of Trade and Industry representatives were invited to inform them of the risk of these commercially available hammocks. (See photo)



CHILD DEATH REVIEW

The Child Death Review is a process whereby a comprehensive, multidisciplinary review by agencies and professionals of child deaths may lead to better understanding of how and why children die and use these findings to take action that can prevent other deaths and improve the health and safety of children.

Reference: CPU-Net Medical Alert (2005). Child Death Review. Manila, Philippines: Child Protection Unit Network. Retrieved from https://www.childprotectionnetwork.org/wp-content/uploads/2019/03/ChildDeathReview_jun2005.pdf

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1: Medical and Psychosocial Care

2: Child Safety and Legal Protection

Although the national HIV prevalence is below 0·1%, the Philippines has the fastest growing HIV epidemic in the Western Pacific with the outbreak concentrated among young men who have sex with men. The risk of HIV transmission with child or adolescent sexual abuse is not known, however the presence of genital injuries from forced sexual intercourse and the involvement of multiple perpetrators increase the risk. Certain biological factors also increase adolescent girls' vulnerability

HIV Rapid Test

to HIV transmission.

The WHO recommends offering HIV postexposure prophylaxis (HIV PEP) to children and adolescents who have been sexually abused, if there has been oral, vaginal or anal penetration with a penis, and if they present within 72 hours of the incident. Eligibility for HIV PEP is also assessed based on the HIV status of the alleged perpetrator (positive, high risk or

unknown), if they were drugged or unconscious at the time of the alleged abuse, or they were gang-raped. HIV counselling should be and offering HIV before PEP. provided

In PGH-CPU, HIV testing is performed using a rapid diagnostic test that provides a result within 20 minutes. However, HIV testing should not be a barrier to initiating HIV PEP. The WHO recommends that in emergency situations where HIV testing and counselling are not readily available but the potential HIV risk is high, HIV PEP should be initiated within 72 hours of exposure to maximize its effectiveness and HIV testing and counseling should be done as soon as possible.

Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization;

Gangcuangco, L. M. (2019, February 1). HIV crisis in the Philippines: urgent actions needed. Correspondence, 4(2), E84.



Evidence of Effectiveness of Masayang Pamilya (MaPa) para sa Batang Pilipino Program

Families who attended MaPa Kids significant reported Program differences in parenting behavior in comparison to the control group of families (See Figure 1). Meanwhile, parents and teens reported significant reductions in child maltreatment from pretest to posttest (See Figure 2).

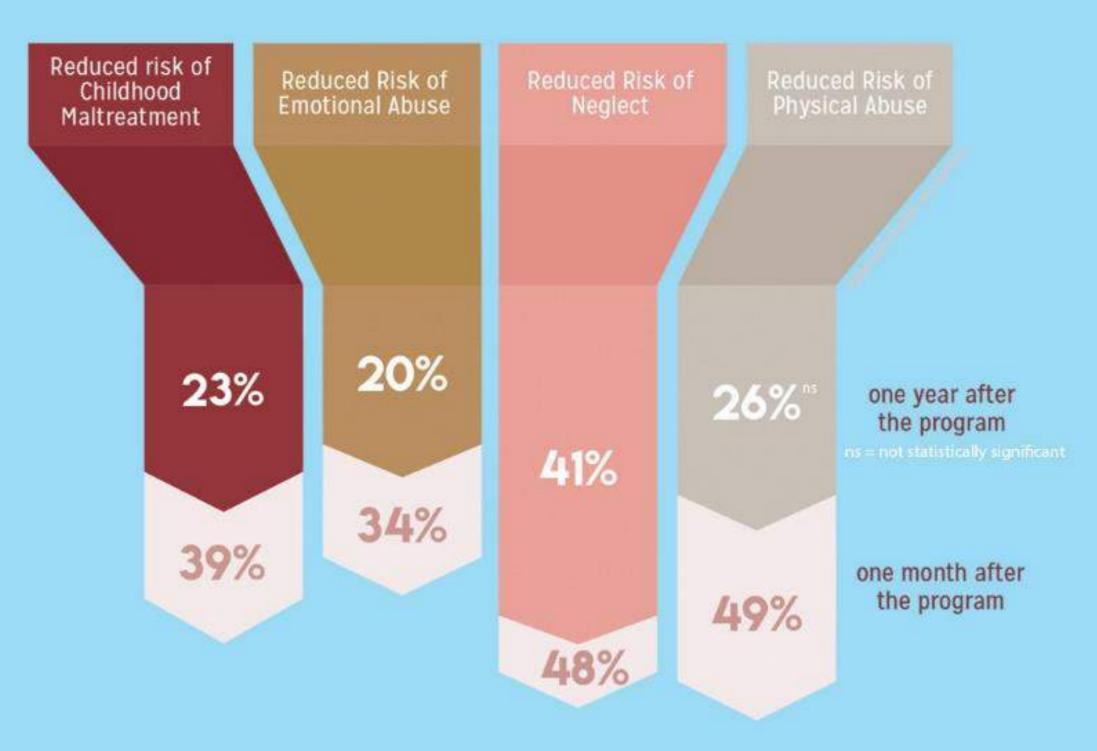


Figure 1. Results of the small-scale MaPa Kids randomized control trial.

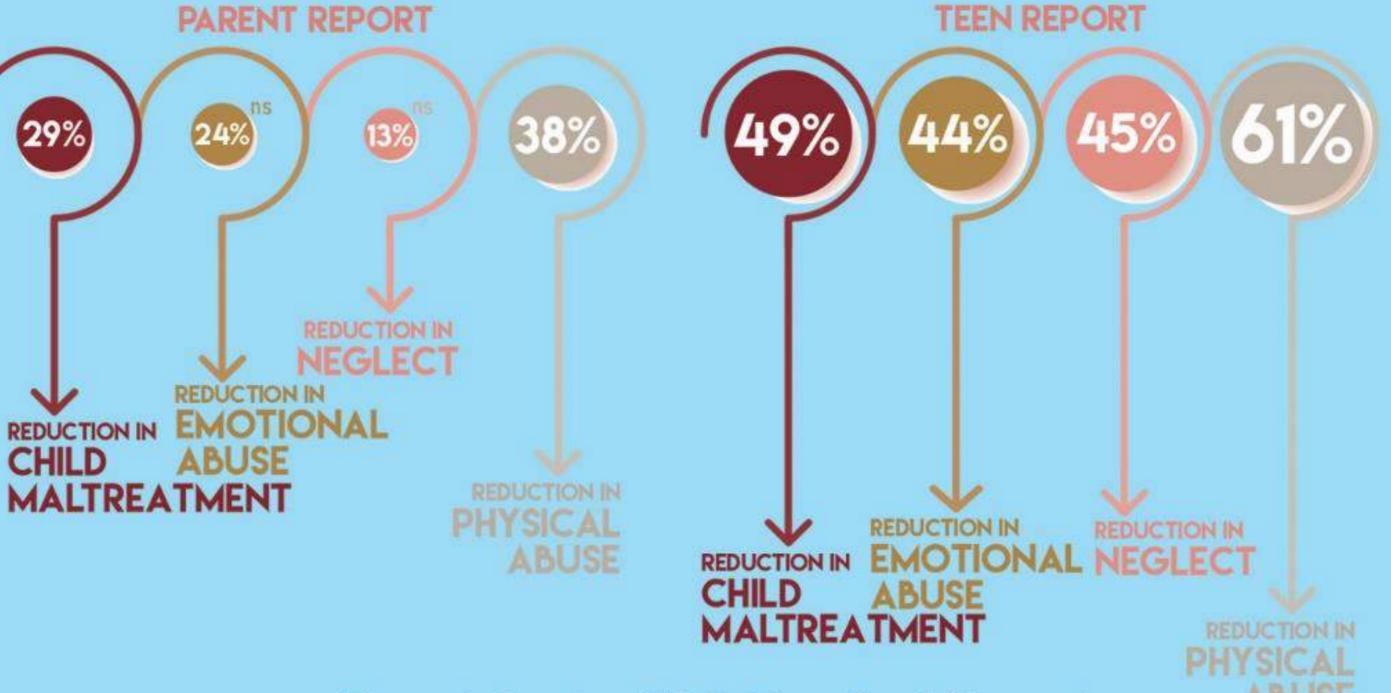


Figure 2. Results of MaPa Teens feasibility study

The MaPa Program is a group-based parenting program for families with children of different developmental stages: MaPa Babies (families with 0-2 year olds), MaPa Kids (families with 2-9 year olds) and MaPa Teens (families with 10-17 year olds). It is designed especially for vulnerable families with the goal of promoting positive parent-child relationships to reduce the risk of child abuse and neglect in low-income communities.



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Parenting for Lifelong Health (PLH) Philippines

PLH-Philippines responds to the need to prevent child maltreatment and other forms of violence in Filipino families. PLH began as a collaboration between the World Health Organization, UNICEF, and universities in South Africa and the United Kingdom.

PLH Programs are being developed and tested in different parts of Africa and Eastern Europe, and Thailand, Malaysia, and the Philippines. The Child Protection Network is part of PLH-Philippines which is a multi-sectoral collaboration between local and international scientists, child and family practitioners and service providers, and the Department of Social Welfare and Development.

In 2019, PGH-CPU started implementing the MaPa Kids Program as a service for parents of PGH-CPU clients.

WCPUs

0 m

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
- -Cardinal Santos Medical Center
- -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 -Child Protection Center - Valenzuela City
- -The Medical City
- -Valenzuela Medical Center
- -CAPIN Tondo*

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
- -Gov. Catalino Gallego Nava Provincial Hospital
- -West Visayas State University Medical Center

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
- -CAPIN Calauan
- -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

Region XIII - CARAGA

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

Region V - Bicol Region

- -LGU Oas, Albay
- -LGU Tiwi, Albay
- -RHU- Legazpi City*
- -Bicol Regional Training and Teaching Hospital

2

- -Camarines Norte Provincial Hospital
- -Bicol Medical Center
- -Camarines Sur Provincial Hospital*
- -Masbate Provincial Hospital
- -LGU Cawayan*
- -LGU Milagros*
- -LGU Irosin

Cordillera Autonomous Region (CAR)

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

Region II - Cagayan Valley

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

Region VIII - Eastern Visayas

- -LGU Borongan City
- -LGU Balangkayan
- -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 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



PERSONNEL

SERVICES

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

All Level II Trained Personnel

Additional Trained Physician And Social Worker

Level I Trained Personnel

Trained Police Investigation Officer and/or Mental Health Professional

Medical Services Sub-specialty consultations and other support services

Level II

Level I Medical Services

Social Worker Home Visit Investigation +/or Mental Health Care Specialty Consultation WCPMIS

Levell

LevelIII

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**

Level

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

MDT (Multidisciplinary Team) 3: National Network of WCPUs

PROVINCE / CITY	HOSPITAL / ADDRESS	CONTACT NUMBER	WCPU	TRAINED WOMEN AND CHILDREN PROTECTION SPECIALISTS	
Cordillera Autonomous Region (CAR)					
Baguio City	Baguio General Hospital and Medical Center Governor Park Road, Baguio City	(074) 661 7910; 661 7985 local 427	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	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	0999 994 5391	Level 1	Shamae Emengga Ofo-Ob, MD Delia Akilit-Ligligen, RSW PMSg Norma Ket-Eng Tuaca	
Region I - Ilocos	Region				
llocos Norte	Mariano Marcos Memorial Hospital & Medical Center Brgy. 6, San Julian, Batac City, Ilocos Norte	(077) 792 3133	Level 2	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	Ilocos Training and Regional Medical Center San Fernando City, La Union	(072) 607 0451	Level 2	Michelle Cababa, MD Ivy Rose C. Valdez, MD Darellane Bimuyag, RSW Maria Teresa Sison, RSW Daisy C. Alaga, RSW	
Pangasinan	Region I Medical Center Arellano St., Dagupan City, Pangasinan	(072) 515 8916 local 125	Level 1	Gwendolyn M. Luna, MD Michelle Dominica D. Palma, MD Cristita T. Larioza, RSW	
Region II - Caga	yan Valley				
Batanes	Batanes General Hospital National Road, Basco, Batanes		Level 1	Alma B. Bercasio, MD Marineth A. Balderas, RSW	
Cagayan	Cagayan Valley Medical Center Tuguegarao City, Cagayan	(078) 302 0000	Level 1	Monalisa L. Cumigad, MD Ma. Concepcion N. Lavadia, RSW	
Isabela	Southern Isabela General Hospital Santiago City, Isabela	(078) 305 2002 local 143	Level 1	Marietess R. Donaire, MD Angelica Joel C. Macapal, RSW	
Nueva Vizcaya	Region II Trauma and Medical Center Magsaysay, Bayombong, Nueva Vizcaya	(078) 805 3561 to 64 local 2210	Level 1	Maria Asuncion Gabatino-Salvador, MD Gliceria B. Alava, RSW Charmaine Marie Castillo, RSW Julita O. Fabro, RSW	
Region III - Cent	ral Luzon				
Bataan	Bataan General Hospital and Medical Center Balanga, Bataan	0908 873 9148	Level 1	Almira Kiat, MD Gloria Canta, RSW Arnita delos Reyes, RSW	

PROVINCE / CITY	HOSPITAL / ADDRESS	CONTACT NUMBER	WCPU	TRAINED WOMEN AND CHILDREN PROTECTION SPECIALISTS
Bulacan	Bulacan Medical Center Malolos City, Bulacan		Level 1	Jose Emiliano T. Gatchalian, MD Violeta M. De Guzman, MD Leah Jean S. Fernando, RSW Pinky Valeriano, RSW PCpl Epamela M Sarsaba
Nueva Ecija	Dr. Paulino J. Garcia Memorial Medical Center 571 Mabini St., Cabanatuan City Nueva Ecija	(044) 463 8888 local 149 or 193; 0917 132 4476	Level 2	Josephine Romero, MD Marilyn M. Toledo, MD Claire Liz I. Bombase, MD August Joy Dela Cruz, RSW Haylee D. Marinay, RSW
Pampanga	Jose B. Lingad Memorial General Hospital San Fernando, Pampanga	0923 402 3688	Level 2	Leizl Dela Cruz-Yap, MD Cynthia G. Gueco, MD Jovita S. Baybayan, RSW Deborrah Dimitui, RSW
Region IVA – CA	LABARZON			
Batangas	Batangas Medical Center Batangas	(043) 740 8307 local 1104 or 1105	Level 1	Linabelle P. De Chavez, MD Mary Ann C. Daza-Cueto, RSW
Cavite	Dela Salle University Medical Center Governor D. Mangubat Avenue, Dasmariñas City, Cavite	(046) 481 8000 local 1045; 0926 3536360	Level 1	Eileen Feliz C. Garcia, MD Lovely Kae V. Caguioa, RSW
Laguna	CAPIN - Calauan, Laguna	0917 996 7169	Level 2	Jelidora B. Refrea, MD Rhodora Teresa B. Valencia, RSW PSSg Astrid P Aniwasal
Quezon	Quezon Medical Center Quezon Avenue, Lucena City, Quezon	(042) 717 6323 to 25 local 260	Level 1	Ramon Baldovino, MD Leyden R. Adaya
Region IVB – MII	MAROPA			
Occidental Mindoro	Purple Hearts - Mindoro MSWDO Municipal Compound, San Jose Occidental Mindoro	0939 151 6568; 0948 900 5454	VAWC Desk	Alicia M. Cajayon, RSW
Palawan	CAPIN - Puerto Princesa City Palawan	0916 577 2269	Level 2	Eunice Rina P. Herrrera, MD Roselyn F. Adornado, RSW Pat. Maria Chin May C Mendoza
	Ospital ng Palawan 220 Malvar St., Puerto Princesa City, Palawan		Level 1	Sharon M. Garcia, MD Tajmahal Goalcantara, RSW
Region V - Bicol	Region			
Albay	LGU - Oas, Albay Municipal Health Office, Oas, Albay		Level 1	Marie Jane Revereza, MD Purita Redito, RSW Kazel Abache, RSW
	LGU - Tiwi, Albay Tiwi, Albay	0926 395 8489; 0926 826 5405	Level 1	Rosa Maria Cantes, MD Anita C. Rey, RSW
	Bicol Regional Training and Teaching Hospital VAWC Office, Emergency Department, Legazpi City, Albay	(052) 483 1089 local 4246	Level 2	Ana Ma. Corazon Grutas, MD Lea Remonte, MD Maria Jezebel F. De Mesa, RSW PSSg Perla D Lazarte
Camarines Norte	Camarines Norte Provincial Hospital Bagasbas Road, Daet, Camarines Norte		Level 1	Ma. Victoria Delos Santos, MD Aileen Camacho, RSW
Camarines Sur	Bicol Medical Center Concepcion Requeña, Naga City Camarines Sur	0917 548 5629	Level 2	Michelle Taup-Tolentino, MD Corazon Aguilar, RSW Edna Ciudadano, RSW Marites R. Morte, RSW

PROVINCE / CITY	HOSPITAL / ADDRESS	CONTACT NUMBER	WCPU	TRAINED WOMEN AND CHILDREN PROTECTION SPECIALISTS
Masbate	Masbate Provincial Hospital Hospital Road, Provincial Health Office, Masbate City	0921 286 8968	Level 2	Cynthia V. Llacer, MD Amelita R. Reyes, MD Ma. Carlota A. Dela Peña, RSW Ruth M. Azupardo, RSW
Sorsogon	LGU - Irosin Irosin, Sorsogon		Level 1	Ma. Nerissa Balmes-Tagum, MD Oliver Gabriel E. Franche, RSW
Region VI - Wes	tern Visayas			
Antique	Angel Salazar Memorial General Hospital San Jose, Antique		Level 2	Cecilia M. Balensoy, MD Careen F. Panaguiton RSW PEMS Cheryl R Sapinosa
	CAPIN - Antique San Jose, Antique		Level 2	Melba M. Billones, MD Maricar Q. Seniel, RSW Pat. Sheila Mae C. Farparan
Capiz	Roxas Memorial Provincial Hospital Arnaldo Boulevard, Roxas City, Capiz	(036) 621 0030 local 148	Level 2	Petty Bermoy, MD Annielee L. Ariel, RSW PMSg Roxannie Estrella Ayayo
lloilo	Western Visayas Medical Center Q. Abeto St., Manduriao, Iloilo City	(033) 321 2841 local 201	Level 1	Maria Teresa Guzman-Dy, MD Lolit B. Sualog, RSW Ma. Elena B. Wendam, RSW
	West Visayas State University Medical Center, Iloilo City	(033) 320 2431 local 137	Level 2	Rachel Anne A. Juele-Franco, MD Donalyn T. Gimoto, RSW PCPT Shella Mae A Sangrines
Guimaras	Gov. Catalino Gallego Nava Provincial Hospital, Guimaras	(033) 581 2037	Level 2	Vivian S. Flores, MD Donnabelle Z. Tahan, RSW PMSg Edna G Tamayo
Negros Occidental	Corazon Locsin Montelibano Memorial Regional Hospital Lacson St., Bacolod City, Negros Occidental	(034) 703 1350 local 102	Level 1	April Anotado, MD Mary Gwen Feliciano, RSW Norie D. Agriam, RSW
	Teresita L. Jalandoni Provincial Hospital Brgy. Lantad, Silay City, Negros Occidental	(034) 714 6234	Level 1	Evelyn G. Geraldoy, MD Teresa S. Oscianas, RSW
Region VII - Cen	tral Visayas),	
Bohol	Gov. Celestino Gallares Memorial Hospital Tagbilaran City, Bohol	(038) 411 4868 to 69; 501 7531 local 262 or 283	Level 2	Maria Azucena Redillas, MD Irene Q. Boligao, RSW Lorelei Flores, RPsy
Cebu	Vicente Sotto Memorial Medical Center Cebu City	(032) 266 1946; 0920 970 7554	Level 3 - Training Center	Marianne Naomi N. Poca, MD Medelaine Amadora, MD Minerva Zafra, RSW Methus Sheila T. Llado, RSW Jeraldin S. Mendoza, RSW Romulo C. Velasquez, RSW
	LGU - San Francisco San Francisco, Camotes Island, Cebu		Level 1	Emmanuel L. Almadin, MD Mariter P. Galindo, RSW
Negros Oriental	CAPIN - Dumaguete City City Health Office, Dumaguete City, Negros Oriental	0926 210 6168	Level 1	Maria Sarah Talla, MD Roselyn Frejoles, RSW PMSg Jinky Alalong
Region VIII - Eas	stern Visayas			
Eastern Samar	LGU - Borongan City Provincial Capitol, Boronggan City, Eastern Samar		Level 1	Ethel Lagria, MD Thelma F. Banal, RSW
	LGU - Balangkayan Municipal Building, Abrigo St., Balangkayan, Eastern Samar		Level 1	Nelsie Labro, MD Wilda Contado, RSW

PROVINCE /	HOSPITAL / ADDRESS	CONTACT NUMBER	WCPU	TRAINED WOMEN AND CHILDREN PROTECTION SPECIALISTS		
Leyte	Eastern Visayas Regional Medical Center Tacloban City, Leyte	0961 385 2447; 0951 360 2263	Level 2	Maria Remegia A. Manalo, MD Lynor Barrot-Gler, MD Glenda Garcia Vilches, MD Teresita Lajara, MD Rosemarie Abadingo, RSW Janet Galangue, RSW		
Region IX - Zam	boanga Peninsula					
Zamboanga del Norte	Dr. Jose Rizal Memorial Hospital Lawaan, Dapitan City, Zamboanga del Norte	(065) 213 6421; 213 6222; 908 8037	Level 1	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	0917 770 0357	Level 2	Leila Nelia Estrella, MD Ma. Fatima C. Concepcion, MD Stephanie Ledesma, RSW Pat. Floramae Pablo		
Zamboanga del Sur	Margosatubig Regional Hospital Pagadian City, Zamboanga del Sur	0948 159 9590	Level 2	Sheryll B. Lopez, MD Morcida A. Guloy, RSW Pat. Sandra M. Bayan		
Region X - North	nern Mindanao					
Bukidnon	Bukidnon Provincial Medical Center Casisang, Malaybalay City, Bukidnon		Level 2	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	Level 1	Angelie M. Taruc, MD Odette L. Caguindangan, RPsy		
Misamis Oriental	Northern Mindanao Medical Center Cagayan de Oro City, Misamis Oriental	0935 536 2502	Level 2	Atilyn S. Pareja, MD Lourdes Mendoza, MD Joei Mae A. Amata, RSW		
Region XI - Dava	o Region		ilia.			
Davao del Norte	Davao Medical Center Apokon, Tagum City, Davao del Norte	0942 538 5244	Level 2	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) 388 4174	Level 1	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	0915 517 4832	Level 3 - Training Center	Maria Aimeee Hyacinth Bretaña, MD Regina P. Ingente, MD Lynnette Lasala, MD Genelynne Beley, MD Janice S. Pamplona, RSW Louella S. Young, RSW Imelda Mallorca, RPsy		
Region XII – SOC	Region XII – SOCCSKSARGEN					
Cotabato	Cotabato Regional Medical Center Sinsuat Avenue, Cotabato City	(064) 421 2340 local 104; 421 2022	Level 1	Nurlinda Arumpac, MD Shirley Salik, RSW Ameera Marandacan, RSW		
Saranggani	LGU - Malungon Malungon, Saranggani		Level 2	Jec M. Pane, MD Rona Joy H. Pajinaco PSMS Mae D Villa		

Network of

WCPUs

PROVINCE / CITY	HOSPITAL / ADDRESS	CONTACT NUMBER	WCPU	TRAINED WOMEN AND CHILDREN PROTECTION SPECIALISTS
	South Cotabato Provincial Hospital Koronadal City, South Cotabato		Level 1	Angeles V. Malaluan, MD Nenita Baroquillo, RSW
Sultan Kudarat	Sultan Kudarat Provincial Hospital Isulan, Tacurong City Road, Isulan, Sultan Kudarat	(064) 201 3033	Level 2	Gina Galinato, MD Nemia L . Estabillo, RSW Pat. Kristine Ivy Pensader
Region XIII – CA	RAGA			
Agusan del Norte	Agusan del Norte Provincial Hospital Libertad, Butuan City, Agusan del Norte	(085) 342 8022	Level 2	Maria Christine G. Mordeno, MD Reyma S. Lim, RSW PCpl. Rizza S. Ontua PCPT Ma Divinagracia O Laspoñas
Surigao del Sur	Adella Serra Ty Memorial Hospital Tandag, Surigao del Sur	(086) 211 4308; 0947 428 4220; ER: 0918 479 3111	Level 1	Sherwin Josol, MD Luchie Montero, RSW Alma Trinidad, RN
Surigao City	Caraga Regional Hospital Surigao City	(086) 826 1575; 0907 690 0720	Level 2	Kenmarie C. Maylon, MD Mary Grace N. Escopete, RSW PCPL Estrella Mira B Laguna
Bangsamoro Au	tonomous Region in Muslim Mindana	o (BARMM)		
Basilan	Basilan General Hospital Isabela City, Basilan	(062) 200 3427	Level 2	Jehan A. Jabarani, MD April M. Gahapon, RSW PSSg Sarah Grace B Marcojos
Lanao del Sur	Amai Pakpak Medical Center Marawi City, Lanao del Sur		Level 2	Nadhira M. Abdulcarim, MD Umme Kalsum M. Limbona, RSW Pat. Chrestine G. Espinorio
Tawi-Tawi	Datu Halun Sakilan Memorial Hospital Lamion Bongao, Tawi-Tawi		Level 2	Cynthia Ferrer, MD Mussah Idjilani, RSW PCpl Rufaiza Nurhussin
National Capital	Region (NCR)			
Caloocan City	Dr. Jose N. Rodriguez Memorial Hospital Saint Joseph Avenue Tala, Caloocan City		Level 1	Maria Rosario S. Ana, MD Rosie P. Rafols, RSW
Makati City	Ospital ng Makati Sampaguita St., Brgy. Pembo Makati City	(02) 8882 6316 local 411	Level 3 - Training Center	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	Emerlito D. Bungay, MD Ma. Ruby Jane D. Hermogenes, RSW PCpl 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	Asian Resource Center	(See pages 8 - 11)
	Philippine General Hospital - Medical Social Services Philippine General Hospital, Taft Avenue, Ermita, Manila 1000	(02) 8554 8400		Marites I. Abadiano, RSW Rubirosa N. Ortega, RSW Dioressa J. Bermillo, RSW Rowena R. Ereño, RSW Astrid Marie A. Romero, RSW Adelfa A. Feliciano, RSW
	CAPIN - Tondo Likhaan, Tondo, Manila	(02) 8369 9747; 0939 291 3601; 0926 078 7117	Level 1	Kristine I. Salon, MD Lyka Mae D. Lucena, RSW
	San Lazaro Hospital Quiricada St, Santa Cruz, Manila, Manila	(02) 8732 3777; 8833 7744; 8742 5145	Level 1	Maria Divina S. Valerio, MD Abigail S. Vitan, RSW

PROVINCE / CITY	HOSPITAL / ADDRESS	CONTACT NUMBER	WCPU	TRAINED WOMEN AND CHILDREN PROTECTION SPECIALISTS	
Muntinlupa City	Ospital ng Muntinlupa Muntinlupa City	(02) 771 0457 local 124	Level 1	Ramonette H. Guerrero, MD Elizabeth U. Yu-Berroya, MD Britt B. Villapando, RSW Jimela C. Callejo, RSW	
Navotas City	CAPIN - Navotas City Navotas City		Level 1	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) 8643 2222 local 307	Level 1	Maricel O. Marcelo, MD Imee Marie M. Alvarez, RSW	
	Pasig City General Hospital F. Legaspi Extension, Pasig City	(02) 8643 3333 local 228; 0945 338 4634	Level 2	Nerissa G. Sabarre, MD Annie-Lyn P. Caranzo, MD Jacqueline V. Garcia, MD Michelle A. Dollente, RSW Rejelyn L. Bilo, RSW	
	Pasig City Health Office City Hall Pedestrian Bridge, Pasig City	(02) 8641 0197; 8641 0824; WCPD: 738 5766; 477 7953; 0927 310 3438	Level 1	Myra Y. Endiafe, MD Mary Grace L. Wandag, RSW	
	Rizal Medical Center Pasig Blvd., Pasig City	0917 836 2410	Level 1	Marissa A. Resulta, MD Sheryll Anne M. Promentilla, MD Michelle Lita, RSW	
	The Medical City Ortigas Avenue, Pasig City	0906 434 2616; 0921 817 5767	Level 1	Soidemer Claire C. Grecia, MD Christo I. Salamanque, RSW	
Quezon City	National Children's Hospital E. Rodriguez Sr. Blvd., Quezon City 1102	(02) 8724 0656 to 59 local 194	Level 1	Elsie Lynn B. Locson, MD May B. Sales, RSW	
	Philippine Children's Medical Center Quezon Avenue, Quezon City	(02) 8588 9900 local 234 or 232; pcmc_cpu@yahoo.co m	Level 1	Cecilia Gan, MD Renee Joy P. Neri, MD Maristel B. Binalla, RSW	
	Philippine National Police - Women and Child Crisis Protection Center Ground Floor, PNP Training Service Camp Crame, Quezon City	(02) 8723 0401 local 5261	VAWC Desk	PBGEN Alessandro C Abella PEMS Marsha Agustin PCMS Aevangeline Villano	
	Quezon City Protection Center Quezon City General Hospital, Seminary Road, Quezon City	(02) 8863 0800 local 618; 8533 4586	VAWC Desk	Elsie Callos, MD Marivic Bigornia, MD	
	East Avenue Medical Center East Avenue, Quezon City	(02) 928 0611 local 2601	Level 1	Mary Jane M. Geneta, MD Katherine Rose Sotomayor, RSW	
	Veterans Memorial Medical Center Project 6, Diliman, Quezon City	(02) 8927 6426	Level 1	Clarisa Arbizo, MD Gilma Mortega, RSW	
San Juan	Cardinal Santos Medical Center, San Juan City, Metro Manila	(02) 8727 0001	Level 1	Ma. Margarita N. Fabella, MD Ma. Lourdes Fatima J. Layug, RSW	
Valenzuela City	Child Protection Center - Valenzuela Valenzuela City	(02) 8211 9249; 8352 4000 local 1612 or 2122	Level 2	Alma R. Lalic, MD Christine Mearille Siapno, MD Erlyn C. Endeno, MD Ma. Kristina C. Ramos, RSW Ma. Cruzeta D. Dalanon, RSW	
	Valenzuela Medical Center Karuhatan, Valenzuela City	(02) 8294 6711 to 15	Level 2	Liah Ann G. Cruz, MD Maria Lourdes T. Solidum, MD Angela A. Balbin, RSW Aiza C. Avila, RSW	



3: National Network of WCPUs

PROVINCE / CITY	HOSPITAL / ADDRESS	TRAINED WOMEN AND CHILDREN PROTECTION SPECIALISTS
Region I - Ilocos Region		
La Union	Bacnotan District Hospital San Fernando, La Union	
Pangasinan	LGU - Bani Poblacion Bani, Pangasinan	Grace A. Taganap, RSW
Region II - Cagayan Valley		
Isabela	Gov. Faustino Dy Memorial Hospital Capitol Compound, Alibago, Ilagan, Isabela	Loren Batoon, RSW
Region III - Central Luzon		
Pampanga	CAPIN - Angeles City (Romana Pangan District Hospital) Angeles City, Pampanga	
	Rafael Lazatin Memorial Medical Center Visitacion St., Angeles City, Pampanga	
Zambales	James L. Gordon Memorial Hospital Rizal Avenue Extension, New Asinan, Olongapo City, Zambales	Rowena Fabay, RSW
Region IVA - CALABARZON		
Cavite	General Emilio Aguinaldo Memorial Hospital Trece Martirez City, Cavite	Nonie John L. Dalisay, MD
Laguna	Ospital ng Biñan Canlalay, Biñan City, Laguna	
Quezon	LGU - Infanta Infanta, Quezon	
Region IVB - MIMAROPA		
Occidental Mindoro	LGU - Sablayan Sablayan, Occidental Mindoro	Marie Joi S. Angway, RSW
Region V - Bicol Region		
Albay	RHU - Legazpi City Legazpi City, Albay	
	Camarines Sur Provincial Hospital Camarines Sur	
Masbate	LGU - Cawayan Municipal Office, Cawayan, Masbate	
	LGU - Milagros Municipal Office, Milagros, Masbate	
Region VI - Western Visayas	S	
Aklan	Dr. Rafael S. Tumbokon Memorial Hospital Mabini St., Kalibo, Aklan	Glenmar R. Martinez, MD
Region VII - Central Visayas		
Cebu	LGU - Pilar Municipal Health Office, Pilar, Cebu	
Region VIII - Eastern Visaya	as	

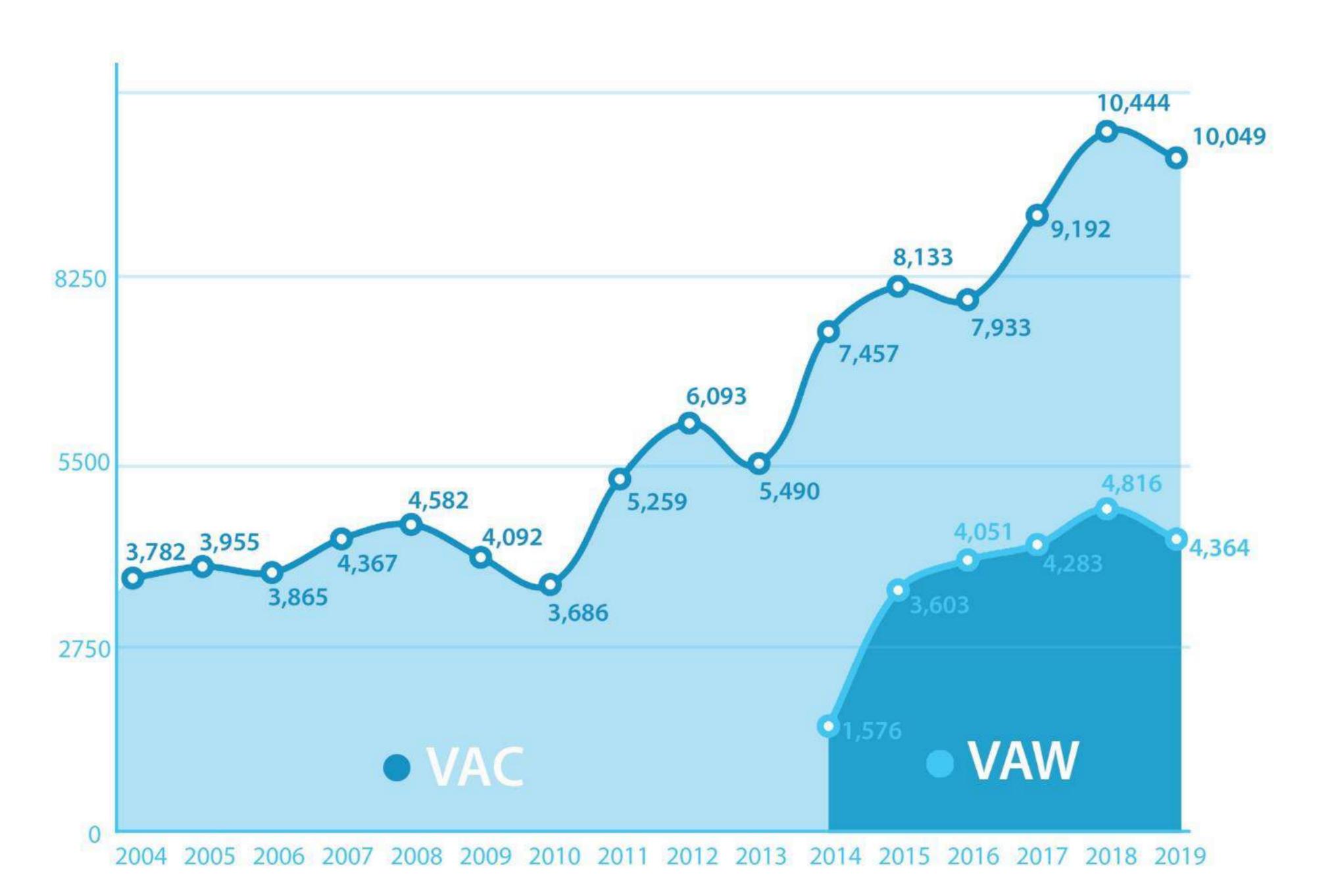
PROVINCE / CITY	HOSPITAL / ADDRESS	TRAINED WOMEN AND CHILDREN PROTECTION SPECIALISTS			
Eastern Samar	LGU - Salcedo Brgy. 3, Salcedo, Eastern Samar				
	LGU - Oras Brgy. Butngam, Oras, Eastern Samar				
Northern Samar	CPU - Palangga, Northern Samar Anunciation St., Brgy. Acacia, Catarman, Northern Samar	Myrna Trongcoso, MD			
	LGU - Lope de Vega, Northern Samar Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar	Jocelyn C. Galvez, MD			
Samar	LGU - Sta. Margarita Municipal Health Office, Maharlika Highway, Sta. Margarita, Samar				
	LGU - Tarangnan Rural Health Unit, Brgy. B, Tarangnan, Samar				
Southern Leyte	LGU - Libagon Libagon, Southern Leyte				
	LGU - Liloan Southern Leyte				
	LGU - San Ricardo San Ricardo, Southern Leyte				
Region XII – SOCCSKSARGE	:N				
South Cotabato	Dr. Jorge P. Royeca Hospital General Santos City, South Cotabato	Ma. Delilah P. Arpas, MD			
Bangsamoro Autonomous R	egion in Muslim Mindanao (BARMM)				
Maguindanao Provincial Hospital Sharif Aguak, Maguindanao		Shalimar Saribo, RSW			
National Capital Region (NCR)					
Manila	Ambulatory CPU Lingap Bata - UST Medical Social Service Dapartment Clinical Division, University of Sto. Tomas, Lacson Avenue, Sampaloc, Manila	Rosalia Buzon, MD			
	Dr. Jose Fabella Memorial Hospital Lope de Vega St., Sta. Cruz, Manila				

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Network of

WCPUs

New Cases Served by WCPUs Each Year



The WCPUs served 10,049 cases of violence against children and over 4,364 cases of violence against women in the year 2019. There is an increasing number of cases seen which may be attributed to the increasing number of WCPUs. 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. There is a need to increase awareness of the WCPU services.

1 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.

Available at:

https://www.unicef.org/philippines/reports/national-baseline-study-violence-against-children-philippines

GLOSSARY OF TERMS:

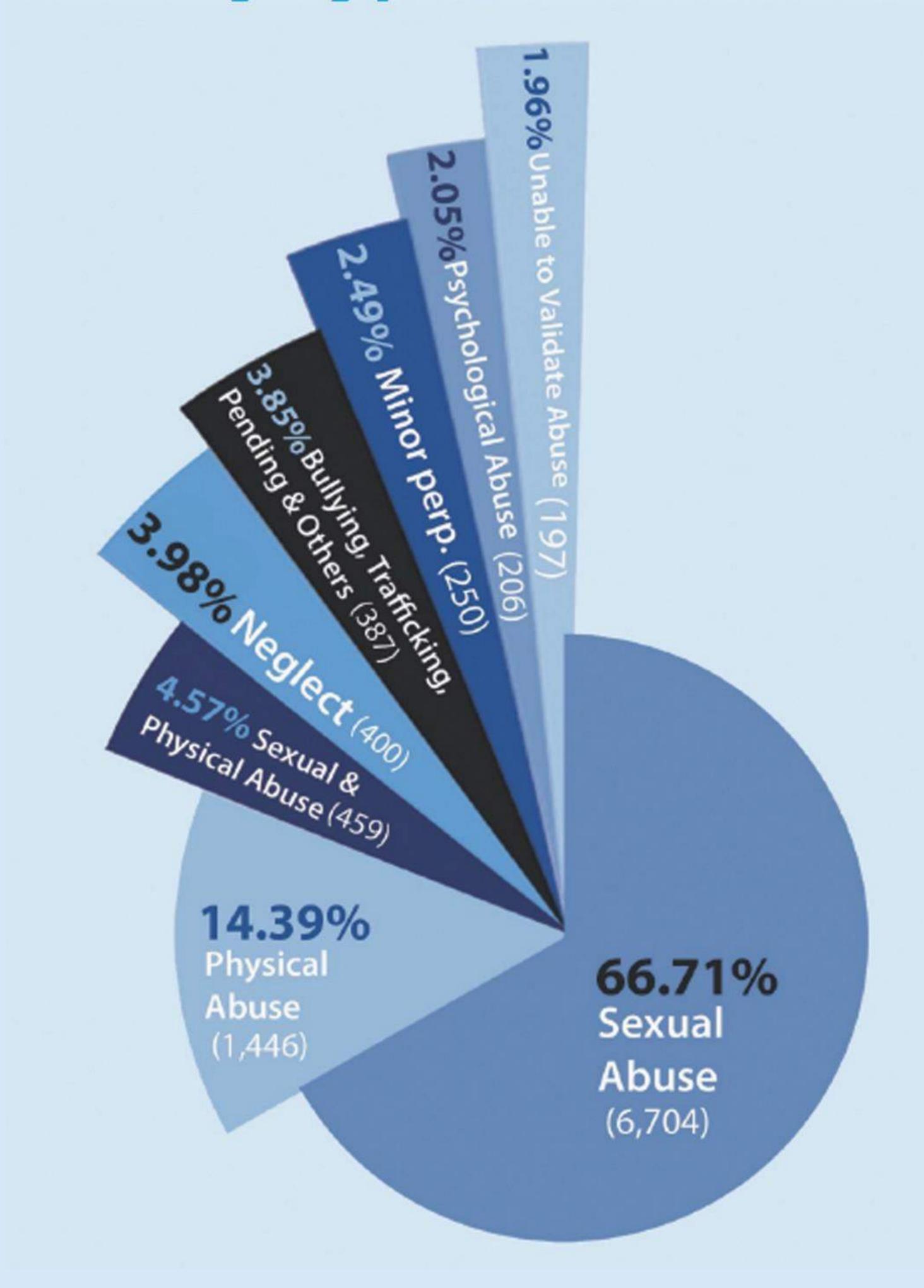
WCPU: Women and Children Protection Unit

VAC: Violence against Children

VAW: Violence against Women

Demographics of Violence Against Children (VAC) Cases

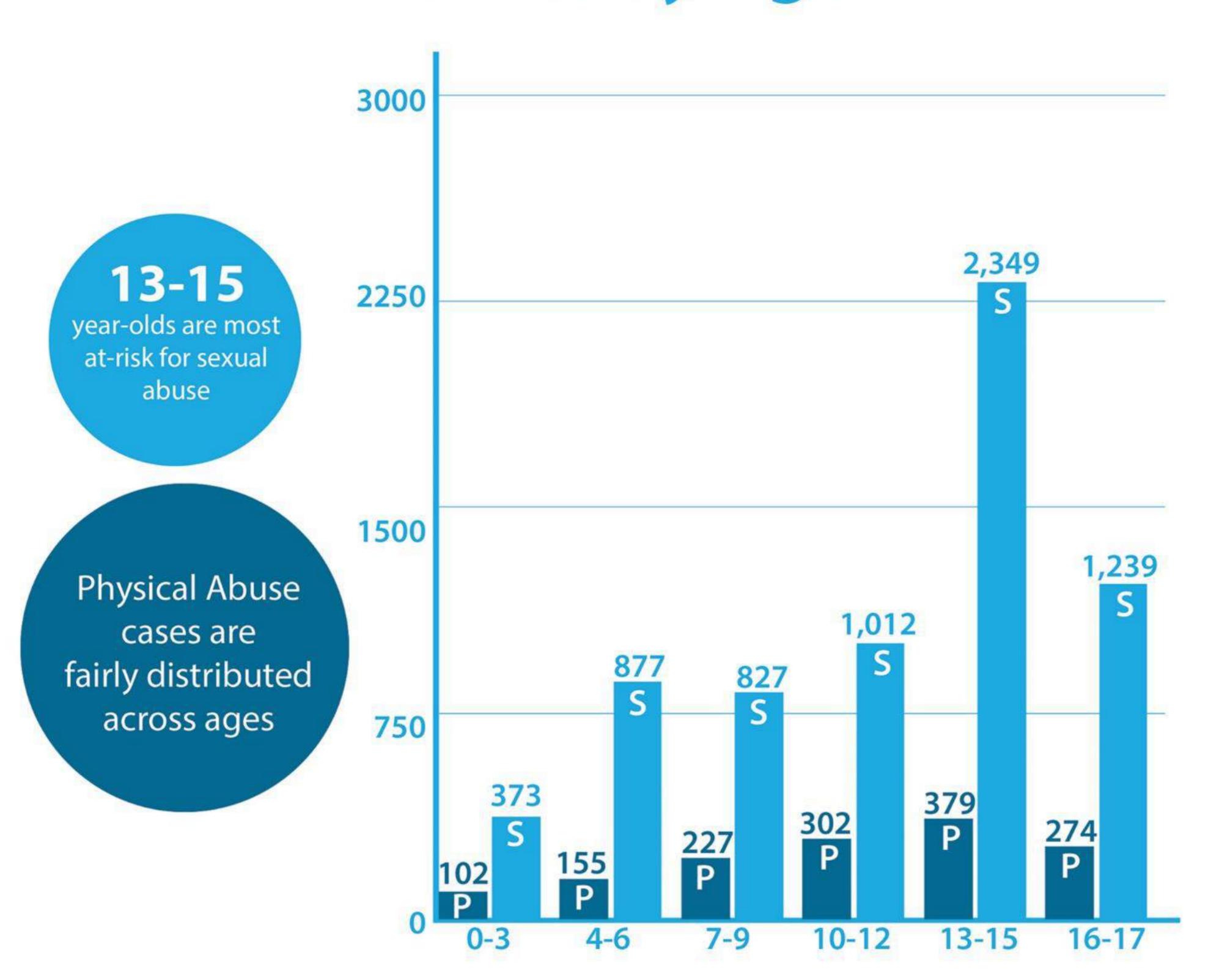
Breakdown of VAC cases by Type of Abuse



Most of the children brought to the WCPUs are those who have been sexually abused. However, this data only shows that sexual abuse is the most reported form of abuse. According to the NBS-VAC, physical and psychological abuse are actually far more common than sexual abuse: 3 out of 5 Filipino children experience physical and psychological abuse while 1 out of 5 Filipino children experience sexual abuse.

CS

Breakdown of VAC Physical Abuse and Sexual Abuse Cases by Age



Teens in middle adolescence are most at risk for sexual abuse. They are driven by their emotions and a sense of invulnerability. They become more involved with their friends while struggling for freedom and greater independence from their parents. They start getting into relationships, become sexually active and also explore their sexual identity. They undergo increasing physical maturation but still lack the emotional maturity to make sound decisions.²

2 Kliegman, R. (2020). Chapter 132 - Adolescent Physical and Social Development In Nelson textbook of pediatrics (Edition 21.). Philadelphia, PA: Elsevier.

Demographics of Violence Against Children (VAC) Cases

Breakdown of VAC Physical Abuse Cases by Sex



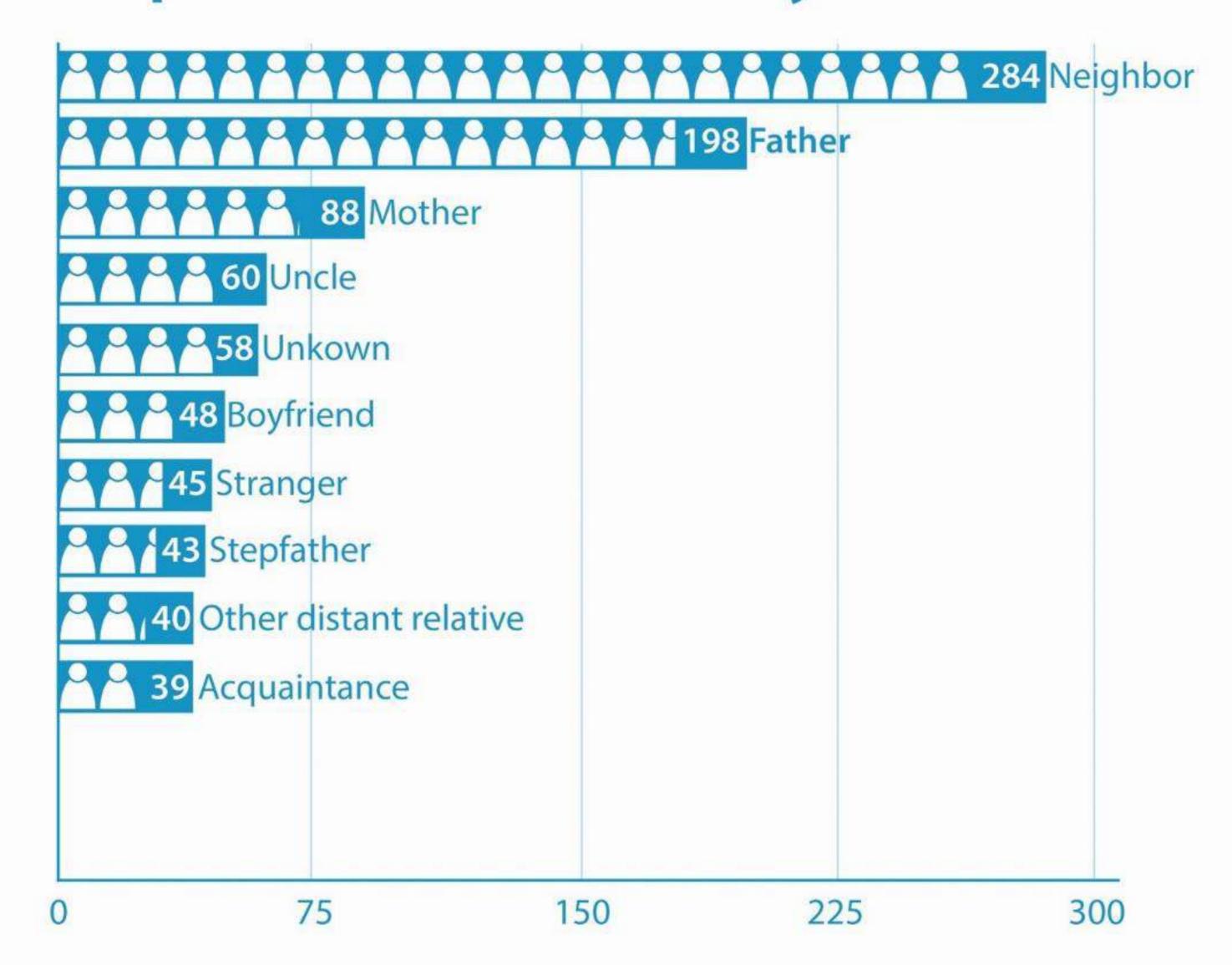
Breakdown of VAC Sexual Abuse Cases by Sex



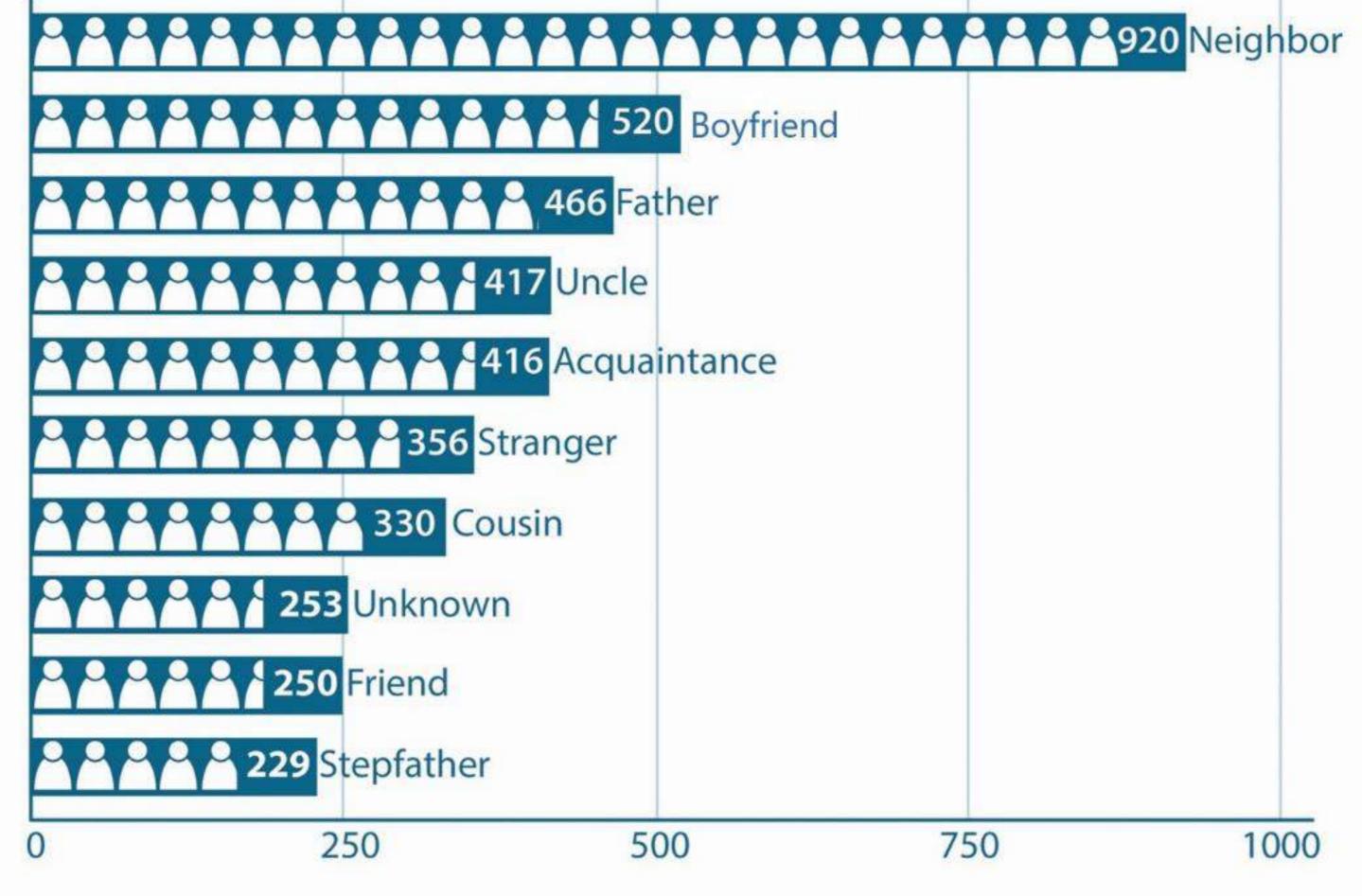
The physically abused children seen in the WCPUs are equally male and female but almost all of the sexually abused children brought to the WCPUs are girls (95%). This reflects the vast underreporting of the abuse of boys because the NBS-VAC showed that more boys actually suffer from all forms of abuse compared to girls.

1 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. Available at: https://www.unicef.org/philippines/reports/national-baseline-study-violence-against-children-philippines

Perpetrators of Child Physical Abuse



Perpetrators of Child Sexual Abuse



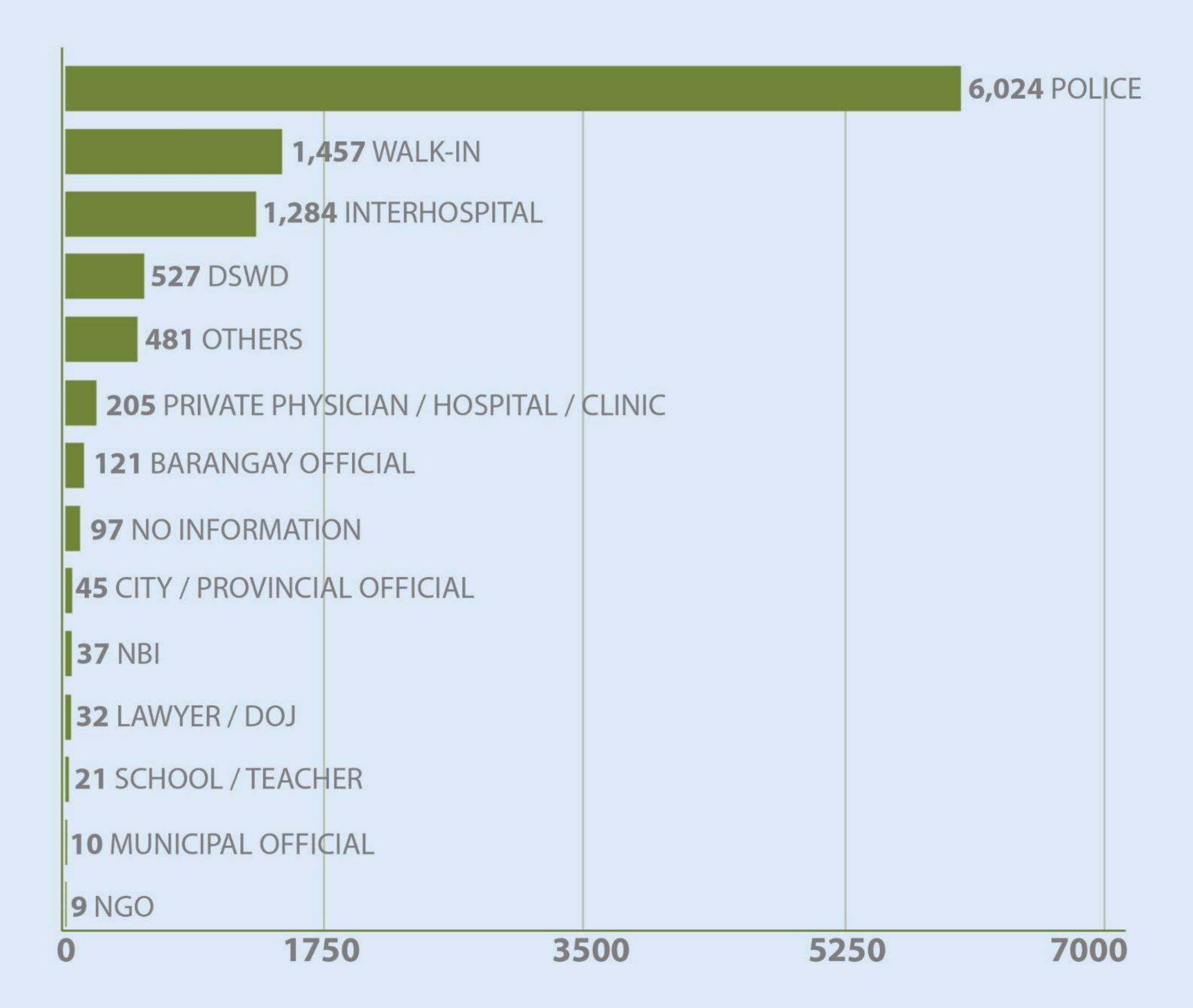
Children are abused by persons they know or persons who have gained their trust. Physical abuse typically occurs in the context of corporal punishment at home and in schools. Violent discipline is widely accepted as the most effective form of discipline among Filipino families.³ Parent support programs, such as the Masayang Pamilya Parenting Program, are evidence-based strategies that aim to reduce harsh parenting practices and create positive parent-child relationships.4

3 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. Retrieved from: https://www.unicef.org/philippines/reports/national-baseline-study-violence-against-children-philippines

4 World Health Organization. (2016). INSPIRE Seven Strategies for Ending Violence Against Children. Luxembourg. Retrieved from https://www.who.int/publications-detail/inspire-seven-strategies-for-ending-violence-against-children

Demographics of Violence Against Children (VAC) Cases

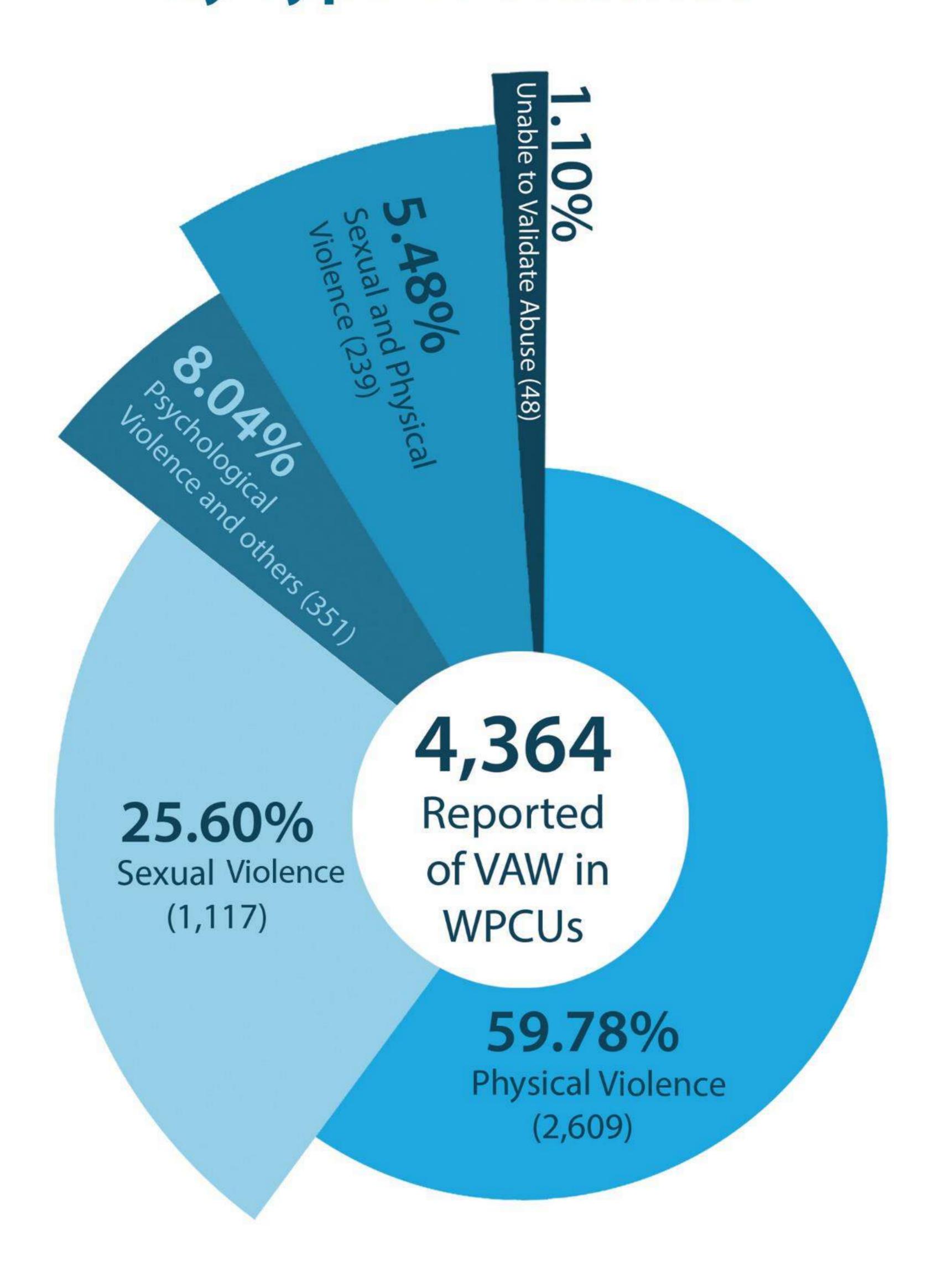
Sources of Referrals and Number of Referred VAC Cases



Most of the children seen in the WCPUs are referred by the police for medico-legal examination or psychological evaluation. Frontliners in the schools, communities and hospitals must be trained on recognizing, recording, reporting and referring cases of child abuse (4Rs of child abuse). The Safe Schools program seeks to establish safe and enabling school environments by training school personnel on responding to disclosures of sexual abuse. Training on Child Protection has been integrated into the training curricula of residents in Pediatrics and Obstetrics and Gynecology. A curriculum for the training of barangay health workers will be piloted.

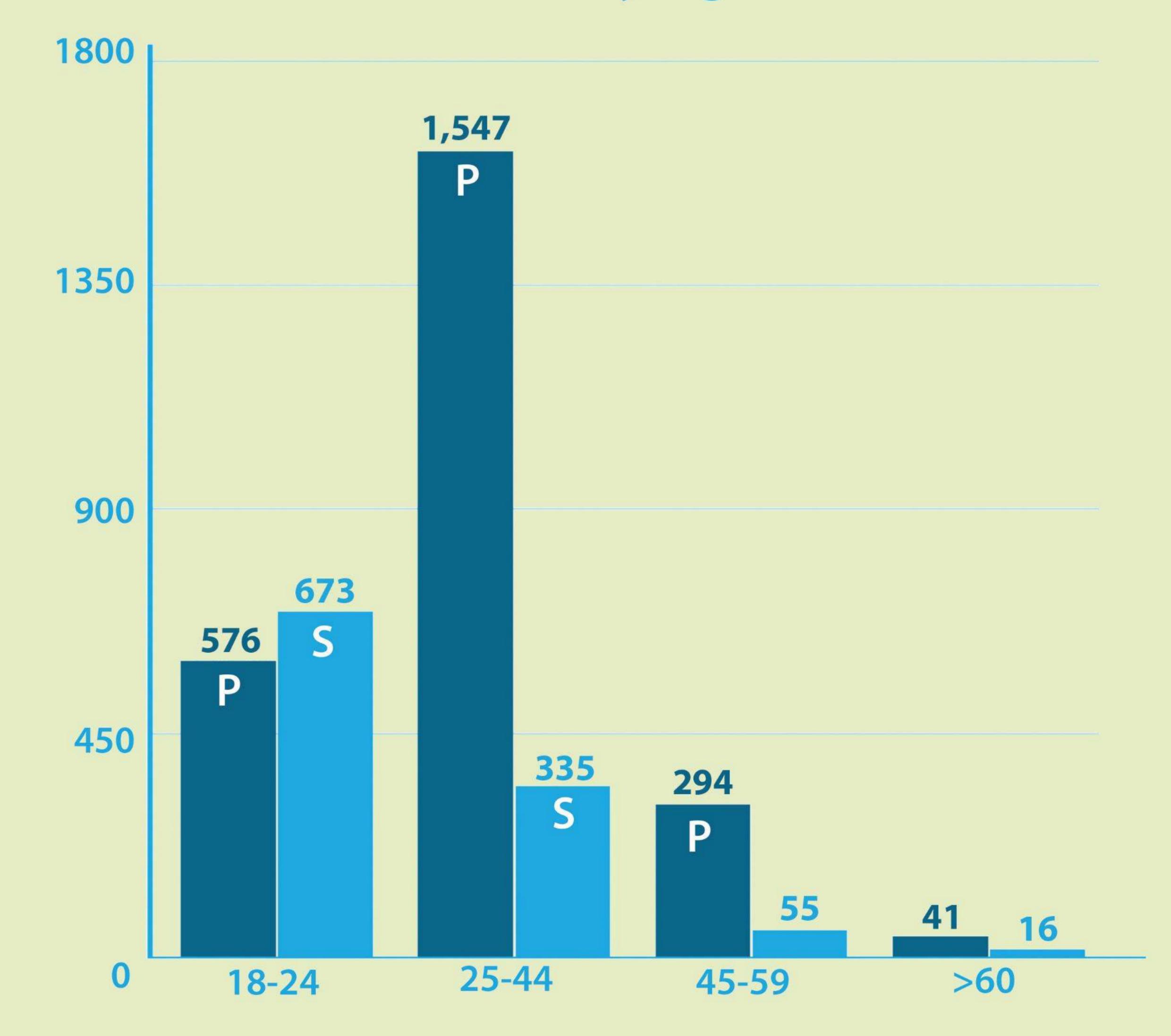
36

Breakdown of VAW cases by Type of Violence



More physical violence are reported among VAW cases than any other type of violence.

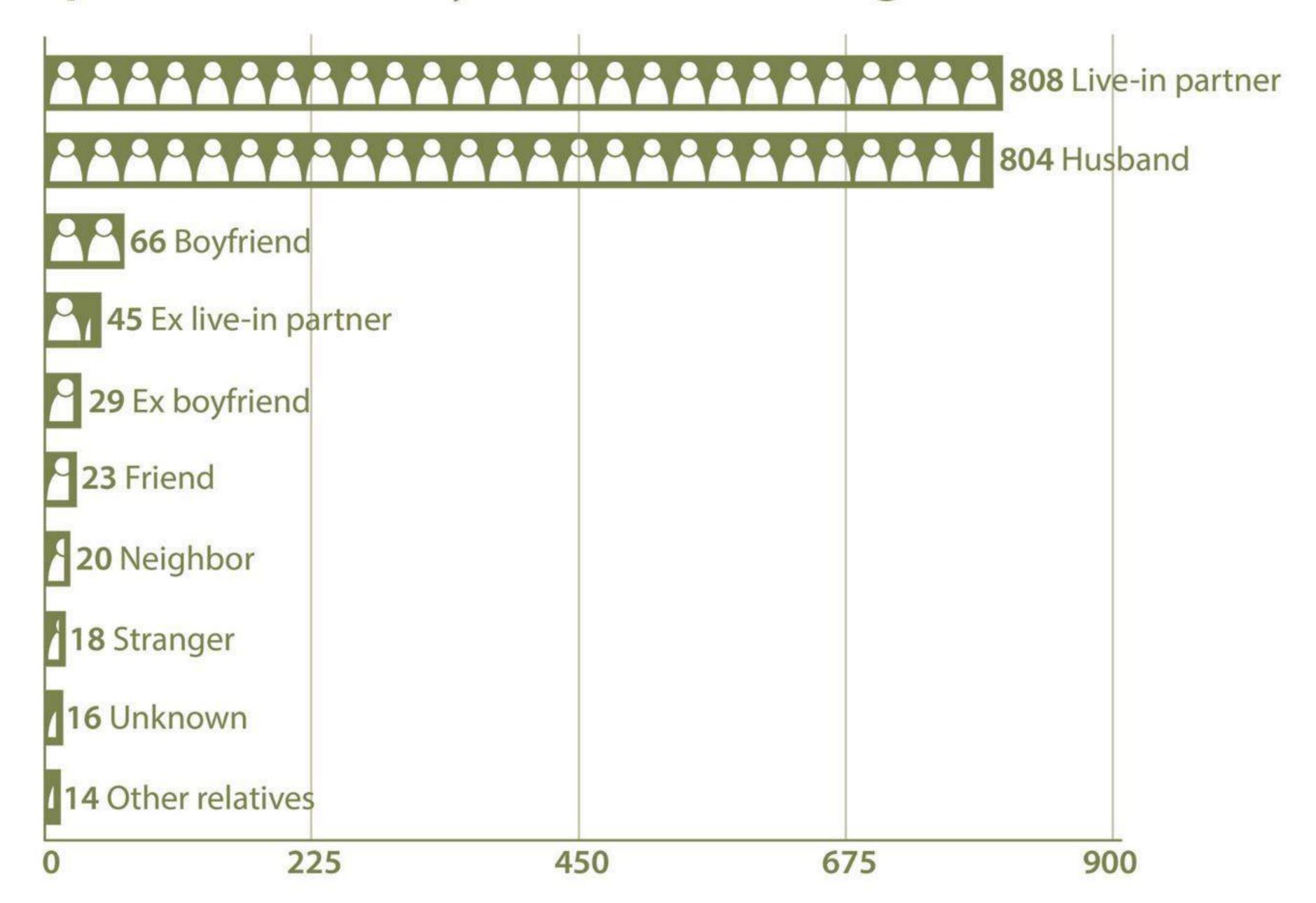
P hysical Violence and S exual Violence Cases by Age



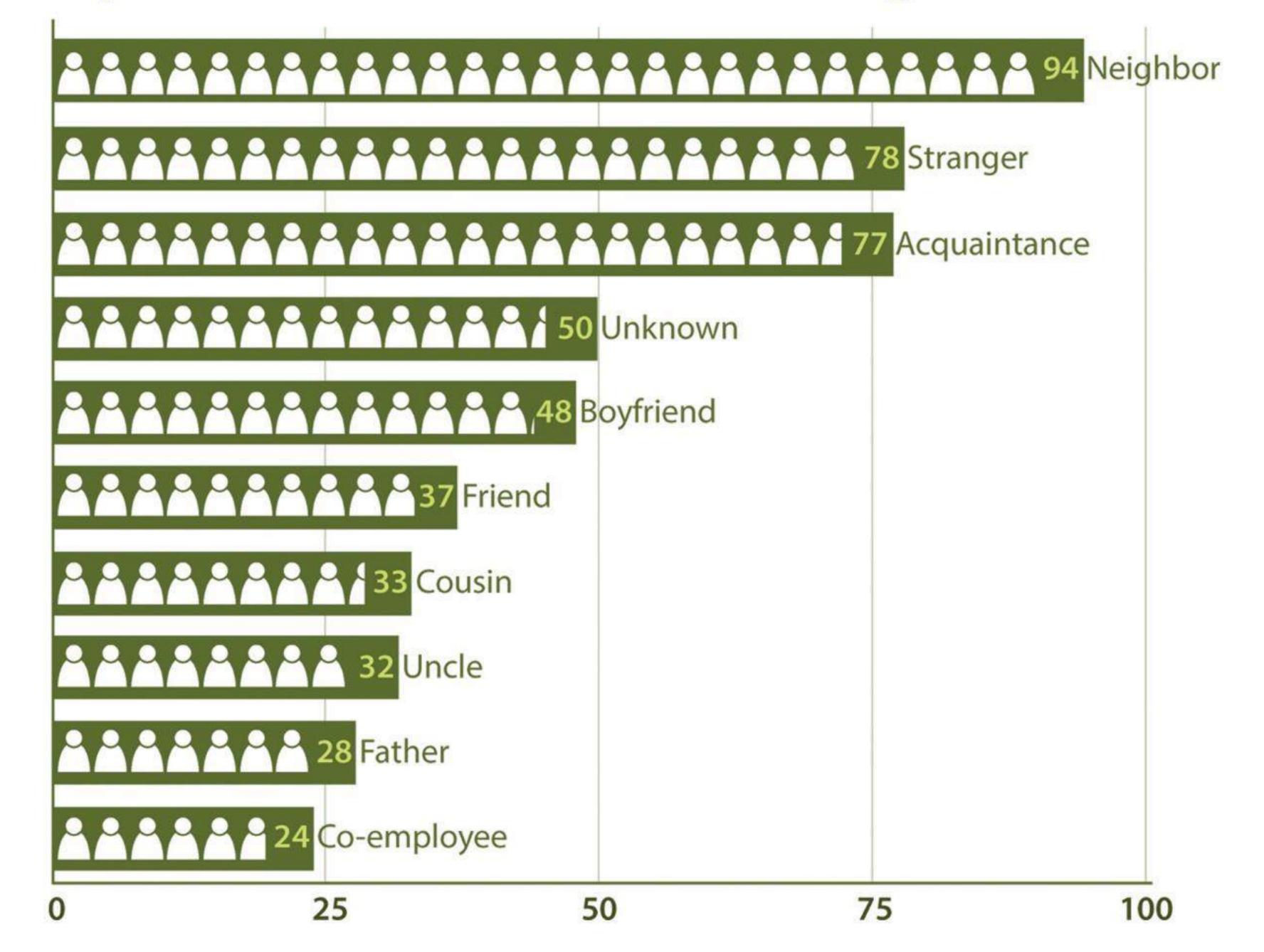
While those who are in the 25-44 year age group have the most number of physical violence cases among VAW victims, the elderly are not spared.

WCPUs

Perpetrators of Physical Violence against Women



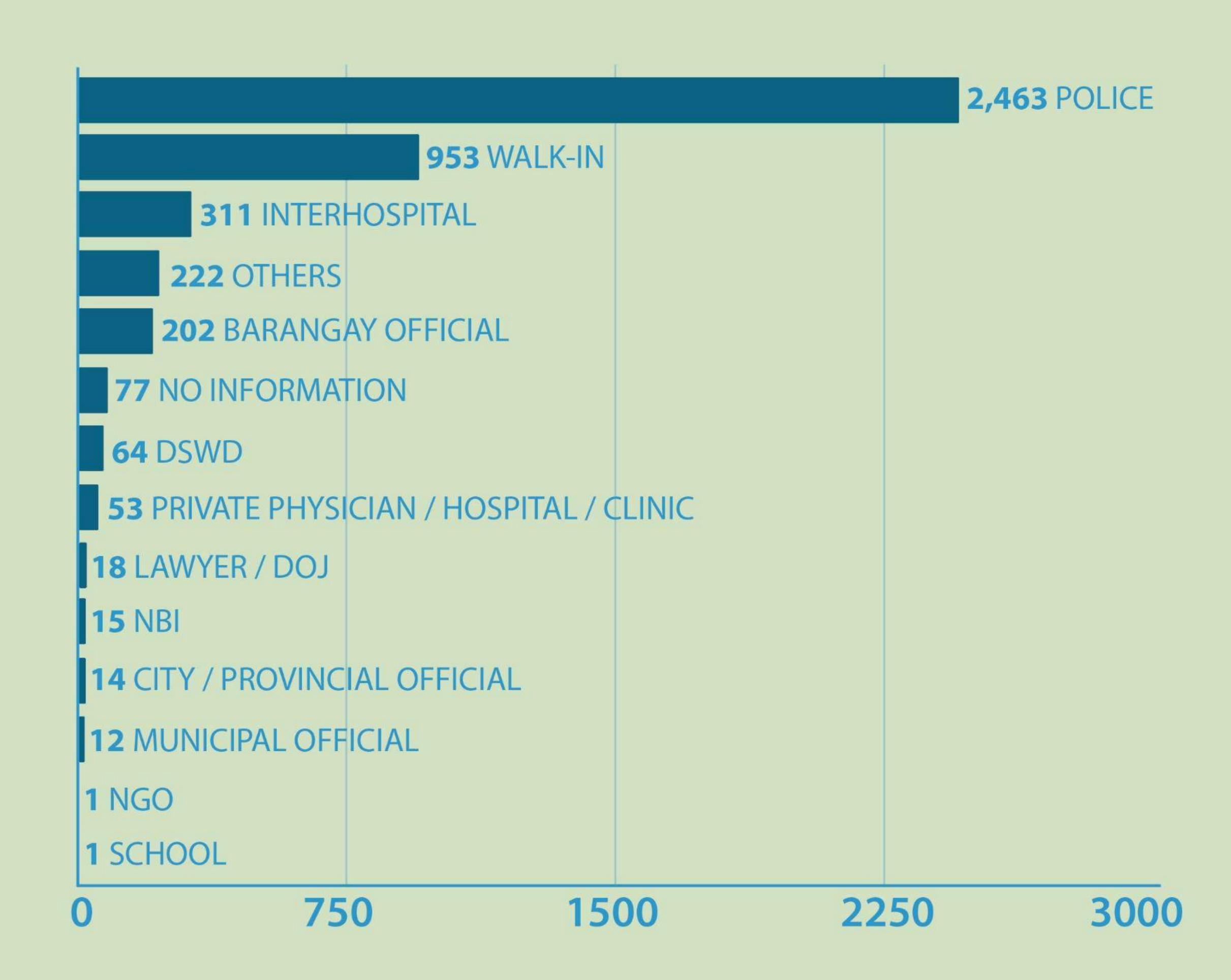
Perpetrators of Sexual Violence against Women



Perpetrators of physical violence are intimate partners but strangers and acquaintances are among the most commonly reported perpetrators of sexual violence.

Demographics of Violence Against Women (VAW) Cases

Sources of Referrals and Number of Referred VAW Cases



Just like VAC cases, the police refer the most number of cases of VAW to the WCPUs.

The Child Protection Network Foundation, Inc. (CPN), the Philippine Obstetrical and Gynecological Society (POGS) and the Philippine Pediatric Society (PPS) have trained OB-GYN and Pediatric Training Coordinators and Consultants from all accredited residency training hospitals on the Curriculum for Residency Training in Managing Victim-Survivors of Violence Against Women and Children. The development of the curriculum and the trainings were supported by the United Nations Population Fund (UNFPA).

The integration of the four-year long training program will equip the residents with proper skills and knowledge on handling and management of women and children victim-survivors of violence. This program will hopefully help the country achieve SDG 5, SDG 16 and increase the number of women and children seeking help from physicians particularly the obstetrician-gynecologists and pediatricians.

Part of the training program is the rotation of residents in a WCPU. In 2019, there are twenty (20) WCPUs that accept OB-GYN Resident trainees and twenty (20) WCPUs that accept Pediatric Resident trainees.

WCPUs with OB-GYN Resident trainees:

- -Baguio General Hospital and Medical Center
- -Batangas Medical Center
- -Bicol Medical Center
- -Bicol Regional Training and Teaching Hospital
- -Cagayan Valley Medical Center
- -Corazon Locsin Montelibano Memorial Regional Hospital
- -Cotabato Regional Medical Center
- -Davao Medical Center
- -De La Salle University Medical Center
- -Dr. Paulino J. Garcia Memorial Medical Center
- -Eastern Visayas Regional and Medical Center
- -Gov. Celestino Gallares Memorial Hospital
- -Ilocos Training and Regional Medical Center
- -Jose B. Lingad Memorial General Hospital
- -Northern Mindanao Medical Center
- -Quezon Medical Center
- -Southern Isabela General Hospital
- -The Medical City
- -Western Visayas Medical Center
- -Vicente Sotto Memorial Medical Center

WCPUs with Pediatric Resident trainees:

- -Baguio General Hospital and Medical Center
- -Batangas Medical Center
- -Bicol Medical Center
- -Bicol Regional Training and Teaching Hospital
- -Cagayan Valley Medical Center
- -Corazon Locsin Montelibano Memorial Regional Hospital
- -Davao Medical Center
- -De La Salle University Medical Center
- -Dr. Paulino J. Garcia Memorial Medical Center
- -Eastern Visayas Regional Medical Center
- -Gov. Celestino Gallares Memorial Hospital
- -Ilocos Training and Regional Medical Center
- -Jose B. Lingad Memorial General Hospital
- -National Children's Hospital
- -Northern Mindanao Medical Center
- -Ospital ng Makati
- -Pasig City General Hospital
- -The Medical City
- -Western Visayas Medical Center
- -Vicente Sotto Memorial Medical Center



Gender-Based Curriculum Training Participants from POGS accredited hospitals - Visayas Chapter



Training of Trainers on Handling Violence Against Women and Children for Pediatric Consultants, Training Coordinators and Residents



Gender-Based Curriculum Training Participants from POGS accredited hospitals - Luzon Chapter



From left to right: UNFPA Programme Officer on Gender Pamela Godoy; POGS Member of the Board of Trustees; Senator Risa Hontiveros; Dr. Lyra Ruth Chua, POGS member of the Board of Trustees; Dr. Bernadette Madrid



Training of Trainers for Training Coordinators of Pediatric Residency Training Programs from all 99 PPS accredited hospitals in Luzon, Visayas and Mindanao



Training of Trainers for Training Coordinators of Pediatric Residency Training Programs from all 99 PPS accredited hospitals in Luzon, Visayas and Mindanao



Philippine Pediatric Society Pre-Conference Workshop on Child Protection Curriculum for Pediatric Residents



Gender-Based Curriculum Training Participants from POGS accredited hospitals - North and South Luzon Chapters



Training Coordinators from POGS Accredited Hospitals in Metro Manila

5: Research

and National

Database on

Child Abuse

Evidence for Better Lives Study

Data Innovation Pilot

The Foundational Study was completed in 2019 with support from Foundation Botnar, Consuelo Zobel Alger Foundation and the ESRC Impact Acceleration Fund. The pilot study tested the full strategy to collect, manage and analyze data across the EBLS sites. The data collected describes exposures to violence, maternal stress, depressive symptoms, maternal well-being and pre- and perinatal complications that may affect child development. One hundred fifty-four third trimester pregnant women were interviewed in 3S Centers in five barangays in Valenzuela City using an app on a tablet. Dried blood spot and hair samples were also collected. Follow-up interviews of the mothers were done when the infants were two months old.

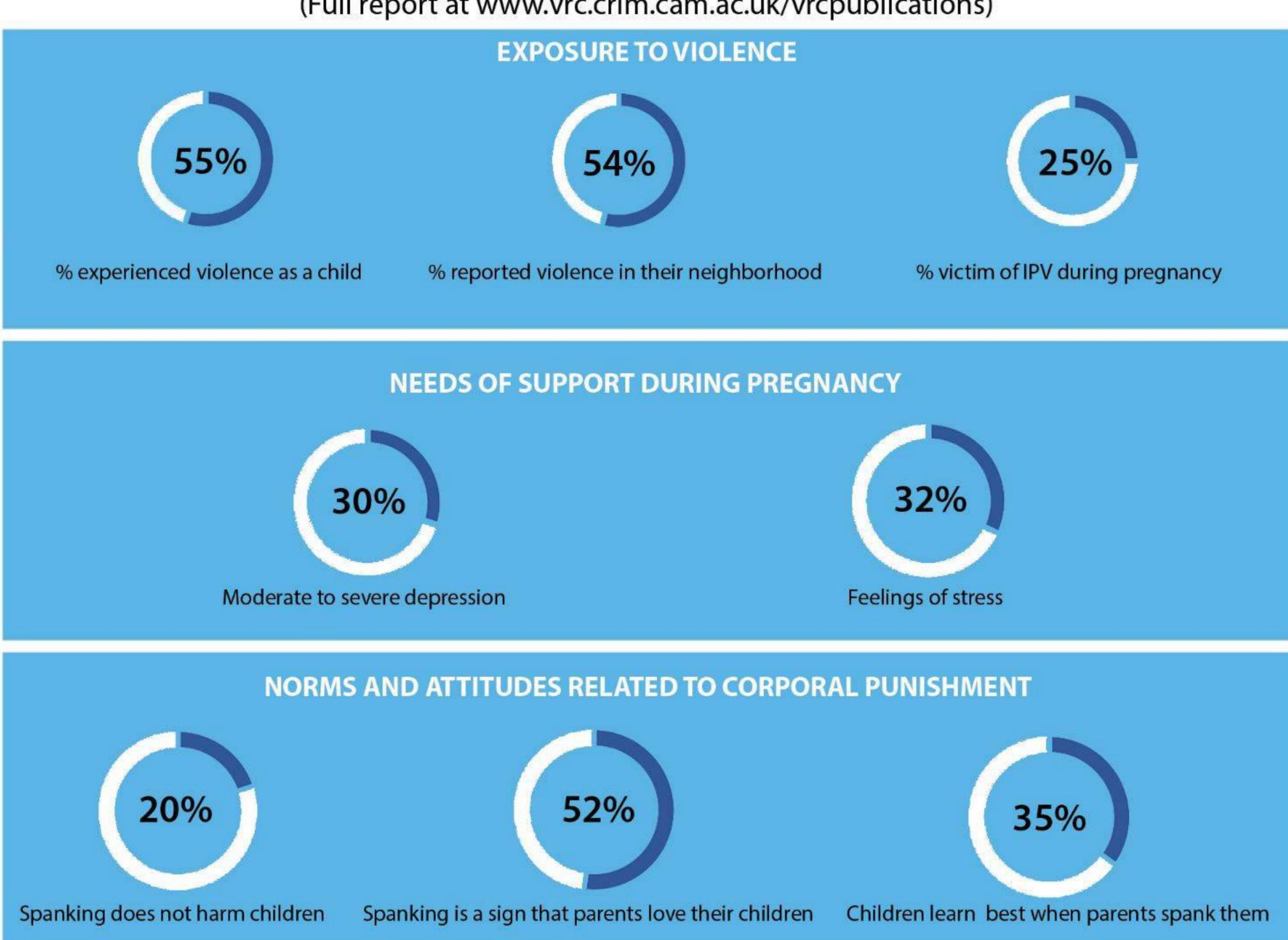




Figure 1 A respondent gives consent to biological sampling.

Selected Results of the EBLS Foundational Study

(Full report at www.vrc.crim.cam.ac.uk/vrcpublications)



The Evidence for Better Lives Study (EBLS) is an innovative birth-cohort study located in eight medium-sized cities in low- and middle-income countries across the world. Led by the University of Cambridge, the Research Consortium is composed of research experts in health behaviours, child maltreatment, crime and delinquency, psychopathology, child and maternal health, early child development, public health, clinical psychology, suicidology and adolescent sexuality.

Reference: Evidence for Better Lives Consortium (2019). Addressing Violence against Children; Mapping the Needs and Resources in Eight Cities across the World. Cambridge: Institute of Criminology. Available at: https://www.vrc.crim.cam.ac.uk/vrcpublications

Safe Schools for Teens: Preventing Sexual Abuse of Urban Poor Teens, Proof-of-Concept Study - Improving Teachers' and Students' Knowledge, Skills and Attitudes

Safe Schools for Teens is a research collaboration of the Child Protection Network, Department of Education, University of the Philippines, Ateneo de Manila University, University of Edinburgh, Optimus Foundation and Consuelo Alger Foundation. This research is a two-phase proof-of-concept cross-sectional study of 237 teachers and 1,458 Grade 7 students from two public high schools in Metro Manila over a two-year period.



Training of teachers resulted in an increase in confidence for identifying CSA from 25% to 57%, and a decrease in apprehension of reporting CSA from 40% to 33%.

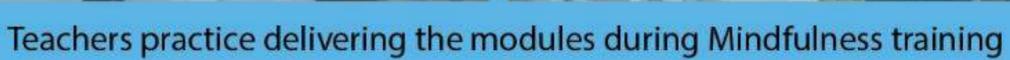
The Safe Schools for Teens intervention significantly improved self-reported knowledge on abuse, dating violence, and how to help friends as well as on adolescent's impulse control and emotional clarity. There was a significant decline from pre- to post-intervention in self-reported experiences of dating violence which includes physical, sexual and emotional violence, t(793) = 3.363, p = 001 as well as a significant decline in self-reported experiences of emotional abuse from a dating partner, t(837) = 2.693, p=0.008.

The Safe Schools for Teens intervention increases awareness and reporting of child sexual abuse.

It is important to note that the intervention goes beyond the training of teachers and students but also includes the child protection system around the school such as the Child Protection Unit (health), social welfare and law enforcement.

The Safe Schools research team has an ongoing collaboration with public high schools in Antique and Iloilo City to test the effectiveness of the online 4Rs training for teachers.







Students learn to identify the red flags of abuse

5: Research

and National

Database on

Child Abuse

O

Legal, Psychological and Social Outcomes of Child Sexual Abuse at the Philippine General Hospital-Child Protection Unit

A mixed transdisciplinary study combining case-control and qualitative methods was done by Dr. Riza Lorenzana of the Section of Ambulatory Pediatrics, PGH Department of Pediatrics. It won first place in the Fellow's Research Forum Oral Presentation Category. The study aimed to describe the legal, psychological and social outcomes of sexually abused children and determine the factors associated with the progress of case to court and conviction. Medical records using the Child Protection Management Information System (CPMIS) and court documents were reviewed. Study participants and key informants were interviewed.

This research is a follow up study to that of Dr. Mariella Sugue-Castillo in 2002 in terms of the legal outcomes of child sexual abuse. In addition, it reveals the long-term impact of the child protection reforms in the criminal justice system and of the interventions provided to the victims.

Legal Outcomes

- Reliance on the abnormal anogenital findings was no longer demonstrated for a child sexual abuse case to reach court.
- Conviction rate (69.8%) among resolved cases was higher compared to the findings of Sugue-Castillo (58%) and is comparable to other countries.
- 5 out of 10 child sexual abuse cases seen at PGH-CPU from 2009 to 2013 filed a complaint at the police station and 1 out of 10 reached court trial.
- Psychiatrist's testimony in court increased the odds for a conviction by 4 times.
- CPU services and support ranked second among the factors that were most helpful to the participants throughout the legal process. The support of family and relatives ranked first.
- Desistance in this study (2.35%) was lower than the findings of Sugue-Castillo (9.05%).

Psychological Outcomes

- Majority (78%) were not experiencing trauma symptoms 5 to 10 years after intervention.
- Prevalence of suicide attempt and self-harm within the past year is 4.8% which is lower than the 28% prevalence of suicidal ideations among sexually abused children upon initial consultation at PGH-CPU.

Social Outcomes

- Sexual reabuse prevalence was 6.5%, which is lower than the 11 to 17% sexual reabuse prevalence of child protection units in other countries. The reabuse cases did not involve the same perpetrator as the initial consultation at PGH-CPU.
- 36.3% became teenage parents.
- Majority (43.5%) were still in school.

Conclusions

- Improvements in the criminal justice system in handling child sexual abuse cases were evident.
- Long term outcomes of sexually abused children highlight their need for continued holistic aftercare intervention.

CPN, in partnership with UNICEF and the Council for the Welfare of Children, organized a teen conference wherein participants, aged 11 to 19, discussed issues they faced at school, in their barangay, at home, and using the INPSPIRE strategies the youth came up with their recommendations.

Team Cyberspace stressed the need for well-informed social media netizens, while Team Paaralan called for PWD-accessible school facilities. Team Gobyerno cited malnutrition as an issue to which they suggested increasing the budget allocated to the feeding programs to cater to more beneficiaries. An issue for Team Tahanan was poverty and they suggested focusing livelihood programs on family planning to counter increasing poverty rates. They presented these recommendations in a creative way during the second day of the main conference.

U

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INSPIRE Strategies

Implementation and enforcement of laws

Norms and values

Safe environments

Parent and caregiver support

Income and economic strengthening

Response and support services

Education and life skills

The AKO PARA SA BATA Conference featured youth speakers and youth reactors for every symposium. Those who participated in the teen conference acted as youth reactors in the main conference. The session "Influencers, Entrepreneurs, and Dreamers" presented young people at the helm like Audrey Pe, Founder and Executive Director of WiTech and Anna Salamat, Chief Experience Officer, School of Experiential Entrepreneurship Scholar of Make a Difference (MAD) Travel. "The Rainbow Connection" session examined norms and attitudes towards gender roles and diversity which featured youth speakers from UP Outlaws, She Decides, and Y-PEER Pilipinas. "BARMM Youth: Empowered, Engaged & Ready for Nation-building" session featured three teens from the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). They tackled what it is like to be a teenager in BARMM; the adolescent sexual and reproductive health; issues of cultural minorities; and role of adolescents and youth in peacebuilding.

AKO PARA SA BATA is a conference for the youth, with the youth, and by the youth.



Audrey Pe

Teen Presentation

Anna Salamat





Pre-Conference at Museo Pambata

The 11th AKO PARA SA BATA Conference with the theme "INSPIRED Teens" held on November 19-20, 2019 at SMX Convention Center Manila gathered 2,622 social workers, physicians, police officers, teachers, guidance counselors, psychiatrists, psychologists, judges, prosecutors, NGO workers, local government officials, and other interested individuals.

There were eight (8) plenary sessions, nine (9) simultaneous sessions, and forty-six (46) experts who shared evidence-based strategies to end violence against children focused on teens. DSWD Secretary Rolando Joselito Delizo Bautista provided the keynote speech. Plenary presentations include CRC@30: Gains and Achievements of the Philippines by CWC Executive Director U/Sec. Mary Mitzi Cajayon-Uy; Wired Adolescence by Fr. Fidel Orendain, SDB; Teen Brain Under Construction materials on child's rights. by Prof. Liane Alampay, PhD, Rpsy; Violence against Children in the Philippines by UNICEF Deputy Representative Julia Rees; SAFERkids PH by Australian Embassy to the Philippines Charge d' Affaires Richard Sisson; Off the Record Panel discussion on Bullies and Fakes hosted by Prof. Randy David and Atty. Katrina Legarda. Simultaneous session topics include INSPIRED BARMM, Implementation and enforcement of laws, Norms and values, Safe

environments, Parent and caregiver support, Income and economic strengthening, Response and support services, and Education and life skills. Each session featured youth representatives who reacted to the discussions.

In celebration of the 30th anniversary of the United Nations Convention on the Rights of the Child (UN CRC), two special activities were held during the first day of the conference: (1) Tribute to Child Rights Advocates by the Child Rights Coalition Asia and (2) Launch of the CRC@30 Big Book "Ayoko Po Sana" by the Department of Foreign Affairs. With the assistance of UNICEF, 2,500 activity books on UN CRC published by CANVAS and funded by the Australian Embassy were included in the kits for delegates. Consuelo Foundation also provided the delegates with reference

The annual AKO PARA SA BATA Conference serves as a continuing education for child protection professionals. The 2019 Conference was co-presented by UNICEF in partnership with the Council for the Welfare of Children and the Society of Adolescent Medicine of the Philippines, Inc.







Creative Presentation: For Teens, By Teens







Tribute to the Pioneers of Child Rights Advocacy: Teresita Silva, Angela Maria Pangan, and Lourdes Balanon







Panel discussion with Katrina Legarda and Prof. Randy David

UNICEF Philippines Deputy Representative Julia Rees



Fr. Fidel Orendain, SDB



Dr. Bernadette Madrid, DSWD Sec. Rolando Joselito Bautista, and CWC USec. Mary Mitzi Cajayon-Uy



Prof. Liane P. Alampay, PhD, Rpsy



Dr. Cornelio G. Banaag, Jr.



Youth speakers from BARMM

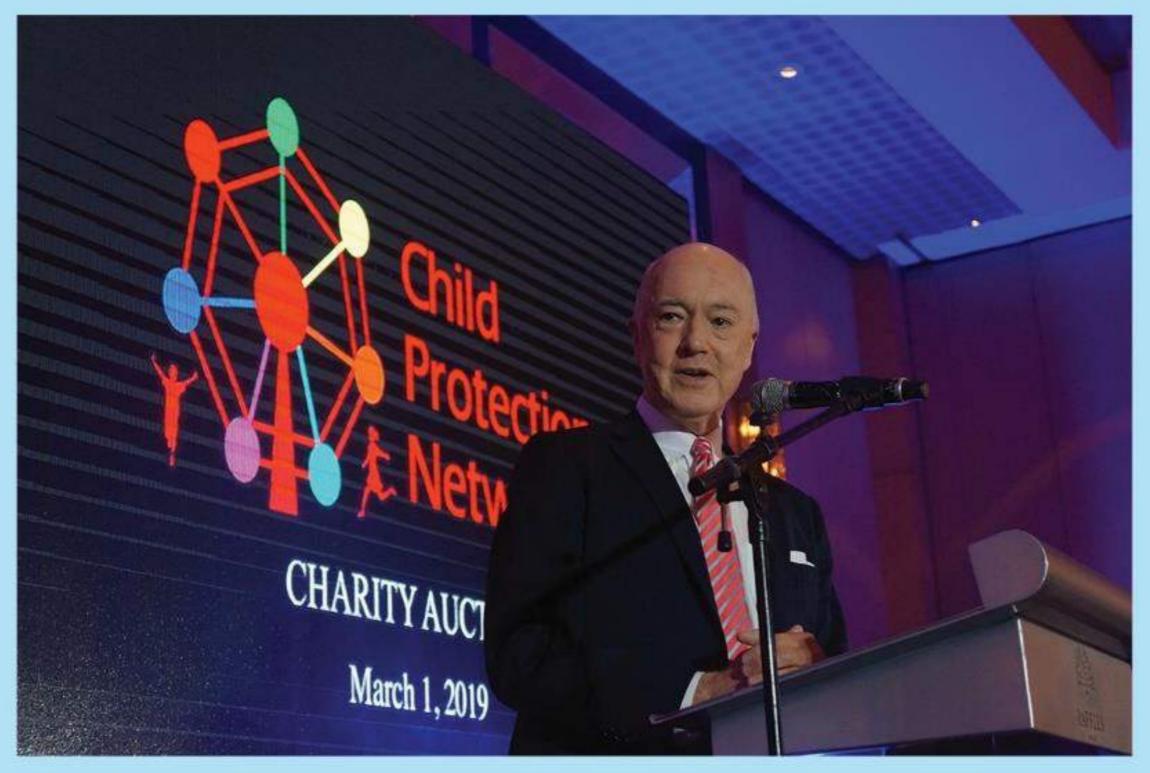


Launch of the CRC big book Ayoko Po Sana with DFA USec. Ernesto C. Abella and Chargé d' Affaires of the Australian Embassy in the Philippines Richard Sisson

The Child Protection Network Charity Auction

The Child Protection Network Foundation treated guests and donors to a hearty cocktail meal and an exciting charity auction on March 1, 2019 at the Raffles and Fairmont Hotel Makati. The event was graced by the founders of CPN, David and Katherine Bradley, and the Trustees of the Foundation.

Hosting the auction were Dr. Randy Francisco, Katrina Legarda, and Tonico Manahan of Leon Gallery. The lots include a Jewelmer Pear Pendant, a lunch for four people at Antonio's in Tagaytay with Lexus Luxury SUV transfers and two bottles of Nicolas Feuillatte Brut Champagne, a dinner for 10 people by Happy Ongpauco-Tiu paired with wines from AWC Philippines, a smoky quartz set of earrings from Mentxaka, a pair of carved emerald earrings from Riqueza Jewelry, a 1954 Patek Philippe watch from Vintage Grail, an Amanpulo getaway for two persons, the Solaire Chairman's Package, and a one-week stay for 12 people in Valfond, the Bradley home in Provence, France. The night was capped with dancing to the playlist of DJ Cocoy Puyat.



David Bradley



Renna Angeles, Dr. Bernadette Madrid, Lizzy Razon, Katherine and David Bradley, Irene Martel-Francisco, Ricky Razon, Katrina Legarda

The generous contribution of the Raffles and Fairmont Hotel Makati, Sta. Elena Construction, and The Philippine Tatler made this event a success.

Donations and pledges received were allocated for the medical treatment as well as the much-needed psychiatric treatments and counselling of abused children. Donations made are tax deductible.



Paolo Martel and Dina Tantoco



Marife Zamora, Alice Eduardo, Myrna Yao, Ana de Ocampo, Michelle Tiangco



Linda Ley and Elena Coyiuto



Irene Martel Francisco, Lizzy Razon, Katrina Legarda, Ricky Razon, Katrina Razon



Renna Angeles and Babette Aquino-Benoit



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Susan Joven, Donato and Marisse Almeda, Cherry Alarilla, Myrna Yao, Marife Zamora



Zelda Kienle, Myda Prieto, Techie Hagedorn, Amb Jorge Moragas Sanchez, Lizette Cojuangco, Mia Borromeo, Marilu Batchelor



Peter Coyiuto, Brigitte Van Hagen, Nini Licaros, Alex Van Hagen, Grace Glory Go

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Child Protection Network Foundation, Inc.

(A non-stock, not-for-profit organization)

STATEMENTS OF ASSETS, LIABILITY AND FUND BALANCE (in Philippine Peso)
December 31, 2019 and 2018

ASSETS	2019	2018
Current Assets		
Cash	31,257,667	27,328,028
Receivables	275,555	66,200
Financial asset at fair value through profit and loss	18,238,458	16,217,782
Prepayments and other current assets	3,250,021	3,272,887
	53,021,701	46,884,897
Non-current Assets		
Property and equipment-net	22,657	35,359
Computer software-net	18,333	29,333
	40,990	64,692
TOTAL ASSETS	53,062,691	46,949,589
LIABILITY AND FUND BALANCE		
LIABILITY		
Current Liability		
Payables	1,923,797	822,448
FUND BALANCE		
Fund Equity	51,138,894	46,127,141
TOTAL LIABILITY AND FUND BALANCE	53,062,691	46,949,589

The Child Protection Network Foundation recognizes and appreciates the following individuals and institutions for their kindness and generosity. We are also grateful to the donors who would like to remain anonymous.

From the bottom of our hearts, thank you for helping us protect the child from the many faces of abuse. There is still much work to be done but with your support, we are in a good position to succeed. May the universe abundantly reward and keep all of you protected at all times.

AA Industrial Chrome Plating Aboitiz, Juan Alejandro and Gina Alarilla, Jose Eduardo Almeda, Donato and Marisse

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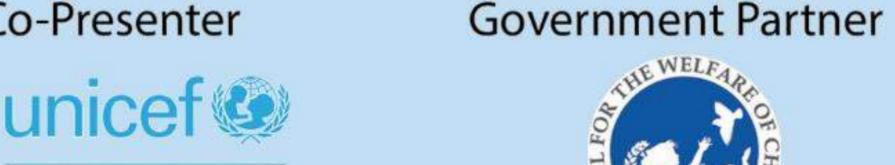
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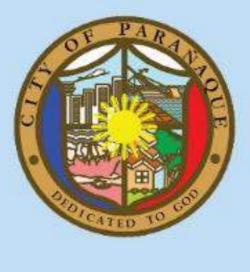






















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Ms. Marivic Rufino





































Republic of the Philippines Department of Health OFFICE OF THE SECRETARY

MAR 1 1 2013

ADMINISTRATIVE ORDER No. 2013 - DOIL

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.0. 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;

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 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.

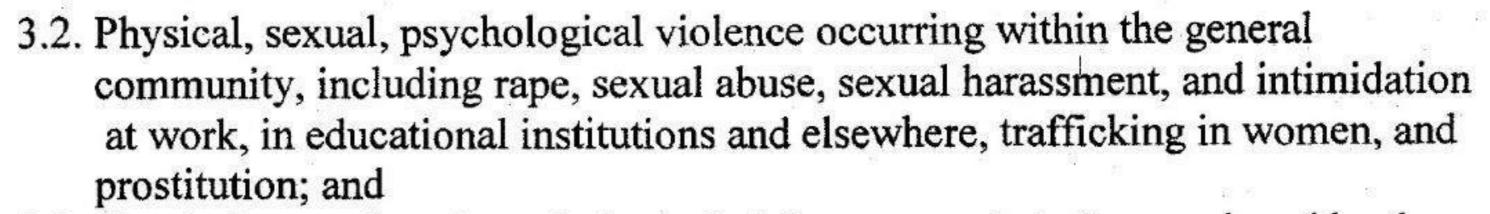
C. SCOPE AND APPLICATION

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.
- 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;





- 3.3. 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.
- 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:

- 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

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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, psychosocial, 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.

 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.

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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;
- 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.

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- 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;
- 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;
- Prepare legal opinions on VAWC matters regarding provision of laws, circulars, rules and regulations as well as VAWC legal queries within the DOH;
- 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)

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- 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:
 - 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
 - Measuring devices like rulers and calipers
 - Urine specimen containers
 - k. Refrigerator for storage of specimens
 - Analgesics, and medicines for STI prophylaxis
 - m. Labels
 - n. Medical forms including consent forms and anatomical diagrams
 - o. Colposcope (Optional)
 - Videocamera for recording the forensic interview (optional)
 - q. Tape recorder (optional)

LEVELS OF CARE DELIVERED BY WCPUs

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

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.

Training Capability

- Training on 4Rs
- Residency training

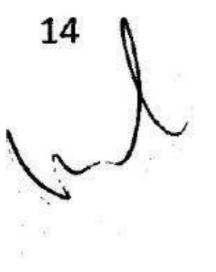
4. Research

 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



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

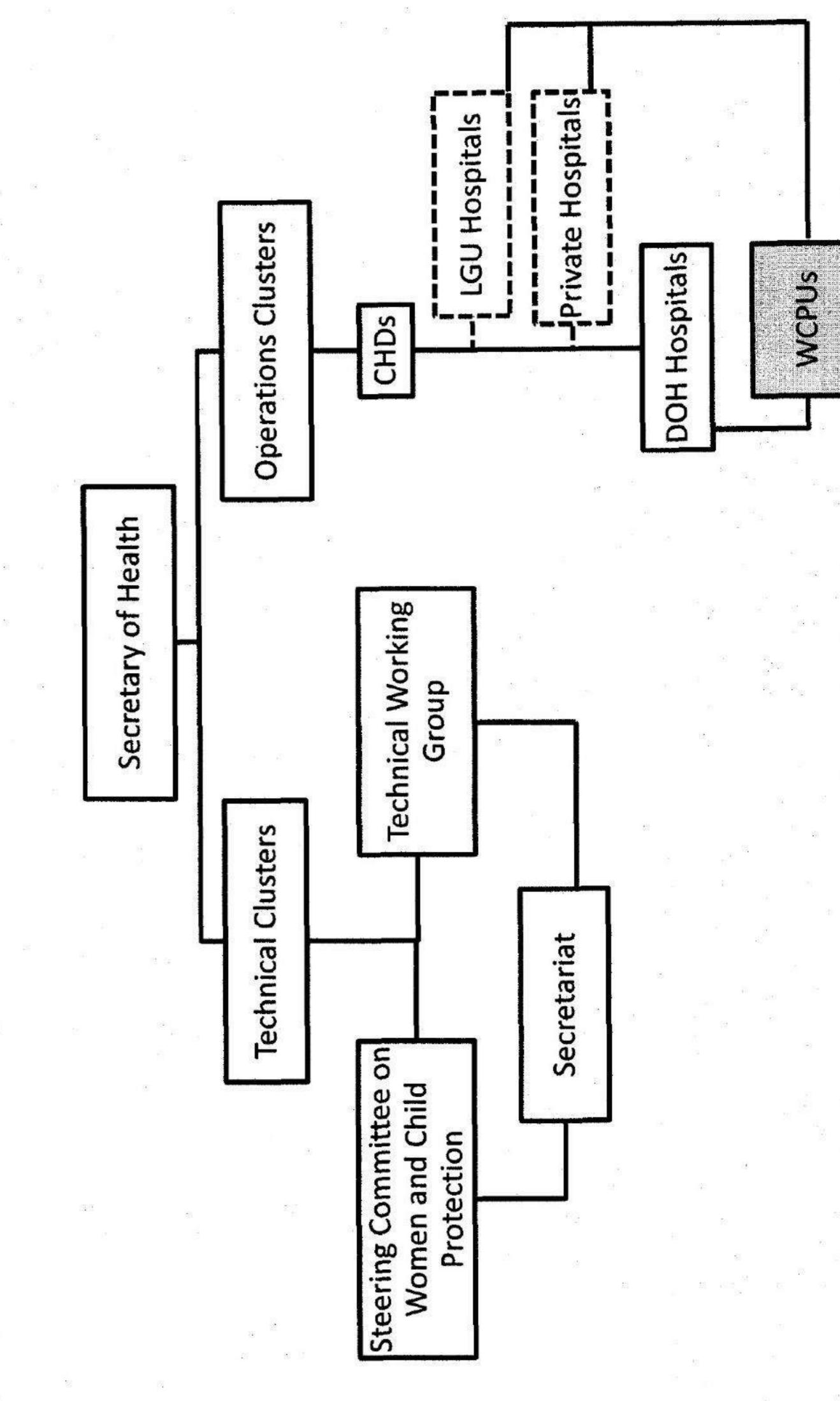
Police Officer

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





nen and Child Protection: Organizational Structure



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Associate Director:

Stella G. Manalo, MD, FPPS

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