



Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

October 12, 2026

REGIONAL MEMORANDUM
ORD – 2026 – **1333**

**LIST OF PARTICIPANTS IN THE MULTI-SECTORAL WORKSHOP ON
STRENGTHENING THE REFERRAL SYSTEM FOR ADOLESCENT
HEALTH AND PROTECTION IN SOUTHERN LEYTE AND SAMAR**

To: Schools Division Superintendent } Samar (Western) Division
All Others Concerned } Southern Leyte Division

1. With reference to a letter from the **Philippine Society for Responsible Parenthood, Inc. (PSRP)** dated October 07, 2026, this Office, through the Education Support Services Division - School Health and Nutrition Unit (ESSD-SHNU), announces the conduct of the Multi-Sectoral Workshop on Strengthening the Referral System for Adolescent Health and Protection in Southern Leyte and Samar.

2. Schedule, venue, and list of participants to this activity are as follows:

Division	Schedule	Venue	Participant
Southern Leyte	Oct. 14-16, 2026	Blue Deep Resort, Cantutang, Padre Burgos, S. Leyte	1. Edwin V. Salar – RGC 2. April Lynn V. Gaviola – Division LRP Focal Person
Samar	Oct. 19-21, 2026	Hotel Rodolfo, Duptours Compound, Sto. Niño St., Tac. City (Tentative)	1. Angelica C. Rodriguez – Medical Officer IV 2. Donnie Ray Dones – Division LRP Focal Person

3. Board and lodging of the participants shall be provided by the host, while transportation expenses shall be covered by the sending agency subject to the usual accounting and auditing rules and regulations.

4. Attached to this Memorandum is the letter and concept note for reference.

5. Immediate dissemination and compliance with this Memorandum are desired.

SALUSTIANO T. JIMENEZ, JD, EdD, CESO III
Regional Director

Enclosures: As stated

References: As stated

To be indicated in the Perpetual Index under the following subjects:

ADOLESCENT HEALTH PARTICIPANTS

SHNU-ACR



Address: Government Center, Candahug, Palo, Leyte
Telephone No.: (053) 832-5738
Email Address: region8@deped.gov.ph
Website: region8.deped.gov.ph





PHILIPPINE SOCIETY FOR RESPONSIBLE PARENTHOOD, Inc.

Rm 402 4th Flr Doña Felisa Syjuco Bldg.
1872 Remedios Cor. Taft Ave., Malate Manila
Telephone No. (632) 82442833

07 October 2026

DR. SALUSTIANO T. JIMENEZ, CESO III
Regional Director
Department of Education
Regional Office VIII - Eastern Visayas
Government Center, Candahug, Palo, Leyte

DEPARTMENT OF EDUCATION	
RECEIVED	
RECORDS SECTION REGIONAL OFFICE NO. VIII	
DATE: 10/12/26	
TRACKING #: 11925	TIME: 1:36 p
SIGNATURE: _____	

SUBJECT: Invitation to the Multi-Sectoral Workshop on Strengthening the Referral System for Adolescent Health and Protection in Southern Leyte and Samar

Dear **Dr. Jimenez**,

The Philippine Society for Responsible Parenthood, Inc. (PSRP), in partnership with UNICEF, is implementing the Joint Programme on Accelerating the Reduction of Adolescent Pregnancy (JPAP) in the Philippines. Under this initiative, Samar and Southern Leyte have been identified as pilot provinces for project support to strengthen adolescent-responsive health and protection services, including peer education initiatives.

In line with this initiative, the Provincial Governments of Southern Leyte and Samar, with technical support from UNICEF, UNFPA, WHO, and PSRP under JPAP, will conduct separate three-day multi-sectoral workshops entitled **"Strengthening the Multi-Sectoral Referral System for Adolescent Health and Protection in Southern Leyte and Samar Provinces."**

The schedule of the workshops is as follows:

No.	Province	Date	Venue
1.	Southern Leyte	October 14 to 16, 2026	Blue Deep Resort, Cantutang, Padre Burgos, Southern Leyte
2.	Samar	October 19 to 21, 2026	Hotel Rodolfo, Duptours Compound, Sto. Niño Street, Tacloban City (tentative venue)

Adolescents in Southern Leyte and Samar face complex and interconnected health and social challenges, including adolescent pregnancy and reproductive health concerns, gender-based violence, substance use, mental health concerns, child abuse, and school dropout. Addressing these concerns requires a coordinated approach among the health, social welfare, education, justice, and local governance sectors.

While various local institutions already provide dedicated services, existing referral pathways often operate separately rather than as an integrated network. The workshops aim to address these gaps through the development of the **Southern Leyte and Samar Provincial Adolescent Health and Protection Referral Framework**, aligned with the **Revised CANE+D Protocol**.

The primary objective of this initiative is to strengthen multi-sectoral coordination through an integrated referral framework covering **universal prevention, targeted early intervention, and specialized protection responses**. Through this approach, participating agencies will strengthen case identification, streamline referral procedures, and improve coordinated service delivery across the continuum of care. The workshops will also reinforce the proper management and referral of cases involving **child abuse, neglect, exploitation, and discrimination**, in accordance with applicable laws, policies, and the updated **CANE+D protocols**.

Given the Department of Education's frontline role in school-based identification, initial response, and referral of learners at risk, the participation and expertise of your office are vital to establishing a functional regional and provincial referral network.

In this regard, we respectfully request the designation of **two (2) key representatives** from your organization who are directly involved in child protection, learner rights and protection, guidance, and referral services, preferably the following:

1. **Division/School Child Protection Committee Focal Person; and**
2. **Learner Rights and Protection Officer (LRPO) and/or Guidance Counselor**

The designated representatives are requested to participate in the multi-sectoral workshops in **both Southern Leyte and Samar Provinces**. To support the workshop discussions and development of the provincial referral framework, participants are kindly requested to:

- Bring their own laptop for use during the workshop;
- Present the Department of Education's existing mandate and roles related to adolescent health and protection;
- Present the existing services and interventions provided by the Department across the continuum of prevention, early intervention, and protection response;
- Bring and present existing referral tools, forms, protocols, and other relevant materials currently being used for learner protection and referral; and
- Identify existing capacity gaps, challenges, and areas requiring strengthening in the delivery and referral of adolescent health and protection services.

Food and accommodation shall be borne by UNICEF, while transportation shall be covered by the sending agency.

Participants will be provided with a **common template in advance** to guide the preparation and presentation of the above information and to ensure consistency in the documentation and consolidation of inputs from all participating agencies.

Their inputs and technical expertise will be valuable in mapping existing DepEd services and referral pathways, identifying gaps and opportunities for strengthening coordination, and defining the roles and responsibilities of the education sector within the proposed provincial referral framework.

For your information and reference, we are attaching a copy of the Concept Note and the Program of Activities for the workshop. We hope that these materials will provide your office and the designated representatives with an overview of the objectives, expected outputs, and proposed activities of the workshop.

In preparation for the said workshops, we would also respectfully request a **meeting with your office on October 12, 2026 (Monday), from 2:30 PM to 3:30 PM**, to present and discuss the concept note, provide an overview of the proposed referral framework, and clarify the expected roles and participation of the Department of Education representatives during the workshops.

The meeting will be attended by Ms. Dyezebel Dado, Project Coordinator, and Ms. Mary Ann Lanuza, Administrative Assistant, both from PSRP in Metro Manila.

For coordination and other concerns, you may contact Ms. Dado at 0917-506-5616 or through email at beldado65@gmail.com.

Thank you for your unwavering commitment to protecting the health, safety, and well-being of the youth of Southern Leyte and Samar. We look forward to working alongside your delegation.

Sincerely,



ESMERALDO T. ILEM, MD
President, PSRP

CONCEPT NOTE

Strengthening the Multi-Sectoral Referral System for Adolescent Health and Protection in Southern Leyte Province

Towards a Southern Leyte Provincial Adolescent Health and Protection Referral Framework, aligned with the Revised CANE+D Protocol

A Threeday Multi-Sectoral Workshop, proposed for 14-16 October 2026, Southern Leyte Province Convened by the Provincial Government of Southern Leyte, with technical support from UNICEF, UNFPA, WHO, and PSRP under the Joint Programme on Accelerating the Reduction of Adolescent Pregnancy (JPARAP)

I. Background and Rationale

Adolescents in Southern Leyte face a range of interconnected health and social challenges, including adolescent pregnancy, sexual and reproductive health concerns, gender-based violence, mental health conditions, substance use, child abuse, exploitation, conflict with the law, school dropout, and other vulnerabilities. Responding effectively to these concerns requires coordinated action across multiple sectors, including health, education, social welfare, justice, law enforcement, local governance, and youth development.

Southern Leyte is among the provinces most affected by these vulnerabilities in Eastern Visayas. In 2024, the JPARAP sites in the province recorded 24.5 babies born per 1,000 girls aged 15-19, with correspondingly low uptake of modern contraception among women under 20 [15][23]. These conditions made Southern Leyte and Samar the pilot provinces of the Joint Programme on Accelerating the Reduction of Adolescent Pregnancy, known as JPARAP, a four-year partnership of approximately 490 million pesos among the Government of the Philippines, UNFPA, UNICEF, WHO, and the Korea International Cooperation Agency, running since 2022 to strengthen adolescent sexual and reproductive health services, youth leadership, and local adolescent health governance [15][16][17]. JPARAP investments in Samar, including adolescent friendly mobile health units known as TruckABATAAN and youth leadership platforms, have begun building the governance infrastructure that a functioning provincial referral system depends on, making the present moment an opportune one for consolidating referral pathways across sectors [16][19].

While various institutions already provide adolescent responsive services, these services often operate independently, with referral mechanisms that are agency specific and not systematically linked with one another. Health facilities refer patients through the Health Care Provider Network structure established under the Universal Health Care Act [1][2]. The Provincial Social Welfare and Development Office manages referrals for child protection and social case management. The Philippine National Police Women and Children Protection Desk handles cases involving violence and abuse under Republic Act No. 9262 [21]. Schools refer learners through the Department of Education's Child Protection Committees under DepEd Order No. 40, series of 2012 [20]. Local youth offices implement youth development interventions on a separate track. These referral systems frequently function in parallel rather than as an integrated network.

As a result, adolescents and their families often experience multiple referrals, repeated assessments, delays in receiving services, unclear roles among agencies, fragmented documentation, and missed opportunities for comprehensive care. The absence of an agreed provincial referral pathway also makes coordination difficult, particularly for complex cases requiring simultaneous health, psychosocial, legal, educational, and protection interventions.

A referral system defined only by response and case management functions also risks understating its own value. This workshop is therefore designed around a continuum of care spanning universal prevention and promotion for all adolescents, targeted early intervention for adolescents showing elevated risk, and specialized protection response for confirmed cases of abuse, neglect, exploitation, and discrimination. Positioning referral within this continuum, rather than treating it as the whole of the system, better reflects how adolescents actually move through services, from broad awareness and life skills programming, through targeted support once risk indicators appear, to specialized case management only when a concern is confirmed.

This challenge has become more pressing with the August 2025 launch of the Revised Protocol for the Case Management of Child Victims of Abuse, Neglect, Exploitation, and Discrimination, known as CANE+D, by the Department of Justice and the Committee for the Special Protection of Children. The revised protocol updates the original 2013 version to integrate newer laws on online sexual abuse and exploitation, trafficking, and safe spaces. The Department of the Interior and Local Government has since directed all local government units, through Memorandum Circular No. 2026-036, to adopt the revised protocol and strengthen their referral and case management systems accordingly [9][10][11][12][13]. As of mid-2026, documented provincial rollouts of the revised protocol have taken place in Cavite, Quezon, and Cebu. None specific to Eastern Visayas has yet been publicly reported. Samar's existing JPARAP supported adolescent health governance structures position the province to become an early regional adopter of CANE+D aligned referral practice.

Recognizing these challenges, Samar Province proposes to convene a three-day Multi-Sectoral Workshop on the Adolescent Referral System. The workshop will bring together key government agencies and service providers to map existing adolescent services across the prevention, early intervention, and protection response tiers, identify gaps and bottlenecks using a case based analysis, jointly design an integrated provincial referral system that clearly defines referral pathways, institutional roles, tier transition triggers, and coordination mechanisms, and situate the application of the Revised CANE+D Protocol within that system for cases involving abuse, neglect, exploitation, and discrimination, together with next steps toward implementation.

The workshop is guided by the following national frameworks and policies, applied to strengthen service integration at the provincial level.

- Republic Act No. 11223, the Universal Health Care Act, and its Health Care Provider Network Framework [1][2]
- The Philippine Population and Development Plan of Action 2023 to 2028, through its Adolescent Health and Development component, previously referenced under the Philippine Plan of Action for Adolescents [3][4][5][6]
- The National Action Plan to End Child, Early and Forced Marriage and Unions, known as NAP-EEFNU [7][8]

- The 2025 Revised Protocol for the Case Management of Child Victims of Abuse, Neglect, Exploitation, and Discrimination, known as CANE+D [9][10][11][12][13]
- Existing national policies on adolescent health and child protection

II. General Objective

To strengthen coordination among adolescent serving institutions in Southern Leyte Province by developing the Southern Leyte Provincial Adolescent Health and Protection Referral Framework, an integrated multi-sectoral system spanning universal prevention, targeted early intervention, and specialized protection response, that enables coordinated identification, referral, and service delivery for adolescent health and protection concerns across this continuum, while ensuring that cases involving abuse, neglect, exploitation, and discrimination are managed in accordance with the Revised CANE+D Protocol.

III. Specific Objectives

By the end of the workshop, participants will be able to do the following.

1. Present and document the adolescent health, protection, education, justice, and social welfare services currently provided by participating institutions across the prevention, early intervention, and protection response tiers, including their statutory mandates and existing referral tools.
2. Map the existing internal and external referral mechanisms for adolescents across sectors, including entry points, timelines, and points of transfer between agencies.
3. Define the indicators that distinguish a universal prevention concern, an at-risk early intervention case, and a confirmed CANE+D covered case, and identify the point at which a case moves from one tier to the next.
4. Identify strengths, bottlenecks, duplication, and gaps in the current referral system using an adolescent case scenario and the Revised CANE+D case management cycle as an analytical lens.
5. Develop an integrated Provincial Adolescent Health and Protection Referral Framework that links the referral systems of participating institutions and clearly situates the application of the Revised CANE+D Protocol for cases involving abuse, neglect, exploitation, and discrimination.
6. Harmonize referral tools, forms, and data sharing practices across sectors to reduce duplicate assessments and speed up service delivery.
7. Agree on roles, responsibilities, coordination mechanisms, including a provincial multi-disciplinary team case conference schedule, and priority actions, with indicators, for implementing the provincial adolescent referral system.

IV. Expected Outputs

1. Situational analysis of adolescent services and referral systems across participating institutions, spanning prevention, early intervention, and protection response.
2. Case based gap analysis of the current referral system.
3. Draft Southern Leyte Provincial Adolescent Health and Protection Referral Framework, encompassing the Multi-Sectoral Adolescent Referral Pathway across all three tiers of the continuum.

3

4. Draft harmonized referral protocols and tools, including alignment with the Revised CANE+D Protocol's referral, reporting, and case documentation forms.

5. Provincial action plan, with assigned roles, timelines, and indicators, for implementation, monitoring, and sustainability.

V. Guiding Approach and Methodology

To make the workshop's outputs usable rather than aspirational, the design applies the following practical methods, consistent with globally recognized approaches to multi-sectoral referral pathway design, such as the UNFPA and UN Women Essential Services Package for Women and Girls Subject to Violence [22].

- Structured institutional presentations. Each agency presents using a common template covering mandate, prevention and promotion services, targeted early intervention services, current referral tools, data systems, and capacity gaps, so that findings are directly comparable across sectors and across tiers.
- A shared, real, anonymized case scenario. An actual adolescent case, presented by PYDO, is used as a common reference point for gap analysis and pathway design across all three days, rather than a generic hypothetical.
- Facilitated case journey mapping. Breakout groups map the adolescent's journey through services using a visual, swim lane style pathway, validated in plenary, making bottlenecks and duplication visible rather than simply descriptive.
- Tool harmonization workshop. Participants draft a single intake and referral form usable across sectors, cross walked against CANE+D mandated documentation, including barangay blotter entry, forty-eight-hour referral to the LSWDO, joint MDT interview record, and medico legal and case conference forms [13].
- Roles, responsibilities, and timeline action planning. Commitments are captured in a simple matrix showing who does what, by when, and measured how, closed with a public inter-agency commitment signing to anchor accountability beyond the workshop.

The common template referenced above is provided as Annex A, the Institutional Service Mapping Template, for completion by each agency ahead of Day 1.

VI. Target Participants

The workshop is designed for approximately 35 to 45 participants representing the following institutions.

Agency or Office	Representative(s)	Sector or Role
Provincial Governor's Office and Sangguniang Panlalawigan	Provincial leadership and SP committee on health or social services (1)	Convening authority and policy oversight
Provincial Health Office	Provincial Health Officer (1), AHDP and adolescent friendly	Health, secretariat co-lead

4

Agency or Office	Representative(s)	Sector or Role
	(3) services focal, HCPN coordinator (1)	
Municipal Rural Health Units	Municipal Health Officers (5), public health nurses (2), midwives (2)	Primary care, HCPN frontline
CHD Eastern Visayas	Health Facility Development Unit (2)	Regional oversight and guidance
Eastern Visayas Medical Center	Representative (1)	Apex referral facility
Department of Social Welfare and Development PO VIII	Representative (1)	CANE+D
Commission on Population and Development	Representative (1)	
Provincial Social Welfare and Development Office	Provincial Social Welfare Officer (1), social workers handling CICL, child abuse, PASWI (1)	Social welfare and case management
Department of Education, Schools Division	Division and School Child Protection Committee focal persons/ LRPO, guidance counselors (2)	Education based identification and referral
Provincial Youth Development Office	Youth development officers, Sangguniang Kabataan federation representative (0)	Secretariat, co-lead, Youth development and case navigation
Department of Justice and Committee for the Special Protection of Children	Provincial prosecutor or CSPC representative (1)	Justice, prosecution, CANE+D compliance
Philippine National Police, Women and Children Protection Desk	Municipal (3) and provincial WCPD officers (1)	Law enforcement, VAWC and CANE+D response
Department of the Interior and Local Government	Provincial and municipal DILG focal for LCPGs (1)	Local governance and LGU compliance oversight
Local Councils for the Protection of Children and BCPs	LCPG focal persons from selected pilot municipalities (3)	Community level protection

Agency or Office	Representative(s)	Sector or Role
UNICEF, UNFPA, WHO, and PSRP under PARAP	Technical staff	Technical assistance and resource mobilization

VII. Proposed Program Design

The schedule below has been adjusted to a consistent three-day structure covering 14-16 October 2026 and sequenced in a few places for logistical consistency. Exact dates and the ordering of health breaks should be confirmed with the PHO Secretariat and participating agencies ahead of the workshop. The agenda addresses the prevention, early intervention, and protection response tiers within this existing three-day structure, rather than through an additional workshop day.

Day 1. Mapping Existing Services and Referral Systems, 14 October 2026

Time	Activity	Lead	Key Content and Method
8:30 to 9:00	Registration	Secretariat	PSRP and UNICEF
9:00 to 9:30	Opening Program	PHO	Welcome remarks and framing of the workshop within JPARAP and provincial health governance priorities
9:30 to 9:45	Workshop Overview and Objectives	PSRP (Ms. Bel)	Review of objectives, agenda, and ground rules.
9:45 to 10:15	Workshop 1a. Agency presentation, PHO, on prevention, promotion, referral, and response services, tools, and challenges	PHO	Each presents mandate, services across prevention, early intervention, and protection response, current referral tools and forms, and capacity gaps using the common template
10:15 to 10:30	Health Break		
10:30 to 12:00	Workshop 1b. Agency presentations, PSWDO, DepEd	PSWDO, DepEd	Each presents mandate, services across prevention, early intervention, and protection response, current referral tools and forms, and capacity gaps using the common template
12:00 to 1:00	Lunch		
1:00 to 1:30	Workshop 1c. Agency presentation, DOJ and PNP	DOJ, PNP	Each presents mandate, services across prevention, early intervention, and protection response, current referral tools and forms, and capacity gaps using the common template
1:30 to 2:00	Case Presentation, the actual experience of an adolescent girl	Dr. Karen Villanueva	Anonymized real case adopted as the shared reference point for the workshop
2:00 to 3:00	Reflection exercise on gaps in service capacity and referrals	Breakout groups	Groups tag gaps by sector, transition point, and timeliness against the case, including gaps in prevention and early intervention, not only in response

Time	Activity	Lead	Key Content and Method
3:00 to 3:15	Health Break		
3:15 to 4:15	Group presentation and synthesis of Day 1 findings	PSRP (Ms. Bel)	Plenary consolidation feeding directly into Day 2 design work

Templates for Day 1 are provided in Annex B, the Gap Analysis breakout worksheet used during the 2:00 to 3:00 PM reflection exercise.

Day 2. Designing the Provincial Referral System Framework, 15 October 2026

Time	Activity	Lead	Key Content and Method
9:00 to 9:15	Recap	PSRP (Ms. Bel)	
9:15 to 9:45	Regional HCPN Overview	DOH Health Facility Development Unit, CHD 8	DOH AO 2020-0019 network architecture and referral algorithm, and how adolescent cases should flow within the HCPN
9:45 to 10:15	Southern Leyte Provincial HCPN	PHSO	
10:15 to 10:30	Health Break		
10:30 - 11:30	CANE+D Presentation	DSWD FO VIII	
11:30 to 12:00	Open Forum	Facilitator	
12:00 to 1:00	Lunch		
1:00 to 3:00	Workshop 2. Provincial Referral Pathway for Adolescents	Facilitator	Breakout groups draft the end-to-end pathway across all three tiers, from universal prevention, to identification, to tier appropriate referral, to assessment, to service, to follow up and closure, explicitly marking the triggers that move a case from prevention to early intervention to CANE+D response

Time	Activity	Lead	Key Content and Method
3:00 to 3:30	Health Break		
3:30 to 5:00	Consolidation of Referral Pathway	Facilitator	Plenary validation and consolidation of the draft framework

Templates for Day 2 are provided in Annex C, the CANE+D threshold question capture sheet used during the 11:30 AM open forum, and Annex D, the Provincial Referral Pathway breakout worksheet used during Workshop 2.

Day 3. Harmonizing Tools and Committing to Action, 16 October 2026

Time	Activity	Lead	Key Content and Method
9:00 to 9:15	Recap	Facilitator	No content
9:15 to 10:00	Workshop 3, Harmonize Referral Tools	Facilitator	Draft a common intake and referral form and begin a cross walk against CANE+D mandated documentation
10:00 to 10:15	Health Break	Facilitator	No content
10:15 to 12:00	Presentation of Harmonized Referral Tool	All	Plenary review and endorsement
12:00 to 1:00	Lunch	No lead	No content
1:00 to 3:15	Action Planning	Facilitator	Roles, responsibilities, and timeline matrix, with indicators, for the first six to twelve months
3:15 to 3:30	Health Break	No lead	No content
3:30 to 4:00	Commitment Signing	All agencies	Public inter-agency commitment to the Referral Framework and action plan
4:00 to 4:15	Closing	UNICEF	

Templates for Day 3 are provided in Annex E, the draft harmonized intake and referral form, Annex F, the CANE+D documentation cross-walk checklist, Annex G, the action planning matrix, and Annex H, the workshop evaluation form.

VIII. Roles and Responsibilities, Post-Workshop Coordination

Agency	Ongoing Role
PHO	Convene and co-chair the Provincial Adolescent Health and Protection Referral Coordinating Body and maintain HCPN linked referral and service data.
PSWDO	Serve as case management lead for CANE+D and social welfare cases and supervise LSWDO compliance with the forty-eight-hour referral timeline.
PNP-WCPD	Provide frontline VAWC and CANE+D response and participate in joint MDT interviews and case conferences.
DepEd Schools Division and Child Protection Committees	Carry out school-based identification, first response, and referral of at-risk learners.
DOJ and CSPC provincial representative	Provide prosecutorial guidance and monitor CANE+D protocol compliance.
PYDO	Support youth engagement, case navigation, and linkage with the Sangguniang Kabataan network.
DILG	Strengthen LCPGs and BCPGs and oversee LGU compliance with DILG Memorandum Circular No. 2026-036.
Municipal RHUs and HCPN facilities	Deliver adolescent friendly services and medico legal referral within the HCPN structure.
UNICEF, UNFPA, and WHO under JPAPAP	Provide technical assistance and resource mobilization and support linkage to MDT training pathways, including the Child Protection Network's WCPOL platform and the DSWD Academy's case management courses.

IX. Monitoring, Evaluation, and Sustainability Plan

Immediate, zero to three months

- Formalize the Referral Framework through a Sangguniang Panlalawigan resolution or Executive Order, rather than relying on the workshop commitment alone.
- Validate the harmonized referral tools with LSWDOs, RHUs, and LCPGs not directly represented in the workshop, and orient them on the new pathway.

Short term, three to six months

- Roll out a multi-disciplinary team-oriented training cascade for CANE+D compliance, sequencing physicians, social workers, and PNP-WCPD officers through the Child Protection

Network's 4Rs and MDT Training via the WCPOL platform, supplemented by DSWD Academy case management courses for social workers [13].

- Establish a quarterly provincial multi-disciplinary case conference as the standing coordination mechanism.

Ongoing indicators

- Proportion of CANE+D covered cases referred by the barangay or PNP to the LSWDO within the mandated forty-eight-hour window.
- Number of MDT trained and certified personnel, by municipality and cadre, covering health, social work, and police.
- Number and functional status of LCPCs and BCPs across Samar's municipalities.
- Utilization trends at adolescent friendly health facilities and uptake of modern contraception among adolescents.
- Trend in registered adolescent births, tracked against the [PARAP baseline for Southern Leyte [15][16].

The Provincial Adolescent Health and Protection Referral Coordinating Body, proposed to be co-chaired by PHO and PSWDO and to meet quarterly, should report to the Provincial Council for the Protection of Children and the Provincial Development Council. This will keep the framework institutionally anchored beyond the tenure of individual focal persons.

X. Risks and Mitigating Measures

Risk	Mitigating Measure
Shortage of licensed social workers at the LSWDO level to serve as CANE+D case managers	The Revised CANE+D Protocol allows a SWAD team member or Social Welfare Officer II detailed to the province to act as case manager where no licensed social worker is available [13]. This cadre should be prioritized for early training.
Geographic isolation and logistical constraints in reaching outlying and geographically isolated and disadvantaged barangays	Leverage existing [PARAP mobile health assets, the TruckABATAAN mobile clinics, and plan for mobile MDT deployment to remote municipalities [19].
Staff turnover and weak institutional memory undermining continuity of commitments	Institutionalize the framework through a Sangguniang Panlalawigan resolution or ordinance rather than relying solely on individual focal persons' commitments.
Fragmented, cadre specific training landscape with no unified multi-agency MDT curriculum	Sequence training through the Child Protection Network's 4Rs to MDT pathway on the WCPOL platform for health, social work, and police cadres, supplemented by CSPC provincial orientation for barangay officials and teachers [13].

XI. Key Legal and Policy Bases

- Republic Act No. 11223, the Universal Health Care Act, and DOH Administrative Order No. 2020-0019 on Health Care Provider Networks [1][2]
- Republic Act No. 10354, the Responsible Parenthood and Reproductive Health Act, and DOH Administrative Order No. 2013-0013 on the National Policy and Strategic Framework on Adolescent Health and Development [3][4]
- The Philippine Population and Development Plan of Action 2023 to 2028 [5][6]
- Republic Act No. 11596, the Prohibition of Child Marriage Act, and the National Action Plan to End Child, Early and Forced Marriage and Unions, known as NAP-ECERMU [7][8]
- Republic Act No. 7610, the Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act, as the foundational basis of the CANE+D Protocol [13]
- Republic Act No. 9344, as amended by Republic Act No. 10630, the Juvenile Justice and Welfare Act, covering children in conflict with the law
- Republic Act No. 9262, the Anti-Violence Against Women and Their Children Act, and its Implementing Rules and Regulations governing PNP-WCPD duties [21]
- Republic Act No. 11313, the Safe Spaces Act, Republic Act No. 11930, the Anti-OSABC and Anti-CSAEM Act, and Republic Act No. 11862, the Expanded Anti-Trafficking in Persons Act, all integrated into the 2025 Revised CANE+D Protocol [13][14]

- The 2025 Revised Protocol for the Case Management of Child Victims of Abuse, Neglect, Exploitation, and Discrimination, known as CANE+D, and DILG Memorandum Circular No. 2026-036 directing LGU adoption [9][10][11][12][13]
- DepEd Order No. 40, series of 2012, the DepEd Child Protection Policy [20]

XII. Sources and References

The following sources were consulted in the preparation of this concept note. All links were verified as reachable at the time of writing.

1. University of the Philippines College of Law, mirror copy. Republic Act No. 11223, the Universal Health Care Act, and DOH Administrative Order No. 2020-0019, National Health Service Delivery Network and Health Care Provider Network Manual of Procedures. <https://law.up.edu.ph/wp-content/uploads/2020/05/DOH-AD-No-2020-0019.pdf>
2. PMC. National Library of Medicine. Analysis of the Capacities of Health Facilities in the Eastern Visayas Region Based on Health Care Provider Network Service Delivery Guidelines. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12990917/>
3. Department of Health Philippines. Adolescent Health and Development Program, Administrative Order 2013-0013. <https://doh.gov.ph/vhc/health-programs/adolescent-health-and-development-program/>
4. Department of Health and WHO Philippines. Manual of Operations on the Adolescent Health and Development Program, 2017. <https://platform.who.int/docs/default-source/mae-documents/policy-documents/operational-guidance/phl-ad-17-01-operational-guidance-2017-eng-ops-manual-adolescent-health-development-program.pdf>
5. Presidential Communications Office. Palace approves new action plan for population and development, PPD-POA 2023 to 2028. <https://pco.gov.ph/news-releases/palace-approves-new-action-plan-for-population-and-development/>
6. Philippine News Agency. POPCOM, newly signed action plan to address teenage pregnancies. <https://www.pna.gov.ph/articles/1214031>
7. Department of Social Welfare and Development. DSWD chief commits to help end child marriage and forced union, data shows 460,000 girls under 18 married in 2022. NAP-ECERMU launch. <https://www.dswd.gov.ph/dswd-chief-commits-to-help-end-child-marriage-forced-union-data-shows-460000-girls-under-18-married-in-2022/>
8. Department of Social Welfare and Development. DSWD, other agencies, LGUs, and partners forge partnership to end child marriage and forced union. <https://www.dswd.gov.ph/dswd-other-agencies-leads-partners-forge-partnership-to-end-child-marriage-forced-union/>
9. Philippine Information Agency. DILG orders LGUs to adopt updated child protection protocol, Memorandum Circular No. 2026-036. <https://pia.gov.ph/news/dilg-orders-leads-to-adopt-updated-child-protection-protocol/>
10. Philippine News Agency. DOJ to launch revised protocol for child victims on August 14. <https://www.pna.gov.ph/articles/1256387>
11. Philippine News Agency. DSWD chief lauds revised protocol on case management of child victims. <https://www.pna.gov.ph/articles/1256592>
12. Department of Justice, Republic of the Philippines. Child Protection Program. <https://www.doj.gov.ph/child-protection-program.html>
13. Child Protection Network Foundation. Manuals, including the 2025 Revised Protocol for the Case Management of Child Victims of Abuse, Neglect, Exploitation, and Discrimination, full text. <https://www.childprotectionnetwork.org/manual/>
14. Commission on Human Rights. Human Rights Situation Report Addressing Online Sexual Abuse and Exploitation of Children in the Philippines. CHR VI No. POL/2025-005. <https://chr.gov.ph/chr-resource/human-rights-situation-report-addressing-online-sexual-abuse-and-exploitation-of-children-in-the-philippines-chr-vi-no-pol2025-005/>
15. WHO Philippines. Republic of Korea and three UN agencies ink a 490-million-peso joint programme to reduce adolescent pregnancy in two of the poorest provinces in Eastern Visayas. <https://www.who.int/philippines/news/detail/21-11-2022-republic-of-korea-3-un-agencies-ink-490m-joint-programme-to-reduce-adolescent-pregnancy-in-two-poorest-provinces-in-eastern-visayas>
16. WHO Philippines. Eastern Visayas makes strides in reducing adolescent pregnancy by strengthening youth leadership and governance through UN joint efforts. <https://www.who.int/philippines/news/detail/20-10-2025-eastern-visayas-makes-strides-in-reducing-adolescent-pregnancy-by-strengthening-youth-leadership-and-governance-through-un-joint-efforts>
17. UNFPA Philippines. Joint Programme on Accelerating the Reduction of Adolescent Pregnancy. IPARAP. <https://philippines.unfpa.org/en/iparap>
18. UNICEF Philippines. Samar and Leyte youth share their perspectives on improving the child protection environment and laws. <https://www.unicef.org/philippines/stories/samar-leyte-youth-share-their-perspectives-improving-child-protection-environment-and-laws>
19. UNICEF Philippines. Philippines, KOICA, and UN agencies launch two mobile health clinics to reduce adolescent pregnancies in Samar and Southern Leyte. <https://www.unicef.org/philippines/press-releases/philippines-koica-un-agencies-launch-2-mobile-health-clinics-reduce-adolescent>
20. Department of Education, Philippines. DO 40, series of 2012, the DepEd Child Protection Policy. <https://www.deped.gov.ph/2012/05/14/do-40-s-2012-deped-child-protection-policy/>
21. Supreme Court E-Library. Implementing Rules and Regulations of Republic Act No. 9262, including provisions on the duties and functions of the PNP Women and Children Protection Desks. <https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/1142362>
22. UNFPA. Essential Services Package for Women and Girls Subject to Violence. <https://www.unfpa.org/essential-services-package-women-and-girls-subject-to-violence>
23. Philippine Statistics Authority. 2022 National Demographic and Health Survey, statistics on teenage pregnancy. <https://psa.gov.ph/statistics/national-demographic-health-survey/index>

List of Annexes

Each annex below is designed as a paper based worksheet for use during the workshop itself. To simplify submission, presentation, and consolidation, the Secretariat may also prepare any of these templates as shared Google Docs, Google Forms, or Google Sheets, so that agencies and breakout groups can complete them online and the facilitation team can consolidate responses immediately rather than re-encoding handwritten sheets after each session.

- Annex A. Institutional Service Mapping Template, completed by each agency ahead of Day 1.
- Annex B. Day 1 Breakout Worksheet, Gap Analysis Across the Continuum.
- Annex C. Day 2 Open Forum Worksheet, Applying the Revised CANE+D Protocol.
- Annex D. Day 2 Breakout Worksheet, Provincial Referral Pathway Mapping.
- Annex E. Day 3 Breakout Worksheet, Draft Harmonized Intake and Referral Form.
- Annex F. Day 3 Worksheet, CANE+D Documentation Cross-Walk Checklist.
- Annex G. Day 3 Worksheet, Action Planning Matrix.
- Annex H. Workshop Evaluation Form.

Annex A. Institutional Service Mapping Template

For completion by each participating agency ahead of Day 1

Instructions. Each participating agency completes this template before the workshop and uses it as the basis for its presentation during Workshop 1a, 1b, or 1c on Day 1. Please bring one printed copy for the facilitation team in addition to your presentation. Completing all three tier sections, not referral and response alone, is what allows the workshop to compare agencies fairly.

This template may also be completed online, for example as a shared Google Doc, Google Form, or Google Sheet, to simplify submission, presentation, and consolidation by the Secretariat.

Agency Information

Field	Entry
Agency or office name	
Representative name and designation	
Contact number and email	
Statutory mandate relevant to adolescents	

Tier 1, Universal Prevention and Promotion Services

List services available to all adolescents, regardless of individual risk.

Service or Program	Target Group	Frequency or Coverage	Lead Personnel

Tier 2, Targeted Early Intervention Services

List services for adolescents showing elevated risk indicators, who have not yet experienced confirmed abuse, neglect, exploitation, or discrimination.

Service	Risk Indicators Addressed	Entry Point	Referral Destination

Tier 3, Specialized Protection Response Services

List services for confirmed or credibly reported cases of abuse, neglect, exploitation, or discrimination.

Service	Legal Basis	Referral Timeline	Case Manager or Lead

Current Referral Tools and Forms

List all intake, referral, or reporting forms currently in use. Attach a sample of each if available.

Current Data Systems

List any logbooks, registries, or electronic systems currently used to record adolescent cases.

Top Three Capacity Gaps

In your agency's own assessment, what are the three most significant gaps in your current ability to identify, refer, or serve adolescents across all three tiers?

Questions or Clarifications for Other Agencies

Note anything you would like another agency to clarify or address during the workshop.

Annex B. Day 1 Breakout Worksheet, Gap Analysis Across the Continuum

Reflection Exercise, 2:00 to 3:00 PM, 02 September 2026

Instructions. Using the case presented by PYDO, identify gaps at each tier of the continuum, not only in the protection response tier. One member records for the group. A rapporteur presents the group's findings at the 3:15 PM plenary.

This template may also be completed online, for example as a shared Google Doc, Google Form, or Google Sheet, to simplify submission, presentation, and consolidation by the Secretariat.

Group No.	Facilitator	Rapporteur

Group members. List all members present.

Gap Analysis Table

For each tier, list the gaps your group observed in the case, the sector or agency affected, and whether timeliness was an issue.

Tier	Gap Observed	Sector or Agency Affected	Timeliness Issue
Tier 1, Prevention			
Tier 2, Early Intervention			
Tier 3, Protection Response			

Most Urgent Gap

What is the single most urgent gap your group identified, and why?

Annex C. Day 2 Open Forum Worksheet, Applying the Revised CANE+D Protocol

Instructions: The facilitator or a designated note-taker records the plenary's answers to each question below, as presented and discussed by DOJ and CSPC. This record feeds directly into Section 5.0.1 of the Referral Framework, the tier transition triggers. Write in full sentences where possible so the notes can be used directly.

This template may also be completed online, for example as a shared Google Doc, Google Form, or Google Sheet, to simplify submission, presentation, and consolidation by the Secretariat.

1. What distinguishes a universal concern, an at-risk indicator, and a confirmed protection concern, and at what point does a case move from general adolescent services to CANE+D?

2. Which adolescent cases activate CANE+D?

3. Which agencies become involved?

4. What changes in the referral process?

5. When does case management begin?

6. How do health and protection sectors coordinate?

Annex D. Day 2 Breakout Worksheet, Provincial Referral Pathway Mapping

Instructions: Using the shared case and this morning's discussion on CANE+D thresholds, map the end-to-end pathway across all three tiers. For each stage, fill in the responsible agency or position, the standard timeline, and, where relevant, the trigger that would move the case to the next stage. Present your group's draft at the 4:00 PM plenary.

This template may also be completed online, for example as a shared Google Doc, Google Form, or Google Sheet, to simplify submission, presentation, and consolidation by the Secretariat.

Group No.	Facilitator	Rapporteur

Group members: List all members present.

Pathway Stages

Stage	Tier	Responsible Agency or Position	Standard Timeline
Universal prevention and promotion	1		
Identification and first contact	1 to 2 or 3		
Targeted early intervention referral	2		
Protection response referral	3		
Assessment	2 and 3		
Service provision	2 and 3		
Follow up and case conference	2 and 3		

Stage	Tier	Responsible Agency or Position	Standard Timeline
Closure	2 and 3		

Tier Transition Triggers

In your group's own words, what specifically moves a case from Tier 1 to Tier 2, and from Tier 2 to Tier 3?

Tier 1 to Tier 2 trigger:

Tier 2 to Tier 3 trigger:

Outstanding Questions

What does your group still need clarified before this pathway can be finalized?

Annex E. Day 3 Breakout Worksheet, Draft Harmonized Intake and Referral Form

Instructions: Groups draft one shared intake and referral form usable by every participating agency. The candidate fields below reflect what a typical entry point needs to capture. Add, remove, rename, or reorder fields as your group sees fit, and mark whether each is kept. This draft becomes Annex A of the Referral Framework, the separate document produced after the workshop.

This template may also be completed online, for example as a shared Google Doc, Google Form, or Google Sheet, to simplify submission, presentation, and consolidation by the Secretariat.

Group No.	Facilitator	Rapporteur

Group members. List all members present.

--

Candidate Fields

Field	Keep, Revise, or Remove	Revised Wording, If Any	Notes
Date and time of first contact			
Entry point agency and personnel name			
Adolescent's initials or case code			
Age and sex			
Municipality and barangay of residence			
Presenting concern or reason for contact			

Field	Keep, Revise, or Remove	Revised Wording, If Any	Notes
Tier assessed at first contact, Tier 1, 2, or 3			
Whether the case is a suspected CANE+D covered case			
Immediate safety concerns			
Receiving agency and date of referral			
Case manager assigned			

Additional Fields Proposed by Your Group

New Field	Data Type or Format	Why It Is Needed

Annex F. Day 3 Worksheet, CANE+D Documentation Cross-Walk Checklist

Instructions. Check the draft harmonized form from the previous session against each CANE+D mandated documentation requirement below. Where a requirement is not yet captured, note the gap and the fix your group proposes.

This template may also be completed online, for example as a shared Google Doc, Google Form, or Google Sheet, to simplify submission, presentation, and consolidation by the Secretariat.

Group No.	Facilitator	Rapporteur

Group members. List all members present.

Cross-Walk Table

CANE+D Requirement	Captured in Draft Form? Yes or No	Gap or Fix Needed
Barangay blotter entry reference		
Timestamp of referral to the LSW/DO, for the 48-hour rule		
Joint multi-disciplinary team interview record		
Medico legal report reference		
Case conference record reference		
Consent and confidentiality note, per the Data Sharing and Confidentiality Protocol		
Confirmation that the case was not mediated, conciliated, or settled at any level		

Data Sharing and Consent Protocol Needs

What data sharing or consent questions does your group think still need to be resolved before this form goes into use across agencies?

Annex H. Workshop Evaluation Form

Please complete this form before you leave on 16 October 2026. Your feedback directly informs how future provincial workshops are designed. Responses may be given without your name if you prefer.

This template may also be completed online, for example as a shared Google Doc, Google Form, or Google Sheet, to simplify submission, presentation, and consolidation by the Secretariat.

Priority Action

--	--

Item	1	2	3	4	5
Relevance of the workshop content to your work					
Quality of facilitation across the three days					
Usefulness of the breakout exercises					
Clarity of the CANE+D application session					
Venue, logistics, and workshop materials					
Your confidence in applying the Referral Framework in your agency					

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

[illegible]

Any additional comments?

Optional Information

Field	Entry
Name, optional	
Agency or office	