Final Report:

Evaluation of WCPUs in the Philippines: A Consultation Towards the Enhancement of WCPUs in the Philippines

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Table of Content

I. EXECUTIVE SUMMARY 1

Summary of Findings: *1*
Status of WCPUs as Referral Center for VAWC Cases *3*
Increasing Number of Referrals *4*
Status of MDT *4*
Summary and Conclusion *4*

II. INTRODUCTION 6

Purpose of the Evaluation *6*
Audience for the Evaluation Report *6*
Limitations of the evaluation and disclaimers *6*

III. FOCUS OF THE EVALUATION 7

Description of the evaluation object *7*
Evaluation Questions and Objectives *7*
Information needed to complete the evaluation *8*

IV. EVALUATION PLAN AND PROCEDURES 10

Evaluation Design *10*

V. PRESENTATION OF EVALUATION RESULTS 13

Demographic Data *13*
Status of Women and Child Protection Units *16*
Status of Level of Care Delivered by WCPUs *43*
WCPUs Self-Assessment of Functionality *57*
Status of WCPUs as Referral Center for VAWC Cases *77*
Evaluation of Multi Disciplinary Team Training *102*
Recommendations for MDT *112*

VI. SUMMARY AND CONCLUSIONS 115

Compliance to Minimum Standard Criteria for WCPU as stipulated in AO 2013-0011 ..... *115*
Status of WCPUs based on designated level. *117*
WCPU Sustainability *118*
Problems Encountered in Delivery of Services *119*
Factors Affecting service delivery of WCPUs *119*

VII. RECOMMENDATIONS 121

Department of Health (Steering Com and TWG) *121*
Hospital Administrators and LGUs: *121*
WCPU staff *122*
CPNet *122*

VIII. ANNEXES 123

Annex 1: Photo Documentation of Facilities *124*
Annex 2: Updated respondents' information *140*

Table of Tables

Table 1. Distribution of visited WCPUs according to regional location and assigned WCPU level. ... 13
Table 2. Frequency and Percentage Distribution of Key Informant Interview Respondents by Position. ... 14
Table 3. Attendance to the MDT Training ... 14
Table 4. Distribution of MDT Respondents by town and province, ... 15
Table 5. Frequeny distribution of participants according to place of training. ... 15
Table 6. Distribution of WCPUs according to whether integrated or not integrated to hospital structure. ... 17
Table 7. Remarks to status as integral part of a hospital. ... 17
Table 8. Distribution of WCPU according the relationship to Chief of Clinics ... 17
Table 9. List of remarks on WCPU in relation to Chief of Clinics. ... 18
Table 10. Distribution of WCPU according to functions of WCPU Head ... 21
Table 11. Remarks for integrative function of WCPU head. ... 21
Table 12. WCPU coordinator preparing annual work and financial plan including budget preparation. ... 22
Table 13. Distribution of WCPUs according to submission of report to cluster head of the NCDPC. .. 22
Table 14. Remarks given in relation to WCPU reporting to NCDPC. ... 23
Table 15. Distribution of WCPU according to availability of trained phsycian by Level. ... 24
Table 16. Remarks given for presence or absence of trained MD. ... 24
Table 17. Distribution of WCPU according to presence of trained Registered Social Worker by Level. ... 25
Table 18. List of Remarks for presence or absence of trained RSW. ... 25
Table 19. Distribution of staff by WCPU level and type of personnel. ... 25
Table 20. Distribution of WCPUs with permanently designated area. ... 26
Table 21. List of remarks given related to WCPUs current location. ... 26
Table 22. Distribution of WCPUs with separate room for interviews and crisis counseling. ... 27
Table 23. Remarks for availability or non-availability of separate room for interviews and crisis counseling. ... 27
Table 24. Distribution of WCPUs with separate room for medical examination, waiting area, and reception area. ... 28
Table 25. Remarks of WCPU respondents on presence or absence of required separate room for medical examination, waiting area, and reception area. ... 28
Table 26. Distribution of WPCUs according to availability of filing cabinets and other furniture. ... 29
Table 27. List of remarks given by respondents on availability of filing cabinets and other furnitures. 30
Table 28. Distribution of WCPUs with own toilet. ... 30
Table 29. Frequency distribution of WCPU with required fixtures. ... 31
Table 30. Distribution of WCPU with available minimum required supplies and equipment (Set A). . 32
Table 31. Distribution of WCPUs according to availability of minimum required supplies and equipment (Set B) ... 33
Table 32. Frequency distribution of WCPUs with optional equipment categorized by level. ... 34
Table 33. Distribution of WCPUs according to financial resources. ... 34
Table 34. Example of hospitals with WCPU specific budget allocation in 2015 and total budget allocation. ... 36
Table 35. Example of Hospitals with non-WCPU specific budget allocation and total budget for 2015. ... 37
Table 36.Distribution of Level 1 WCPUs according to required personnel ... 44
Table 37. Distribution of Level 1 WCPUs with Minimum Required Medical Services ... 45
Table 38. Reasons for not providing 24/7 services. ... 45
Table 39. Distribution of Level 1 WCPUs with minimum required social interventions ... 46
Table 40. Reasons given for not being able to provide expert testimony in court. ... 46
Table 41. Availability of additional services not required for Level 1 WCPUs ... 47
Table 42. Frequency Distribution of L1 WCPU units training capabilities. ... 47
Table 43. Distribution of L1 WCPUs with research activities ... 48
Table 44. Distribution of L1 WCPUs with System of Monitoring Cases ... 48
Table 45. Distribution of WCPUs with Feedback Mechanism ... 49
Table 46. Distribution of L2 WCPUs according to required staff. ... 49
Table 47. Distribution of Level 2 WCPUs with Minimum Required Medical Services ... 50
Table 48. Distribution of Level 2 WCPUs with Minimum Required Social Services ... 51

Table 49. Distribution of Level 2 WCPUs according to availability of additional services. 52
Table 50. Distribution of Level 2 WCPUs according to availability of specialty services 53
Table 51. Distribution of Level 2 WCPUs with training in 4Rs, residency training, and Sub-Specialty training. 53
Table 52. Distribution of Level 2 WCPUs with different research activities. 54
Table 53. Distribution of Level 2 WCPUs with system of monitoring and mechanism for feedback. .. 54
Table 54. Availability of Required Personnel in PGH-CPU 54
Table 55. Availability of Minimum Required Medical Services in PGH-CPU 55
Table 56. Availability of Minimum Required Social Services in PGH-CPU 55
Table 57. Availability of Additional Services in PGH-CPU. 55
Table 58. Availability of Specialty Services in PGH=-CPN. 56
Table 59. Training Capability of PGH-CPU. 56
Table 60. Research Activities of PGH-CPU. 56
Table 61. Availability of System of Monitoring of Cases in PGH-CPU. 57
Table 62. Total number of cases seen at 43 WCPUs included in the study from 2006 - June 2015. 79
Table 63. Types and number of child abuse attended to by WCPUs from 2012-2014. 81
Table 64. Types and number of women abuse referred to WCPU from 2012-2014. 82
Table 65. Number of Referrals according to referring agency and WCPU Level from 2012-2015. 83
Table 66. WCPU Levels 1 and 2 top referring agencies from 2006 – June 2015. 84
Table 67. WCPU L3 top ten referring agencies 85
Table 68.Percentage frequency of respondents' self-rating of their level of knowledge of WCP concepts and principles. 102
Table 69. Table 2. Percentage frequency of respondents' self-rating of their level of knowledge of MDT tasks 103
Table 70. Percentage frequency of respondents' self-rating of their level of skills of MDT tasks 104
Table 71. Difference between average knowledge and skills self-rating 105
Table 72.Average frequency of performance of MDT tasks. 106
Table 73. Attendance to the MDT Training 106
Table 74. Respondents rating of MDTs from scale of 1-10. 112
Table 75. Hospitals /WCPUs Status based on Minimum Standard Criteria for WCPU as stipulated in AO 0011-2013; 116
Table 76. Status of nine Level 1 WCPUs according to designated level and total cases seen as of July 2015. 117
Table 77. Status of nine Level 1 WCPUs according to designated level and total cases seen as of July 2015. 118

Table of Figures

Figure 1. Women and Child Protection: Organizational Structure 16
Figure 2. An example of a WCPU unit under the Department of Family Medicine. 18
Figure 3. WCPU organizataional of VSMMC showing WCPU under the Chief of Clinics. 19
Figure 4. Organizational Chart of Baguio General Hospital, an example of WCPU as integral part of the hospital. 19
Figure 5. An example of WCPU organizational structure at the LGU level. 20
Figure 6. Example of complete budget for an L1 WCPU. 38
Figure 7. Coding References Count of Self-Assessment of Functionality at Designated WCPU Level Generated by NVivo. 57
Figure 8. Perception and Expression of Leadership Support Coding References Count by WCPU Level Generated Using Nvivo. 62
Figure 9. Coding References Count of Problems Encountered by WCPU Level Generated by NVivo. 66
Figure 10. Total yearly referrals and number of WCPUs that submitted report from 2006- June 2015. 78
Figure 11. Top ten WCPU centers in terms of number of referrals. 80
Figure 12. Percentage distribution of WCPU cases according to victim from 2012-2014. 80
Figure 13. Top two reasons for referring childen and women to WCPUs from 2012-2014. 82
Figure 14. Top ten source of referrals of L1 and L2 WCPUs 84
Figure 15. Top ten source of referrals to a Level 3 WCPU. 85
Figure 16. Comparison of average self-rating for knowledge and skills of MDT tasks. 105

I. EXECUTIVE SUMMARY

The creation of WCPUs all over the country is a major milestone in the overall effort to address issues related to abuse of women and children. The creation of WPCUs within government and non-governmental health facilities, is however, just the first step. A center's ability to function as intended requires support from all the stakeholders from victims of abuse and their families and friends, health care providers, civil society groups, and members of law enforecement agencies among others.

A total of A total of **51 WCPUs representing 69% of all WCPUs** were visited covering almost all of the political regions of the country. In terms of regional distribution, 10 (20%) of the WCPUs are in Region 8, and five each (10%) in Regions 3,5,6 and 7. The rest of the WCPUs are distributed among the remaining regions. In terms of distribution according to level, 34 or 67% are Level 2 WCPUs, 16 or 31% are Level 1 WCPUs, and only one Level 3 WCPU.

A total of **236 respondents were interviewed** during the course of the evaluation and 141 (59.75%) of them are WCPU staff, 53 (22.46%) are from referring agencies (e.g. PNP, DSWD, NGO), 26 (11.02%) hospital staff (administrators and medical staff), and 16 (6.78%) from the local government.

To be able to determine the current status of participants to the MDT trainings conducte from 2011 to 2015, a total of 115 people were participated in Key Informant Interviews (KII) and one hundred two (102) shared their experiences on the MDT trainings they attended. On the other hand, 13 shared the reasons why they were not able to attend the training. The breakdown of MDT respondents according to position or role is shown in Table 3 in the result section.

Summary of Findings:

Current Status of WCPUs

Overall, **24 or 47%** of the **51 WCPUs** that answered the self-institutional assessment form complied with at least 70% of the required minimum standard criteria for organizational structure and facilities and required services for designated level.

Status of WCPUs based on minimum standard requirement and availability of required services for designated level.

Level 1 WPCUs

1. **Eleven (11) or 69% of the 16 Level 1 WCPU**s evaluated are functioning according to designated level.
2. **Four (4) of the Level 1 WCPUs** received a red flag for having only **50%-69% of required L1 service components** and one of them has not reported catering to a client from the beginning.
3. **Only one (1) L1 WCPU did not fulfill the 50% cutoff set by the evaluation team for being designated functional for the assigned level.** However, this WCPU has through the years has been very active and catered to at least 656 client victim survivors. During KII, it was learned that the program was affected by changes in the local political landscape.

Level 2 WCPUs

1. **14 or 41%** of the **34 L2 WCPU** with 70% of minimum standard criterion and required services for designated level.

2. **17 or 50 %** are operating with only **50%-69%** of the minimum standard requirement and required service for designated level. Majority of them are WCPUs managed or supported by the Local Government Unit and usually located at the municipal health office.
3. **Only three (3) or 9% operating below 50% of required L2 service components** and all of them are under or supported by the local government where they are located.

Level 3 WCPU

1. Fulfills all components for minimum standard criteria and required services for designated level.

Status of WCPU minimum staff requirement

One important minimum requirement for all WCPUs is the availability of **'trained' physician** and **registered social worker.** It is significant to highlight that between **87.5% to 100%** of the WCPUs have at least one (1) trained physician and one (1) registered social worker.

Since only CPNet is the major provider of training for MDs and RSWs, it is safe to conclude that the **high percentage of WCPUs** with 'trained' MD and RSW **indicate high post-training retention rate** and therefore **significant return of whatever is invested in training them.**

Problems/Issues Affecting Program Implementation

Results showed the following major concerns for WCPU Coordinators and Staff arranged according to number of coding reference counts:

1. *Human Resources*
   - Lack of personnel resulted to staff playing additional roles on top of their respective assigned professional roles.
   - Several of WCPU staff are shared with other units of the hospital or municipal health unit.
2. *Multiple Roles played by WCPU staff*
   - This is also related to number one above.
3. *Facilities*
   - Most common is the absence of permanently designated physical base that can ensure most especially patient's confidentiality and safety and the safety of their relatives and that of WCPU staff.
   - Majority have required minimum standard for materials and equipment.
4. *Referral*
   - Patient Volume
     - For high volume WCPUs, the problem is low ratio between available staff and number of patient. Several big centers actually argued that they do not need to even campaign for more patients, instead their campaign is focused on reducing referral load through equipping LGU based health facilities with trained personnel.
     - For low volume WCPUs, issue is more on increasing awareness of stakeholders on the presence of WCPU and available services within their operational areas.
   - Where to refer for psychological services

- This is a major concern even for WCPUs affiliated with tertiary hospitals. In three occasions/meetings that this result was shared, it was discussed that the lack of professional mental health professionals is actually a national problem.

5. *Attending hearings*
    - Mostly, lack of financial support or difficulty in reimbursing expenses made when attending out of town hearings.
    - Distance or location of hearings that sometimes are being done in areas outside of their operational areas. Travelling long distances also increases risk to WCPU staff, including safety.
6. *Pressure from stakeholders (and mostly from the side of relative of accused perpetuators).*
    - Complicated by absence of temporary shelters for victim survivors. While it is against safety regulations WCPU social workers, out of compassion, would usually allow own residence as temporary shelter, hence, a magnet for relatives or friends of perpetuators.
7. *Staff safety*
    - This is also related, as discussed by respondents, on the kind of physical structure that exist (see item 3 and 6 above).

Status of WCPUs as Referral Center for VAWC Cases

Number of Cases

There is no question that setting up more WCPUs resulted to more victim survivors receiving professional assistance.

1. There is a steady increase of number of referrals. Data WCPUs showed that from **2006 to 2011** a total of **2,500 cases** were seen and reported by eight (8) of the units included in this study.
2. The number of cases steadily increased to **8,833 in 2012**, this time data came from **29 WCPUs**. The number of cases increased through the years as the number of WCPUs also increased.
3. In **2013, 9,726** cases attended too, **10,650 cases in 2014,** and about **1,142 cases as of June 2015**.
4. Overall, a total of **32, 851 cases were seen from 2006 to June 2015 by at least 43 of the WCPUs**. The numbers of course represent only just about 50% of total WCPUs.

Source of Referrals

1. Level 1 and 2 WCPUs, the Philippine National Police is the major referring agency with total 4-year referral of 7,459 patients or 55.62% of total referrals and followed in third by the Department of Social Welfare and Development with 1,000 referrals or 7.46% of total referrals.
2. It is important to note that 'walk-ins' is the number two source of patients at 2,330 walk-ins representing 17.38% of overall referrals.
3. In contrast, for PGH, a Level 3 WCPU, the 'walk-ins' composed 29.96% of total patients.
4. The percentage of 'walk-ins' could be a reasonable gauge for the level of awareness of the general population on the presence of a WCPU in a particular area.
5. It was noted however, the very low or almost negligible number of cases referred by educational institutions or schools, considered second home of most children.

Increasing Number of Referrals

While there was initially the idea of possible under-utilization of some WCPUs, visits revealed that some that previously have not reported on cases seen, are actually seeing patients, although not much. Several shared their inability to send data electronically using the distributed hardware and software for various reasons.

No need to increase

For those with very high volume of referrals (mostly DOH tertiary regional hospitals), their worry is actually on how to reduce patient volume. Some emphasized the need to balance between number of patients and ensuring quality of services, especially for victim survivors. They recommend the following to address the issue:

1. Duplicate or increase number of WCPUs. This would mean equipping also health personnel of provincial, district, and rural health units.
2. Strengthening of referral network. Focus should be more on preparing MHU as L1 referral centers, and district and provincial hospitals as Level 2 centers, and DOH regional hospitals as Level 3 centers.

Need to increase

For those with low number of referrals coming from the community, the following are the recommendations:

1. More coordination meetings
2. Information Dissemination
3. Training of Second Liners
4. Extra Services
5. Research
6. Improvement of Facilities
7. Representation with the judicial system

Status of MDT

Knowledge of WCP Concepts and Principles

Self-assessment of 102 respondents of their knowledge of the following women and child protection concepts and principles show that majority of respondents rated their level of knowledge as adequate at level 4 or 5.

The MDT trainings, on a scale of 1 to 10 with 10 being the highest, 37.21% gave the highest rating of 10, followed by the rating of 9 at 30.23%. This shows that the respondents favorably rate the training as excellent. This can also be seen in the experiences they shared on the training topics, teaching-learning activities, and their interaction with the resource persons, details are discussed in result and discussion section.

Summary and Conclusion

In summary, the evaluation showed that while most of the WCPUs are facing major challenges:

1. They remain active and visible in the provision of service to women and children victim survivors. In fact, while this evaluation only covered just 69% of the WCPUs, we are still

able to document more than 30,000 cases attended too. We strongly believe that there is even under reporting or non-reporting on the part of some WCPUs due to myriad of reasons.

2. Commitment of WCPU staff is a force that keeps a WCPU going. However, they need to be provided all the necessary support to make managing WCPU less of a burden.
3. There is a high post-training retention rate of CPNet trained MDs and RSWs. This indicates that there is value in investing on training.
4. While some see the need to increase the number of referrals, caution is advised in terms of balance between capacity and capability and quality of services.
5. There is a need to actually decongest some units and this could be achieved by capacitating smaller but more community based health facilities like the RHUs and district and provincial hospitals.
6. Finally, we see the need to link graduates of MDT (in areas where it is not yet being done) to WCPUs within their area of operation.

With regard to MDT trainings, the overall rating was excellent and self assessment by participants of competencies learned in the training showed high retention rate although practice of some competencies in workplace situation is minimal due to limited number of cases handled.

II. INTRODUCTION

Purpose of the Evaluation

The creation of WCPUs all over the country is a major milestone in the overall effort to address issues related to abuse of women and children. The creation of WPCUs within government and non-governmental health facilities, is however, just the first step. A center's ability to function as intended requires support from all the stakeholders from victims of abuse and their families and friends, health care providers, and law enforcers among others.

Determining current status of WCPUs is much needed as reports indicate that WCPUs seem to be underutilized. First, there is the need to determine if the WPCUs are indeed functioning according to their designated level and if not identify factors that hinder the performance of these functions. Second, there is a need to determine the quantity, quality, and sources of referrals. Information gathered can help develop strategies that would encourage more referrals of victim survivors of violence against women and children.

Finally, several training programs were implemented in several regions of the country to help equip partner health professionals, especially MDs. Unfortunately, invited MDs seem reluctant to attend these trainings. Finding the reasons why will be helpful in mechanisms to ensure participation of health professionals as they are one of the major ingredient needed to ensure the success of WCPUs.

Audience for the Evaluation Report

This evaluation hopes to provide information to the following:

1. Department of Health officials and members of the Steering Committee on Women and Children Protection who will determine future directions on the implementation of WCPUs all over the country and formulate policies that will help ensure effective, efficient, and sustainable WCPUs.
2. Child Protection Network
3. WCPU coordinators and staff so that they can learn from the rich experiences of other WCPUs
4. Referring agencies and other stakeholders/partners

Limitations of the evaluation and disclaimers

This evaluation focused only on 51 WCPUs and their referring partners. This evaluation did not include the Steering Committee on Women and Children Protection.

MDT evaluation focused only participants' self assessment of knowledge and skills covered in the MDT trainings and did not cover evaluation of actual conduct of training.

III. FOCUS OF THE EVALUATION

Description of the evaluation object

In 2013, the Department of Health issued Administrative Order 2013-0011 entitled "Revised Policy on the Establishment of Women and Children Protection Units in all Government Hospitals" to support the Government Health Sector Reform Agenda and strengthen the health-sector response to violence against women and children as specified in national laws, such as the Anti-Rape Law of 1997 (Republic Act or RA 8353), the Rape Victim Assistance and Protection Act of 1998 (RA 8505), the Anti-Violence Against Women and Their Children Act of 2004 (RA 9262), and the Magna Carta of Women of 2009 (RA 9710).

This AO, among others, aims to standardize the quality of services and professionals running the CPUs. The AO was passed in recognition of various problems experienced and reported by the CPUs across the country. Some of these problems are (Sana, Madrid, Legarda, et al., 2011):

- There is no standard quality of service,
- Doctors and social workers hesitate to take on the task due to heavy workload of child protection work, lack of training and feeling of inadequacy, and the nature of work, which among others requires responding to subpoenas and appearing in court, and All the WCPUs are being managed by part-time personnel who are given add-on responsibilities and their appointments are not classified as regular plantilla positions.

The DOH AO aims to institutionalize and standardize the quality of health service delivery in all women and children protection units. It also aims to address various problems experienced and reported by WCPUs across the country[1] such as the hesitation on the part of doctors and social workers to take on WCPU-related tasks due to heavy workload, lack of training, and the nature of work, which among others requires responding to subpoenas and testifying in court hearings.

The same AO identified three categories of WCPUs depending on the number and type of professionals administering the units and the classification of services they offer. Levels 1-3 types of WCPUs have their respective qualifications and professional standards expected of personnel in these units. As cases of child abuse keep on increasing and reports of the differences in managing these cases at the various WCPUs remain independent, a formal evaluation of these WCPUs become necessary. It is in the context that this evaluation is being proposed.

As part of the efforts to strengthen the health-sector response to violence against women and children, during the last three years, multidisciplinary team trainings (MDTs) on violence against women and children and trafficking in persons program were conducted in eight provinces with a total of 296 participants. There is now a need to determine the status of these trainees in terms of practice of learned KSA and their contribution to the strengthening of referral networks in areas of designation. However, despite the number who attended, it has been noticed that a significant number of target participants failed to attend the trainings. In this evaluation, an attempt will able be made to identify factors that may have hindered targeted participants' participation to the training.

Evaluation Questions and Objectives

In reference to the provisions in the DOH AO and the Performance Standards and Assessment Tools for Services addressing Violence Against Women in the Philippines – Women and

[1] Sana, Madrid, Legarda, et al., 2011 ***Please indicate the full citation here using APA Manual of Style

Children Protection Units and Health Services,[2] the following evaluation questions were identified:

1. What is the current status of WCPUs in terms of the following?
    a) Leadership and Governance
    b) Administrative support of institutional leaders
    c) Quantity and Quality of service being provided
    d) Factors affecting the quality and quantity of performance
    e) Sustainability
2. What is the current level of referrals to the WCPU centers?
    a) Who are the most common source of referrals?
    b) What factors affect the referral habits of stakeholders?
    c) What is/are the protocols in accepting or encouraging referral to the center?

In the context of the Multidisciplinary Team Training:

3. What is the current status of participants to the MDT programs in terms of use of new learned KSA and factors affecting use of these learned KSA?
4. What factors influenced the attendance/or non-attendace of target participants to the CPU Basic Training program.

Based on the above evaluation questions the following evaluation objectives were formulated:

1. Determine the overall status of WCPUs implementation based on designated level.
2. Determine if there are discrepancies in terms of implementation of AO within and across levels (e.g. protocols in handling cases, organization support, center policies, etc).
3. Identify factors that influenced the implementation or non-implementation of WCPU components.
4. Identify best practices in leadership and governance, services, advocacy and networking.
5. Formulate recommendations to help address identified discrepancies.
6. Determine status of use of new learned KSA of participants to the MDT program.

Information needed to complete the evaluation

To be able to answer all the evaluation questions and objectives, the following information were identified for data collection:

WCPUs

- Organizational Structure
- Facilities
- Personnel
- Services
- Training Capability

[2] Philippine Commission on Women (PCW) and Department of Health (DOH). (2008). *Performance Standards and Assessment Tool for Women and Children Protection Units (WCPUs)*. Manila City, Philippines: Philippine Commission on Women (PCW) and Department of Health (DOH).

- Research

Referring Agencies

- Experiences in Referrring
- Recommendations on further enhancing WCPU services

MDT

- Self-Assessment of overall knowledge of women and children protection work.
- Self-Assessment of overall skills on women and children protection work.
- Assessment of MDT training attended
- Recommendations in improving MDT trainings

IV. EVALUATION PLAN AND PROCEDURES

Evaluation Design

To be able to achieve the objectives, this study utilized the objectives-oriented evaluation framework specifically Provus' Discrepancy Model. The model, which is also a management-oriented crossover approach, is deemed appropriate to answer the main evaluation question: "Is there a discrepancy between what is intended versus what is planned with regards to the implementation of Department of Health issued Administrative Order 2013-0011 entitled "Revised Policy on the Establishment of Women and Children Protection Units in all Government Hospitals" components across and within levels[3]?"

For determining the status of participants to the MDT program, Kirkpatrick's Four (4) Level Model was utilized. Although the evaluation only focused on Level 2 (evaluation of learning) and Level 3 (work-place based assessment and the focus is on actual performance of learned tasks (L2) and how performance of these tasks impacted on their work on women and child protection.

Target Population

To be able to determine and describe the general status of WPCUs in the Philippines, while targeting all the 74 WCPUs is ideal, this evaluation only targetted 16 Level 1 WCPUs, 34 Level 2 WCPUs, and one Level 3 WCPU. The target respondents for each WCPU included health facility administrators, WCPU coordinators, staff, and referring agencies.

Since the focus of sampling is on "selecting "information-rich" cases from which we can learn much issues important to the study (Powell, 1998)," non-probability purposive sampling was used in selecting the 55 WCPUs for the study.

MDT Component of Evaluation

A total of 296 health and non-health professionals from eight provinces participated in the training and at 90% precision level the target sample size is set to 76. The criteria for selecting the 76 post MDT participants to the evaluation is essentially based on ensuring the selection of "information-rich" cases important to the study, the multidisciplinary nature of the training, and representation of all provinces where the MDT trainings participants came from.

Overview of evaluation instruments

The data collection tools used in this evaluation were designed to determine the overall status of WCPUs in the Philippines especially in the following areas:

a) Current Status of WCPUS
   i) Leadership and Governance
      (1) Staffing
         (a) Number
         (b) Competencies
         (c) Status
         (d) Trainings
   ii) Administrative Support
      (1) Human Resource
      (2) Budget

[3] WCPUs are categorized into three levels (first, second, and third level) as assessed in four service areas namely, personnel, services, training capability, and research.

(3) Resources
iii) Quantity and Quality of Services
(1) Type of services
iv) Factors affecting performance of roles and functions

b) Referrals
i) Number
ii) Sources or Referees
iii) Systems and procedures
iv) Factors affecting referral

c) Stakeholders Training
i) Number of training conducted
ii) Nature of trainings
iii) Participants (targeted and actual)
iv) Factors affecting participation

A consultation meeting with WCPU and CPN experts was conducted prior to the actual data collection to finalize the questionnaire to be used for the key informant interview, record review, and institutional self-assessment.

Data Collection Methods

To expedite the data collection, four teams composed of one field investigator and two research assistants were deployed for the data collection. The teams performed three tasks: collect data related to WCPU mandated requirements, check entries in organizational self-assessment checklist, and conduct focus group discussions and Key Informant Interview of various stakeholders specifically to collect information related to referrals and participation to WCPU related trainings.

The following data collection methods were utilized:

Record Review

Record review involved looking at WCPU basic documents related to WCPUs leadership and governance (see Annex 2 Checklist). All WCPUs were asked to accomplish the institutional self-assessment checklist.

Key Informant Interview

In key informant interview, the targets were hospital administrators, WCPU staff (for leadership and governance), representatives of PNP, DSWD, DEPEd, MHO, and other stakeholders to be identified by WCPU members (for referral issues), and other health professionals (for CPN MDT training issues).

Institutional Self-Assessment Questionnaire

This is actually a form of institutional self-evaluation and questions were based on the elements of WCPUs as described in the administrative order.

All participants to the MDT, were asked to accomplish the self-assessment questionnaire on utilization of learned KSA in the workplace.

Data Processing and Analysis

Quantitative data were encoded using excel and saved in excel and database format. Transcriptions of key informant interviews, document review notes, and field visit data were generated and stored in MS Word as primary sources of information. Other WCPU documents were photographed, especially those with limited availability (e.g. organizational charts) and scanned as digitized evaluation documents.

EpiInfo 7 was used to describe quantitative data like staffing, budget, patient referrals, and other information collected using institutional self-assessment, record review, and field visits were encoded using word processor while other documents were digitally scanned and stored as either image or pdf files. Qualitative data from FGDs, key informant interviews, and review of documents were sorted and analyzed for patterns using Nvivo. Nvivo was specifically used for word analysis and in doing coding matrix reference counts.

V. PRESENTATION OF EVALUATION RESULTS

Demographic Data

WCPUs visited for the study

A total of **51 WCPUs** representing **69% of all WCPUs** were visited covering almost all of the political regions of the country. In terms of regional distribution, 10 (20%) of the WCPUs are in Region 8, and five each (10%) in Regions 3,5,6 and 7. The rest of the WCPUs are distributed among the remaining regions. In terms of distribution according to level, 34 or 67% are Level 2 WCPUs, 16 or 31% are Level 1 WCPUs, and only one Level 3 WCPU. The rest of the distribution is shown in Table 1.

Table 1. Distribution of visited WCPUs according to regional location and assigned WCPU level.

Region	WCPU Level			TOTAL	%
	1	**2**	**3**		
CAR		3		**3**	6
NCR	1	1	1	**3**	6
Region 1	1	2		**3**	6
Region 2		1		**1**	2
Region 3	3	2		**5**	10
Region 4A	1	2		**3**	6
Region 4B	2			**2**	4
Region 5		5		**5**	10
Region 6	2	3		**5**	10
Region 7	1	4		**5**	10
Region 8	3	7		**10**	20
Region 9	1			**1**	2
Region 10		2		**2**	4
Region 11	1			**1**	2
Region 12		1		**1**	2
Region 13		1		**1**	2
TOTAL	**16**	**34**	**1**	**51**	100%

Key Informant Interview Respondents

A total of **236 respondents** were interviewed during the course of the evaluation and 141 (59.75%) of them are WCPU staff, 53 (22.46%) are from referring agencies (e.g. PNP, DSWD, NGO), 26 (11.02%) hospital staff (administrators and medical staff), and 16 (6.78%) from the local government. Detailed breakdown of respondents is shown in

Table 2.

Table 2. Frequency and Percentage Distribution of Key Informant Interview Respondents by Position.

Position	#	%
WCPU Staff	**141**	**59.75%**
WCPU RSW/Coordinator	49	20.76 %
WCPU Coordinator (MD)	36	15.25 %
WCPU Nurse	15	6.36 %
WCPU PNP staff	15	6.36 %
WCPU non medical staff	11	4.66 %
WCPU Medical Staff	9	3.81 %
WCPU Psychologist	5	2.12 %
WCPU Psychiatrist	1	0.42 %
Hospital Staff	**26**	**11.02%**
Hospital Chief	21	8.90 %
Chief of Clinics	3	1.27 %
Hospital Medical Staff	2	0.85 %
Local Government	**16**	**6.78%**
MHO	11	4.66 %
Local Chief Executive	3	1.27 %
MSWDO	1	0.42 %
PSWDO	1	0.42 %
Referring Agency	**53**	**22.46 %**
TOTAL	**236**	**100.00 %**

MDT Training Evaluation Respondents

A total of 115 people were invited to participated in the Key Informant Interview (KII) and one hundred two (102) shared their experiences on the MDT trainings they attended between 2011 to 2015 at different sites in the country. On the other hand, 13 shared the reasons why they were not able to attend the training. The breakdown of MDT respondents according to position or role is shown in Table 3.

Table 3. Attendance to the MDT Training

POSITION/ ROLE	Attended	%	Did not Attend	%	TOTAL
Social Worker	**40**	**34.78**	**0**	**0.00**	**34.78**
MSWDO	30	26.09	0	0.00	26.09
RSW	10	8.70	0	0.00	8.70
Physician	**55**	**47.83**	**13**	**11.30**	**59.13**
PO	34	29.57	2	1.74	31.30
MHO	16	13.91	7	6.09	20.00
RH Physician	2	1.74	2	1.74	3.48
CHO	3	2.61	0	0.00	2.61
PHO	0	0.00	2	1.74	1.74
Administrative Asst	**3**	**2.61**	**0**	**0.00**	**2.61**
Nurse/Midwife	**4**	**3.48**	**0**	**0.00**	**3.48**
TOTAL	**102**	**88.70**	**13.00**	**11.30**	**100.00**

In terms of current work location, participants came from the four provinces targeted for the evaluation namely Albay (43), Compostela Valley (16), Mountain Province (16), and Sultan Kudarat (27). Distribution by town is detailed in

Table 4.

Table 4. Distribution of MDT Respondents by town and province,

Province/Town	#	Town	#	Town	#	Total Respondents
Albay						**43 (42.16%)**
Bacacay	3	Legazpi	3	Pioduran	3	
Camalig	5	Libon	3	Rapu - Rapu	1	
Daraga	2	Malilipot	1	Sto. Domingo	4	
Jovellar	3	Malinao	5	Tabaco City	3	
Guinobatan	2	Polangui	1	Tiwi	4	
Compostela Valley						
Compostela	3	Maco	1	Montevista	1	**16 (15.69%)**
Laak	2	Mawab	1	Nabunturan	2	
Mabini	2	Monkayo	2	New Bataan	2	
Mt. Province						
Barlig	2	Bontoc	5			**16 (15.69%)**
Bauko	1	Sadanga	4			
Besao	2	Tadian	2			
Sultan Kudarat						
Bagumbayan	3	Kalamansig	2	Pres. Quirino	2	**27(26.47%)**
Columbio	3	Lambayong	2	Sen. Ninoy Aquino	2	
Esperanza	3	Lebak	1	Tacurong City	3	
Isulan	3	Lutayan	3			
				TOTAL		**102**

Distribution of Respondents in Terms of Training Location

The MDT trainings from 2011-2015 were held in different sites within the country. Of the 102 respondents 23 or 28.40% attended the Legaspi Training while only eight (8) or 9.88% of the respondents attended the Malilipot, Albay training. The rest of the distribution is shown in Table 5.

Table 5. Frequeny distribution of participants according to place of training.

Place of training	Frequency	Percentage
Manila	12	14.81
Legazpi City	**23**	**28.40**
Davao City	22	27.16
Baguio City	16	19.75
Malilipot, Albay	8	9.88
TOTAL	**81**	**100**

Status of Women and Child Protection Units

Status of WCPUs in terms of standard minimum criteria

Organizational Structure

According to AO 2013-0011, the minimum criteria that should be maintained by all WCPUs in terms of organizational structure are the following:

The WCPU shall be an integral part of the hospital.

1. It shall be under the office of the Chief of Clinics.
2. 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.
3. Submit quarterly reports to the Office of the Undersecretary, cluster head of the NCDPC.

The ideal structure of Women and Child Protection as presented in AO 2013-0011 is shown in Figure 1.

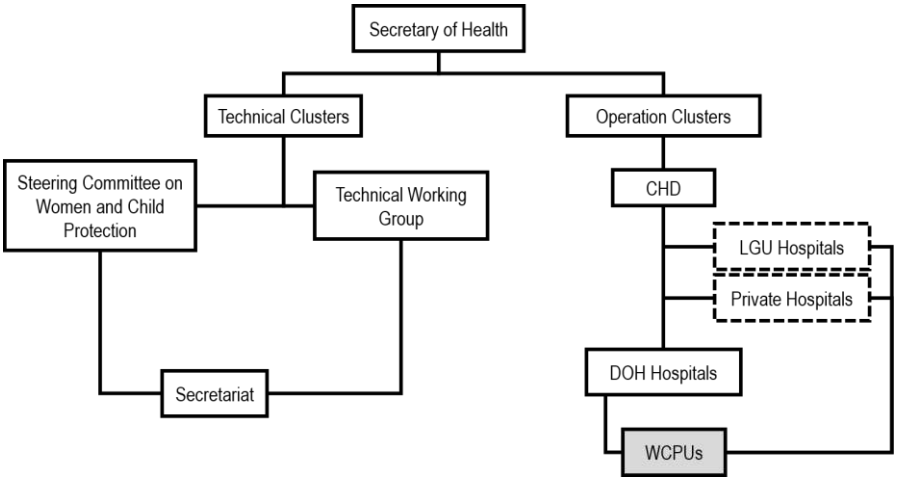


Figure 1. Women and Child Protection: Organizational Structure

WCPUs as an integral part of the hospital

Out of the 51 WCPUs, 32 (62.75%) said that they are part of the hospital structure while 10 (19.6%) said that they are not (see

Table 6). Out of the 10 WCPUs that said no, two said they are independent of the hospital while three declared being under the LGU. The rest said that they are either sharing facilities with the Municipal Health Office (MHO) or part of hospital's referral network (Table 7, below). It should be noted that PGH-WCPU, a level 3 unit, is technically not part of the Philippine General Hospital, however, during the KII, a staff in key position shared that they are working toward the eventual inclusion of CPU to the hospital organizational structure.

Table 6. Distribution of WCPUs according to whether integrated or not integrated to hospital structure.

WCPU Level	WCPU integrated to the hospital structure								TOTAL
	Yes		No		Partly		No Answer		
	#	%	#	%	#	%	#	%	
1	12	75.0	1	6.25	1	6.3	2	12.5	**16**
2	20	58.8	8	23.5	2	5.9	4	11.8	**34**
3	0	0.0	1	100	0	0.0	0	0.0	**1**
TOTAL	**32**	**62.75**	**10**	**19.6**	**3**	5.9	**6**	**11.76**	**51**

Table 7. Remarks to status as integral part of a hospital.

Remarks	Frequency
	Total
In Progress	1
Independent	2
Referral System	1
Shared facilities with MHO	1
Under LGU	3
TOTAL	**8**

WCPU is under the office of the Chief of Clinics

When asked whether the CPU is under the Chief of Clinics as stipulated in AO 2013-0011, only 27 (52.9%) said they are under the Chief of Clinics, 17 (33.3%) reported being not under the Chief of Clinics, and two (2) said they are partly under the chief of clinics. In terms of WCPU level, among the level 2 WCPUs in the study, 11 said they are not under the chief of clinics and five (5) for level 1 WCPUs.

Table 8. Distribution of WCPU according the relationship to Chief of Clinics

WCPU Level	WCPU is under the office of the Chief of Clinics								TOTAL
	Yes		No		Partly		No Answer		
	#	%	#	%	#	%	#	%	
1	9	56.3	5	31.3	0	0.0	2	12.5	**16**
2	18	52.9	11	32.4	2	5.9	3	8.8	**34**
3	0	0.0	1	100.0	0	0.0	0	0.0	**1**
TOTAL	**27**	**52.9**	**17**	**33.3**	**2**	**3.9**	**5**	**9.8**	**51**

In

Table 9, is a list of remarks of respondents on their status vis a vis the requirement of a WCPU being under the hospital's chief of clinics. Among the reasons given why a WCPU is not under the hospital's chief of clinic are the following: 1) WCPU independent from hospital, 2) unaware of the need to be under the chief of clinics; 3) WCPU is under and LGU, and 4) because it is under CPN.

Table 9. List of remarks on WCPU in relation to Chief of Clinics.

Remarks	Number
Chief of Hospital	1
In Progress	1
Independent	1
No Structure	1
Others	2
Unaware to be under Chief of Clinics	2
Under CPN	1
Under LGU	3
TOTAL	**12**

Example of WCPU Organizational Structures

While AO 2013-0011 mandates that WCPUs be under the chief of clinics, it is not always the case as a **WCPU has to fit in to the organic structure of a DOH or LGU managed hospital facility**. Below are examples of how a WCPU is actually represented in the organizational structure of its mother unit. In Figure 3 below, WCPU is shown as a hospital unit directly under the Chief of Clinics, and not under any hospital department. The WCPU coordinator therefore, can directly report to the Chief of Clinics and for another DOH hospital, WCPU is directly under the Department of Family Medicine as shown in Figure 2.

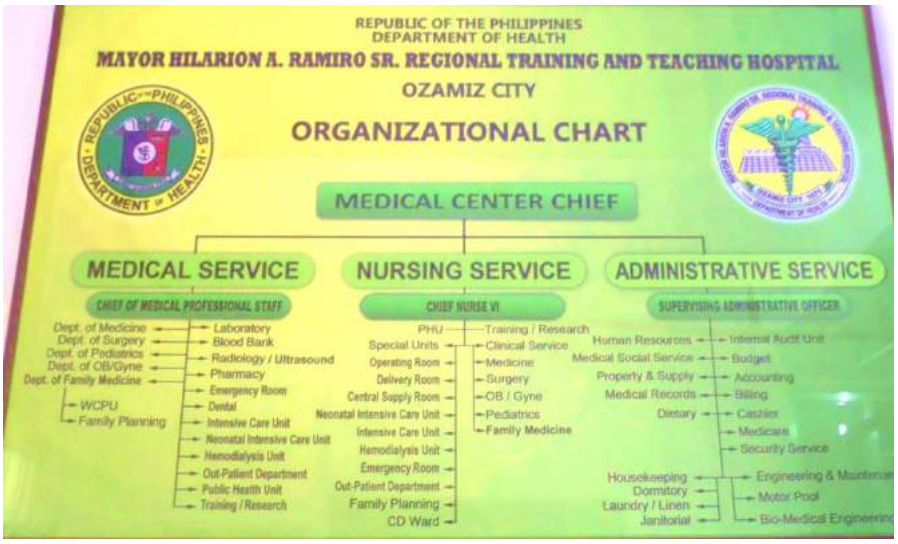


Figure 2. An example of a WCPU unit under the Department of Family Medicine.

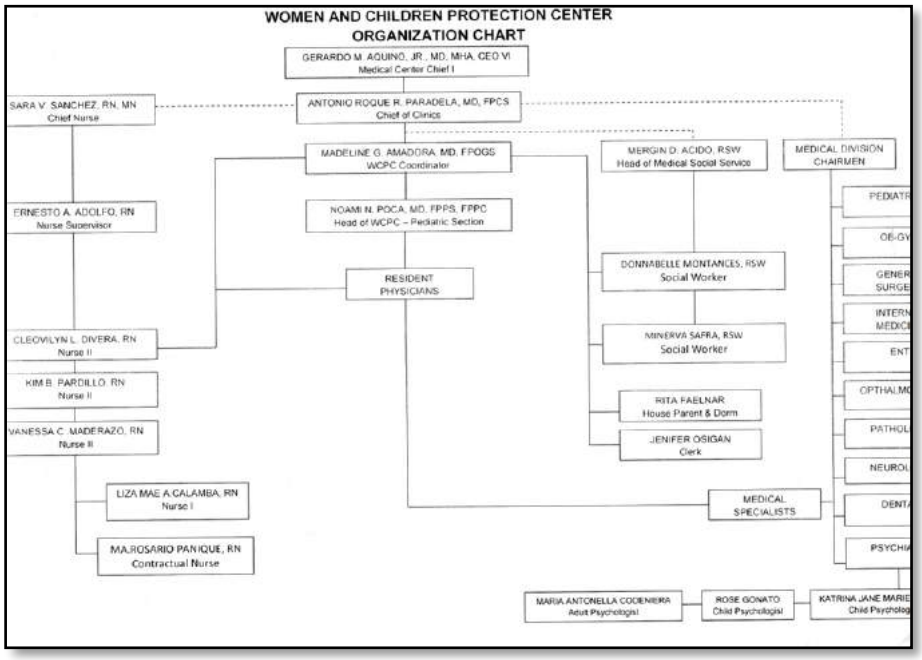


Figure 3. WCPU organizataional of VSMMC showing WCPU under the Chief of Clinics.

In another example, a WCPU as an organic part of the hospital organizational structure unit under the medical cluster of medical services which is directly under the Medical Center Chief as shown in Figure 4. It is possible though that in this structure, the medical services division is actually headed by the 'chief of clinics.'

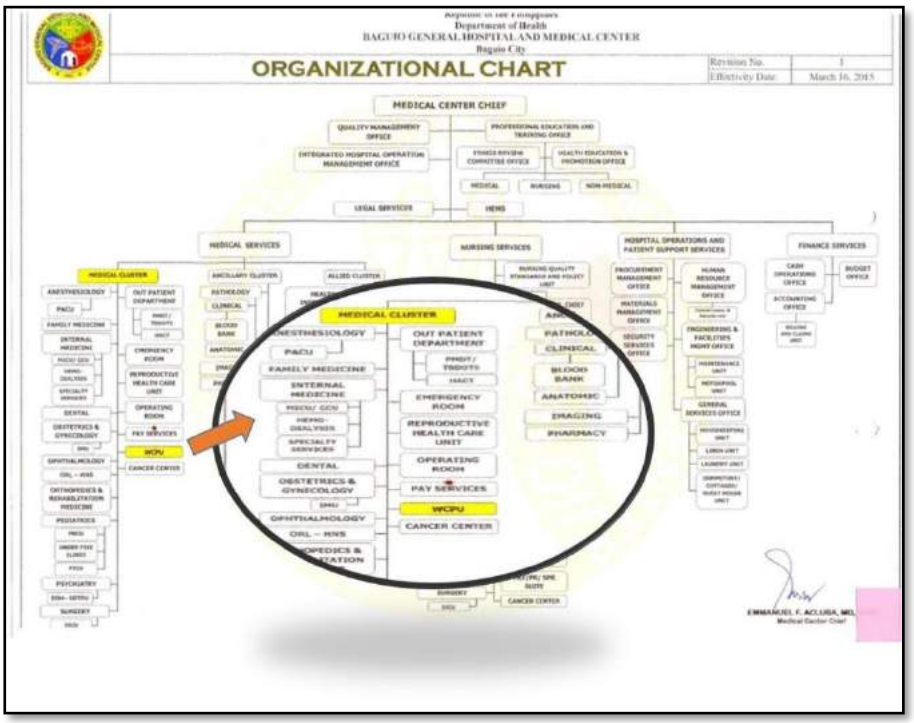


Figure 4. Organizational Chart of Baguio General Hospital, an example of WCPU as integral part of the hospital.

WCPUs under the local government unit follow a structure that is mandated by local government's ordinance or resolution creating the WCPU. One example is the structure of the Benguet General Hospital, a hospital under the provincial local government unit. The organizational chart as shown in Figure 5, does not actually show a 'WCPU' but a unit called

the **'Family Protection Unit.**' It would be safe to assume that this unit assumes WCPU functions.

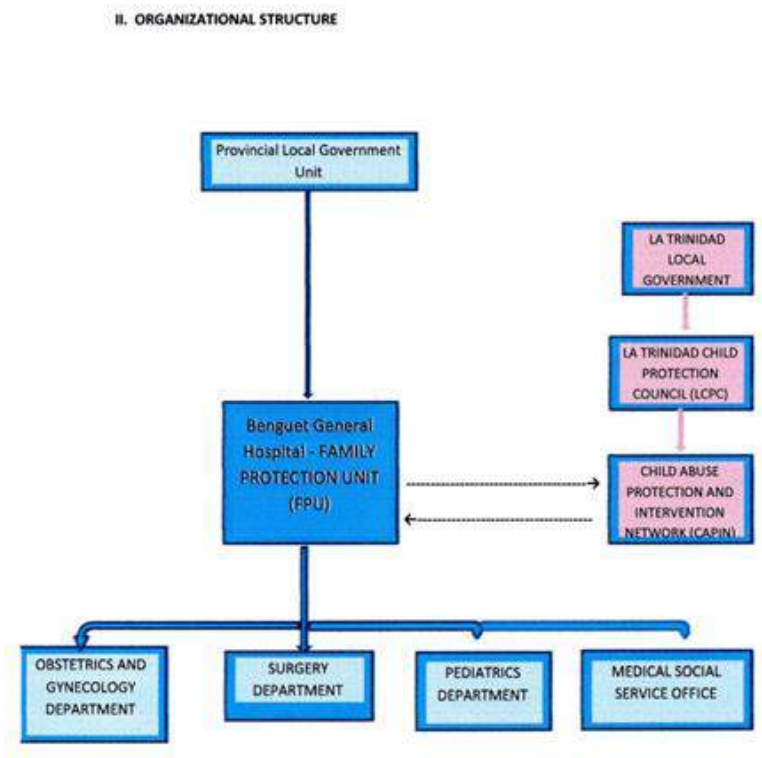
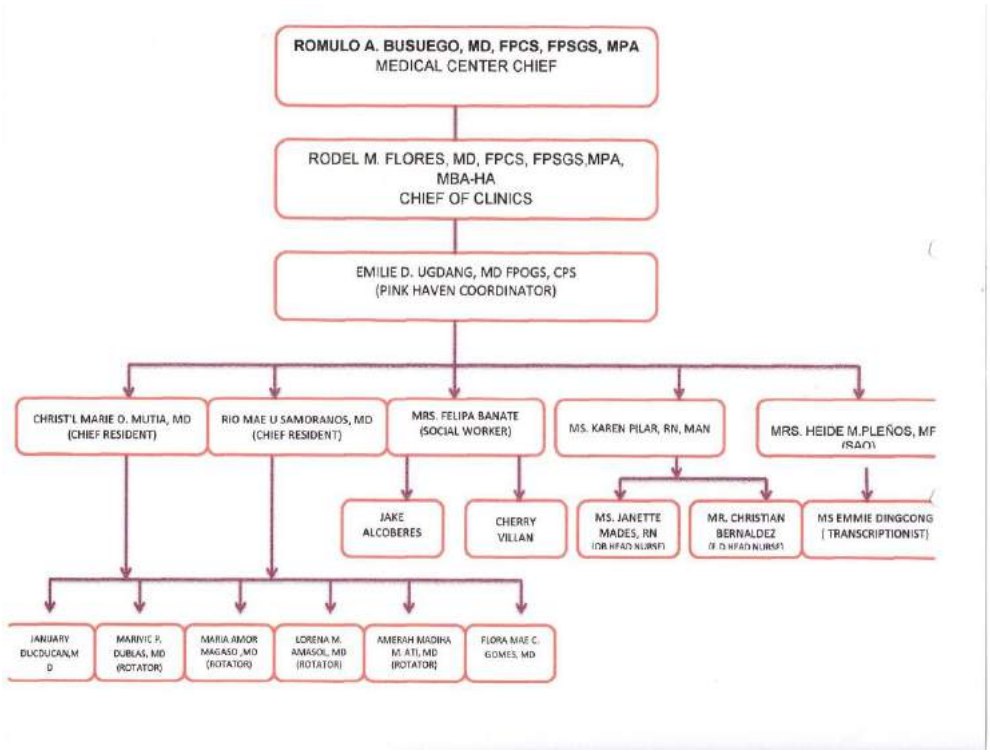


Figure 5. An example of WCPU organizational structure at the LGU level.



WCPU Supervision

According to the AO, a WCPU "shall be supervised by a WCPU Head who shall have the following responsibilities, a) integrate all functions of the WCPU, and b) prepare the annual work and financial plan including budget preparation.

The examples of organizational structure shown above provide an idea of how WCPUs are supervised. Those existing as independent unit may be able to implement the AO mandate but may not be possible for WCPUs existing as part of or under a more complex unit such as a hospital.

Integrative Function of WCPU Head

Overall, 40 or 78.4% of the WCPUs said that their respective heads perform an integrative function while 6 or 11% gave no answer to this question. Remarks given by respondents on WCPU heads not doing integrative work are shown in Table 11.

Table 10. Distribution of WCPU according to functions of WCPU Head

WCPU Level	Integrate functions of the WCPU								TOTAL
	Yes		No		Partly		No Answer		
	#	%	#	%	#	%	#	%	
1	13	81.3	0	0.0	2	12.5	1	6.3	**16**
2	26	76.5	1	2.9	2	5.9	5	14.7	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**40**	**78.4**	**1**	**2.0**	**4**	**7.8**	**6**	**11.8**	**51**
	Prepare annual work and financial plan including budget preparation								
1	10	62.5	4	25.0	1	6.3	1	6.3	**16**
2	15	44.1	9	26.5	4	11.8	6	17.6	**34**
3	1	100	0	0.0	0		0	0.0	**1**
TOTAL	**26**	**51.0**	**13**	**25.5**	**5**	**9.8**	**7**	**13.7**	**51**

Table 11. Remarks for integrative function of WCPU head.

Remarks	TOTAL
c/o CPN	**1**
Coordinated with RSW	**1**
In Progress	**2**
Mostly RSW	**1**
Under LGU	**3**
TOTAL	**8**

Preparation of Annual Work and Financial Plan

When asked whether the WCPU coordinator prepares annual work and financial plan as stipulated in the AO, 26 said yes, five (5) partly, 13 said no, and seven (7) gave no answer (see Table 12). Out of the 10 who said that WCPU head does not prepare an annual work and financial plan, the reasons given are the following: a) planning is done by the administrative officer (2), b) included in GAD planning (2), c) no budget to plan (2), and d) not clear who is the head. The rest of the reasons given are listed in Table 12.

Table 12. WCPU coordinator preparing annual work and financial plan including budget preparation.

Remarks	Number
c/o AO	**2**
c/o GAD	4
c/o RSW	7
No Budget	**2**
Not Clear (Who is the Head)	**2**
In Progress	1
No Financial Plan	**1**
Others	**2**
TOTAL	**21**

One possible explanation for some WCPU staffs' limited knowledge about preparation of annual programan and financial plans is their limited participation in actual budget preparation. More often, since WCPU funds are sourced from hospital or LGU GAD budget, it is either the MSWDO or Municipal Development Officer that prepares the actual work and financial plan, to wit:

> "Galing ng GAD (pertaining to the print out of the distribution of the budget). Eto yung DSWD, yung head ng DSWD, siya ang nag consolidate. Kasi nagtanong siya kung mayroon ba kayong mga program na ipasok sa GAD. So kami yung gumagawa ng programs, services, activities tapos sila yung nag aano ng budget." *(LGU Tarangnan)*
>
> "Kaya nakikisabit kami (sa LGU budget). Yung eksaktong budget for WCPU, wala. Naka-umberlla under MSS." (as per Director).
>
> "Yung budget sa aming social welfare." *James Gordon_Director-RSW*

Submission of quarterly reports to the Office of the Undersecretary, cluster head of the NCDPC

One major provision in the AO is that all WCPUs submit quarterly reports to the Office of the Undersecretary, cluster head of the NCDPC. Overall, only 26 or 50% of the WCPUs submit reports as provided, nine (9) do not submit, two (2) partly, and 14 gave no answer. The percentage of Level 2 WCPUs that submitted report is only 47% compared to 56.3% of Level 2 WCPUs as shown in Table 13.

Table 13. Distribution of WCPUs according to submission of report to cluster head of the NCDPC.

WCPU Level	WCPU submits quarterly reports to the office of the Undersecretary								TOTAL
	Yes		No		Partly		No Answer		
	#	%	#	%	#	%	#	%	
1	9.0	56.3	5.0	31.3	0.0	0.0	2	12.5	**16**
2	16.0	47.1	4.0	11.8	2.0	5.9	12	35.3	**34**
3	1.0	100.0	0.0		0.0	0.0	0	0.0	**1**
TOTAL	**26.0**	**51.0**	**9.0**	**17.6**	**2.0**	**3.9**	**14**	**27.5**	**51**

Of all the WCPUs, ten (10) explained why they do not report to the cluster head of the NCDPC and the reasons are listed in Table 14.

Table 14. Remarks given in relation to WCPU reporting to NCDPC.

Remarks	Frequency
c/o CPN	3
c/o PSWDO/CSWDO/RSW	3
In Progress	1
Last 2012	1
Last 2012/2013	1
Only when requested	1
TOTAL	**10**

WCPU Coordinators' workload

Review of key informat interview revealed that some WCPU coordinators are working beyond their assigned functions. Since coordinators are also physicians, they have to combine both administrative and health provider roles as shown by the following quotes:

> "Ginawa ko pero mahirap din kasi mag isa lang ako. Kung wala ang RSW, ako din ang psychologist. Interview, counselling, crisis intervention, wala na rin follow up. The RSW di na nya nafollow up kasi mahirap kausap ang city RSW. Minsan kinakausap ko RSW kung nafollow up. Di daw, no home visit." Wala kasi budget. (*Adella Serra Ty Memorial Hospital Coordinator*)

> "Speaking for Ma'am Marissa (RSW), nakita ko yung workload niya, sobra. Kasi as a social worker, pati hospital cases, daladala niya. Kasi kung minsan, hirap na siya, tapos may case kami, walang maiiwan sa office."

> "Yung sa amin, since dadalawa lang kami (doctors), kung sino ang readily available, kahit na from duty ka or off, you have to come back. Kahit na anong oras, kahit na disoras ng gabi. (Kung parehong hindi available), OB ang pupunta, wala silang choice." (*Benguet_BeGH_WCPU Coordinator*)

> "Kasi kami pag andyan na yung pasyente, inu-una namin sila. Kasi sila yung time mas kelangan nila. Pag andyan sila, kung ano ginagawa ko, pumupunta agad ako." (BRTTH - WCPU – Coordinator)

One coordinator lamented that she is not even keen on handling the management of WCPU because he/she is more interested in doing preventive health work.

> "Personally, di ko gusto maghandle nito. Kasi small portion lang ito, Yan ang laman ng utak ko ay kailangan ayusin ang preventive. Yan ang laman dapat ng pagiging doktor. Additional lang sa akin Pampabigat lang sa akin. wala talagang unit." (*Liloan - MHO*)

Minimum Staff Requirement

According to this AO, to be considered as a WCPU, the unit "shall have the following minimum staff who shall primarily responsible to the WCPU:

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

Trained physician in the context of the WCPU is a licensed physician who has attended a "six (6) - week Child Protection Specialist Training for Physicians of the Child Protection Network Foundation or its equivalent" while a trained social worker is someone who attended a "Four

(4) – week Child Protection Specialist Training for Social Workers of the Child Protection Network Foundation or its equivalent."

Trained Physician

In terms of trained physician requirement, 45 or 88.24% of the WCPUs have a permanent trained physician and only four or 7.84% said they do not have a permanent physician (see Table 15). Only eight of the WCPUs gave remarks in this area and for the WCPUs that said they have a permanent physician, two clarified that MD is part-time, two said MDs have resigned, while one unit said they actually have two trained physicians. On the other hand, two of the WCPUs that said they do not have permanent trained physician explained that current MD is not trained while another MD just retired as shown in

Table 16 below.

Table 15. Distribution of WCPU according to availability of trained phsycian by Level.

WCPU Level	Available trained physician								TOTAL
	Yes		No		Partly		No Answer		
	#	%	#	%	#	%	#	%	
1	14	87.5	2	12.5	0	0.0	0	0.0	**16**
2	30	88.2	2	5.9	1	2.9	1	2.9	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**45**	**88.2**	**4**	**7.8**	**1**	**2.0**	**1**	**2.0**	**51**

Table 16. Remarks given for presence or absence of trained MD.

Trained Physician Remarks	TOTAL
Current MHO not yet trained	**1**
Part-time	**2**
Recruiting	**1**
Resigned	**2**
Retired	**1**
Two Trained Physician	**1**
TOTAL	**8**

Trained social worker

In terms of the **required trained social worker, 46 or 90.20% of 51 WCPUs** confirmed presence of trained RSW and only three (3) or 5.88% said they do not have a trained RSW as regular staff as shown in

Table 17. In terms of availability at WCPU level, almost all have a trained RSW except for two (2) in level 1 and one (1) in level 2. Five of the WCPUs clarified that their trained RSW is either part-time, just retired, being trained, or not trained as shown in Table 18.

Table 17. Distribution of WCPU according to presence of trained Registered Social Worker by Level.

WCPU Level	Available Trained RSW								TOTAL
	Yes		No		Partly		No Answer		
	#	%	#	%	#	%	#	%	
1	14	87.50	2	12.50	0	0.00	0	0.00	16
2	31	91.18	1	2.94	1	2.94	1	2.94	34
3	1	100.00	0	0.00	0	0.00	0	0.00	1
TOTAL	**46**	**90.20**	**3**	**5.88**	**1**	**1.96**	**1**	**1.96**	**51**

Table 18. List of Remarks for presence or absence of trained RSW.

Remarks	Frequency
In Progress	**1**
Not WCPU Trained	**1**
Part-time	**2**
Retired	**1**
TOTAL	**5**

Overall Personnel Distribution

Based on submitted documents by WCPUs included in the evaluation, there is a total of **236 staff** currently working in various capacities. **Physicians** composed **39.31% of the staff**, registered **social workers 32.20%,** and **police officers at 14.41%.** The distribution of the rest of the WCPU staff are listed in Table 19.

Table 19. Distribution of staff by WCPU level and type of personnel.

WCPU Level	Type of Personnel and Number						Total Number
	MD	RSW	Police Officer	Nurse	Midwife	Psychologist	
Level 1	26	20	7	5	**0**	3	**61**
Level 2	67	56	31	17	1	8	**180**
Level 3	8	6	2	1			**17**
Total	**101**	**82**	**40**	**23**	**1**	**11**	**258**

Required Facilities

The minimum requirement for facilities is described in Section 1.B of the Manual of Operations. Basically, the following are required:

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 is 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).*

WCPU with permanently designated area

Overall, only **22 or 43.1%** of the WCPUs visited are **located in a permanently** designated areas and 17 or 33.33% have no permanent designated area and in terms of WCPU levels, more Level 1 units are in permanent designated areas at 10 or 62.2% compaired to only 12 or 35.3% for level 2 units.

Table 20. Distribution of WCPUs with permanently designated area.

WCPU Level	WCPU is permanently situated in a designated area preferably near the emergency room of the hospital.								TOTAL
	Yes		No		Partly		No Answer		
	#	%	#	%	#	%	#	%	
1	10	62.5	3	18.8	3	18.8	0	0.0	**16**
2	12	35.3	13	38.2	4	11.8	5	14.7	**34**
3	0	0.0	1	100.0	0	0.0	0	0.0	**1**
TOTAL	**22**	43.1	**17**	33.3	**7**	13.7	**5**	9.8	**51**

In terms of reasons why some WCPUs are not located in a permanently designated location, two (2) units said the office are now under construction, two (2) said their office is located in the Municipal Social Work Department (DSWD), and one (1) each for shared with OB/OPD section, it is a major concern, and separate from health facility. Five (5) of those who expressed that they are partly in a permanently designated area gave the following reasons: not permanent but near hospital, shared with OPD section, office given was the only free area, shared with breastfeeding, and one with plan to transfer to permanent location.

Table 21. List of remarks given related to WCPUs current location.

WCPU is permanently situated Remarks	TOTAL
But not near hospital	**1**
In Progress	**3**
MSWD	**2**
OB/OPD Section	**2**
Office given was the only free area	**1**
One of the major concerns	**1**
Relocated	**1**
RHU	**2**
Separate	**2**
Shared with breastfeeding	**1**
Temporary, with plan	**1**
TOTAL	**17**

WCPU is spacious enough to accommodate all the services provided by the facility

Because of the nature of WCPU, it is important that enough space would be available to accommodate the multidisciplinary nature of services and also to protect the confidentiality of patients seeking WCPU services. To see examples or pictures of WCPU units, go to

Annex 1: Photo Documentation of Facilities.

Separate room for interviews and crisis counseling

Overall, only 22 (42.14%) of the WCPUs visited have separate rooms for interviews and crisis counseling, while 17 or 33.33% have no separate room for the same activity. In terms of WCPU Levels, less number of Level 2 WCPU units have separate room for interviews and crisis counseling at 39.02% (Table 22).

Table 22. Distribution of WCPUs with separate room for interviews and crisis counseling.

WCPU Level	A separate room for the interviews and crisis counseling.								TOTAL
	Yes		No		Partly		No Answer		
	#	%	#	%	#	%	#	%	
1	9	56.3	7	43.8	0	0.0	0	0.0	**16**
2	17	50.0	11	32.4	2	5.9	4	11.8	**34**
3	0	0.0	0	0.0	1	100.0	0	0.0	**1**
TOTAL	**26**	**51.0**	**18**	**35.3**	**3**	**5.9**	**4**	**7.8**	**51**

Seventeen respondents gave their remarks in relation to presence or absence of room for interviews and crisis counseling. The most common reason given is that both interview and crisis counseling are done in one room while three (3) said the proposed structure is under construction. The rest of the remarks are listed in Table 23.

Table 23. Remarks for availability or non-availability of separate room for interviews and crisis counseling.

Remarks	Frequency
In one room	6
Under construction	3
According to staffs, need more space especially on Mondays	1
Currently being used as a storage area for donated medicines	1
Interview room only	1
MD's Office	1
No infrastructure for WCPU as of the moment	1
No permanent area; Patients are catered together with other patient	1
Temporary	1
Under renovation	1
TOTAL	**17**

Separate room for medical examination, waiting area, and reception area

Results show that overall, less than 50% of the units have separate rooms for waiting area and reception area while 56.86% said they have separate room for medical examination. What can be observed is that less number of Level 2 WCPUs have designated rooms for medical examination compared to Level 1 WCPU at 62.5 % and 52.9% respectively. In terms of separate waiting area only 47.1% for Level 2 WCPU compared to 56.3% of Level 1 WCPUs, and for reception area only 26.5% for L2 WCPU and 50% for L1 WCPUs.

Table 24. Distribution of WCPUs with separate room for medical examination, waiting area, and reception area.

WCPU LEVEL	Yes		No		Partly		No Answer		
	#	%	#	%	#	%	#	%	TOTAL
	A separate room for medical examination								
1	10	62.5	5	31.3	1	6.3	0	0.0	**16**
2	18	52.9	10	29.4	3	8.8	3	8.8	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**29**	56.9	**15**	29.4	**4**	7.8	**3**	5.9	**51**
	A separate area to accomodate those waiting to be served								
1	9	56.3	7	43.8	0	0.0	0	0.0	**16**
2	16	47.1	13	38.2	2	5.9	3	8.8	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**26**	**51.0**	**20**	**39.2**	**2**	**3.9**	**3**	**5.9**	**51**
	Reception area with culture and gender sensitive information materials								
1	8	50.0	5	31.3	2	12.5	1	6.3	**16**
2	9	26.5	18	52.9	2	5.9	5	14.7	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**18**	35.3	**23**	45.1	**4**	7.8	**6**	11.8	**51**

In Table 25 are listed the major reasons given by respondents relative to absence or presence of required separate rooms for medical examination, waiting room, and reception area. Among the answers, the most common across levels is that rooms are shared with other units of the hospital or health center.

Table 25. Remarks of WCPU respondents on presence or absence of required separate room for medical examination, waiting area, and reception area.

Components	Frequency
A separate room for medical examination Remarks	
1. ER/OB/OPD	6
2. Shared	5
3. Under construction or in progress	4
4. (Locked) WCPU used as Dr.'s Office	1
5. According to staffs, need more space especially on Mondays	1
6. Currently being used as a storage area for donated medicines	1
7. MD's Office	1
8. RHU	1
9. WCPU	1
TOTAL	**21**
A separate area to accommodate those waiting to be served	
1. Shared	4
2. Under construction	3
3. According to staffs, need more space especially on Mondays	1
4. Currently being used as a storage area for donated medicines	1
5. Currently no infrastructure for WCPU	1
6. MD's Office	1
7. Not being used	1
8. Under renovation	1

TOTAL	**13**
Reception area with culture and gender sensitive information materials on VAWC	
1. Shared	4
2. Under construction	3
3. According to staffs, need more space especially on Mondays	1
4. Currently being used as a storage area for donated medicines	1
5. Currently no infrastructure for WCPU	1
6. Limited	1
7. MD's Office	1
8. No reception area, but with materials on walls/corridors	1
9. Under renovation	1
TOTAL	**14**

Comments of referring agencies on permenantly designated office

The absence of permanently designated office and separate rooms for interview and crisis counseling among others did not come unnoticed to representatives of referring agencies. Confidentiality of patients is the most violated principle brought about by the absence of required separate rooms and this concern was raised by the referring agencies as verbalized during the key informant interview as shown by the following excerpts.

> "Dapat talaga may sariling office yung WCPU para yung confidentiality talaga ng ano (patient) is ma-remain." (Balangkayan - Referring Agency PNP)"
>
> "Sa WCPD room ko andoon ang chief of police (lalaki) other officers, pag may victim ako minsan nilo-lock ko, minsan may kakatok." (Catarman PNP)
>
> "Siguro sa facilities din. Siguro kulang ang set-up, kailangan pa ng place na for confidentiality." (Mayor Hillarion ARS-RTTH - Referring Agency)
>
> "Minsan ang problema namin dun, halimbawa pag may bata, tapos incest, problema namin kung saan ilalagay ang bata kasi di naman pwedeng ibalik dun sa magulang." (Sta. Margarita - Referring Agency PNP)

Filing cabinets and other furniture

Overall, about 68.6% of WCPUs have filing cabinets for confidential files compared to 11.76% without filing cabinets. In terms of WCPU level, all Level 1 WCPUs have a filing cabinet while six (6) for Level 2 WCPUs. However, it should be noted that availability of filing cabinet does not mean that the WPCUs have complete control or are actually functional as shown in Table 27.

Table 26. Distribution of WPCUs according to availability of filing cabinets and other furniture.

Availability of filing cabinets and other furniture									
WCPU Level	**Yes**	**%**	**No**	**%**	**Partly**	**%**	**No Answer**	**%**	**TOTAL**
1	14	87.5	0	0.0	2	12.5	0	0.0	**16**
2	21	61.8	6	17.6	2	5.9	5	14.7	**34**
3	0	0.0	0	0.0	1	100.0	0	0.0	**1**
TOTAL	**35**	68.6	**6**	11.8	**5**	9.8	**5**	9.8	**51**

Table 27. List of remarks given by respondents on availability of filing cabinets and other furnitures.

Remarks	Frequency
Currently being used as a storage area for donated medicines	1
Intact in a separate filing cabinets	1
Not utilized	1
Steel cabinet shared with other SW files	1
Cabinet cannot be opened; key has not been turned over to the staff	1
In medical exam room	1
Awaiting from PLAN	1
In Progress	1
TOTAL	**8**

Own toilet of comfort room

In terms of own toilet or comfort room, less than 50% of the WCPUs have own toilet. The number is much lower for L2 WPCUs at only 35.3% while only 12.5% of the L1 WCPU does not have own toilet as shown in

Table 28. Some of the reasons for current status of WCPU with regards to availability of own toilet is listed in remarks section of

Table *28*.

Table 28. Distribution of WCPUs with own toilet.

WCPU Level	With own toilet or comfort room								TOTAL
	Yes		No		Partly		No Answer		
	#	%	#	%	#	%	#	%	
1	11	68.8	2	12.5	1	6.3	2	12.5	**16**
2	12	35.3	13	38.2	1	2.9	8	23.5	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**24**	47.1	**15**	29.4	**2**	3.9	**10**	19.6	**51**

Remarks				
RHU				1
Shared with other patients	1			1
Shared with staff		1		3
No infrastructure for WCPU / In progress			1	1
Not Used	1			
Outside the unit	1			
TOTAL	**3**	**1**	**1**	**6**

Fixtures

In terms of minimum fixture requirements, overall more than 80% of the WCPUs have the required fixtures like examination table (44 or 86.3%), desk and chairs (44 (86.3%), light source 41 (80.4%), and telephone line (41 (80.39%). However, only 34 or 66.7% reported have washing facilities with clean running water.

Table 29. Frequency distribution of WCPU with required fixtures.

WCPU Level	Yes	%	No	%	Partly	%	No Answer	%	TOTAL
Examination table									
1	15	93.8	0	0.0	0	0.0	1	6.3	**16**
2	28	82.4	3	8.8	1	2.9	2	5.9	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**44**	86.3	**3**	5.9	**1**	2.0	**3**	5.9	**51**
Desk and Chairs									
1	14	87.5	1	6.3	0	0.0	1	6.3	**16**
2	29	85.3	1	2.9	2	5.9	2	5.9	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**44**	86.3	**2**	3.9	**2**	3.9	**3**	5.9	**51**
Washing facilities with clean running water									
1	11	68.8	3	18.8	1	6.3	1	6.3	**16**
2	22	64.7	6	17.6	2	5.9	4	11.8	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**34**	66.7	**9**	17.6	**3**	5.9	**5**	9.8	**51**
Light Source									
1	13	81.3	0	0.00	2	12.5	1	6.3	**16**
2	27	79.4	3	8.82	1	2.9	3	8.8	**34**
3	1	100.0	0	0.00	0	0.0	0	0.0	**1**
TOTAL	**41**	80.4	**3**	5.88	**3**	5.9	**4**	7.8	**51**
Telephone Line									
1	8	50.0	6	37.5	0	0.0	2	12.5	**16**
2	10	29.4	16	47.1	5	14.7	3	8.8	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**19**	37.3	**22**	43.1	**5**	9.8	**5**	9.8	**51**

Required minimum supplies and equipment for performing medical examination.

Based on the results of self-accomplished WCPU status survey, there is a relatively low number of WCPUs with the minimum required supplies and equipment needed or essential in performing medical services. It is worth noting that the highest coverage of 68% is for medical forms and other forms needed for documentation while the lowest score is on availability of rape kit at only 23.54%. The rest of the ratings are seen in

Table 30.

Table 30. Distribution of WCPU with available minimum required supplies and equipment (Set A).

WCPU Level	Yes	%	No	%	Partly	%	No Answer	%	TOTAL
Medical forms including consent forms and anatomical diagrams									
1	12	75.0	0	0	3	18.8	1	6.3	**16**
2	22	64.7	0	0	2	5.9	5	14.7	**34**
3	1	100.0	0	0	0	0.0	0	0.0	**1**
TOTAL	**35**	68.6	0	0	**5**	9.8	**6**	11.8	**51**
Examination gloves									
1	11	68.8	2	12.5	2	12.5	1	6.3	**16**
2	21	61.8	4	11.8	3	8.8	6	17.6	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**33**	64.7	**6**	11.8	**5**	9.8	**7**	13.7	**51**
Labels									
1	11	68.8	1	6.3	2	12.5	2	12.5	**16**
2	20	58.8	7	20.6	2	5.9	5	14.7	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**32**	62.7	**8**	15.7	**4**	7.8	**7**	13.7	**51**
Digital camera									
1	10	62.5	3	18.8	1	6.3	2	12.5	**16**
2	21	61.8	7	20.6	2	5.9	4	11.8	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**32**	62.7	**10**	19.6	**3**	5.9	**6**	11.8	**51**
Syringes needles and sterile swabs									
1	10	62.5	2	12.5	3	18.8	1	6.3	**16**
2	20	58.8	4	11.8	3	8.8	7	20.6	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**31**	60.8	**6**	11.8	**6**	11.8	**8**	15.7	**51**
Urine Specimen containers									
1	10	62.5	2	12.5	3	18.8	1	6.3	**16**
2	17	50.0	6	17.6	4	11.8	7	20.6	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**28**	54.9	**8**	15.7	**7**	13.7	**8**	15.7	**51**
WCPU Level * Speculum of different sizes									
1	11	68.8	1	6.3	3	18.8	1	6.3	**16**
2	16	47.1	7	20.6	3	8.8	8	23.5	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**28**	54.9	**8**	15.7	**6**	11.8	**9**	17.6	**51**

It is worth noting however that in general, Level 1 WCPUs have better coverage than Level 2 WCPUs. For example, for three required minimum supplies and equipment, Level 2 WCPUs have very low coverage for pregnancy testing kits (34.15%), refrigerator for specimens (21.95%), and rape kit at only (17.95%) compared to Level 1 WCPUs' coverage of 66.67%, 77.78%, and 44.75% respectively.

The low number of Level 2 WCPUs with required minimum supplies and equipment may be attributed to the fact that several of them are actually LGU units compared to DOH affiliation of several Level 1 WCPUs.

Table 31. Distribution of WCPUs according to availability of minimum required supplies and equipment (Set B)

WCPU Level	Yes	%	No	%	Partly	%	No Answer	%	TOTAL
Microscope slides									
1	9	56.3	3	18.8	3	18.8	1	6.3	**16**
2	16	47.1	8	23.5	3	8.8	7	20.6	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**26**	51.0	**11**	21.6	**6**	11.8	**8**	15.7	**51**
Measuring devices like rulers and calipers									
1	8	50.0	2	12.5	4	25.0	2	12.5	**16**
2	17	50.0	6	17.6	4	11.8	7	20.6	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**26**	51.0	**8**	15.7	**8**	15.7	**9**	17.6	**51**
Blood tubes									
1	11	68.8	2	12.5	2	12.5	1	6.3	**16**
2	12	35.3	7	20.6	7	20.6	8	23.5	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**24**	47.1	**9**	17.6	**9**	17.6	**9**	17.6	**51**
Analgesics and medicines for STI prophylaxis									
1	7	43.8	4	25.0	3	18.8	2	12.5	**16**
2	13	38.2	8	23.5	7	20.6	6	17.6	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**21**	41.2	**12**	23.5	**10**	19.6	**8**	15.7	**51**
Pregnancy testing kits									
1	8	50.0	3	18.8	3	18.8	2	12.5	**16**
2	12	35.3	8	23.5	4	11.8	10	29.4	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**21**	41.2	**11**	21.6	**7**	13.7	**12**	23.5	**51**
Refrigerator for storage specimens									
1	8	50.0	4	25.0	3	18.8	1	6.3	**16**
2	8	23.5	16	47.1	5	14.7	5	14.7	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**17**	33.3	**20**	39.2	**8**	15.7	**6**	11.8	**51**
Rape Kit									
1	6	37.5	9	56.3	0	0.0	1	6.3	**16**
2	5	14.7	20	58.8	4	11.8	5	14.7	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**12**	23.5	**29**	56.9	**4**	7.8	**6**	11.8	**51**

Optional equipment

WCPU representatives were also asked on the availability of optional equipment and overall only 21.6% have tape recorders, video camera (29.41%), and colposcope (31.37%).

Table 32. Frequency distribution of WCPUs with optional equipment categorized by level.

WCPU Level	Yes	%	No	%	Partly	%	No Answer	%	TOTAL
Colposcope									
1	5	31.3	9	56.3	0	0.0	2	12.5	**16**
2	10	29.4	17	50.0	2	5.9	5	14.7	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**16**	31.4	**26**	51.0	**2**	3.9	**7**	13.7	**51**
Video camera for recording the foreignsic interview									
1	4	25.0	8	50.0	2	12.5	2	12.5	**16**
2	10	29.4	20	58.8	1	2.9	3	8.8	**34**
3	1	100.0	0	0.0	0	0.0	0	0.0	**1**
TOTAL	**15**	29.4	**28**	54.9	**3**	5.9	**5**	9.8	**51**
Tape Recorder									
1	5	31.3	9	56.3	0	0.0	2	12.5	**16**
2	6	17.6	23	67.6	1	2.9	4	11.8	**34**
3	0	0.0	1	100.0	0	0.0	0	0.0	**1**
TOTAL	**11**	21.6	**33**	64.7	**1**	2.0	**6**	11.8	**51**

Financial Resources

In this section, presentation of results will focus on WCPUs self assessment in terms of adequacy and sustainability of financial resources, WCPU budget being part of regular agency budget, and responses grouped by WCPU level. The later part of this section will focus on budget allocation and sources.

Financial resources of Level 1 WCPUs

In terms of financial resources, only four (4) Level 1 WCPU surveyed reported that their financial budget is adequate and that their expenses are part of the regular agency budget. Example of a WCPU Level 1 budget that included WCPU expenses as part of regular budget is shown in Figure 6.

Table 33. Distribution of WCPUs according to financial resources.

WCPU Level	Yes		No		Partly		NO Answer		TOTAL
	#	%	$	%	#	%	#	%	
Financial Resource/budget is adequate to ensure sustainability of WCPU									
1	4	25	7	**44**	4	25	1	6	**16**
2	15	44	11	**32**	3	9	5	15	**34**
3	0	0	0	**0**	0	0	1	100	**1**
TOTAL	**19**	**37**	**18**	**35**	**7**	**14**	**7**	**14**	**51**
WCPU expenses are part of the regular agency budget									
1	4	25	5	**31**	3	19	4	25	**16**
2	20	59	8	**24**	3	9	3	9	**34**
3	0	0	0	**0**	0	0	1	100	**1**
TOTAL	**24**	**47**	**13**	**25**	**6**	**12**	**8**	**16**	**51**

Financial resources of Level 2 WCPUs

In terms of adequacy of budget, only 15 Level 2 WCPUs said that their budget is adequate, and for 11 WCPUs, budget is not adequate, six partly adequate, and six gave no answer. In terms of WCPU expenses being part of the regular budget, only 20 or 59% said yes and eight (8) said no as shown in Table 33.

Financial resources of Level 3 WCPU

This section will provide details on what were presented in Table 33 and will include discussion on sources of fund among others.

Gender and Development as major source of WCPU budget

It is evident that majority of the WCPUs do not really have their own budget but part of the larger GAD fund. This is consistent with *Section I. Funding Support of AO No. 2013-0011 which states that "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 hospitals may be used for this purpose.* As far as the majority of the administrator respondents are concerned, WCPU budget comes from or is part of the gender and development or GAD fund as expressed by the administrators themselves.

> "It's not fixed but if we have request, it's given naman. No, but we understand that it's under the GAD budget." (DRH_WCPU coordinator)
>
> "Well supposed to be, iyong GAD is mandated for gender related cases. Dapat ideally meron dapat para sa WCPU." (Western Visayas Chief of Clinics)
>
> "Alam po naming yung GAD, kaya lang sometimes you cannot see GAD. Sa totoo lng. Actually, it's there in the plan. We request supplies and then china-charge sa GAD. On that, walang problema. Office supplies, glass slides, yung mga ginagamit commonly dito. Yung laboratoties, charged to GAD. Yung medicine lang po, we cannot charge to GAD for now. So I just talked, this morning lang, sa pharmacist namin, meron bang guideline ba daw on that. Actually, I cannot answer her but sa pagkakaalam ko po, everything related to WCPU, we can charge to GAD. But in reality po, we cannot easily access our funds. Yung aming administrative officer po yung get control of the funding." Western Visayas_WCPU Coordinator
>
> "kasi ito for Gender and Development...sa GAD. Sa GAD plan. Kasama doon ang WCPU namin. Pero ito, may mga hindi naman ang lahat eh nagagamitan eh."
>
> 5% of the hospital budget is allocated for the WCPU; and it comes from GAD. (Dapitan WCPU Coordinator)
>
> "Actually mam, ako ang chair ng GAD e, yung gender and development, may naka separate na funding ang WCPU, hiniwalay ko yan talaga aside yung dumadating ngayon na another fund from DOH. Meron kaming certain percentage tapos from that percentage idinidistribute ko yung para sa programs, may sarili ang WCPU." (Paulino JGarcia, Chief of Clinics)
>
> "Yeah. Naka plot siya. For this 2015, sa financial namin nakasama siya sa one hundred thousand nan aka allot sa WCPU."
>
> "Supposedly the GAD percentage but sometimes it is not approved by the upper level because as I've said, we have plenty of priorities. WCPU is just one of the priorities." (VSMMC - Chief of Clinics)
>
> "I am not so sure but this is part of gender and development. It's quite a big amount but that's 5% of the allocated budget. However, programs directed by the department we don't really put a limit. It's an open ended, whatever it takes to be successful and fully implemented. We don't put a margin of or limit on the income that we will be spending only up to this. Our general policy is if it's a program of the department and if it's a statutory law, we comply even though how much it takes. That's our

philosophy here is, I don't know if others adapt to that but that is my direction towards department policies." (Corazon Montelibano, Chief of Clinics)

While it is true that all allocated budget came from GAD, the amount may still differ according to the priority of the WCPUs respective mother units. Zamboanga City Medical Center, for example, allocated more than **six million pesos** for WCPU compared to **67,645 pesos** WCPU allocation for Gov. Celestino Gallares Memorial Hospital. However, it should be noted that Zamboanga Medical Center is a far bigger health facility than Gov. Celestino Gallares Memorial Hospital. While some DOH hospitals got big allocations (Table 34) so are WCPUs under the LGUs (e.g. budget allocations of LGU Infanta, Purple Hearts in San Jose, Mindoro, and Bacnotan District Hospital) as shown in Table 35.

Table 34. Example of hospitals with WCPU specific budget allocation in 2015 and total budget allocation.

Hospital /WCPU Budget Items			Allocation
Zamboanga City Medical Center			
	1. Conduct Advocacy Activities in selected schools, barangays, groups 2. Management of cases/provisions of counseling, medical assistance to victims of VAWC 3. Attendance to quarterly round-table discussion by CPU-net, and annual convention by WCPU doctors and social worker/Psychologist training	4. Request for an ideal space dedicated for cases of GBV 5. Request for equipment such coloscope/updated interview studio and materials necessary such as rape kit 6. Temporary and protective custody/Psychological evaluation/counseling/Psychiatric evaluation/Legal Services/debriefing	PhP 6,450,000.00
Western Visayas Medical Center			
	1. Cater and examine victims of violence 2. Perform laboratory examinations to victims of violence 3. Attend to court calls as expert witness 4. Attend Annual Convention	5. Round Table Discussion 6. Provide drugs and medicines 7. Conduct Research 8. Provision of office supplies	PhP 3,500,000.00
Baguio General Hospital and Medical Center			
	1. Management of cases/provisions of counseling, medical assistances, salaries, benefits for staff and equipment for WCPU's 2. Attendance to quarterly round-table discussion by CPU-net, and annual convention by WCPU Doctors and Social Worker/Training/Seminars/Workshops on VAWC		PhP 1,621,000.00
Ospital ng Palawan			
	1. Group work bantay orientation for both men and women. 2. Management of Women and Child abused cases. 3. Film showing dealing with VAWC. 4. Psychological Assessment.	5. Documentation of Activities.Medical Intervention. 6. Psychological Evaluation. 7. Counseling/Therapy 8. Referral 9. 10. Case Conferences	PhP 300,000.00
LGU - San Francisco			
	1. MDT Travel Expenses for filing of cases and court appearances. 2. Aftercare support to victims of trafficking, children in conflict with law, abused women and children. 3. Annual Convention for Child Protection Specialists		PhP 122,000.00
Jose B. Lingad Memorial Regional Hospital			
	1. Operationalization of Women and Children Protection Unit		PhP 100,000.00
Mariano Marcos Memorial Hospital & Medical Center			
	1. Continuous evaluation of victims of abuse 2. Preservation of evidence 3. Issuance of medical certificate	4. Psychiatric evaluation 5. Provision of medical treatment	PhP 90,000.00
Corazon Locsin Montelibano Memorial Regional Hospital			
	1. Office Supplies 2. Medical Supply		PhP 76,858.00
Gov. Celestino Gallares Memorial Hospital			

Hospital /WCPU Budget Items			Allocation
	1. Counseling of the abused survivors of their rights. 2. Issuance of Medico-legal Certificates within 24 hrs of complaint 3. Laboratory request related to abuse is free	4. Attend to survivors ASAP Procurement of Laboratory Supplies 5. Lectures on child/women abuse 6. Reproduction of IEC	PhP 67,645.00

Actual review of budget submitted by several WCPUs revealed that there is really no common way of allocating budget for WCPUs even those under DOH hospitals. It should be noted that budget for salaries of WCPU staff are not usually included in the WCPU budget as they are covered by GAA being plantilla positions. Using data in Table 34, it would seem that **budget is directly proportional to the number or planned activities**. Activities also vary by WCPU and they would include conduct of advocacy, MDT training, attendance to CPN network conferenes, and after care support among others, again, as shown by the list of activities in Table 34.

Other units do not necessarily specify the WCPU budget but rather as component of other line items like technical support services, subsidy for VAW activities, children's welfare and development program, BDH maintenance expenses, or women and men's health among others (see Table 35 for other line item categories). It should be noted that the big budget allocation for 2015 of several WCPUs is brought about by the fact that the budget include items needed for the establishment of WCPU.

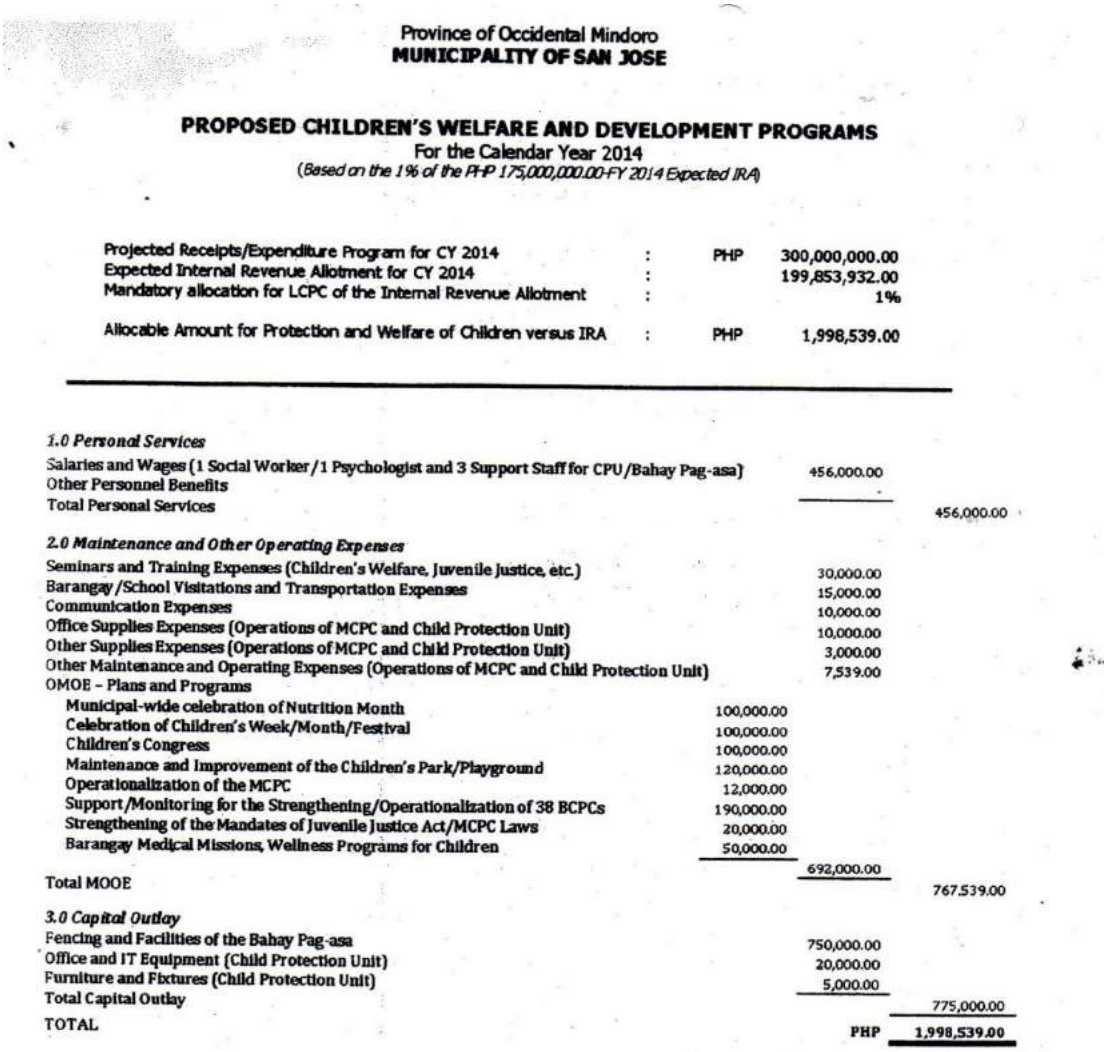
Table 35. Example of Hospitals with non-WCPU specific budget allocation and total budget for 2015.

Hospital / Unit	Budget Item	Amount
Southern Philippines Medical Center		
Technical Support Services (Women & Children)	1. Attendance to quarterly round table discussion by CPU-Net and annual convention by WCPU Staff trainings/seminars/workshops on VAWC together with OB-Gyne and pediatric services. 2. Child Protection Specialist Training in UP PGH lump with availability of children's health services and Creation of Children's health education desk in WCPU	PhP 3,000,000
LGU - Infanta		
Subsidy to Brgy. VAW Desk Officers	Subsidy to Brgy. VAW Desk Officers, Subsidy to Brgy. VAW Desk Officers (TEV), VAWC, Support to MPC, and Strengthening of Brgy. VAW Desk	PhP 1,131,600.00 out of 6,963,799.
Purple Hearts - Mindoro		
Proposed Children's Welfare & Development Program	Personal Services, Maintenance and Other Operating Expenses, and Capital Outlay	PhP 1,998,539.00
Bacnotan District Hospital		
BDH (Maintenance and operating expenses)	**1.** WCPU part of item under project proposals (no specific budget for WCPU)	**1,500,000.00**
Adella Serra Ty Memorial Hospital		
Women and Mens Health	Establishment of WCPU	PhP 1,400,000.
Teresita L. Jalandoni Provincial Hospital		
Special Purpose Appropriations	Proposal for upgrading of WCPU	PhP 854,626.00
James L. Gordon Memorial Hospital		
CSWDO - WCPU	Mostly for supplies and maintenance expenses	PhP 100,006.54
LGU - Tiwi		

Hospital / Unit		Budget Item	Amount
	Office of the MSWDO	Children and Youth Welfare Program	285,000.00
LGU - Lope de Vega			
	Special Purpose Appropriations	**1.** Advocacy on women's health, VAWC, Children's code, human trafficking & breastfeeding, and MDT Training	50,000,00 Out of PhP 3,571,621.90
Cotabato Regional Medical Center			
	Annual Gender and Development Plan	Provide counseling, medical & diagnostic services	PhP 360,000.00

One LGU, San Jose, Occidental Mindoro, allocated about 1.9 million for protection and welfare of children as shown in Figure 6 and is a reflection of LGU's commitment to children and womens' health as evidence by the following quotes from San Jose WCPU respondents.

> "**Grabe ang support in terms of the budget. Isa sa mga priorities nila kasi ang programs for children. Talagang pinaglalaanan ng budget**."
>
> "Meron tayong programs for children. Dun nakapasok ang para sa CPU. Nagcha-charge din kami sa gender and development fund ng LGU." (San Jose – WCPU) (See attached document for budget)



Province of Occidental Mindoro
MUNICIPALITY OF SAN JOSE

PROPOSED CHILDREN'S WELFARE AND DEVELOPMENT PROGRAMS
For the Calendar Year 2014
(Based on the 1% of the PHP 175,000,000.00-FY 2014 Expected IRA)

Projected Receipts/Expenditure Program for CY 2014	:	PHP	300,000,000.00
Expected Internal Revenue Allotment for CY 2014	:		199,853,932.00
Mandatory allocation for LCPC of the Internal Revenue Allotment	:		1%
Allocable Amount for Protection and Welfare of Children versus IRA	:	PHP	1,998,539.00

1.0 Personal Services			
Salaries and Wages (1 Social Worker/1 Psychologist and 3 Support Staff for CPU/Bahay Pag-asa)		456,000.00	
Other Personnel Benefits		-	
Total Personal Services			456,000.00
2.0 Maintenance and Other Operating Expenses			
Seminars and Training Expenses (Children's Welfare, Juvenile Justice, etc.)		30,000.00	
Barangay/School Visitations and Transportation Expenses		15,000.00	
Communication Expenses		10,000.00	
Office Supplies Expenses (Operations of MCPC and Child Protection Unit)		10,000.00	
Other Supplies Expenses (Operations of MCPC and Child Protection Unit)		3,000.00	
Other Maintenance and Operating Expenses (Operations of MCPC and Child Protection Unit)		7,539.00	
OMOE – Plans and Programs			
Municipal-wide celebration of Nutrition Month	100,000.00		
Celebration of Children's Week/Month/Festival	100,000.00		
Children's Congress	100,000.00		
Maintenance and Improvement of the Children's Park/Playground	120,000.00		
Operationalization of the MCPC	12,000.00		
Support/Monitoring for the Strengthening/Operationalization of 38 BCPCs	190,000.00		
Strengthening of the Mandates of Juvenile Justice Act/MCPC Laws	20,000.00		
Barangay Medical Missions, Wellness Programs for Children	50,000.00		
		692,000.00	
Total MOOE			767,539.00
3.0 Capital Outlay			
Fencing and Facilities of the Bahay Pag-asa		750,000.00	
Office and IT Equipment (Child Protection Unit)		20,000.00	
Furniture and Fixtures (Child Protection Unit)		5,000.00	
Total Capital Outlay			775,000.00
TOTAL		PHP	1,998,539.00

Figure 6. Example of complete budget for an L1 WCPU.

While some do not receive specific allocation for their respective WCPUs, they receive full support for needed supplies, equipment and facilities as expressed during the key informant interview as shown below.

> "Wala, pero yong mga supplies free. We are giving supplies and laboratory for free. In the future siguro. Mahirap kasi iseparate talaga ang budget." (Bukidnon Provincial and Medical Center Director)
>
> "…Iyong supplies namin wala namang problema kasi kasama kami sa general office supplies ng hospital. Kaya lang ng malaman ng bago, iyong zoning zoning na dapat i-aalign, so much so na magrequest kami ng ink ng printer pero ang sabi hindi kami kasama sa budget." (Baguio Gen H Coordinator)

When asked whether the WCPU budget is fixed, some were able to provide either the actual budget or WCPU percentage in the total GAD budget.

> "% under GAD." Adella Serra Ty Memorial Hospital Coordinator
>
> PhP 207,000 coming from DOH. Good thing, lagay mo lang sa Child and women abuse, lahat ng supplies and ancillary free.
>
> "Yun may PhP 200,000 for the whole year. Approved budget." (BRTTH - WCPU – Coordinator)
>
> "Fixed iyan under AIP (Annual Investment Plan), nirequire nila yan. Yes, we have the policy, under Sanguniang Bayan resolution, meron talagang kaakibat na budget for that, hindi iyan nawawala sa AIP." (Catarman MHO)
>
> "5% from GAD budget. DOH will provide some allotment. They are giving allotment aside from GAD." (EVRMC_Coordinator)

However, several of those interviewed (Head of Hospitals or WCPU Coordinators) knew that their actual budget and sources of fund (such as GAD), they are not exactly sure how much is the actual allocated amount as verbalized below.

> "I am aware that there is an allocation which is from my readings here, it is from the GAD but for the term fixed amount, I don't know. No, I am just limiting my knowledge coming from the AO not from the hospital. I don't have the idea about the budget." Baguio Gen H Incoming Coor
>
> "Yun nga lang, hindi ko alam "Gumawa nga ba kayo ng work and financial plan?" asking RSW and WCPU coordinator." (Baguio Gen_Director)
>
> RSW 2: Iba sa LGU, may separate budget for the team. For La Trinidad. So for this year, may separate budget, aside from that budget. 385 for the services. Iba sa team, sa team kasi is 250 thou, meetings, conferences. (Benguet GH, WCPU Coordinator)
>
> "Di specific for WCPU, GAD budget daw pero pag tinatanong namin kung magkano parang wala. Parang we are just like other hospital na supplies kung kailangan mo ito just request binibigay naman." (BOHOL coordinator)
>
> "Wala. Umbrella lang sa mga projects." (Bacnotan Hospital OIC)
>
> "I have been reviewing their budget before but I think it was latch with the social services." (Benguet_BeGH_Director)
>
> Walang support, galing sa local government siguro. James Gordon_Coordinator

> "We ask them to come up with budget proposal then we share the pie. We get it from GAD budget. Yung salary ay from the hospital." (Cebu_Director)

> "The budget comes from the GAD fund) It depends on the work and financial plan that the unit will submit." (EVRMC Chief)

> "Wala. Meron kung may pasyente na critical ang situation na kailangan dalhin sa NGO or crisis center yung LGU may budget. Pero not really specified for the WCPU. Nasa MSWDO kasi yung budget, so siguro may mga CICL, parang pondo isang anuhan na yan na magamit nila as DEB, travelling expenses ganun." (LGU Libagon Coordinator)

LGU as source of funds

While almost all of the WCPUs are funded through GAD allocated funds, experiences in acquiring them differ. WCPUs under the ambit of the local government seem to have much easier access to the GAD fund compared to those under a hospital facility as shown by quotes below.

> Wala sa budget (ng hospital), **pero easy kasi Local Government**. Etong Provincial hospital is under LGU pa rin. So mostly, yung budget is from DSWD. Yung GAD, yung pinagrabe talaga na support sa amin. Actually, hindi ko siya maintindihan, basta yung GAD. Under ata sa sa program ng local government, malaki ang budget. Kaya minsan, pag may print out na kailangan, supportive sila. Pero maraming papel (referring to paperwork for the GAD fund). Matagal yun. Kalibo_Rafael Tumbokon_WCPU Coordinator

> "…kinukuha naming yan sa ano naming MCPC at saka sa Gender and Development…yung municipal council for the protection of children, meorn yang appropriated na 5% ng budget eh. And also sa GAD meron ding 5%. Yun ang sources of funding ng. In terms of training then ah kung sa set-up kung mayroon kailangan gagastusin kung mayroon mag stay-in ano, china-charge ko sa office. Sa fund dito." (Cebu - WCPU - Pilar LGU - Director – Mayor)

> "Kung sa support, kailangan naman talaga meron ganun diba? Kailangan yun pero unang-una hindi kami makapagdagdag ng additional staff na dedicated para doon kasi mahirap kunin sa kapitolyo yan. So puro designated lang. Kung mag-oopen man siya." (Bulacan MC - Hospital Director)

Problem with getting budget allocation

While almost every hospital administrator and WCPU coordinator knew where the WCPU fund will be sourced, the problem really is accessing the fund. The difficulty in accessing fund is a cause of disappointment for coordinators especially if procedures for allocation and release of funds have been followed and this was verbalized during the interview.

> "Wala, pero pinagawa ako ng financial plan. Matagal ko na sinubmit iyon, until now wala." (Teresita Jalandoni Coordinator)

> "NO fixed allocation. Kasi ng magstart kami nagrerequest na kami. Lagi nilang sinasabi isulat nyo na lang pero wala naming binibigay. Ni ang monitor nga ng computer kelan lang nabigay." (Bacnotan DH Coord)

> Yun ang problema, kasi nagbigay kami ng proposal nung 2014, at ni-approve naman ng governor na bigyan ng 1M yung budget, para dito, kasi

> ang plano sana na obligahin ang mga meds na kasama na dun sa budget na mga medicines, may para sa infection, ganyan, at saka yung mga gamit dito, kaya lang hindi na naming alam kung ano na status. Kasi nag-change na naman ngayon, iba na yung governor. So mahirap na mag-follow-up. Pati admin officer ng province, provincial administrator is different na. So parang nahirapan kami mag-trace kung ano na nangyari dun sa 1M na yun. Parang nainis na nga si Doktora [redacted]. Yun ang mahirap. Pero ngayon, for the next year na budget, kasi 2014 pa yun na-request eh. So dapat nagamit na yun, nabigay nay un, kasi pag hindi, ibalik nay un, so wala na. Sobrang inaasahan naming yung 2015, eh parang wala pa rin. Pero alam naming included pa rin yun at saka 2016." (Antique_Angel Salazar_Chief of Clinics)

> "We don't have a fixed budget for the unit. Actually we have a proposal for the province na i-charge nila sa gender and development kasi mayroon ano yan sa PPDO so we ask from the province. Walang budget yun for the hospital, only for trainings, if they have trainings, they will be funded through our operating expenses." (Teresita Jalandoni Chief)

> "At the very start of management, gusto ko may unit budgeting. But hindi pwede ganun kaagad because we really have to prioritize mga programs. Sometimes isasabay namin to just to comply. At the very start ganun naman siguro. Sabi ko nga na mali yan eh. Hindi naman dapat na just to comply, may checklist ka lang ganun. But because of the constraint of the budget and resources ay ganun." (BRTTH Hospital Director)

Sometimes, however, the problem in releasing of fund is also brought about by a certain WCPUs inability to include proposed budget submitted for LGU appropriations.

> "Di ko nailagay ang budget for CPU. Talagang wala akong nailagay." (Liloan_MHO)

Other Sources of Funds

When asked about other sources of fund, WCPUs under DOH hospitals like Corazon Montelibano Hospital and West Visayas Regional Medical Center shared that they just currently received allocation from the Department of Health.

> "DOH allocation of 207 thousand." *Corazon Montelibano Chief*

> "Sa ngayon lang may sub allotment galing DOH, yung this year lang nila binigay, 207 (thousand) po iyon. Kaya lang may mga specifications for mga, kaya lang hindi ko pa nakita from admin kasi kararating lang ng money so hindi ko pa nakita yung specification kung saan lang i-gasta yung pera." (Corazon Montelibano Coordinator)

> "Sub-allotment from Central Office, ODH, they gave us an email that they gave us 207,000 nung late July, pero hindi pa po dumarating yung pera. They just sub-allotted that amount to different hospitals who had WCPUs, so meron din actually sa Sanitarium, Sta. Barbara. It's a DOH, all DOH-maintained hospitals, some pala hindi lahat, binigyan ng pera for the WCPU gagastusin. Dr. Guzman - Dy showing email proof. This is the first time that we receive from central office, DOH." (Western Visayas_WCPU Coordinator)

NGOs are also a major source of fund especially for supplies and training expenses of WCPU personnel as expressed by respondents below.

> "Actually sila ang mga may linkages eh. Dito, meron namang maraming sumusuporta kasi child-friendly municipality kami during my time. Yung campaign namin na yan, naipapanalo namin yan." (San Jose – Mayor)
>
> "We have one at present yung Zonta." (VSMMC - Chief of Clinics)
>
> "Other than that, as what I've said, the Zonta, they're giving us noodles, crackers for the patients. And then they'll provide also like we need pregnancy test they give money for pregnancy test kit, for sperm identification for the laboratory if ever the patient cannot afford. Other than that, I was able to ask my society which is Philippine Obstetrics, POGS, Cebu chapter, Philippine Obstetrics Gynecological Society since I am also the board member there. I was able to ask funding for our one year seminars and trainings. So they were able to provide us a hundred thousand budget for that. And then they established a committee about child protection committee and I'm the one who heads that one. So at least I'm hitting two birds with one stone." (VSMMC – Coordinator)

During the Key Informant Interview, 15 respondents from Level 2 WCPUs said that aside from traditional fund source, they also receive support from other agencies like the British embassy, PLAN International, OXFAM, Consuelo Foundation, CAPIN, and UNFPA among others.

> May isa, Consuelo pala. Consuelo Foundation, they would help us with trainings, like my training with PGH was shouldered by Consuelo. Pero may limit lang siya.
>
> NGOs, nagpo-provide din ng financial support, kung may sobra.
>
> "Ang CPU ng hospital to make it work, naki-partner kami with the LGU and CAPIN. Ang CAPIN kahit papano, they have funds to help us also reach out to the community." (Benguet_BeGH_WCPU Coordinator)
>
> "Madami sa Good Shepherd. Alliance lang kapag kailangan ng shelter. Pero sa fund, wala. Yung iba, ina-ano namin sa GAD." (BRTTH - WCPU – Coordinator)
>
> "We have our own income. Then we have funding coming from PCSO and other funding agencies ng government na nagbibigay din sa atin." (BRTTH Hospital Director)
>
> "Plan International." (Catarman MHO)
>
> "Kumpleto pa kasi yung binigay ng PLAN so hindi pa naubos yung binigay na office supplies. After consuming the supplies given by PLAN, their source of funding would be…." Yung capitation fund ng Philhealth, doon kami kumukuha." LGU Libagon Coordinator
>
> Yes. Actually ang PLAN talaga yun ang ang send sa amin ng training sa PGH. Siya ang nag shoulder ng training, ng pamasahe, the whole training sya yung nag shoulder. Yun MOA lang is yung counterpart na LGU, siya ang magpagawa ng structure para sa WCPU. Ito yung aming pag provide. So ngayon, yung pag may mga problema, yung PLAN naman handa naman sila tumulong, nakakaccess naman kami sa kanila. At least medyo nakakaluwag kami kasi pag inaasa talaga sa LGU, (wala talaga) katulad nito meron ka bang ano nito na 30,000? Ilang pasyente lang to?
>
> "PLAN (International)." (Lope DV Samar MHO)
>
> "Yung NGO na PLAN Philippines. Yung mga capability building sa amin at sa mga stakeholders, yung mga barangay officials, Plan Philippines yan ang sumasagot." (Oras – Coordinator)

> "Plan International. Aside ana, wala na." (San Ricardo – MHO)
>
> "NGOs hindi, pero nationally, yung mga sa Department of Social Welfare and Development. Then sa Provincial Council of Women din. PCW of the province of Cebu which is headed by the Vice Governor…he is very supportive regarding those the protection of children. Especially in the protection of children." Cebu - WCPU - Pilar LGU - Director - Mayor
>
> "Provided by the NGO, OXPAM for the facilities and structure tapos UNFPA para sa equipment." EVRMC_Coordinator
>
> "PLAN Philippines...mga equipment kanila yun. Lahat. Ang training kanila yun. Ang training naming for one month kanila yun. All expenses." (San Ricardo LGU - Coordinator - Social Worker)
>
> Dati ang Consuelo Foundation pero ngayon wala na, dito na lang talaga sa LGU. Saka sa provincial Social Welfare office minsan. Tiwi MHO
>
> "Aside sa UNICEF and OXFAM, personally I do not know. With regards to the UNFPA, after the typhoon, actually pumupunta sila sa mga locals kasi because priority nila yung WCPU. They were asking, "How do you manage your patients?" (and they will say) "We refer to EVRMC." Sabi nila, "That EVRMC must be a big facility." Because of that, they came to EVR and when they arrived here, it's when they started to outpour their donations. In fact, our medications now, they are from UNFPA, all poured to OB department. That's how we are supported by the UNFPA." WCPU Coordinator - EVRMC OB

However, it should be noted that support from NGOs or funding agencies are not limitless and if a WCPU is not prepared for the funding partner's exit, it could create some problems to the WCPU as shown by the sharing below.

> "British embassy gave a budget, used to increase the number of J.O. Social workers. Before pa noon year 2001, mga 5 years din, ang social worker di namin problema noon. Ang sweldo nila at home visit nila galing sa kanila. **Noong nawala na, doon kami nagkaproblema ng social workers."** (Baguio Gen H Coordinator)

One WCPU developed own fund raising campaign to be able to support financial needs of some of their clients.

> "None, although we were able to raise funds. Nung nag-umpisa kasi kami, syempre yung iba walang pamasahe, nung hindi pa kami fully coordinated with the hospital, nag-ukay-ukay kami, yung damit ng mga counselors, we were able to raise 71,000 or 76,000. At yun, unti unti naming kinukuha pag may kailangan ang ibang kliyente." (QCGH - WCPU Coordinator)

Status of Level of Care Delivered by WCPUs

According to AO 2013-0011, WCPUs can be classified according to level of care delivered. In this section, WCPUs from the three levels will be presented in relation to availability of mandated personnel and services.

Level of Care Delivered by Level 1 WCPUs

Required Personnel

Level 1 WCPUs are required to have **at least have one trained physician and one trained RSW** and of the **16 Level 1 WCPU** surveyed, **14** reported having the required trained MD and RSW. While a registered nurse, police officer, and mental health officers are not required, **still five (5) with police officer**, and **four (4) with a registered nurse** and a **mental health specialist**. It is important to note that the two hospitals with a mental health specialist are **tertiary DOH regional hospitals**.

Table 36.Distribution of Level 1 WCPUs according to required personnel

Personnel	Yes		No		Partly		No Answer		TOTAL
	#	%	#	%	#	%	#	%	
Required									
One trained physician (Six (6) week Child Protection Specialist	**14**	**88**	2	13					**16**
One registered social worker (Four (4) week Child Protection	**14**	**88**	2	13					**16**
With full-time coverage of duties	**7**	**44**	7	44	1	6	1	6	**16**
Not-required									
Registered nurse	4	25	10	63	0	0	2	50	**16**
Trained police officer	5	31	10	63	0	0	1	6	**16**
Trained Mental Health Professional	4	25	10	63	0	0	2	50	**16**

Actual experiences of WCPU Personnel

While seven out nine (7/9) of Level 1 WCPUs have trained physician and eight of nine (8/9) have trained RSW, many of the staff still feel that they are understaff in relation to the number of tasks they have to do as expressed below:

> "*First, sa staff, understaffed talaga kami*. As you can see, nag-iisa kami sa pag-aassist ng doctor, tumatakbo kami, mag-iintake interview tapos triaging kami rin. With regards to doctors/psychologists, well-trained naman sila. Hospital support, hindi masyado kasi pag nanghihingi kami ng staff, pending pa rin." (VSMMC - Head Nurse)
>
> *"Ano multitasking kami*. Hindi tulad sa ibang hospitals na kung WCPU ka, WCPU ka lang. Hindi, kami multitasking kami kaya hindi mo pwedeng hindi malaman yung trabaho ng bawat isa." (Jose B Lingad LRH - Staff - Social Worker)

Some of the staff also feel the need to increase the number of staff and to consider the number of patients being referred to the center. A classic example is Vicente Sotto Memorial Medical Center which has a monthly average of about 3,000 WCPU clients per month or almost eight (8) per day. But WCPU cases unlike regular patients require more time and sometimes one case would require couple of hours to process. This sentiment was verbalized by a staff during the interview to wit:

> *"Sa staff kulang pa din ang staff. Patients, keep on coming very ovwerwhelming na ang dami dami in a day." (*VSMMC_RSW)

To some WCPUs, it is a relief that new staff are being recruited and added to the rooster even though most of them need to still undergo the required training.

> "Actually ang staff lang naming noon, nag assign lang ako noon ng chief clinics namin noon dahil kailangan namin mag put up ng WCPU, social worker lang. ang then parang referral nalang sa hospital…surgery…pero talagang social worker lang responsible…" "Lately. Lately, nagkaroon (ng doctor) …pina-train namin si [redacted]."(Jose B Lingad RH – Hospital)

Minimum Medical and Social Services

Medical Services

In terms of medical services, **15 centers** are able to provide medico-legal examination and acute medical treatment, 12 with minor surgical treatment, and 10 with 27/7 full coverage. However, less than half (7 or 44. %) of them conducts monitoring and follow-up.

Table 37. Distribution of Level 1 WCPUs with Minimum Required Medical Services

Mediscal Service Component	Yes		N0		Partly		No Answer		TOTAL
	#	%	#	%	#	%	#	%	
7. Medico Legal Examination	15	94	1	6	0	0	0	0	**16**
8. Acute medical treatment	15	94	1	6	0	0	0	0	**16**
9. Surgical Intervention	12	75	2	13	1	6	1	6	**16**
10.Monitoring and follow-up	7	44	2	13	7	44	0	0	**16**
11.Full Coverage 24/7	10	63	6	38	0	0	0	0	**16**

For the two (2) WCPUs who are not providing medico legal examination, the main reason given is that they would usually refer patients to the hospital or to a PNP facility. The same is also true for non-provision of acute medical care, and minor surgical treatment.

In terms of monitoring and follow-up, less than 50% of Level 1 respondents said they provide monitoring and follow-up and the reasons given are shown in Table 38.

Table 38. Reasons for not providing 24/7 services.

Remarks on Monitoring and follow-up	Frequency
1 - 2 times	1
c/o Hospital	1
Only patients who came back	1
Usually may mga nag-drodrop ng cases	1
With coordination from MSWDO	1
TOTAL	**5**

Social Work Intervention

In terms of ability to provide the minimum four social service interventions, almost all of the units are able to provide safety and risk assessment and coordinates with other agencies. The major reason given by the single agency not able to do so is lack of training of staff or no RSW staff..

Table 39. Distribution of Level 1 WCPUs with minimum required social interventions

Required Social Interventions	Yes		N0		Partly		No Answer	
	#	%	#	%	#	%	#	%
Safety and risk assessment	15	94	0	0	1	6	0	0
Coordination with other disciplines	13	81		0	3	19	0	0
Peer review of cases	5	31	6	38	3	19	2	13
Expert testimony in court documentation and record keeping	11	69	2	13	2	13	1	6
Networks with other disciplines and agencies	6	38	1	6	7	44	2	13

In terms of being able to provide expert testimony in court, only six (6) said they are able to do so and reasons given for the inability to provide this basic function are shown in Table 40. In the area of networking with other disciplines and agencies, only six (6) said they are actively networking with other disciplines and for the rest, networking is limited to PNP and religious NGOs.

Table 40. Reasons given for not being able to provide expert testimony in court.

Reasons Given for Not Giving Expert Testimony in Court
Duties of CSWDO-[redacted]
No case has been filed
Not available

Full Coverage 24/7 services

The nature of WCPU clients is that they can seek consult anytime of the day and more often in the middle of the night. This is perhaps the basic logic for requiring WCPUs to provide full 24/7 coverage. However, as already presented in the section on personnel, 24/7 service is provided in different forms:

> "Kasi doctor dun on-call. Siguro mas maganda kapag nandoon na talaga sila. Kasi may ibang pasyente, tapos inano lang nya yung referral kasi malayo ang area. Nakauwi sila gabi na. Kaya mas maganda kapag ang doctor, doon lang sya. Kasi habang ini-examine na, may pumapasok na doktora dun, "Yung pasyente mo nag-ganun-ganyan." Pero, tinapos nya..." (Pio Duran PNP)

> "level 2 ba kami?...level 2 pag Tuesdays and Thursdays lang…ang alam namin daily ang social worker…I cannot really say, I'm not going to say we're really functioning as level 2 because we don't have a permanent social worker who is here everyday. And I think if I'm not mistaken, I don't want to use the word, but we meant that the people should be here everyday. But we're only having them on Tuesdays and Thursdays, at least one, we're having them on Tuesdays and Thursdays, ngayon lang kaka start lang I don't know I forgot what month. But we can on around emergencies on an emergency basis any other day." (VSMMC – Staff)

> "Active kami. Functional. Nasa level 1 lang talaga siguro kasi wala naman kaming on-call na psychologist. Kung me mga patients kami na kelangan

nyan DSWD na nagfacilitate nyan. What's available with us, we give to the patients." (Teresita Jaladoni)

Additional Services

When asked about availability of additional services majority of L1 WCPUs surveyed are able to provide case management (62.5%), child development (37.5%), case conferences (50%), and documentation and record keeping using the Child Protection Manual (43.75%). However, only one (1) is able to provide forensic psychiatry, forensic pathology, and livelihood support.

In terms of specialty consult, except for one, most of the units are able to provide OB-GYN, surgery, pathology, and ENT specialty services.

Table 41. Availability of additional services not required for Level 1 WCPUs

Additional Service Components (Not required for Level)	Yes		No		Partly		No		TOTAL
	#	%	#	%	#	%	#	%	
Case Management	10	*62.5*	3	*18.75*	3	18.75	0	0	**16**
Child Development	6	*37.5*	6	*37.5*	1	6.25	3	18.75	**16**
Case Conferences	8	*50*	4	*25*	4	25	0	0	**16**
Rape Kit	5	*31.25*	8	*50*	0	0	3	18.75	**16**
Forensic Psychiatry	1	*6.25*	12	*75*	0	0	3	18.75	**16**
Forensic Pathology	1	*6.25*	10	*62.5*	1	6.25	4	25	**16**
Livelihood/Educational support	2	*12.5*	9	*56.25*	4	25	1	6.25	**16**
Documentation and record keeping using the Child Protection Mana	7	*43.75*	7	*43.75*	2	12.5	0	0	**16**
Specialty Consult									
OB-GYNE	12	*75*	2	*12.5*	1	6.25	1	6.25	**16**
Opthalmology	8	50	3	19	1	6	4	25	**16**
Surgery	11	*68.75*	3	*18.75*	1	6.25	1	6.25	**16**
ENT	11	*68.75*	4	*25*	0	0	1	6.25	**16**
Pathology	10	*62.5*	4	*25*	0	0	2	12.5	**16**

Training Capability

With regards to training capability on 4Rs, seven (7) said they have the capability and nine (9) said they do not have. While residency and sub-specialty trainings are not required for this level, still five have residency training and while four (4) have sub-specialty training. Most of these WCPUs are part of regional or tertiary DOH hospitals.

Table 42. Frequency Distribution of L1 WCPU units training capabilities.

Components	Yes		No		Partly		No Answer		TOTAL
	#	%	#	%	#	%	#	%	
Required Training on 4Rs	7	44	9	56	0	0	0	0	**16**
Not required									
Residency Training	5	31	10	63	1	6	0	0	**16**
Sub Specialty Training	4	25	11	69	0	0	1	0	**16**

Research

In the area of research, only proper documentation is required for level 1 WCPUs and of the 16 included in the study, only six (7) said they are doing proper documentation and three (3) said they are only partly doing documentation. In terms of non-required research activities, three of the WCPUs said they conduct empirical investigation and but have not yet published any article related to VAWC.

Table 43. Distribution of L1 WCPUs with research activities

Research Components	Yes		No		Partly		No Answer		TOTAL
	#	%	#	%	#	%	#	%	
Requried									
a. Proper documentation of experiences	7	44	4	25	3	19	2	13	**16**
Not Required									
b. Conducts imperical investigations on women and child protection	3	19	9	56	2	13	2	13	**16**
c. Publication of research studies in reputable journals and/or presentation in specific conferences or meetings.	0	0	14	88	0	0	2	13	**16**

System of Monitoring Cases

In the context of monitoring of cases, only 6 or 38% reported doing house visits while half (50%) do case conference, consult with partner/referral agencies, and submit data to concerned agencies.

Table 44. Distribution of L1 WCPUs with System of Monitoring Cases

Components	Yes		No		Partly		No Answer		TOTAL
	#	%	#	%	$	%	#	%	
Home Visits	6	38	9	56	0	0	1	6	**16**
Case Conferences	8	50	5	31	2	13	1	6	**16**
Consultation with partner/referral agencies	8	50	5	31	2	13	1	6	**16**
Data are submitted to concerned agencies	8	50	6	38	0	0	2	13	**16**

Feedback Mechanism

Of the 16 Level 1 WCPUs, only three (3) said they have mechanism for getting feedback from patients and other partners as shown in

Table 45.

Table 45. Distribution of WCPUs with Feedback Mechanism

Feedback Mechanism	Response			
	Yes	No	Partly	NA
There is a mechanism for getting a feedback from patients and other partners.	5 (31%)	7 (44%)	3 19%)	1 (6%)

Level of Care Delivered by Level 2 WCPUs

Required Personnel

In terms of presence of required staff, of the 41 L2 WCPUs, 32 or 94% have a trained physician and 33 or 97% with registered social work. However, only 20 or 59% have a trained officer, four (4) with part time police officer. While trained mental health professional and nurses are not required for L2 WCPU, nevertheless, seven (7) have trained mental health professional and 11 (29.27%) with a registered nurse.

Table 46. Distribution of L2 WCPUs according to required staff.

Personnel	Yes		No		Partly		No Answer		TOTAL
	#	%	#	%	#	%	#	%	
1. Trained physician	32	94	2	6					**34**
2. Trained and registered social worker	33	97	1	3					**34**
3. Trained police officer	20	59	10	29	4	20	0	0	**34**
4. With full-time coverage of duties	18	53	8	24	5	15	3	9	**34**
5. A registered nurse	11	32	18	53	4	36	1	9	**34**
6. Trained Mental Health Professional	7	21	23	68	2	29	2	29	**34**

Actual experiences of clients with regard to L2 WCPU personnel

As presented above, more than 90% of Level 2 WCPUs have the required trained physician and registered social worker while only 56% with trained police officer. However, just like with Level 1 WCPUs, clients have varied experience in terms of WCPU staff.

> "Walang doctor na assigned for WCPU. So kung sino ang doctor na on duty today, siya din ang sa WCPU. The following day pag-off siya, hindi talaga mabibigay agad yung supporting documents for the filing of case." (Mayor Hillarion ARS-RTTH - Referring Agency PNP)

> "Kulang sa tao talaga, basically naka central based ako yung mga sinserve ko na clients, more on residential. Pati community sineserve ko." (Angeles_Psych)

The situation is most especially true to municipal health officers (MHOs) who are also functioning as WCPU coordinators.

> "Walang permanent staff sa unit. Additional duty ko ito as municipal health officer." (LGU Tarangnan Coordinator)

> "We are on a three man show. My work, the social worker and the police. As to staffing, our nurse refused to be involved here because according to her it is an additional task. So as to staffing I am doctor and my colleagues

> and the MDT told me it is a three man show." (Cebu - WCPU - San Francisco LGU - Director – MHO)

The problem of availability of required staff is more pronounced for trained social workers, police officers, and psychologists.

> "Well sa staff wala kasing permanent ang CPU although matagal na din nirerequest sana may permanent pero hindi ko alam kung anong reason siguro hindi pa nila nakikita yung need na may sariling social worker. So ngayon po ako hinihiram lang sa medical social service. Hiwalay po kasi sya eto OPD e. Meron pa akong hawak na iba." (PCMC Social Worker)

> "It's under staff especially with regards to psychology aspect because i am who is handling the children, there is a new psychologist but she is still has to undergo training, there is another one who sees the battered women but she's actually full time in the hospital and she's only detailed here. We don"t have full time social worker assigned here so that's one of the problems even before pa." (VCMMC_psych)

The issue of having the required minimum is also comfounded by the either retirement, resignation or reassignment of staff.

> "Yun lang nga ang nagiging problema namin. Kasi ngayon yung CPU doctor namin nag abroad na sya…so kung minsan yung mga maseselan na parte na...maseselan na cases, ineendorse parin namin sa Diosdado Macapagal, hospital…ang pinaka problema namin ngayon yung magpapatrain ng CPU doctor." (Romana Pangan DH - Staff - Social Worker)

Minimum Medical and Social Services

Medical Services

In terms of medical services, almost all of L2 WCPUs in the study provide medico legal examination and acute medical treatment. The rest of the medical services are being provided by most of units except for 'Rape Kit' which is only available in 8 or 19% of L2 WCPUs and this is significant since sexual assault is the major reason for referral to WCPUs. The rest of data on medical services available is shown in Table 47

Table 47. Distribution of Level 2 WCPUs with Minimum Required Medical Services

Medical Service Component	Yes		N0		Partly		No Answer		TOTAL
	#	%	#	%	#	%	#	%	
Medico Legal Examination	30	88	0	0	2	6	2	6	**34**
Acute medical treatment	30	88	1	3	1	3	2	6	**34**
Monitoring and follow-up	20	59	6	18	6	18	2	6	**34**
Rape Kit	8	19	20	59	3	9	4	12	**34**
Surgical Intervention	22	65	6	18	1	3	5	15	**34**
Full Coverage 24/7	18	53	11	32	3	9	2	6	**34**

Social Work Intervention

In the area of required social intervention, safety and risk assessment is available in 30 or 88% of Level 2 WCPUs 8 in the study while coordination with other disciplines is being done by 30 or 88%. However, in terms of case management and case conference, only 56% and 53% are doing so respectively.

Table 48. Distribution of Level 2 WCPUs with Minimum Required Social Services

Social Work Intervention	Yes		N0		Partly		No Answer		TOTAL
	#	%	#	%	#	%	#	%	
Safety and risk assessment	30	88	1	3	0	0	3	9	**34**
Coordination with other disciplines	30	88	**0**	0	1	3	3	9	**34**
Case Management	19	56	6	18	5	15	4	12	**34**
Case Conferences	18	53	7	21	6	18	3	9	**34**

Full Coverage 24/7

As mentioned in the discussion of Level 1 WCPUs on the same issue, units are expected to be able to provide full 24/7 coverage of services because of the very nature of cases being referred. However, declaring that a unit provides 24/7 coverage of services is much easier said than done. One major requirement for 24/7 coverage is availability of staff, sadly, this is something that the WCPUs do not have the luxury of having and this is expressed during the key informant interview as shown by the citations below:

> "Organized naman siya. Fully functional naman siya except for the manpower kasi ang idea talaga ng WCPU is 24/7 with manpower sana. Pero functional siya in the sense na bukas ito 24/7, itong unit, pero ang manpower, hindi talaga ho siya equipped." Baguio Gen_Staff
>
> "Minsan nag-aantay kasi wala si Dra dito. Maayos naman ang pagaasikaso. Napapadali ang resulta, pagkuha ng result pag nandiyan si Dra." (Catarman PNP)
>
> "Ano, mabilis sila. Kasi binibigyan ng priority. Inaattend agad. Hindi na pinapabalik. Except yung mga anon a cases, pag wala yung psychiatrist kasi scheduled lang. Pero pag yung physician andun lang, Inaattend kaagad nila. Hindi nagtatagal. Minsan 1 day, minsan half day." (Dr Jose RMH - Referring Agency CSWDO)
>
> Kami sa ER naman kami dumidiretso. Minsan talaga yung result mo, matagal talaga. Depende, minsan 1 week, minsan inaabot ng 2 weeks kasi wala yung doctor na nakapag-check up wala doon, on leave tapos one time yung rape case ko na Saturday nangyari, Saturday night kami nagpamedical. (Dr Jose RMH - Referring Agency)
>
> "Sabi ko nga operational naman siya. May mga kulang, kulang sa staff may gusto rin kami kasing gawin." (Dagupan RSW)
>
> Parang hindi siya ganoon ka-functional. In the sense that, walang manning personnel kung baga on call kaming tatlo. There is no one in the office to man, na tatanggap talga at all times ng clients. Kung baga yung main building, yung main office hindi talaga sya functional kasi walang tao. Nag open lang siya when we have clients. Walang maintaining support kami from the provincial government." (ESPH PNP)
>
> *there is no one stop shop since the physical set up of the unit is not yet completed. The patient is brought to the individual offices of the team for examination and interview." (LGU Cawayan Staff Nurse)
>
> "Actually sa ngayon medyo ano. Before medyo okey ang team up namin. Yun nga si [redacted] nag-train din kasi sa UP. Nag-training siya kasama ko, medyo maganda yung teamwork. Kaya lang lately nagkasakit si [redacted]

[redacted] at ngayon she is ready to retire and she applied for early retirement kaya medyo nahihirapan ako. And at the same time nahirapan pa din ako kasi pabago-bago ang in-charge sa PNP. Nagrorotate ang member. Last year iba ang humahawak sa Child Protection tapos ngayon iba nanaman ang humahawak. Walang continuity ang program naming." (Oas MHO)

"So far ngayon, yung WCPU unit naman naming is working. Ang problema talaga namin is kulang talaga sa, hindi nadedisseminate dun sa, kasi mabilis ang turn over ng employees naming e. so yung na-orient biglang nalilipat, dun lang kami nahihirapan." (Paulino JG Chief)

"Sa ngayon, functional din siya. So, katulad pa rin ng dati pero may mga kulang pa. Parang naiisip namin na ipapattern namin doon sa CPU sa Manila yung One-stop Shop. Nagagawa na namin yung ibang ano kasi pagkagaling sa Social Worker, may Psychologist at kung kailangan na may Psychiatrist. Parang may kulang pa sa staff. Sa tingin ko hindi pa kaya ng LGU na mag-hire kami ng Psychologist at Psychiatrist." (Tiwi RSW)

Additional Services

One major expectation from WCPUs is being able to provide expert testimony in court and based on survey result about 24 or 71% of Level 2 WCPUs are able to provide the service. However, only 18 or 53% of them conduct peer review of cases. WCPUs are required to utilize the Child Protection Management Information System (CPMIS), unfortunately, only 17 or 50% reported doing so. The later can perhaps explain the difficulty in getting accurate data on cases handled, for example. Networking with other disciplines is only done by 74% but at least eight (24%) are able to provide livelihood or educational support to clients as shown in Table 49.

Table 49. Distribution of Level 2 WCPUs according to availability of additional services.

Additional Services	Yes		No		Partly		No Answer		TOTAL
	#	%	#	%	#	%	#	%	
1. Expert Testimony in Court, Documentation and Record Keeping	24	71	4	12	1	3	5	15	**34**
2. Documentation and record keeping using the CPMIS	17	50	12	35	2	6	3	9	**34**
3. Peer review of cases	18	53	7	21	7	21	2	6	**34**
4. Networks with other disciplines and agencies	25	74	2	6	3	9	4	12	**34**
5. Livelihood/Educational support	8	24	17	50	3	9	6	18	**34**

Availability of Specialty Consultation

Overall, less than half of the L2 WCPUs provide specialty consultation with OB-GYN as most common available in 38% of the units, ENT and Surgery in 35%, with ophthalmology and pathology available in only 32% and 29% of the units respectively. In terms of child development, it is only available in three units and forensic and psychiatry and pathology in only one unit (for details please see Table 49**Error! Reference source not found.**). The low n umber of WCPUs with additional services is perhaps due to the fact that significant number of L2 WCPUs are under LGU hospitals and municipal or city health units.

Table 50. Distribution of Level 2 WCPUs according to availability of specialty services

Specialty Consultation	Yes		No		Partly		No Answer		TOTAL
	#	%	#	%	%	%	#	%	
ENT	12	35	3	9	26	76	10	29	**34**
OB-GYNE	13	38	3	9	24	71	10	29	**34**
Surgery	12	35	3	9	26	76	10	29	**34**
Ophthalmology	11	32	12	35	2	6	9	26	**34**
Pathology	10	29	4	12	26	76	11	32	**34**
Child Development	3	9	18	53	4	12	9	26	**34**
Forensic Pathology	1	3	2	6	26	76	22	65	**34**
Forensic Psychiatry	1	3	2	6	26	76	22	65	**34**

Training Capability

In terms of training capability, only eight (8) L2 WCPUs have training on 4Rs and only five (5) with residency training. All five WCPUs with residency training are DOH hospitals and two have available sub-specialty training (see Table 51**Error! Reference source not found.**).

Table 51. Distribution of Level 2 WCPUs with training in 4Rs, residency training, and Sub-Specialty training.

Training Components	Yes		No		Partly		No Answer		TOTAL
	#	%	#	%	#	%	#	%	
Required									
Training on 4Rs	8	24	19	56	1	3	6	0	**34**
Residency Training	5	15	22	65	3	9	4	0	**34**
Not required									
Sub Specialty Training	2	6	25	74	2	6	5	0	**34**

Research Activities

Proper documentation of experiences is considered a basic research activity for all WCPUs irrespective of level, however, only 17 or 50% of L2 WCPUs are doing proper documentation, one (1) reported partial documentation, 12 or 35% not at all, and four gave no answer. There are two non-required research activities and for conduct of empirical investigations on women and child protection work, at least 10 or 29% reported doing so (one research was done by Mariano Marcos Memorial Hospital and Medical Center and titled Epidemiology of Adolescent Sexual Abuse Cases in MMMHMC), and only two (2) reported publishing studies in reputable journals or presented in conferences or meeting although there was no mention of title of researches or where they were published.

Table 52. Distribution of Level 2 WCPUs with different research activities.

Research Components	Yes		No		Partly		No Answer		TOTAL
	#	%	#	%	#	%	#	%	
a. Proper documentation of experiences	17	50	12	35	1	3	4	12	**34**
b. Conducts imperical investigations on women and child protection	10	29	19	56	0	0	5	15	**34**
c. Publication of research studies in reputable journals and/or presentation in specific conferences or meetings	2	6	27	79	2	6	3	9	**34**

System of Monitoring and Mechanism forFeedback

Overall, the system of monitoring cases is mostly through consultation with referring agencies (68%), followed by sharing or submission of data to concerned agencies (65%), and case conferences (53%). Home visits, while not a required activity, is done by at least 11 (32%) of Level 2 WCPUs (see

Table 53 for details).

Table 53. Distribution of Level 2 WCPUs with system of monitoring and mechanism for feedback.

Monitoring Components	Yes		No		Partly		No Answer		TOTAL
	#	%	#	%	$	%	#	%	
Home Visits	11	32	15	44	5	15	3	9	**34**
Case Conferences	18	53	7	21	6	18	3	9	**34**
Consultation with partner/referral agencies	23	68	4	12	4	12	3	9	**34**
Data are submitted to concerned agencies	22	65	6	18	3	9	3	9	**34**

Level of Care Delivered by Level 3 WCPU (PGH-CPU)

Philippine General Hospital – CPU (PGH-CPU) is the only designated Level 3 WCPU in the country. As a Level 3 unit, it has all the required personnel as shown in Table 54.

Required Personnel

Table 54. Availability of Required Personnel in PGH-CPU

Required Personnel	Yes
Trained physician (Six (6) week Child Protection Specialist	Yes
Trained and registered social worker (Four (4) week Child Protection	Yes
Trained police officer (Four (4) week Child Protection Specialis	Yes
A registered nurse	Yes
Trained Mental Health Professional	Yes

Minimum Medical and Social Services

Medical Services

In terms of medical services, all of the required services for a Level 3 WCPU is available in PGH-CPU and while the CPU maintains an 8am - 5pm office hours, services are available 24/7 through the Philippine General Hospital.

Table 55. Availability of Minimum Required Medical Services in PGH-CPU

INDICATORS	Availability	Remarks
Medical Services		
Medico Legal Examination	Yes	
Acute Medical Treatment	Yes	c/o PGH
Monitoring and follow-up	Yes	
Rape Kit	Yes	
Surgical Intervention	Yes	
Full Coverage 24/7	Yes	Office is 8-5 but services is 24/7 c/o PGH

Social Work Intervention

In the area of required social interventions, all services are available or being provided by PGH-CPU as shown in Table 65.

Table 56. Availability of Minimum Required Social Services in PGH-CPU

INDICATORS	Availability
Social Work Intervention	
Safety and Risk Assessment	Yes
Coordination with other disciplines (DSW, DSWD, SWDO, Police, Legal, NGOs)	Yes
Case Management	Yes
Case Conferences	Yes

Additional Services

As shown in Table 57, all additional services like expert testimony in court, etc., are all provided by PGH-CPU.

Table 57. Availability of Additional Services in PGH-CPU.

INDICATORS	Availability	Remarks
ADDITIONAL SERVICES		
Expert Testimony in Court, Documentation and Record Keeping	Yes	
Peer Review Cases	Yes	
Documentation and record keeping using the Child Protection Management Information System (CPMIS)	Yes	
Networks with other Disciplines and Agencies	Yes	c/o Admin (CPU Net)
Livelihood/Educational Support	Yes	

Availability of Specialty Consultation

All specialty consultations are provided by PGH-CPU through the various clinical departments of the Philippine General Hospital.

Table 58. Availability of Specialty Services in PGH=-CPN.

INDICATORS	Available	Remark
Availability of Specialty Consultation:		
o ENT	Yes	c/o Philippine General Hospital
o Ophthalmology		
o Surgery		
o OB-GYNE		
o Pathology		
o Child Development		
o Forensic Psychiatry		
o Forensic Pathology		

Training Capability

PGH-CPU is not only able to provide training in 4Rs but is also involved in the implementation of a pediatric sub-specialty residency training in ambulatory care (Table 60).

Table 59. Training Capability of PGH-CPU.

Training Components	Available
Training on 4Rs	Yes
Residency Training	Yes
Sub Specialty Training	Yes

Research Activities

PGH-CPU practices proper documentation of experiences and one of the active users of CPMIS, and also active and in fact the only active WCPU in the area of publication of major investigations involving women and children.

Table 60. Research Activities of PGH-CPU.

Components	Availability
RESEARCH	
Required	
Proper Documentation of Experiences	Yes
Conducts empirical investigations on Women and Child Protection work.	Yes
Publication of research studies in reputable journals and/or presentation in specific conferences or meetings.	Yes

System of Monitoring and Mechanism forFeedback

Overall, the system of monitoring of cases is actively practiced by the staff of PGH-CPU.

Table 61. Availability of System of Monitoring of Cases in PGH-CPU.

INDICATORS	Availability
System of Monitoring Cases	
There is a System of Monitoring Cases through:	
Consultation with Partner/Referral Agencies	Yes
Data are submitted to concerned agencies.	Yes
Case Conferences	Yes
Home Visits	Yes
Feedback Mechanism	
There is a mechanism for getting a feedback from patients and other partners.	Yes

WCPUs Self-Assessment of Functionality

To supplement assessment of functionality of WCPUs according to AO 2013-0011, the evaluation team also interviewed the coordinators to get their own assessment of their respective WCPUs functionality. This section is divided into two parts, first part contains answers from those who said that their units are functioning according to their assigned level and the second part includes citation from those who said that their units are not functioning according to assigned level.

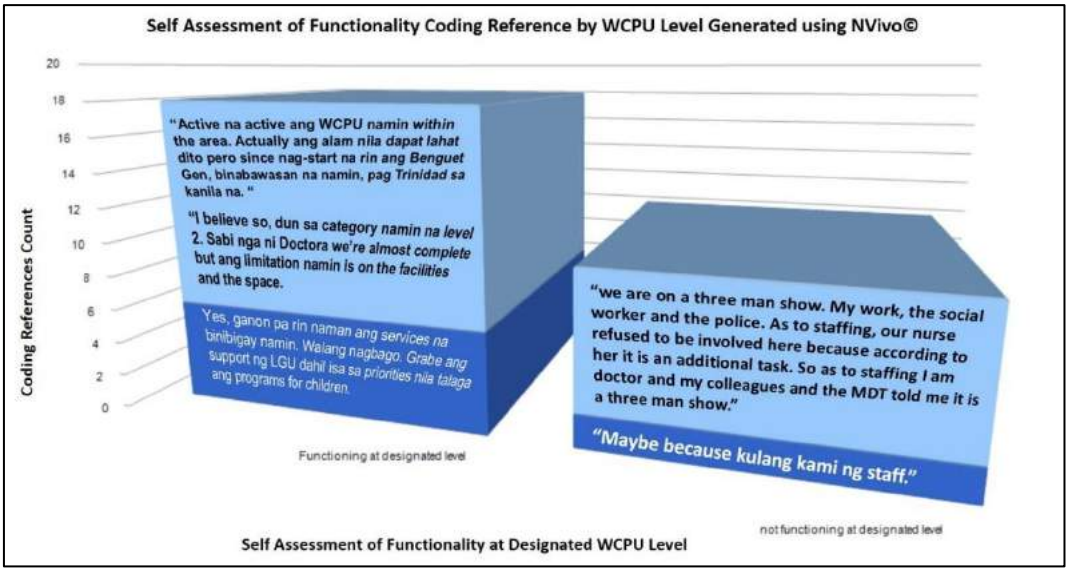


Figure 7. Coding References Count of Self-Assessment of Functionality at Designated WCPU Level Generated by NVivo.

Functioning according to assigned level

Level 1 WCPUs

Four WCPU coordinators said that their units are functioning according to assigned level and essential in ensuring functionality are cooperation and support of hospital leadership and other units (for hospital based WCPU) and local chief executives (for WCPUs unders LGs) as shown below:

> "Yes." (Dr Paulino JGMMC)

> "Yes, it's going well because of the cooperation of the hospital and the departments." (DRH_WCPUcoord)
>
> "Yes, ganon pa rin naman ang services na binibigay namin. Walang nagbago. Grabe ang support ng LGU dahil isa sa priorities nila talaga ang programs for children." (San Jose - WCPU Coordinator)

One Level WPCU coordinator feel though that his/her unit is even functioning beyond its assigned level because of the type of activities they are doing as shown below:

> "I would consider our WCPU as Level 2, because from the start, it was only me and Lolit, our social worker, who are here at the WCPU. But with all the Departments involved also, but yung kulang sa amin po, we don't have a police here in our unit. We don't have specialty trainings like the one in PGH, wala ho kaming adolescent pediatrics, wala ho kaming forensic pathology, so may mga kulang po. So I would consider it parang level 2." (Western Visayas_WCPU Coordinator)

Level 2 WCPUs

Level 2 WCPU coordinators also believed that they are functioning according to assigned level although they differ in their explanation. Some WCPUs believed that they are functioning according assigned level because of the staff compliment as shown by the following quotes:

> "Kumpleto naman kami may nurse, may social worker meron kaming psychologist-psychiatrist." (*Batac Coordinator*)
>
> "Yes, kami lang tatlo. Yung Pulis, MSWD at ako. Ako yung gumagawa ng reports. Yung interview, isang interviewhan lang, tatlo kami. Iyon talaga ang pinaka emphasis, na hindi paulit ulit ang pagtanong sa pasyente." (*LGU Libagon Coordinator*)
>
> "Kumpleto naman kami may nurse, may social worker meron kaming psychologist-psychiatrist."
>
> "Yun lang wala kaming ma-permanent na psychiatrist. I hope our psychologist, kasi permanent naman ang item nya, will stay. Noong wala kaming ganyan we refer our patients to the social worker of their municipality for counselling. Or sometimes sa st. francis, NGO yun, yung madre nirerefer ko sa kanya, na-cater nila yun. Yung laboratory, free and medicines if needed, shouldered ng hospital." (*Veterans RH Coordinator*)

Some WCPU coordinators on the other hand believed that they are functioning as L2 WCPUs because of the activities and services they are providing to wit:

> "Active na active ang WCPU namin within the area. Actually ang alam nila dapat lahat dito pero since nag-start na rin ang Benguet Gen, binabawasan na namin, pag Trinidad sa kanila na. Kung titignan mo isang community kami. Noon noong wala pa ang Benguet Gen tintanggap namin, meron na sila so nirereduce na rin namin. Ang WCPU is part ng residency training ng OB at same with Pedia. Kaya marami na rin kaming na-train. Marami ng consultant sa kanila, ngayon sila na heads ng mga hospital outside Baguio, dito sa Cordillera. Kaya kung nakita na nila doon hindi na nila nare-refer." (Baguio Gen H Coordinator)
>
> "We still consider it (WCPU) as a baby project. Kasi pag provincial, that would cover 13 municipalities, and we are just strengthening one first which is La Trinidad. Anyway, in coordination with CAPIN, we are also trying to reach out to other doctors of different municipalities. Nagte-train

kami sa kanila, and showing the importance of WCPU. Kasi na-establish na nung 2009 ang WCPU ng Benguet Gen, we only have to improve. Like pati yung documentation namin, how we could keep the files, keep track, follow up the patients. So for the past two years, kahit papano, we're doing it. So little by little, I hope and I pray, na yung 13 municipalities, will have their own WCPU na rin. Pero for now, we're doing well." (*Benguet GH - WCPU Coordinator*)

"Yes, we are more on process of medicolegal certificate, we examine patients, kung may psychological assessment, meron kaming psychologist. Sa social worker we refer them, Yung sa social worker namin just interview if there's any risk then we refer to DSWD to the social worker dun sa lugar nila." (BOHOL)

"Yes, na extend ang structure operation is departmentalized and we have organized structure and functions, training and orientation. Basically we met the the requirements in terms of manpower, structure, and facilities." (EVRMC_Coordinator)

"Oo naman." (Mayor Hillarion ARS-RTTH - Coordinator OB)

"Nagpa-function talaga." (Mayor Hillarion ARS-RTTH – Coordinator)

"Yes. It is really the NGO Plan Philippines who exerted an effort here. Plan Philippines tied up with the Local Government Unit but before the establishment of the unit, they first gathered data from all the 42 barangays related to abuse cases. There are different types of abuses, right?" (Oras - Coordinator MSWDO) [*NOTE: Translated from Waray*]

"I believe so, dun sa category namin na level 2. Sabi nga ni Doctora we're almost complete but ang limitation namin is on the facilities and the space." (QCGH - WCPU Coordinator)

"Kami pa ang nagpa-facilitate…yes services." (San Ricardo LGU - Coordinator - Social Worker)

"Oo naman. May referral from LGU, DSWD, to and from." (Veterans RH Coordinator)

"Noong nagpunta sina Dr Madrid, sabi nila Level III (according to Dr Madrid), kaya pwede maging training. Sinabihan kami ng WCPU na gawin nating standardized, so tinigil namin, maguumpisa daw kami this year pero wala pang order. Iyong regarding training nga nakausap ko si Dr. Madrid, sabi wag muna sa January na lang." (Baguio Gen H Coordinator)

"Kung level 3, kasi nagcoconduct na kami ng research. Kung ibabase natin sa trabaho ng PGH, malayo pa kami."

"Meron kaming on-going study na ginagawa ng psychologist." (Batac Coor)

"Yes, I admit na nagagawa naman namin. Yung wala namin na tao,, nire-refer namin. Meron namang psychiatrist, nire-refer namin. Tapos psychologists at NGO." (BRTTH - WCPU – Coordinator)

"Ano kasi part naman kasi sa OB, part na yung sexual abuse, daladala nay un lahat." (Mayor Hillarion ARS-RTTH – Coordinator)

"Nagpa-function talaga. Inuuna namin ang WCPU cases. Kami dalawa. Kung sino sa amin ang nandito. Kasi on-call siya. Tapos kung off siya at

> on-call, ako. Meron din kaming taga-OB yung resident. Sa pedia, ako lang. Ako lang ang nasa OPD nasa wards lang ang pedia residents. Pero kung Saturday, Sunday, and holidays yung ROD ang titingin. Tapos, i-ano nila dito Monday." (Mayor Hillarion ARS-RTTH - Coordinator Pedia)
>
> "I think we are functioning naman sa level 2 kasi the patients naman, na-pro-providan ng appropriate management and then may police din kami so yung mga cases namin, they are processed by the police and so far, since even before the official establishment of this WCPU, when there are court calls, meron din naman nagre-respond for interpretation of results, medical findings so as representative we also function as level 2." (WCPU Coordinator - EVRMC OB)

Other WCPU coordinators believe that they are functioning because of the protocol that they are following vis a vis responding to VAWC referrals.

> "Yes, according to the WCPU protocol. Ang ginagamit na form yong dati pa sa trauma. Nakalogbook.Dumating kasi yong computer from CPU last month lang. Yong IT namin ang nagset -up, binigyan lang kami ng program. Ang ginagawa ko kung may rape case, eexaminin ko sasamahan ako ng nurse namin." (*Adella Serra Ty Memorial Hospital Coordinator*)
>
> "I think, yes. I didn't know that (WCPU Levels). Basta we have, for example victim walked in, may protocol. At saka meron talaga kaming fina-follow na algorithm kung ano dapat ang gawin. And we have that big tarp ata dun (center)." (*Kalibo_Rafael Tumbokon_WCPU Coordinator*)
>
> "Functional kami, we examine our patients like sa OPD kung saan nila ako maabutan. Pagpunta ko dito (after the training), gustuhin ko man maging ganoon ang approach sa patient saka gusto ko man i-establish yung secrecy, hindi magawa dito e. kasi walang unit na maganda." (*Masbate PH Coordinator*)

Not functioning according to assigned WCPU Level

Level 1 WCPUs

Majority of Level 1 WCPU coordinators who said that they are not functioning gave as reason respective their WCPU's inability to fulfill minimum staff requirements as mandated by AO 2013-0011.

> "Maybe because kulang kami ng staff." (Palawan Provincial Hospital Coordinator)
>
> "Before we are Level II since we have the social worker. Now I think Level I because we have one social worker." (VSMMC – Coordinator)
>
> "Now, I think Level I because we have one social worker. But hopefully if the two social worker will be in place this July 13, hopefully, we'll be on Level II. We're aiming for Level II because we negotiate the PGH-CPU that you can be a training center. So that is why I am working also to have a police officer here. Because 2003 to 2007, it was really, everything was in place. There's the police woman, there's social worker. Everything was in place but now I'm still having difficult time. I'm just still adjusting because I just came back last September (2014)." (VSMMC – Coordinator)
>
> "Wala po kaming lawyer dito. That's one big problem. Nobody to consult legally. So I ask my friends na judges for legal consult. One time, the

> police inspector asked me if they can detail a police here. They would train one police woman for ano, but I told her, baka ho wala ho siyang gagawin basically dito. Kasi we had a talk with the Social Worker sa Aklan, na yung police woman duon, was overlapping of function sa police na from dun sa municipality." (Western Visayas_WCPU Coordinator)

Although one coordinator said they are non functional because the unit is not able to provide patients from walk-in patients.

> "Sa ngayon ang nangyayari we have referrals from the different departments here in the ER or in the wards, na nagsasabi sila na mayroon kaming probable na sexual abuse. Kaya iyon pa lang ang nakikita naming yung patients. Yung mga walk ins hindi pa namin na-screen." (*Corazon Montelibano Coordinator*)

Level 2 WCPUs

As with coordinators of Level 1 WCPU, Level 2 WCPU coordinators also consider their respective units as not functioning according to assigned level for the following reasons:

Staff compliment

> "Current composition, not satisfied. Sayang yong mga patient. I ask legal advice regarding these matter, willing naman yong lawyer to assist the clients for free." *(Adella Serra Ty Memorial Hospital Coordinator)*
>
> "Walang permanent staff sa unit. Additional duty ko ito as municipal health officer." (*LGU Tarangnan Coordinator*)
>
> "Kung sa time, no. Kasi hati ang time sa hospital at saka dito. So ang arrangement namin, kapag duty ako at available ako, dun lang ako titingin ng pasyente. In case na talagang busy ako talaga, pwede naman ang mga doctor dyan. Pero ini-intake ko pa rin yun. Ang ina-ano ko lang, dun sa medical exam lang. Kasi minsan, bumabalik din naman ang pasyente, dun ko siya ini-intake. So alam ko yung mga cases din nila, except na ang nag-e-examine ay iba-ibang doctor." (*Antique_Angel Salazar_WCPU Coordinator*)
>
> "We are on a three-man show. My work, the social worker and the police. As to staffing, our nurse refused to be involved here because according to her it is an additional task. So as to staffing I am doctor and my colleagues and the MDT told me it is a three man show." (*Cebu - WCPU - San Francisco LGU - Director – MHO*)

Equipment and Facilities

> "(From the scale of 1 to 10) Para sakin mas mababa pa nga, 4 una sa lahat gusto naming yung sa room para me privacy. Dapat me privacy un na iinterview namin eh nakakikigamit lang kmi sa breastfeeding. Yung team nga naming wala kaming coordination. Parang watak. Ang gusto rin nga namin me psychiatrist. pra sa mga bullied children. Sana mutulungan kami para maging functional. Tapos kasi po yung mga report naming nawawalan kami ng documentation." *(Bacnotan DH Coordinator)*

Services / Activities

At least two coordinators admit that they are not functioning as designated because they are either "Dormant." (Bulacan MC Coordinators) or waiting to be officially designated their WCPU level "Hindi pa dahil waiting pa lang kami" (Koronadal Coordinator).

Facilities and Equipment

Some WCPU coordinators believe that they are not functioning according to assigned level because of problems with required equipment and facilities as cited below:

> "Although hindi pa sya masyadong complete sa equipment, kasi yung droplight nay an, hiniram ko lang yan sa RHU, hinihingi na nga kaagad, balik ko na daw, per functional na kami, kasi mga cases naming ditto, talagang aming hina-handle. MDT approach na pero sa tingin ko hindi pa ito talaga ang pinaka-ideal." (*Tiwi MHO*)

> "Dili mi kumpleto. Gamay ang room, nya gamay ra pod mi ug kaso. Wala mi adtong computer nga information, so handwritten amua diri. Parte sap ag-evaluate sa pasyente, wala man pod mi mga heinous nga kaso. Kana rang acts of lasciviousness." (*We are not complete. We have a small room and we also have few cases. We have no computer information sytem, so we document by hand. In terms of evaluating patients, we do not have heinous crimes. Mostly at of lasciviousness*). (*Pilar Camotes – MHO*)

Perception of Leadership Support

As earlier mentioned, leadership support (either from hospital or LGU leadership) is an important element in sustaining functionality of WCPUs. In this section, we looked at how WCPU staff administrators from different WCPU levels.

Overall, WPCU staff are more positive about the support they are receiving from their respective hospital or LGU leaders. Content analysis revealed high count of positive statements by WCPU staff in all levels. In terms of negative statements about leadership support, only Level 2 staff shared negative comments about leadership support as shown in Figure 8, below.

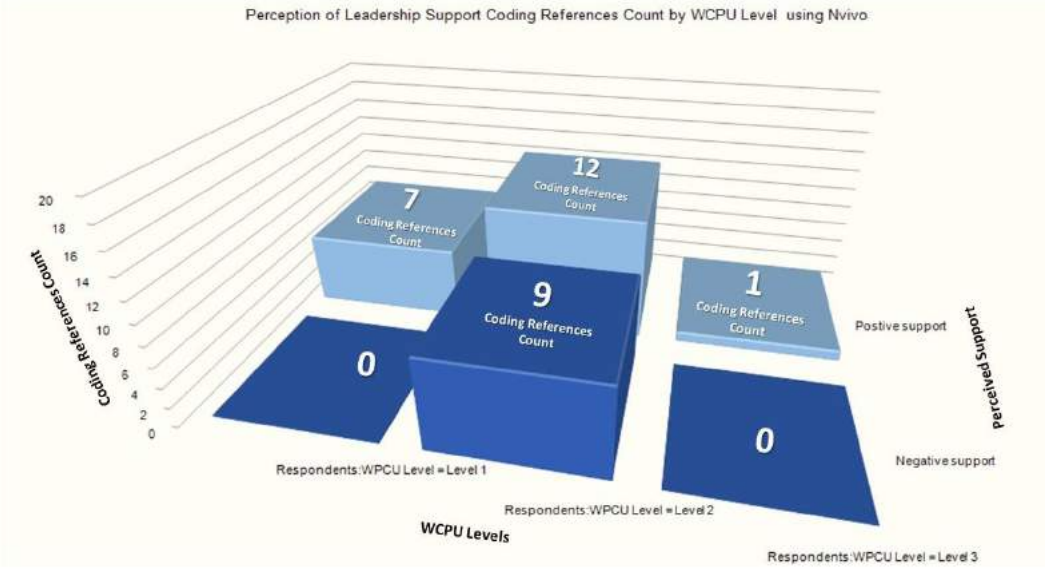


Figure 8. Perception and Expression of Leadership Support Coding References Count by WCPU Level Generated Using Nvivo.

Positive Perception of Leadership Support

Perception of leardership support, be it positive or negative, for both WCPU staff and administrators, irrespective of whether they are from L1, L2 or L3, is **mostly equated to funding and human resource support**, as verbalized below.

Level 1 WCPUs

> "They provide financial support for court appearances. It's only now that we have rotators." DRH_WCPUcoord
>
> "Grabe ang support in terms of the budget. Isa sa mga priorities nila kasi ang programs for children. Talagang pinaglalaanan ng budget." San Jose - WCPU Coordinator
>
> "Ang mga hospitals kasi hindi directly under the provincial health office kasi may isang economic enterprise development department ang capitol where ang mga district hospitals under doon. So doon nanggagaling ang budget; The medical center chief treats the unit as) parang regular na part ng hospital. Na kung may pasyente, i-examine. Tapos kung anong available na laboratory test pinoprovide ng laboratory tapos kung anong kailangan na gamot kinukuha sa pharmacy." Teresita Jalandoni Coordinator
>
> "At present, at least all of our staff already are under the Vicente Sotto plantilla. VSMMC – Coordinator.
>
> "Whatever they ask I give but I don't know what they want. So I got so much things to handle aside from signing voluminous documents; Whatever problems they present to me, andiyan si Dra. [redacted]. If they need 35 thousand, okay, heto 35 thousand." Corazon Montelibano Chief
>
> "Nobody asked me. I have a lot of money. Kung pera-pera lang marami tayo nyan but nobody asks me." DRH Med Dir

Level 2 WCPU

> Ang hirap pag kulang ang funding, kulang ang personnel. Buti nga kung minsan, may ibang mga NGOs who can help us with that. Ang CPU ng hospital to make it work, naki-partner kami with the LGU and CAPIN. Ang CAPIN kahit papano, they have funds to help us also reach out to the community. Kasi ang sa amin ngayon, ayoko lang nung nasa ospital ka. Yung andun ka lang na magme-medical examination. Hanggang dun lang ang work mo. No, I want to reach out. So ako, nag-member ako with CAPIN. So kung ano yung kailangan na training, tina-tap din naman kami to be the resource speaker. **And I'm happy naman na pinapayagan ako ng hospital kahit na mababawasan sila ng isang tao for consultation.** Kahit papano, nari-reach out namin. Hindi madali na makulong ka sa ospital na hindi ka aware sa surroundings mo. So we made it our own initiative to join them. Benguet_BeGH_WCPU Coordinator
>
> Ngayon, I can go diretso kay [redacted]. Previously, kasi wala. We're standing on our own. Previously, ang hirap with our admin, ang hirap. Pati yung getting hold of the OIC Director before, madalas siyang wala. And nagha-hands off siya pag dating sa WCPU. Parang, separate unit kayo under the hospital, do your work. Kung sakaling we needed his help or assistance, parang ang hirap siyang mahabol.

Okay naman. Yung mga programs namin, sinusuportaan kami. Supportive sila. BRTTH - WCPU - Coordinator

Siguro kung ano ang kailangan ng WCPU na maibibigay namin lalo na in terms of logistics, mga supplies, maliliit lang naman yan more than willing kami magbigay as long as may request galing kina mam; Ang isa pa, staffing. Maybe we can give WCPU mga JO to man the unit. ESPH PHO

I am working with a working party for women and family medicine and one of our concerns is gender equity and so we are working on gender based violence as one of the issues affecting women and women's health so maybe it also comes from a personal stake? … but I have been advocating for women's health and empowerment so I believe that women's health will translate a lot into the improvement of health for all. EVRMC Chief

We provide them the laboratories and assistance. (patient). EVRMC_Coordinator

Dr. [redacted] is very supportive sa Child Protection. Since he was the first person approached by Dr. Madrid. They're like friends before. Kaya nga naayos. Lumaki siya (WCPU), walang budget. In anticipation that in the very near future, CPU will be incorporated with the DOOH accreditation. So that's why inanticipate na siya, that's why lumaki. Si [redacted] na yung Chief of Hospital nung inception ng WCPU dito. Kalibo_Rafael Tumbokon_WCPU Coordinator

Okay naman si mayor, yun lang yung tayong mga health workers dapat flexible tayo kasi pag binabangga ang local chief executive, parang madedeprive ka. So yung gagawin na lang, flexible na lang, adjust na lang. ang ano na lang namin talaga is kung ano yung meron, gawan na lang ng paraan. Yung mga mayor iba iba talga ang agenda, hilig nila, pag nakikita nila na mag generate ng income, yun ang bubuhusan nila (ng budget). LGU Tarangnan Coordinator

Madami. Galing sa LGU of course itong financial support para normal itong operation hiton amon WCPU. Kasi kung walang financial support, paano na kami? Like for example, transportation expenses namin in going to Borongan, pagdala namin yung client. Hands on talaga yan si Mayor sa support ng Child Protection kasi meron yan separate budget na nakalaan para sa operation nito. Nandiyan naman yan sa Operation Manual namin na ginawa na ang LGU nag-commit sila na yearly may naka-separate na budget to operationalize nito. Oras - Coordinator MSWDO

Minsan ako (nag-coordinate) but most through the office of the Vice Mayor. We write a letter but with very trivial concerns, I do it. QCGH - WCPU Coordinator

"actually kami talga ang team. The team talaga…kasi kung ano yung other participating agency ..wala kami din hindi din mag tatrabaho. Kailangan talaga na nandun kaming tatlo. Until talaga makikita nila na functional so they will do this…" San Ricardo LGU - Coordinator - Social Worker

Level 3 WCPU

"Administrative and other supports are given by the hospital like facilities, elec. water, food etc. except for salary. We also get support from GAD but no salary included. Also, the board does not request for additional support."

Negative Support

Aside from lack of funding support, perception of negative leadership support is also influenced by the seeming inability to provide for the necessary human resource requirement of the unit.

> "Ginawa ko pero mahirap din kasi mag isa lang ako. Kung wala ang RSW, ako din ang psychologist. Interview, counselling, crisis intervention, wala na rin follow up. The RSW di na nya nafollow up kasi mahirap kausap ang city RSW.Minsan kinakausa ko RSW kung nafollow up. Di daw, no home visit. Wala kasi budget; Regarding manpower, under hospital job order, like ma'am Luchie (RSW)for 15 years. Usually tauma cases. No court hearing for rape cases ever since. No follow up of patients. Usually trauma cases; Current composition, not satisfied. Sayang yong mga patient. I ask legal advice regarding these matter, willing naman yong lawyer to assist the clients for free." Adella Serra Ty Memorial Hospital Coordinator

> "Yun ang problema, kasi nagbigay kami ng proposal nung 2014, at ni-approve naman ng governor na bigyan ng 1M yung budget, para dito, kasi ang plano sana na obligahin ang mga meds na kasama na dun sa budget na mga medicines, may para sa infection, ganyan, at saka yung mga gamit dito, kaya lang hindi na naming alam kung ano na status. Kasi nag-change na naman ngayon, iba na yung governor. So mahirap na mag-follow-up. Pati admin officer ng province, provincial administrator is different na. So parang nahirapan kami mag-trace kung ano na nangyari dun sa 1M na yun." Antique_Angel Salazar_Chief of Clinics

> "Gumawa sila ng policy because of that budget (1M from the provincial office). Wala pa ako nun. Hindi ko pa alam yung mga nangyayari. Tapos, nung pumasok na ako nung June, tinanong ko kung ano nang nangyari sa ganung bagay, hindi daw pinirmahan ni PA. Kinontact ko siya, nung kinausap ko si PA, wala. Hindi talaga nag-move, siguro may mga portion dun na ayaw ni governor; May 1M budget kami from the provincial government. Ginawan namin ng proposal.; Wala din. Actually, nandun yan sa MOA, na role provincial government to give allowances and other support, pero wala." Antique_Angel Salazar_WCPU Coordinator

> "With regards to training, I think they are requesting for training but as of now, we cannot grant it because I think it costs 39,000. And if we will be granting that, they will be slicing our budget for trainings by ½. And we only actually have 100,000 for trainings for the whole year for all the staff. So I told them maybe we can just have a proposal and then have it funded by other funding agencies." Benguet_BeGH_Director

> "Nag-iisip ako na unang-una kung hindi kaya nung NGO na nag-propose niyan, maghahanap ako ng ibang NGO na willing i-support yung operations niya otherwise sasama lang din sa budget namin yan. Kulang pa nga yung budget ng hospital for the operation tapos dagdagan pa ng isang unit. Magiging ano lang siya. Pero kasi kung makilala siya, kung working talaga maganda sana kasi lahat ng anong Bulacan dito na dadalhin." Bulacan MC - Hospital Director

> "Wala. PLAN nga nag provide ng unit nay an e. Sa counterpart sa province hindi ako aware kung mayroon." Masbate PH Coordinator

Problems Encountered as WCPU

During the key informant interview, respondents expressed several problems encountered while running the day to day affairs of their respective WCPUs. Content analysis was done and results

were categorized and encoded using Nvivo. A total of nine (9) categories of problems were generated and coding references count for each was also generated using the matrix query tool of Nvivo. Human resource related problems was the most cited problem (with 19 references count), multiple roles played by WCPU staff generated 15 references count, and problems related to facilities generated the third most number of references count at 10. The rest of coding references counts are shown in Figure 9.

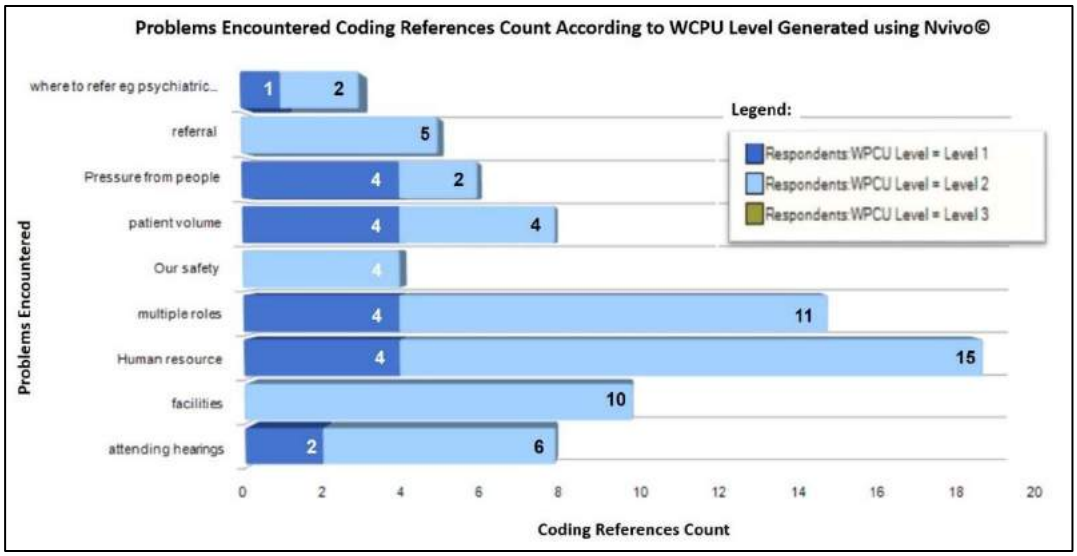


Figure 9. Coding References Count of Problems Encountered by WCPU Level Generated by NVivo.

Human Resource Problems

As mentioned above, human resource is the most cited problem affecting WCPU functionality. Some of the citations are shown below. It should be noted that the human resource problem is more mostly related to unavailability of trained social worker (RSW), psychologist or psychiatrist, and police.

> "Pinakamajor iyong personnel talaga: social worker, forensic nurse, forensic psychiatrist/psychologist." Baguio Gen H Incoming Coor
>
> "Walang staff dito sa WCPU." Liloan_MHO
>
> "Manpower, kasi this is the reality: The social worker assigned is only one. The client comes in, the social worker will interview, process the paper, and then here comes the physician. Also, we have no nurse." WCPU
>
> "WCPU at saka si RSW lang, sana may other social workers to be trained.
>
> "Naisip ko kung makakapag train ng hospital based na social worker yun ang problema kasi hindi hospital based yung mga social worker na kasama namin e." Bulacan MC Coordinators
>
> "Although WCPU is add-on to our usual function, we get full support from the hospital. What we need is formal training of new set of practitioners like doctors, social workers etc." DapitanCoorDir
>
> "Yung kawalan ng support ng government tapos kulang sa gamit. Actually pati man power kulang." Masbate PH Coordinator
>
> Nire-request ko kay Mayor additional SW and psychologist, kasi may nagagawa ang psychologist na hindi nagagawa ng Social Worker. San Jose - WCPU Coordinator

The absence of second-liners is also affecting the continuity of service as expressed by respondents below.

> "As of now, meron siguro, kung minsan, yung on-leave siya (RSW), walang papasok na ano, kinakausap ko sa DSWD na dapat mag-training na ng iba. That's what I think na nagiging problema kung naka-leave siya or wala siya. According to medical social services, if she's not around, they have an alternate." Baguio Gen_Chief of Clinics
>
> "We have problem of reassigning people to WCPU unit. Originally people from OB are the one manning the WCPU but because of the many patients we can't accommodate the abused women and children." Gov Celestino Gallares Memorial Hospital WCPU Director
>
> "kung irerequire na twenty-four hours yan…pwede lang yan na eight to five. Isang doctor, isang nurse…(kung two) pwede sigurong silang on-call kasi hindi naman everyday di ba?. Kaya lang saan naming kukunin iyon? From outside or within the hospital? Siyempre may kanya kanya na kaming mga assignment eh di ba?"
>
> "Better if we can have another staff kasi masyado na silang overworked." Jose B Lingad RH - Hospital Director - Yolanda Dee
>
> "Papalit-palit ng PNP." Oas MHO

The problem of staffing is directly affecting not only the quality but also type of services as cited by respondents below.

> "**Ang reklamo before was, ang tagal dumating ng doktor to examine**. We just explain to them na madami pang ginagawa, mag-oopera pa, nagpapaanak pa, you know, we explain to them the bulk of the work of our residents here." West Visayas_WCPU Coordinator
>
> **Ang problem namin dito social worker, number one na problem pag wala siya (referring to RSW), paralyze na ito**. Actually kahit ano ang sasabihin namin sa social service busy din sila. Pupunta sila magtake interview lang, pero iiwanan nila kasi hawak nila ang ER patients. So kung minsan ang pasyente lalo pag dito kaya pag di dumating agad doktor, umaalis na sila. Actually, we loss patients that way. Baguio Gen H Coordinator
>
> "There was a time na napansin **naman na nagtatagalan ang victim buti kung malalapit iyong iba malalayo**. Kaya there is a time I requested ng permanent staff ang WCPU. Kasi nga iyong iba nagrereklamo kasi ang sasakyan hindi naman kagaya sa Metro Manila na anytime dito wala, 7 o'clock na wala na. Walang maibigay, may mga tanong ni Dra(CHIEF), "Do you think, granting na may 3 shifts or dalawa, iyong 7-3 or 8-5 na shift ilang pasyente ang dadating?", kung meron ka ng 5-12, ilang pasyente ang darating alangan namang tutunga ang social worker doon. So iyon hindi na nila nabigyan." Batac Coor
>
> "Pangalawa, understaffed kami, kasi si [redacted], nagagamit ko rin sya sa MSWD. Nire-request ko kay Mayor additional SW and psychologist, kasi may nagagawa ang psychologist na hindi nagagawa ng Social Worker. Di na kailangang dalhin sa Manila for psychiatric evaluation. Yung ibang problema naman, nasosolusyonan." San Jose - WCPU Coordinator
>
> "Ang problema kasi hindi na ako nagduduty ng 24/7, although they can always call, bago lang na-ano sa nagduduty na doctors, both in pedia and OB na once may mga abuse, especially sexual abuse, anybody na kung

> sino ang abutan i-checheck up nya na hindi na maghintay." Teresita Jalandoni Coordinator
>
> "Yun nga yung pinaka number one lang na ano natin na problem, yung wala tayong trained doctors to handle these cases. Yun talaga siya as of now ha….tsaka yung iba yung yung mga…kasi mas maganda talaga sana diyan is an OB-Gyne. Yun ang ano talaga…para sa akin ha. Romana Pangan DH - Hospital Director
>
> Mga pasyente na di ma-attend on time, kasi me ginagawa pa. Saturday Sunday nahirapan sila especially Saturday, Sunday sakin pa tumatawag. DRH Med Dir
>
> There were complaints, like patients are not seen and delayed...those are the usual complaints others would say because of the much workload of the residents they are not that much friendly anymore to the clients. That's why we have rotations, meetings... DRH_WCPUcoord

Since some of the WCPU staff are nearing retirement age (actually, some have retired already), respondents see the need for recruiting and training new breed of WCPU staff.

> "Kami, malapit na kaming magreretire, mga retirables na, once we suggested that may iba na ipatrain na, Doctor, OB at Pedia tapos si.. wala pang formal training (Nurse) sa…)
>
> "Yun siguro na isa lang siya [redacted]. Other physicians have to attend to the patient nga, hindi sila na-train." Antique_Angel Salazar_Chief of Clinics.
>
> "Manpower. Add on responsibility as physician. Kailangan ng additional trained na staff such as social worker and nurse." EVRMC_Coordinator

Multiple Roles

Very much related to human resource problem discussed above is the problem of WCPU staff playing multiple roles. As verbalized by WCPU coordinators and staff, player multiple roles affect their delivery of services in terms of what to prioritize, as shown below.

> "Number 1 yung function namin, ibat iba…hindi kami naka-focus. Hindi kami naka-concentrate dun."

One MHO even expressed personal that being a WCPU coordinator is just and additional burden, and that as a physician, energy and focus should be on preventive work.

> "Personally, di ko gusto maghandle nito. Kasi small portion lang ito, Yan ang laman ng utak ko ay kailangan ayusin ang preventive. Yan ang laman dapat ng pagiging doktor. Additional lang sa akin Pampabigat lang sa akin. wala talagang unit." Liloan_MHO
>
> "Yung police officer, nawala. Lack of manpower. Napupunta sakin lahat ng load. Ako tumitingin lahat. Hindi compensated especially ang travel to hospital." Bacnotan DH Coord

The next citations illustrate the multiple roles that a WCPU coordinator and staff will have to play as a result of limited number of WCPU persconnel.

> "Bukod siya na ang nagrerecieve ng patient siya na nag-eentertain siya na lahat (referring to the J.O.nurse) Multitasking talaga." Catarman MHO
>
> "Kasi hindi lang kasi WCPU ang trabaho namin. Minsan andoon sa ward, magra-rounds. Tapos doon sa OPD, magkokonsulta. Ang dami kasing

consultations kaya parang overworked na." Mayor Hillarion ARS-RTTH - Coordinator Pedia

"The physician will be **alone there, will do everything including the documentation and after care**. Every time we come here, we arrange the papers and then the social worker **after office hours becomes the social worker of the emergency room**." WCPU Coordinator

"Ang major problem doon sa parte ng MSWDO kasi madaming trabaho ang social worker. Sa aming training, inaano talaga yung home visits. Yun ang hindi niya nagawa, or very few times lang nya nagawa dahil sa dami ng trabaho." LGU Libagon Coordinator

"Walang staff talaga sa unit, **additional duty namin ito**. Yung nangyayari parang kaming dalawa lang (ng policewoman) kasi yung social welfare officer parang sila lang kasi dalawa, busy sila. Kulang sila sa manpower. Pag mayroon naman kaming pinapunta doon, ineentertain naman nila pero yung presence nila hindi namin ma-ano dito." LGU Tarangnan Coordinator

"For the activities, we have no solid structure, if you say na WCPU iyon lang ang gagawin (ng personnel) although we have psychologists, nurses, doctors, like that pero hindi talaga. May work instruction ako pero yung (personnel) na dito lang (wala)." Corazon Montelibano Coordinator

"Kami ni Doktora, ang problem namin, tumitingin lang siya ng 8AM-5PM ng 0-12 years old. Kasi hindi kami kagaya ng iba na up to 18. Sinunod namin sa records na 12. Pag 13 above kami na. there was an agreement na after office hours, ako na ang titingin anyway Child Protection Specialist naman ako. Kaya ang OB, kami pa rin ang tumitingin sa gabi. This time na ISO na kami, kailangan niyang mag-train kasi susunod na kami. So yun na ang problem." Dr Paulino JGMMC

"Sometimes they need the OB, so ang dami kasing patients ng OB pero the other OB can do it so hindi lang naman siya. Pwede naman yung iba." Teresita Jalandoni Chief

"Kung sino lang yung available ang tatawagin naming na mag-aassist sa amin kasi kami lahat iba-ibang function maliban kay [redacted] (Psychologist)." Mayor Hillarion ARS-

Despite all the additional or extra roles, WCPU staff do not receive additional renumeration as expressed below.

"Sa ngayon ang staff, they are already salaried. So may existing na sila na item. So wala nang problema sa staffing kasi yung mga naka-assign dito, katulad ni [redacted], it's an added assignment. Bale wala naman siyang tinatanggap na additional na payment or sahod for her extra work. So it's her voluntary job. She is still doing her usual na hospital work sa pedia. So katulad ngayon, duty pa siya dun. So there is not extra expense on the part on the salaries of our staff." Antique_Angel Salazar_Chief of Clinics

Attending Hearings

The role of WCPU staff in ensuring that perpetrators of violence against women and children get to pay for their crimes cannot be overemphasized. However, the one important WCPU staff role of attending court hearings, is affected by issues like transportation allowance, attitude of

proseccutors, location of court hearings, apprehension in attending court hearings, and even frustration when victims withraw cases agains perpetrators among others. These issues were verbalized by WCPU staff below:

Transportation Expenses and Reimbursements

> "Ang mahirap sa amin, like we're provincial, ang hearing namin, 3 hours away pa. Nagba-byahe pa kami, so nakakasama ng loob pag malalaman mo na bibitawan din yung kaso. Care for the carers nga, kailangan din." *Benguet_BeGH_WCPU Coordinator*
>
> "Ang travel reimbursement 2 months na." Catarman MHO
>
> "Ang problema kasi natin dito because this is medico-legal, dapat may support talaga. Kasi pupunta yung doctor sa court. Ano gagawin mo doon? Di ba may pamasahe. Mayroon…ano talaga yun eh. You have to spend some of your time sa pagpunta." *Romana Pangan DH - Hospital*

Distance or Location of Court Hearings

Distance of court hearings from workplace highlights the need to respond to the first problem of travel allowance and reimbursements.

> "Yung iba, galing sa malayo, mga other provinces. Mahirap talaga kung may kaso. Parang hindi ata makapunta dito. Sasabihin namin sa kanila, hindi 100% na makakapunta kami. Sinasabi naman naming sa patient yun." Mayor Hillarion ARS-RTTH - Coordinator
>
> "Actually we have problems in going to court sometimes kasi if it's out of town, kunyari it's 30 kms away from the hospital, then we need to either take our own car, or ride the bus to go to that court for our court calls. So they said that we can reimburse our transportation expenses but hindi na namin pinapa-reimburse kasi matagal, mahabang paperwork." Western Visayas_WCPU Coordinator

Apprehension in Attending Court Hearings

> "Ang pinakamahirap na problem siguro yung pag ano na ng kaso sa trial court. Iba kasi ang pananaw ng prosecutor. Kasi sa training namin, halimbawa sabi ng bata na "grade 5 ako noon" tapos pag dating sa fiscal sabihin "grade 4 ako noon" hindi na i-accept sa fiscal dito kasi sabi nya kung grade 5 dito dapat grade 5 hanggang ano (referring to consistency of the child's statement). Tapos yung mga dates, particular sya. Pero sinabi ko sa pulis na sabihin sa prosecutor na hindi ganoon pag sa bata. Parang association lang. ayaw i-accept sa prosecutor. May mga kaso na hindi talaga nag prosper." *LGU Libagon Coordinator*
>
> "Ang mga residents naming sa OB, natatakot sila pag court hearing na. pinaparefer back ko sa municipality ng patient. Yung isang resident naming pinapunta ng Ifugao, nagtanong kung paano transportation, provided kami ng hospital ng transportation, ihahatid kami then aantayin at ihahatid pag uwi." *Veterans RH Coordinator*
>
> "Kasi ang ano naman ng DOH is, kasi dito noong nalaman nila na may na-train hindi na nila ginagalaw. Hinihintay na kami kasi ayaw nila mag testify sa court." *Teresita Jalandoni Coordinator*

Ensuring Comfort to Patient and Confidentiality

> "Ang problem kulang sa space. Dahil sa dami ng DOH programs, nabura ang kalahati ng WCPU. Catarman MHO
>
> "Ang office namin dati ang liit-liit sa old building. Noong nagretire ang Chief of Clinics bigla na lang sinabihan na wala na kami doon. Ito ginawa, makeshift na." *Baguio Gen H Coordinator*
>
> "No building, no office provided for the WCPU. No facilities/equipments (previous things were devastated by typhoon Yolanda). No private room for examination." Balangkayan MHODir
>
> "Minsan, nagiinterview ka wala masyadong confidentiality kasi may nakikinig kaya pinapaalis ko sila. Siguro, yung mga forms at gamit namin." Mayor Hillarion ARS-RTTH - Coordinator OB
>
> "Pangalawa, wala pa kaming building so far. Actually ito nga nag-purchase ako ng ganyan (points to the examination table). Kasi hindi namin kaya yung sa PGH na may TV so iyan lang ang ginagamit namin. Kaya ang nangyayari dito nalang kami nag-iinterview kasama yung PNP dito sa office ko. Tapos after that, dito ko na rin ini-examine." Oas MHO (Dr. Marie Jane Revereza

Documentation, Recording, and Access

Some WCPU staff expressed the need for basic things like computer, internet connection, and even specimen container to facilitate their documentation, recording, and reporting of cases they are handling.

> "Dun sa recording. Wala pa kasi kamin computer so yung mga history taking, nasa papel lang. Mas maganda sana kung lahat nan a-acquire na information, naa-ano din sa computer. Tapos isahan na lang-isang click lang tapos lalo nap ag may mga kaso kami, nakukuha namin agad ang information. Tapos, wala kaming camera. Yung camera sana ma-provide na kasi nagrequest naman kami. Tapos yung recorder." BRTTH - WCPU - Coordinator
>
> "Computer. Wont it be asking too much if pati aircon isama na din? Ang init ng lugar. Air conditioning, computer for the records, of course yung mga tables, chairs na kailangan. Pero kasi kung talagang **gusto nating kumpleto record keeping number one talaga**." Bulacan MC Coordinators
>
> "Internet, staffing." James Gordon_Coordinator
>
> "Yung common problems namin is like, in the middle of the night, yung medical records namin closed. Office hours lang yun. Kung inquest, eto bago lang, yung a month ago, dapat yung na continuous na, for example may victim na na-abuse, yung pulis dapat continuous. 24/7 na kasi ang piskalya. Gagawa ng report. So ako, sa akin talaga sila masta-stuck up kasi wala ako eh. **Ma-PE ko man siya, wala akong magagawa kasi sarado yung medical records**. Hindi naman ako pwedeng gumawa lang kung saan na computer kasi yung official na kung saan ako gagawa, nasa medical records. Ako, pinapabalik ko ng 8 o'clock in the morning para open yung medical records. So common na sa akin sila nagkaka-problema dahil dun." Kalibo_Rafael Tumbokon_WCPU Coordinator
>
> "Problem is kung paano ko itatago specimen.

Patient Volume and Attitude Towards Filing of Cases

Patient volume is basically more a problem of WCPUs of big DOH regional hospitals. In the example below, the hospital director and coordinator of VSMMC, the hospital with the highest number of VAWC cases handled, comments on the issue:

> In the community kasi in the province **pag may issue kasi na child ang impression kasi ay dalhin agad sa Sotto to the point yung work supposedly ng women and child desk ng PNP ay ginagawa na nila kaya na ooverload sila**. Papasok na lang dapat ang Sotto after the investigation. VSMMC_director

> "**Regarding the problems, since we are the only center here, we are receiving many patients**. And then there are times where in we're overwhelmed by the work then we cannot really give immediate service to those patients so they have to wait; So there are times where in the patients have to wait. Sometimes beyond twenty-four hours. It depends." VSMMC – Coordinator

The increasing volume of patient is compounded by the difficulty of extracting information from victims. Since more time is needed when dealing with victims compared to regular patients, the consequence is a longer line and more waiting time for both victims and patients.

> [Translated from Cebuano] Pertaining sa patient there are those that are not really cooperative; you cannot immediately extract information. Our time is affected and we have a lot of patients. Since I have many patients, if she will not respond, I will just promise to come back later and see other patients. Sometime, I am also discouraged because my capability may not be enough. But if I learn from others that they have the same experience, I feel okay. When I am not sure, I'll seek for others and ask for help. San Ricardo - MHO

> Wala naman, staffing lang. ***Marami lang talaga hinahandle na patients***. Isa pa wala kaming shelter. Adella Serra Ty Memorial Hospital Coordinator

One WCPU staff though said that limited staff is not yet a major issue as patient volume is still low.

> "Wala naman sa ngayon kasi liit palang naman kami. Hindi pa masyado ano." San Ricardo LGU - Coordinator - Social Worker

External Pressures

While doing their job, WCPU staff may sometime be subjected to indirect pressures from all side especially from the relatives or allies of perpetrators but sometimes they can also get entangled with media pracitioners and even local politicians.

> "Number one, nagiging busy ka, number 2, **syempre ang kaba mo, hindi mawala**. May mga folks ng perpetrator na pupunta sa bahay mo. Kasi probinsya ito, kilala ka ng lahat. So merong padre-padrino." Antique_Angel Salazar_WCPU Coordinator

> "Pero kung meron talaga, nag-i-inform. Yung major problem naming is usually yung media. Yung latest naming is media. Meron foundling na pinost nung radio announcer sa Facebook, hindi na-blacken yung mata. So yung isang PGH graduate na pediatrician, tinira niya ([redacted]) ng bigla yung media sa social media. Gumanti ngayon. Kaya nga nag-a-ano yung pedia (kung) anong gagawin. Sabi ko, personal niya na views yun. It's not

> the view of the hospital. Pero pumunta yung media at yung administrative officer ng hospital (Regarding this matter). Kalibo_Rafael Tumbokon_Director

> "Kamukha po ng mga LGU, hindi lahat ng LGU rito although meron sila pero aware ba sila na ganito dapat, aware ba sila na pag dinischarge naming dito binabantayan nila diyan? Kasi di ba po yung continuity ng service? Hindi lang naman pag nakita namin dito tapos na e. paano sya uuwi sa kanila? Paano sya maproteksyunan sa kanila? Yung referral system dapat matibay yun para tuloy tuloy." Paulino JG Chief

WCPUs can also be affected by political developments at the local setting.

> "So pagkatapos nga, natalo ako, napabayaan na. Hanggang ngayon nga di ko nabisita eh. Pero ewan ko kung maayos naman. Pero nung nagkaroon ng CPU successful naman kami, nabawasan naman ang cases. Di naging priority nung natalo ako, siguro dahil tumahimik na." San Jose - Mayor

> Unang una, during election, bago na naman ang ibang officials. Yung dati, nabigyan na ng orientation, pero yung bago, sumusobra sila sa limit nila na dapat hanggang dito lang sila. Another orientation na naman. San Jose - WCPU Coordinator

Staff and Patients'Security

Personal security and that of their patients is a major concern verbalized by WCPU staff. The security concern is magnified, at least as expressed below, by the overall WCPU physical infrastructure.

> "Ang problema ko actually dito pagtatakbo ka iyong safety kasi iyong entrance. Pag hahabulin kami hindi kagaya doon walang makakakita. Ang mahirap pa dito pag wala ako nasa OB ako papasukan siya malay ba nila kaya security talaga ang problem ko here. Ang access namin doon sa ER ang pasyente sandali lang at tinuturo ko iyo ang office ng MSS ang problem namin pag outside ng office hours pag wala siya (referring to RSW) ang nag-eextra iyong MSS, syempre they have their own work. Ang hirap naman iyong lalabas pa sila dito para tignan. Kaysa pag doon, ipasok lang kasi may pasyente pa. Para mamonitor nila kung nandoon pasyente, kung napuntahan ng doktor. Isolated talaga, iyon disadvantage ng pagpunta namin dito." Baguio Gen H Coordinator

> "Isa sa mga fear namin is yung safety namin when we come back, lalo na pag gabi. Wala naman kaming ibang benefits. There was one incident, the whole family nung perpetrator was there. So yung safety nung room namin, wala. Ganyan na door lang. Andun yung child victim, andun yung tiyahin niya nan aka-witness. Sa buong pamilya nung perpetrator, nandoon and they were trying to bang on the door. Ang security din namin dito, iisa pag gabi. Nasa entrance lang, hindi rin niya pwedeng maiwan. So yung nerbyos ko hanggang dibdib, nandito na sa leeg, hindi na ako makahinga." Benguet_BeGH_WCPU Coordinator

The importance of location is important in creating a sense of security for both patient and staff.

> "Then second is yung security of the persons that are occupying the WCPU which is monitored by our police. We feel safer na nung tinrasfer na namin dito kasi nearer the police station." Cebu - WCPU - Pilar LGU

Ensuring security is important to WCPU because if it is not assured, it might result to loss of victims and eventually failure in pursuing the case.

> [Translated from Cebuana] One, is sometimes, the situation will turn violent and victims will be threatened and eventually some victims will run away and for others we are able to refer to the village head. Sometimes we call the parents (abuser) for counselling, but they will not appear. Pilar Camotes - MHO

Referral Issues

In this section, we looked at WCPU staffs' experience in relation to all aspects of referral. Experiences of referring agencies is presented in the section on "Status of WCPUs as Referral Center for VAWC Cases: Recommendations of WCPU Staff on improving number of referral to the center

When asked about strategies on improving number of refferals to their respective centers, several strategies were recommended. Below are the recommendations and respondents' actual suggestions:

Duplicate or increase number of WCPUs

"Maybe to really duplicate the WCPU in the provincial hospitals in Cebu, probably one every province. The problem is, we tried that almost 10 or 7 years ago. We attempted to train people. Yun ang gusto ko, na there would be more WCPUs in the next years to the grass roots, aside from the usual continuing education." < SMMC - Chief of Clinics>

Information Dissemination

> "I think more information dissemination sa mga rural health physicians. Kung pwede nga, pwede silang i-train eh para hindi lahat dito." <Antique_Angel Salazar_Chief of Clinics>

> "Information dissemination/ IEC. We don't have radio only in Sagada. Through RHUs din ang referral." < Luis Hora - Medical Director>

> "Siguro, more advocacies. IEC sa barangay." < Tiwi MHO>

"Siguro kailangan malaman ng MDT na may WCPU dito. Future Plans: For the next budget 2017, I'll try to separate the personnel budget for the CPU." <Bukidnon Provincial and Medical Center Director>

> "hindi na siya problem. Other than that is information dissemination, especially for the hospital personnel kasi sila yung front line, for example yung sa ER kung minsan may patients na pabalik balik na most probable na baka abuse. Dapat ma-disseminate namin sa kanila how to screen patients para i-refer nila dito for consult. Nangyayari naman iyon pero not as disseminated, yung doctors are informed, the nurses but not all personnel. We would like to go as far as the guards, the janitors." < Corazon Montelibano Coordinator>

> "I think isa pang target, I may suggest, is not just the end facility which is us, but also awareness among the population because we can only intervene if we know."

More coordination meetings

"Maybe a frequent meeting with the stakeholders, like support groups, Bantay Bata and DSWD." < Western Visayas Chief>

> "Request lang me kasama kong OB kasi kahit trained ako, Pediatrician ako mahirap mag-isa. Mas kampante sana ko if me kasama akong OB para sa rape cases. Regarding sa funding, sana me mga NGOs na makaktulong samin kahit mahirap humingi ng funding na maapprove agad. Coordinate

with PNP. Lobby provincial government to increase manpower." < Bacnotan DH Coord>

"Communication…coordination rin siguro ng mga teams. Communication in terms of …sana sa mga RODs sana un mga rape cases hinde na naming natitignan na eendorse sa regional." < Bacnotan DH Coord>

Training of Second Liners

"Training of another social worker and nurse."< Adella Serra TY Memorial Hospital Director>

"So mas mabuti na dapat yung lahat na mga rural health physicians, dapat i-train na. At saka mas maano nila, mas accessible para sa client." <Antique_Angel Salazar_Chief of Clinics>

"…So if I have a choice, we would like to have some experts giving us how to go about it so that they can recommend how many more were going to be needing, how we can improve the overall ongoing process that we have. Are we just going to wait or look for signs? The question is when do you intervene? What are the circumstances? The hints? The red flags? When do we come in to the picture? That's basically our dilemma…"< Corazon Montelibano Chief>

"You multiply Dra. Ugdang. That's the attitude and the values. Mahirap mag maintain nyan if wala kang commitment. Let the resident do it, let the program run it on its own. Hanapan natin sila ng accountabilities dyan. Dapat me liabilities bawat department." <Internals\\DRH Med Dir>

Extra Services

"I have yet to establish a patient satisfaction survey to find out how our costumers feel about their experience in terms of how they are treated, their privacy was respected. That's another area for kailangan namin gawin this time." < EVRMC Chief>

"Yung hindi na lang na-establish pa is yung referral system and the service delivery network na paano namin maintegrate or magiging coordinated yung all the CPU units in the region with EVRMC as the focal or central unit for the region (eight)." < Baguio Gen H Incoming Coor>

Personnel: Nurse, social worker and Doctor- 24/7

"Rape kit."

"Ang gusto ko sana magkaron ako ng contact dun sa mga taong gustong tumulong sa mga abused na kapares ng mga nagtuturo ng livelihood, education…kasi kelangan maibalik mo sila sa society… yun ang gusto ko sana..tapos yun mga NGOs na tumatanggap para i-shelter sila yun ang gusto kong magkaron ako ng directory. Yun ang wish list ko." < QCGH Coordinator>

No need to increase

Di naman to increase more i think the right word is to receive referrals appropriately. Kung ang role ng center is really for this eh ginagawa naman namin. < Cebu_director(No Name)>

"As what I've said, we are already …the Pink Room brand or the Pink Center brand have been here since 1996. So I think, for me, we have done enough for people to know that we are existing here." <VSMMC - Coordinator - Doctor Amadora>

Why should we? Madami na. Wag na. < Baguio Gen_Chief of Clinics>

RSW: ang average namin is 2 daily. Yung lang po kasi, ang style sa WCPU, is they don't really come every day. Pwede pong may 1 day walang tao, and then the next day, they come as 5 – 6 clients, so ganun po. But if you average it, we have 1 client na woman at 1 client na child po in a day.

> WCPU Coor: Actually ang mahirap po, pag sabay-sabay nang dumating.
>
> Research
>
> To improve the WCPU, aspect sa research. Basic services pa napo-provide. A unit will be dynamic if there's training and research. < VSMMC - Chief of Clinics>
>
> Improvement of Facilities
>
> Yung sabi ko yung ideal na unit, yung may proper na interview room, proper na examination room. At saka yung hindi siya makikita ng ibang tao, kasi lahat chismosa ang mga tao. Siguro unahin muna ang unit kaysa personnel para malaman natin kung ano ang idadagdag. Pero gusto ko yung training kasi malapit na, si Dr. Senados din ang isa, baka gusto na niyang mag-retire earlier. Sana meron. Siguro pwede na kasi meron ng allotment for that. < Mayor Hillarion ARS-RTTH - Coordinator OB (Dr. Loreta Tomada)>
>
> Justice System
>
> Yung nakikita kong problema yung pagdating sa referral, yung sa court. Pagdating sa court dyan nagtatagal di agad naaksyunan kasi yung justice system natin 'mabilis.' Sana mapabilis. Kung pwede sana mabigyan tayo ng assistance

Experiences of referring agencies" in the later part of this report. Some of the comments regarding referral involves:

Response to WCPU referrals

> "Referral to city RSW, not being entertained well." Adella Serra TY Memorial Hospital Director

Need for Patient Satisfaction Survey

> "Like how fast the response time to referrals. I have yet to establish a patient satisfaction survey to find out how our costumers feel about their experience in terms of how they are treated, their privacy was respected. That's another area for kailangan namin gawin this time." EVRMC Chief

Limited options for psychiatric referral

> "Dito sa Oas, actually sa whole Albay, di ba kasi supposed to be may mga referrals namin wala kaming ma-anohan ng for psychiatric evaluation. Wala kaming ma-referran kasi kulang ang psychiatrist. So hindi namin alam kung saan namin i-rerefer. Mga cases talaga na ganun, nahihirapan talaga kami; Isa pang problema, halimbawa dito sa Oas, kailangan na huwag muna nating ibalik sa family, wala kaming ma-anohan. Kaya ang ginagawa muna ng DSWD sa bahay muna nila. Wala kaming facility for that. Oas MHO

Response to cases filed in court

> [Translated from Waray] "First for referral, when it is in the court, our cases will stay there for a long time. The perpetuators to whom we have filed a case, the action takes a long time. It would take several days, and the abuser will stwo-away, especially those involved in rape cases. They are able to leave because there is no action on the case (filed). In the case of victims, we refer them to the crisis center in Borongan. There is a building there because we cannot accommodate them here (WCPU)." Oras - Coordinator MSWDO

> "Yung unang-una, unang-unang problem na-encounter ng itinayo eto the "counters" doesn't want to look into the patient kasi di ba ang proseso pagka yung ganun kapares yung binugbog ng asawa… ayaw nila, gusto nila ipadala kagad samin. Sabi ko dapat ibigay mo muna yung physical injuries para me record..yun unang-una ..pero ngayon automatic na..na ano na sila sa policy." QCGH Coordinator

Problems in responding to referrals in the evening and holidays

> Magmula ng ma-establish ang WCPU, ang problema yung referral ng police sa doctor kasi pag gabi, pag holidays. Dalawa kaming doctors, yung ibang clients, pabalik-balik. Tiwi MHO.

Status of WCPUs as Referral Center for VAWC Cases

Number of Cases

A total of **43 WCPUs** were able to provide data on number of patients seen from as early as 2006 to June of 2015. Data available showed that from 2006 to 2011 a total of **2,500** cases were seen and reported by eight (8) of the units included in this study. The number of cases steadily increased to **8,833 in 2012,** this time data came from 29 WCPUs. The number of cases increased through the years as the number of WCPUs also incread. In 2013, **9,726 cases attended to, 10,650 cases in 2014** and about **1,142 cases** as of **June 2015** for a total of **32, 851** cases from **2006 to June 2015**. The number of course represents only just about 50% of total WCPUs. For breakdown of data, please see Figure 10, below.

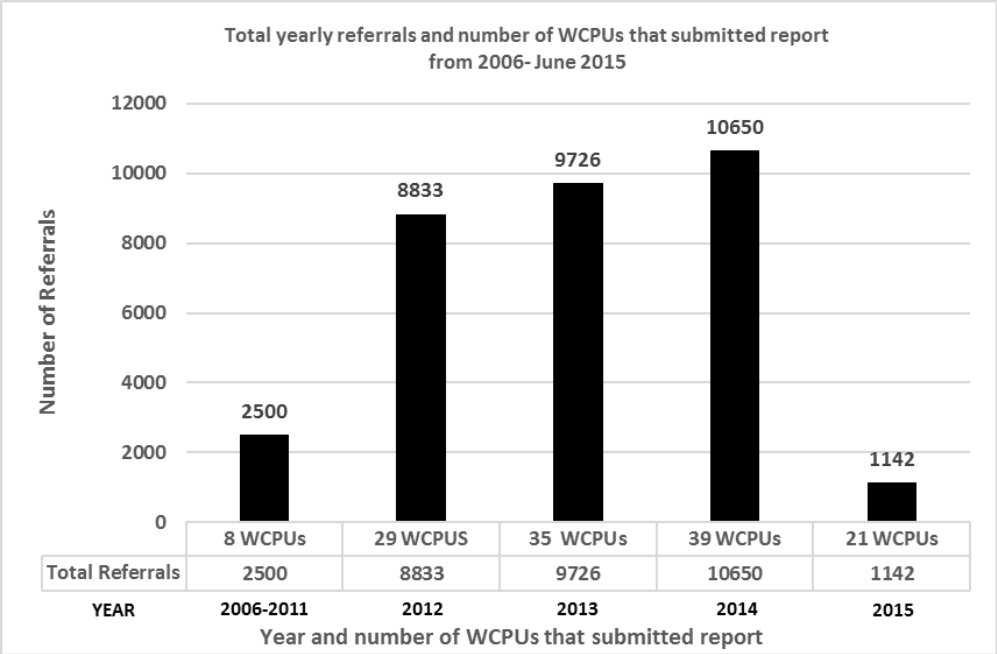


Figure 10. Total yearly referrals and number of WCPUs that submitted report from 2006-June 2015.

In terms of number of cases handled, **the top 10 are all from DOH hospitals (**except for PGH) with Vicente Sotto Memorial Medical Center reporting **9,174 cases** and only from 2012-2015, with the Philippine General Hospital coming in second with **4,189 cases**[4] seen also from 2012-2014 (see

[4] Total patient seen does not include women patient survivor.

Table 62 for more details).

Table 62. Total number of cases seen at 43 WCPUs included in the study from 2006 - June 2015.

Name of Hospital	WCPU Level	2006-2011	2012	2013	2014	2015	Total Cases
1. Vicente Sotto Memorial Medical Center	1	0	2,878	2,993	3,303	0	9,174
2. Philippine General Hospital	3	0	1,301	1,445	1,443	0	4,189
3. Southern Philipines Medical Center	2	0	782	1,028	1126	0	2,936
4. Eastern Visayas Regional Medical Center	2	639	564	476	589	162	2,430
5. Region 1 Medical Center	2	0	590	598	639	0	1,827
6. Baguio General Hospital and Medical Center	1	0	446	378	396	213	1,433
7. Western Visayas Medical Center	1	0	396	385	395	0	1,176
8. Dr. Paulino S. Garcia Memorial Research and Medical Center	1	0	330	342	378	0	1,050
9. Davao Regional Hospital	2	0	291	286	301	138	1,016
10. Philippine Children's Medical Center	2	432	161	108	125	0	826
11. Benguet General Hospital & Medical Center	2	0	235	351	225	0	811
12. Jose B. Lingad Memorial Regional Hospital	1	757	10	0	0	0	767
13. Purple Hearts - Mindoro	1	442	58	73	64	19	656
14. Zamboanga City Medical Center	2	0	216	171	220	0	607
15. Quezon City Protection Center	2	5	119	154	194	86	558
16. Masbate Provincial Hospital	2	0	120	104	143	24	391
17. Mariano Marcos Memorial Hospital & Medical Center	2	0	82	119	97	89	387
18. Dr. Rafael S. Tumbokon Memorial Hospital	2	0	53	89	96	68	306
19. Ospital ng Palawan	2	0	27	48	92	68	235
20. Dr. Jose Rizal Memorial Hospital	2	154	14	27	30	0	225
21. Mayor Hilarion A. Ramiro, Sr. Regional Training and Teaching Hospital	2	0	0	0	208	0	208
22. Gov. Celestino Gallares Memorial Hospital	2	0	0	197	0	0	197
23. James L. Gordon Memorial Hospital	2	0	0	93	84	0	177
24. Bicol Regional Training and Teaching Hospital	2	0	0	20	110	41	171
25. Legazpi City WCPU	2	0	0	0	110	38	148
26. Teresita L. Jalandoni Provincial Hospital	1	0	42	32	51	12	137
27. Bukidnon Provincial Medical Center	2	0	7	22	57	38	124
28. LGU Lope de Vega	2	50	24	24	9	0	107
29. Luis Hora Regional Memorial Hospital	2	0	0	25	31	14	70
30. Eastern Samar Provincial Hospital	2	0	17	22	14	15	68
31. LGU Liloan	2	0	19	21	22	0	62
32. LGU Cawayan	2	0	8	19	11	21	59
33. Adela Serra Ty Memorial Medical Center	2	0	0	8	25	24	57
34. LGU Sta. Margarita	2	0	27	23	7	0	57
35. LGU Infanta	2	0	0	23	5	28	56
36. Bacnotan District Hospital	2	0	0	3	18	13	34
37. LGU Salcedo	2	21	9	0	0	0	30
38. LGU San Francisco	2	0	0	0	0	29	29
39. LGU Tiwi	2	0	0	11	13	0	24
40. LGU Libagon	2	0	7	8	4	2	21
41. Corazon Locsin Montelibano Memorial Regional Hospital	1	0	0	0	13	0	13
42. LGU San Ricardo	2	0	0	0	2	0	2
43. Angel Salazar Memorial General Hospital	2	0	0	0	0	0	0
Total Cases		2500	8,833	9,726	10,650	1,142	32,851

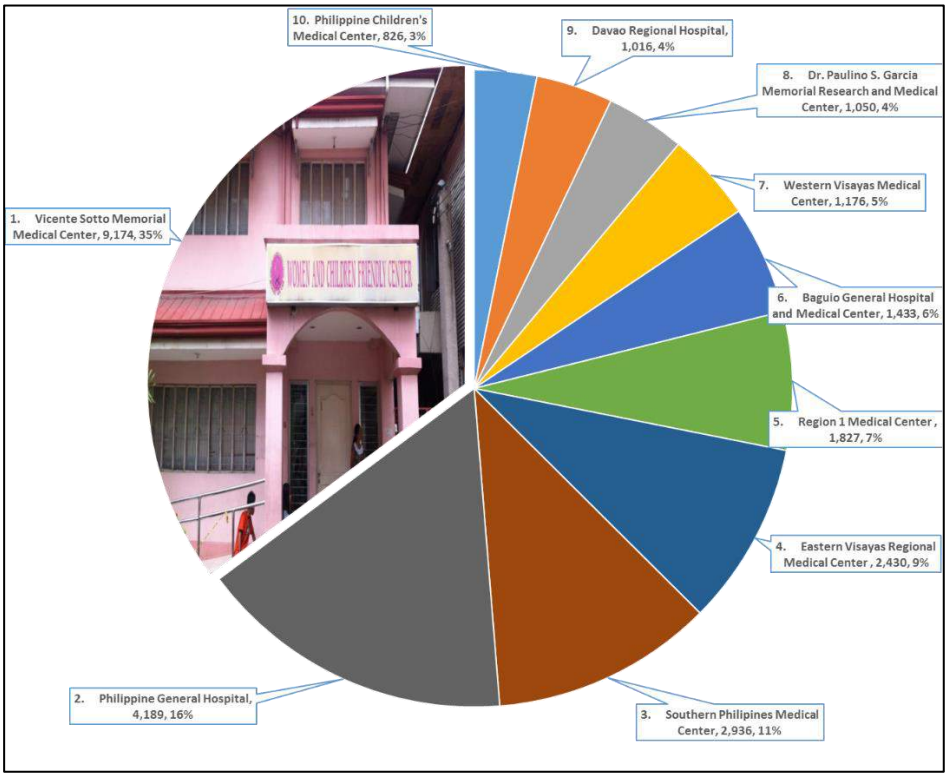


Figure 11. Top ten WCPU centers in terms of number of referrals.

Types and Number of Cases Referred to WCPU

In terms of recording of number of cases, no attempt was made to re-aggregate data to avoid confusion and mislabeling. Cases were encoded as is or as they are actually recorded/reported by the WCPUs. It is should also be noted that since the evaluation did not collect data from all WCPUs the actual number of cases attended to by all the WCPUs is expected to be significantly higher. Overall, from 2012 to 2014**, 73% (16,630) of cases involved children** and only **27% or 6,154 involved women** as shown in Figure 12.

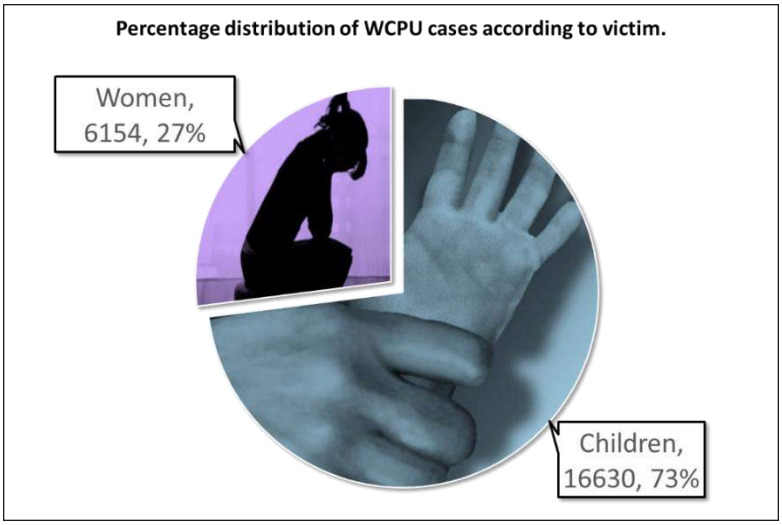


Figure 12. Percentage distribution of WCPU cases according to victim from 2012-2014.

Cases of Violence Against Children

The primary reason for referral of children to WCPU management is sexual abuse. Review of three-year data from the WCPUs included in this study showed an **increasing number of sexual abuse cases** as evidenced by the **3,453 cases in 2012, 3,666 in 2013, and 4,133 for 2014**. The second reason for referral is physical abuse which also showed an increasing trend, from 930 to 1079 to 1100 in 2012, 2013, and 2014 respectively. Other major reasons for referral are pending (court cases), psychological abuse, emotional abuse, and one commonly occurring entry, others. *The data suggest vulnerability of children to sexual abuse and could also be used to estimate the magnitude of the problem* (for detailed breakdown, please see Table 63). Results in Table 63 also suggests that there is an increasing category of abuse of children being reported. This could suggest an increasing community awareness about child abuse from focus mostly on sexual abuse to other types of abuse.

Table 63. Types and number of child abuse attended to by WCPUs from 2012-2014.

2012		2013		2014	
Cases	**Number**	**Cases**	**Number**	**Cases**	**Number**
1. Sexual	3453	1. Sexual	3666	1. Sexual	4133
2. Physical	930	2. Physical	1079	2. Physical	1100
3. Pending	178	3. Pending	204	3. Pending	464
4. Psychological Abuse	166	4. Others	164	4. Psychological Abuse	175
5. Others	121	5. Emotional Abuse	103	5. Others	105
6. Neglect	44	6. CICL	102	6. Neglect	34
7. CICL	39	7. Neglect	51	7. Physical & Sexual	26
8. Minor	21	8. Physical & Sexual	35	8. Minor	15
9. Acts of Lasciviousness	12	9. Minor	25	9. Rape	15
10. Rape	10	10. Psychosocial Abuse	20	10. Run-away	9
11. Trafficking	7	11. R.A. 7610[5]	8	11. R.A. 7610	8
12. R.A. 9208[6]	3	12. Rape	8	12. Unjust Vexation	7
13. Run-away	3	13. R.A. 9262[7]	7	13. Alleged Rape	6
14. Seduction	3	14. Run-away	7	14. Theft	6
15. Sexual & Physical	2	15. Acts of Lasciviousness	6	15. Acts of Lasciviousness	5
16. Attempted Rape	1	16. Trafficking	5	16. Attempted Rape	5
17. Robbery with Violence	1	17. Unjust Vexation	5	17. Trafficking	4
18. Theft	1	18. R.A. 9208	4	18. R.A. 9262	3
19. Unjust Vexation	1	19. Alleged Rape	3	19. Seduction	3
TOTAL	**4996**	20. Attempted Rape	1	20. Threat	2
		21. Kidnapping	1	21. Abduction	1
		22. Seduction	1	22. Robbery	1
		TOTAL	**5505**	23. Sexual Assault	1
				24. Statutory Rape	1
				TOTAL	**6129**

Cases of Violene Against Women

In terms of referral of women cases to WCPUs, **physical abuse** tops the list with **1070 cases in 2012, 1361 in 2013, and 992 referred cases in 2014**. The second most common reason for referral to WCPU is sexual abuse with 526 cases in 2012, 510 cases in 2013, and 444 referred cases in 2014. For the list of types and number of cases, please see Table 64.

[5] RA 7610 "AN ACT PROVIDING FOR A LOCAL GOVERNMENT CODE OF 1991"

[6] RA 9208"Anti-Trafficking in Persons Act of 2003"

[7] RA 9262 is the Anti-Violence Against Women and their Children Act of 2004.

Table 64. Types and number of women abuse referred to WCPU from 2012-2014.

2012		2013		2014	
Cases	**Number**	**Cases**	**Number**	**Cases**	**Number**
1. Physical	1070	1. Physical	1361	1. Physical	992
2. Sexual	526	2. Sexual	510	2. Sexual	444
3. R.A. 9262	253	3. R.A. 9262	288	3. R.A. 9262	307
4. R.A. 8353[8]	27	4. Emotional Abuse	53	4. Psychological Abuse	86
5. Acts of Lasciviousness	11	5. R.A. 8353	30	5. R.A. 8353	38
6. Unjust Vexation	11	6. Sexual & Physical	19	6. Unjust Vexation	15
7. Physical & Sexual	7	7. Unjust Vexation	16	7. Acts of Lasciviousness	12
8. Others	6	8. Acts of Lasciviousness	8	8. Physical & Sexual	7
9. Rape	4	9. Rape	7	9. Rape	4
10. Emotional Abuse	3	10. Attempted Rape	4	10. Trafficking	4
11. Oral Defamation	2	11. Threat	4	11. R.A. 9208	3
12. Threat	2	12. Oral Defamation	3	12. Alleged Rape	2
13. Financial Abuse	1	13. Neglect	2	13. Neglect	2
14. Malicious Mischief	1	14. Concubinage	1	14. Attempted Rape	1
TOTAL	1924	15. Rape & Robbery	1	15. Financial Abuse	1
		16. Robbery with Violence	1	16. Forcible Abduction	1
		17. Others	0	17. Oral Defamation	1
		TOTAL	2308	18. Public Scandal & Damage to Property	1
				19. Threat	1
				20. Others	0
				TOTAL	1922

If we compare reported cases of violence against children and violence against women (see Figure 13), it would suggest that children are more vulnerable to sexual abuse compared to that of women, and this is very alarming and should really be a concern.

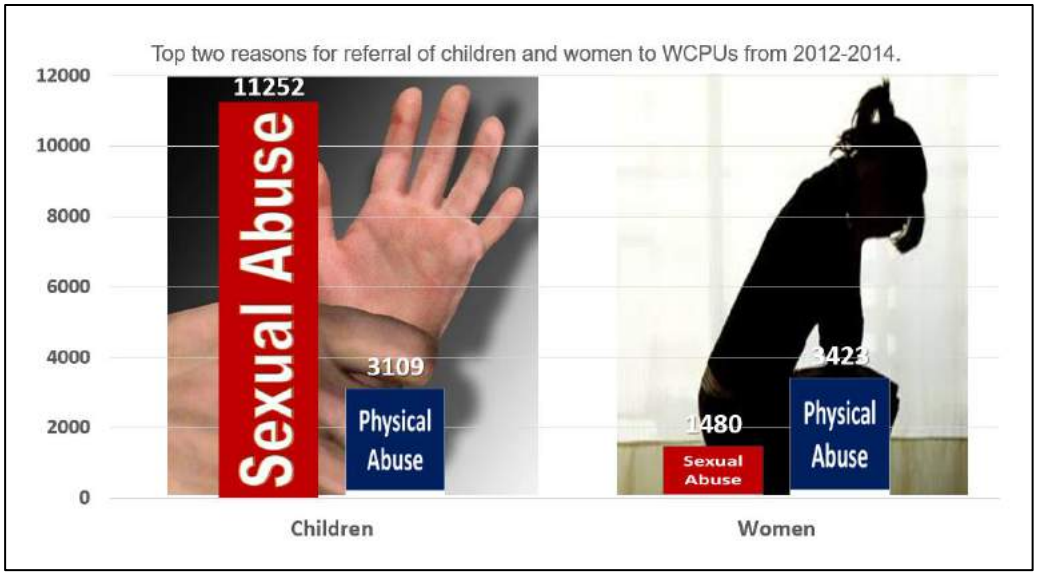


Figure 13. Top two reasons for referring childen and women to WCPUs from 2012-2014.

[8] Republic Act 8353 "The Anti Rape Law of 1997"

Source of Referrals

The Philippine National Police is the major referring agency with total 4-year referrals of 7,459 patients or 55.62% of total referrals and followed by the Department of Social Welfare and Development with 1,000 referrals or 7.46% of total referrals. It is important to note that 'walk-ins' are the number two source of patients at 2,330 walk-ins (Table 65), representing 17.38% of overall referrals. It is important to note that no attempt was made to combine data from some sources that may be similar (e.g. parent and relative or schools and teacher) to avoid confusion.

Table 65. Number of Referrals according to referring agency and WCPU Level from 2012-2015.

Referring Agency	Number of Referrals										
	2012		2013		2014		As of June 2015		TOTAL		
	L1 & L2	Level 3	L2 & L1	Level 3	L1 l2	L3	L1 & 2	L 3	L1 & 2	L3	Overall
1. PNP	1570	340	2174	357	2526	372	120	NA	6390	1069	7459
2. Walk-In	31	393	462	479	487	382	96	NA	1076	1254	2330
3. DSWD	65	209	95	253	114	254	10	NA	284	716	1000
4. Pedia ER	0	168	0	146	0	206	1	NA	1	520	521
5. Brgy. Official	120		75		111		15	NA	321	0	321
6. MSWDO	102		94		112			NA	308	0	308
7. NGO	27	39	14	55	26	38	1	NA	68	132	200
8. Other	3	14	159	4	2	1	3	NA	167	19	186
9. Surgery/Trauma	0	38	0	56	0	73	3	NA	3	167	170
10. Private Physician	12	27	12	30	45		5	NA	74	57	131
11. Pedia OPD	0	22	0	34	10	26	5	NA	15	82	97
12. Hospital/clinic	7		30		39		2	NA	78	0	78
13. OB-Gyn	0	12	0	16	4	34	3	NA	7	62	69
14. School	21		24		22		1	NA	68	0	68
15. Private lawyer	7	3	51					NA	58	3	61
16. Family	29		19		9			NA	57	0	57
17. LGU	0		2	11	8	18	8	NA	18	29	47
18. NBI	19	3	14	3	14		1	NA	48	6	54
19. Pediatrics	0	24	0	5	0	2		NA	0	31	31
20. Provincial Official	10		13		14			NA	37	0	37
21. Admitted	5		6		8		2	NA	21	0	21
22. BCPC	5		9		8			NA	22	0	22
23. Legal	5	10	8		10			NA	23	10	33
24. City Official	8		12		2			NA	22	0	22
25. CHO			11					NA	11	0	11
26. Psychiatry	0	5	0	2	0	6		NA	0	13	13
27. MHO	3		5				2	NA	10	0	10
28. Orthopedic	0	1	0	3	0	5		NA	0	9	9
29. Parent	8							NA	8	0	8
30. DMH	3				2	3		NA	5	3	8
31. ILHZ	6		1					NA	7	0	7
32. Neighbor	0	1					3	NA	3	1	4
33. RTC	2		1		1			NA	4	0	4
34. Teacher			1		0	2		NA	1	2	3
35. Relative			1		1		1	NA	3	0	3
36. DOJ					0		2	NA	2	0	2
37. DOLE	2							NA	2	0	2
38. DOH							1	NA	1	0	1
39. Concerned Citizen			1					NA	1	0	1
40. Municipal official	0						1	NA	1	0	1
TOTALS	**2070**	**1309**	**3294**	**1454**	**3575**	**1422**	**286**	**0**	**9225**	**4185**	**13410**
Year Totals	**3379**		**4748**		**4977**		**286**				

The source and number of referrals were categorized into two groups, referral to L1 and L2 WCPUs and referral to PGH (currently the only L3 WCPU) to see if there would be difference in sources of referrals. Results show that for **L1 and L2 WCPUs, 69.27% of referrals came from PNP**, 11.66% from walk-ins, while DSWD, Barangay officials, and MSWDOs contributed almost 10% of the referrals. The differing trend would suggest differences in the level of understanding of WCPUs by stakeholders. **It is worth noting that of the total referrals to the WCPUs, less than 1% came from hospitals/clinics and schools**.

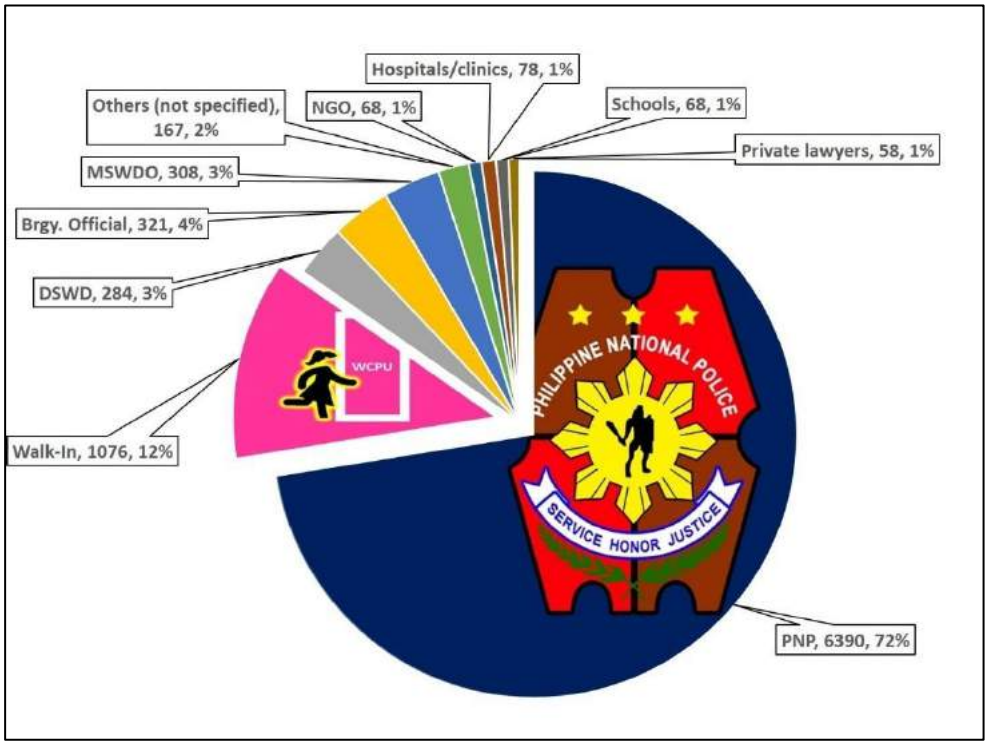


Figure 14. Top ten source of referrals of L1 and L2 WCPUs

Table 66. WCPU Levels 1 and 2 top referring agencies from 2006 – June 2015.

Referring Agency	Number of referrals	% of top 10 total	% of total L1 & L2 referrals
PNP	6390	72.47	69.27
Walk-In	1076	12.20	11.66
DSWD	284	3.22	3.08
Brgy. Official	321	3.64	3.48
MSWDO	308	3.49	3.34
Others (not specified)	167	1.89	1.81
NGO	68	0.77	0.74
Hospitals/clinics	78	0.88	0.85
Schools	68	0.77	0.74
Private lawyers	58	0.66	0.63
Top 10 Total referrals	8818	100	95.59
Total referrals	9225		

In contrast, for PGH, a **Level 3 WCPU, about 1,254 (29.96%)** of patients attended were **walk-ins** and 1,069 (25.54% of total cases) were referred to by PNP. It is also worth noting a significant portion of PGH referrals came from the hospital's clinical units like Pedia ER (12.43%), Surgery/Trauma (3.99%), Pedia-OPD (1.96%), and OB-GYN (1.48%). Other major referring agencies are DSWD (17.11%), NGOs (3.15%), and private physicians (1.36%).

Table 67. WCPU L3 top ten referring agencies

Referring Agency	Number of referrals	% of top 10 totals	% of total referrals
Walk-In	1254	30.66	29.96
PNP	1069	26.14	25.54
DSWD	716	17.51	17.11
Pedia ER	520	12.71	12.43
Surgery/Trauma	167	4.08	3.99
NGO	132	3.23	3.15
Pedia OPD	82	2.00	1.96
OB-GYN Clinic	62	1.52	1.48
Private Physician	57	1.39	1.36
Pediatrics	31	0.76	0.74
Total to 10	4090		97.73
Total referrals	4185		

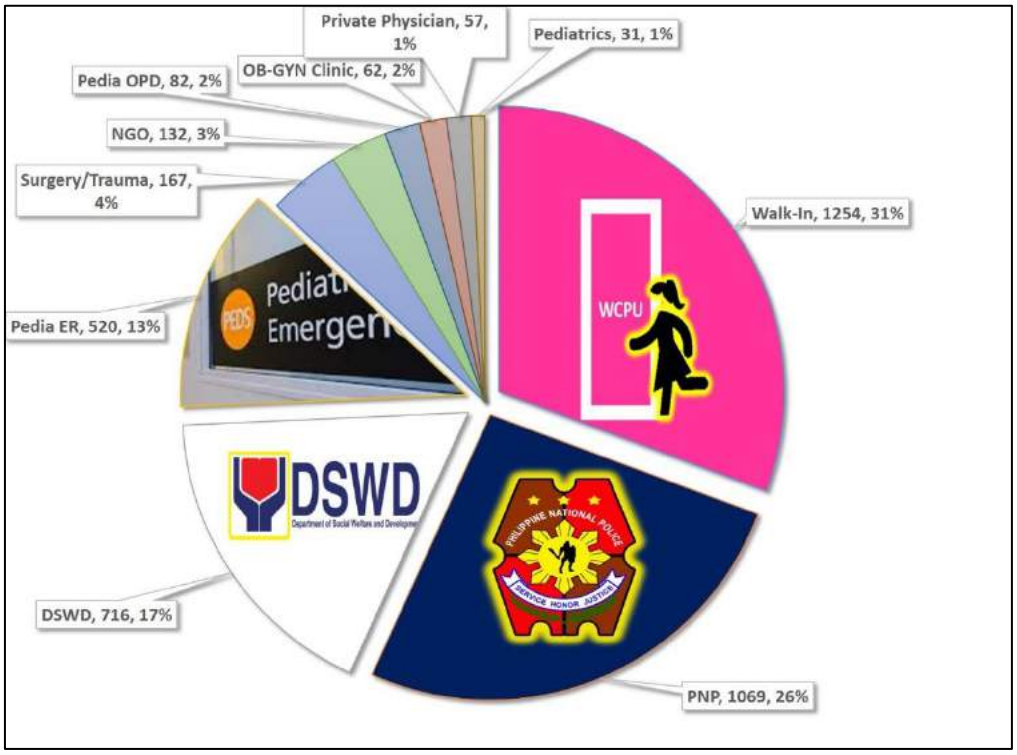


Figure 15. Top ten source of referrals to a Level 3 WCPU.

Protocols for Referrals

Coordinators and Chief or Hospitals were also asked about the propotocols they are using in relation to accepting patient or victim survivors referred by partner referring agencies. It is clear from the results of key informant interviews that WCPUs do not necessarily follow a common protocol. Below are what appears to be the most common 'protocol' of WCPUs when attending to VAWC referrals.

Referral as Requirement

Based on the responses of coordinators and administrators, it is apparent that one important requirement for referral is a police report, police blotter, and referral from other referring agencies to wit:

> "Pag may patient, una sa kanila (referring to the social worker). May referral from the police then pinapunta namin sa kanila para makuhanan ng intake then punta naman sa akin for my examination." (*Teresita Jalandoni Coordinator*)
>
> "Police protocol, walang police blotter walang referral minsan." (BOHOL)
>
> "There are protocols. Police should escort the patient. So many protocol but it's more on confidentiality." (*BOHOL director*)
>
> "Letter galing sa PNP. Yun hinihingi ko. Minsan pag walk-in, na walang dala, kahit yung sinasabi nila na ganito nangyari, tinatanggap ko. Nag-come up na kami ng ordinance about WCP." (*BRTTH - WCPU – Coordinator*)
>
> "May dalang letter yung pasyente kasama yung medico legal request from the police. Kami na nag interview, at ang examine." (*Teresita Jalandoni Coordinator*)
>
> "We should have a letter from them. But others, there are few patients who come here alone especially if adults. The patients who come here are usually wth the SW, the parents, the police or the barangay officials." (DRH_WCPUcoord)
>
> "May referral letter, ano kami ang team..hindi kami nagiinterview kung hindi team..oo pumupunta kami doon (WCPU)..but there are cases na wala sila, hindi mo naman paghihintayin ang mga kliyent…halimbawa wala ako, wala ang pulis, ako, pero pag nandito talaga kaming tatlo kaming tatlo .naghahandle." San Ricardo LGU - Coordinator - Social Worker

Straight to WCPU

Some patients go straight to the WCPU or hospital's emergency room. This is especially most common in areas where Barangay Child Protection Center is not yet established as narrated below:

> "Hindi na sila nag aano sa barangay kasi hindi pa well developed yung BCPC (Barangay Child Protection Center). Yun ang nakikita kong problema dito sa Tarangnan e, hindi pa talaga well organized yung mga counterpart sa barangay, yun ang nangyari, direditretso ditto. Hindi na dinaan sa barangay, una kasi yung mga tao is not informed kung saan sila pupunta pag mayroon kaso na ganyan sa barangay kasi hindi pa organized nga yung BCPC." (*LGU Tarangnan Coordinator)*
>
> "Pag may pumupunta kahit walang referral o ano dapat tanggapin, examinin agad yan." (Batac Coordinator)
>
> "Emergency, sa hospital. Pag hindi emergency, either sa officer or police." Benguet_BeGH_WCPU Coordinator

Agreements with referring agencies as protocol

> "(Andoon na iyong protocol pero pag nandiyan na) Meron kaming agreement ng Provincial Social Worker, nirerefer ko sa Lingap-abused

women and children. Ang problem na pag may CICL iyon hindi na namin alam kung saan dadalhin." (Catarman MHO)

"Actually this is for examination lang (referring to their work instruction) yung protocol to assist yung abused. Yung protocol for referrals, like if may patient na for discharge then dapat may follow up saka yung social worker alam din, like if the husband is the perpetrator or other persons close to the (victim) I think [redacted] has connections with the other social workers of their barangays. So siya na ang bahala sa mga pag refer back to the barangay." (Corazon Montelibano Coordinator)

"Two-way referral. In sending out the social worker will have to inform the local social worker vice versa. May coordination with the social worker. Kailangan lang ng referral slip from RHU wala naman kailangan na requirements kasi they will be entertained." (EVRMC_Coordinator)

"Parang understood na nila kaso minsan nauuna silang magpunta. Sige examinin ko muna ito, tapos hindi ko muna bibigyan ng medical certificate. Hingi muna kayo ng blotter para hindi na sila matagalan sa pabalik-balik. Minsan kasi busy ka." (Mayor Hillarion ARS-RTTH - Coordinator OB)

Detailed Protocol

"Kung may pasyente na darating, doon sa OPD room, sa information. Tapos aakyat dito (kasama ang WCPU nurse). Magpapa-sign ng consent. Kami andoon kami sa OPD. Tatawagin lang kami kung mag-iinterview na. Dito mag-iinterview (sa WCPU). Tapos physical exam dito. (Mayor Hillarion ARS-RTTH - Coordinator Pedia)

May step 1, step 2, step 3.. yan ang ano namin. Yung referral system kung ano ang gagawin ng barangay officials. Lahat yan furnished sila niyan, yung process ng referral. Oras - Coordinator MSWDO

Pag galing sa ER at may signs of abuse, dito yan. Pag galing sa barangay, we get their details. QCGH - WCPU Coordinator

"Ayon pagka halimbawa walk-in, usually kasi walk-in kadalasan yan eh, they are accompanied by relatives na magpapatingin yung tapos sasabihin 'Itong si ganyan, kasi namolestiya siya' ganun no. Ganun kasi kadalasan eh. And then, pag meron kaming ganun, titignan ng doctor namin tapos ilo-log siya." (Romana Pangan DH – Hospital)

"Yung forms natin, yun pa rin ang forms ng CPN. Kahit sino mag-refer, tinatanggap namin, kahit yung letter (referral letter) lang. Sa sending naman, usually yung for psychiatric evaluation. Tinatawagan namin muna sila (institution) para hingin ang requirement." (San Jose - WCPU Coordinator)

"Pag bata ipapa-medical yung MDT team, ganun din, yun yung proseso. Minsan naman hindi ganun, kasi wala ang MSWD. Minsan dito ko na lang ini-interview." (Sta. Margarita - Referring Agency PNP)

"Di naman ganon ka tarabaho basta itatatawag Medical Service Center sasabihin namin na may pupunta na victim so pagpunta ng victim, ang pupuntahan nya ang medical social worker either tatawagin nya ang doktor, tatawagin nya ang social worker kung saan sya nakatira." (Romana Pangan Capin_Referring)

> "First ang victim ay pupunta sa aming office then i will advise the victim to have a medicolegal exam here sa hospital, go to the police to blotter the case, the incident, then guide them on the decision they will do, after filing the case it depends at the fiscal's office if they will request the presence of the social worker so if they will do so we will attend the hearing, the preliminary hearings of the case. Experience- fulfilled, as a social worker because i was able to help to guide especially in decision making but i will not dictate them on what to do." (Gov Celestino Gallares BOHOL referring)

> "Kung ano yung na-detect dun sa emergency, dinadala na dito, tapos tatawagin ako ng social worker at saka yung medical doctor. Mas naging organized. 24/7 nakakapagbigay ng police service. May protocol na sinusunod." (Angel Salazar_Referring PNP)

Some of the respondents answered that they are following a formal protocol, although the team was not able to collect copies of actual protocol.

> "Yes, it's in our Manual of Operations." (Western Visayas_WCPU Coordinator)

> "Alam ng MDT na may protocol. Incorporate in local health zone." (Bukidnon Provincial and Medical Center Director)

> "Meron kaming protocol. Actually inaayos pa din kasi para mas maliwanag." (Dr Paulino JGMMC)

> "Mayroon nyan, Andyan ang work instruction." (Cebu_director)

No particular protocol being followed

> "Sa ngayon wala. We have an understanding (with Dra. [redacted]) na kapag kailangan ng medico legal para walang duplicaton, sa kanya. Siguro we also have to put it in black and white sa hospital na ilagay natin sa office natin." (Bulacan MC Coordinators)

> "Wala. I don't know. Wala, wala. Pero alam ko for any complaint, it is investigated by (especially) si doktora at saka si mam dolly they're the one that, if they need admissions in the WCPU it's them that assesses them." (Cebu - WCPU - Pilar LGU - Director – Mayor)

> "There is really no protocol. Actually, some are walk-in. Since we are a birthing facility, we are on call. If the case is extensive, then we refer." [translation from Cebuano]

Based on date of incident

In the citations below, it is apparent that time or date of incident is also a factor in deciding whether to respond or answer a referral.

> "Actually, ang nangayayari sinasamahan ng PNP together with the mother or kung sino man ang relative yung client. Unless na it falls on a Saturday or Sunday. Or kung wala ako, tinatawagan nalang ako. **Pag ganyan na gabi, diba may 72 hours naman tayo? Dapat kung ano kailngan na before 72 hours Makita na yung client. Pero kung matagal na yung case, mga 1 month, "Ah bukas nalang".** (Oas MHO)

Factors affecting number of referrals

One important issue that this evaluation is trying to document are the experiences of WCPUs as recipients of referrals and referring agencies, the major partners of WCPUs. These experiences will be explored in this section.

WCPU as recipient of referrals

While some WCPUs catered to thousands of clients, others are able to cater to less than 100 patients in a 12-month period. The volume of course can be outrightly attributed to size and coverage of mother unit or hospital. **Certainly, a DOH tertiary hospital will have more coverage and services than a WCPU under an LGU**. However, is it possible to identify factors that could have also contributed to number of referrals?

WCPUs with high number of referrals

> "Ito ang nasa central, the quality of service." (Baguio Gen H Incoming Coor)
>
> **"I think they know that Baguio General is really a referral center and they're being catered**. Not even nga from here. We're catering neighboring provinces, even our statistics, makita nyo dun, Baguio ang #1, Benguet, ang pangatlo is Pangasinan." (Baguio Gen_Chief of Clinics)
>
> **Awareness siguro**. Sabi ko nga kanina dati-dati iyong mga taga MHO nag-eexamine sila, nakakakita na ako ng refer to, tinatanong ko bakit kayo pumunta dito, "ay doktora nagpunta kami pero sabi derecho na lang kami dito" Batac Coor
>
> **"They are informed already** that we exist here in DPJG." (Dr Paulino JGMMC)
>
> "Sabi na mabagal daw tingnan, mabagal mag-issue ng certificate. Yung kasi minsan hawak ng social worker. Nawawalan kami. Bumabalik tuloy. Napagbibintangan ang OB. Kaya minsan matagal talaga kaya kailangang i-prioritize." (Internals\\Dr Paulino JGMMC – Coordinator)
>
> "They knew that's there's already PH; that they can be seen, they can be entertained 24/7. They know where they should go. They trust PH. And the private practitioners also give referrals."
>
> Message to CPN:
>
> Actually before I started parang bang "Oh my, additional naman trabaho ito." Na para bang mabigat siya sa trabaho ko. I always keep in mind, that this is an additional knowledge. It's a different experience also when you go to court and then you have helped someone and later magkita kayo. It's not easy for abused victims to come here and tell us na biktima ako mahirap yun pero wala silang magawa, they want our help, they want our understanding, our trust.
>
> **The victims of abuse, the family of the victims of abuse... ang laki ng tiwala sayo**, nag iipon na sila ng pamasahe para sa hearing. Tapos di ka makakarating. Sasasabihin nila talaga sigurong busy si Doc. For the opportunity that was given, it was nice. DRH_WCPUcoord
>
> As I said **we are open 24 hours** and here in Iloilo we are the only hospital with the WCPU that is fully operational though I know that Western Visayas Statue University Medical Center is at its fully extennt of its

operation though I am not quiet familiar if they cater medico-legal cases. But I have heard they have womens' desk. Western Visayas Chief

Medium referral WCPUs

"Siguro sa word of mouth kasi matagal na." (Mayor Hillarion ARS-RTTH - Coordinator OB)

"**Kasi hospital to, yun dinala nalang nila**. Alam na nila yung sa PNP halimbawa at sa DSWD. Alam nila kung saan dadalhin. Alam na nila ang WCPU. Kasi noon, bago na-set-up to, nagconduct na kami ng lecture sa labas na may WCPU dito. Nagtawag ng lecture/conference. Pumunta yung mga RHU, MHO. Sinabi namin na kung saan mag-rerefer. Yung organization ba. Kaya alam na nila." (Mayor Hillarion ARS-RTTH - Coordinator Pedia)

Parang kailangan i-advocate muna that there is an existing child and protection unit in the hospital. Tapos kasi most of the referrals coming from the LGUs parang mayroon din silang units na ganoon. Sa in other LGUs if they don't have, we can inform them that there is one existing in the hospital. Teresita Jalandoni Chief

Low referral WCPUs

No communications professionally. Adella Serra Ty Memorial Hospital Coordinator

Yun siguro na isa lang siya (Dra. [redacted]). Other physicians have to attend to the patient nga, hindi sila na-train. (Antique_Angel Salazar_Chief of Clinics)

Kasi alam nila na may pedia at saka OB dito. At saka yung sa mga RHUs naman, pag ganyan, talagang nire-refer nila dito.

"May dalawang doktor dito sa RHU na nagsasabing hindi sila marunong mag-examine, so pinapadala nila dito." (Antique_Angel Salazar_WCPU Coordinator)

limited resources, have not maximized potential, funding, sponsorship...must lobby with Provincial Governor. Bacnotan OIC Hospital

Wala. Sabi ko nga, most cases dumarating na lang ditto with their own volition. Luis Hora - Medical Director

Non reporting as factor

Siguro sa munisipyo din hindi functioning ang system nila kaya decreased din ang referrals. Sa isang buwan, minsan walang referral. So parang wala bang kaso or hindi lang talga narereport? Masbate PH Coordinator

Walang nagrereport. Di ba usually maraming cases yung incest? Minsan walang nagrereport, tahimik na lang. Teresita Jalandoni Coordinator

Overall, results of key informant interviews suggest that across all WCPUs and referring partners, there is really no significant difference in terms of reasons for referral. It would appear that the major factor that contributes to number of cases is really hospital level and not WCPU level.

Recommendations of WCPU Staff on improving number of referral to the center

When asked about strategies on improving number of refferals to their respective centers, several strategies were recommended. Below are the recommendations and respondents' actual suggestions:

Duplicate or increase number of WCPUs

> "Maybe to really duplicate the WCPU in the provincial hospitals in Cebu, probably one every province. The problem is, we tried that almost 10 or 7 years ago. We attempted to train people. Yun ang gusto ko, na there would be more WCPUs in the next years to the grass roots, aside from the usual continuing education." < SMMC - Chief of Clinics>

Information Dissemination

> "I think more information dissemination sa mga rural health physicians. Kung pwede nga, pwede silang i-train eh para hindi lahat dito." <Antique_Angel Salazar_Chief of Clinics>
>
> "Information dissemination/ IEC. We don't have radio only in Sagada. Through RHUs din ang referral." < Luis Hora - Medical Director>
>
> "Siguro, more advocacies. IEC sa barangay." < Tiwi MHO>
>
> "Siguro kailangan malaman ng MDT na may WCPU dito. Future Plans: For the next budget 2017, I'll try to separate the personnel budget for the CPU." <Bukidnon Provincial and Medical Center Director>
>
> "hindi na siya problem. Other than that is information dissemination, especially for the hospital personnel kasi sila yung front line, for example yung sa ER kung minsan may patients na pabalik balik na most probable na baka abuse. Dapat ma-disseminate namin sa kanila how to screen patients para i-refer nila dito for consult. Nangyayari naman iyon pero not as disseminated, yung doctors are informed, the nurses but not all personnel. We would like to go as far as the guards, the janitors." < Corazon Montelibano Coordinator>
>
> "I think isa pang target, I may suggest, is not just the end facility which is us, but also awareness among the population because we can only intervene if we know."

More coordination meetings

> "Maybe a frequent meeting with the stakeholders, like support groups, Bantay Bata and DSWD." < Western Visayas Chief>
>
> "Request lang me kasama kong OB kasi kahit trained ako, Pediatrician ako mahirap mag-isa. Mas kampante sana ko if me kasama akong OB para sa rape cases. Regarding sa funding, sana me mga NGOs na makaktulong samin kahit mahirap humingi ng funding na maapprove agad. Coordinate with PNP. Lobby provincial government to increase manpower." < Bacnotan DH Coord>
>
> "Communication…coordination rin siguro ng mga teams. Communication in terms of …sana sa mga RODs sana un mga rape cases hinde na naming natitignan na eendorse sa regional." < Bacnotan DH Coord>

Training of Second Liners

"Training of another social worker and nurse."< Adella Serra TY Memorial Hospital Director>

"So mas mabuti na dapat yung lahat na mga rural health physicians, dapat i-train na. At saka mas maano nila, mas accessible para sa client." <Antique_Angel Salazar_Chief of Clinics>

"…So if I have a choice, we would like to have some experts giving us how to go about it so that they can recommend how many more were going to be needing, how we can improve the overall ongoing process that we have. Are we just going to wait or look for signs? The question is when do you intervene? What are the circumstances? The hints? The red flags? When do we come in to the picture? That's basically our dilemma…"< Corazon Montelibano Chief>

"You multiply Dra. Ugdang. That's the attitude and the values. Mahirap mag maintain nyan if wala kang commitment. Let the resident do it, let the program run it on its own. Hanapan natin sila ng accountabilities dyan. Dapat me liabilities bawat department." <Internals\\DRH Med Dir>

Extra Services

"I have yet to establish a patient satisfaction survey to find out how our costumers feel about their experience in terms of how they are treated, their privacy was respected. That's another area for kailangan namin gawin this time." < EVRMC Chief>

"Yung hindi na lang na-establish pa is yung referral system and the service delivery network na paano namin maintegrate or magiging coordinated yung all the CPU units in the region with EVRMC as the focal or central unit for the region (eight)." < Baguio Gen H Incoming Coor>

Personnel: Nurse, social worker and Doctor- 24/7

"Rape kit."

"Ang gusto ko sana magkaron ako ng contact dun sa mga taong gustong tumulong sa mga abused na kapares ng mga nagtuturo ng livelihood, education…kasi kelangan maibalik mo sila sa society… yun ang gusto ko sana..tapos yun mga NGOs na tumatanggap para i-shelter sila yun ang gusto kong magkaron ako ng directory. Yun ang wish list ko." < QCGH Coordinator>

No need to increase

Di naman to increase more i think the right word is to receive referrals appropriately. Kung ang role ng center is really for this eh ginagawa naman namin. < Cebu_director(No Name)>

"As what I've said, we are already …the Pink Room brand or the Pink Center brand have been here since 1996. So I think, for me, we have done enough for people to know that we are existing here." <VSMMC - Coordinator - Doctor Amadora>

Why should we? Madami na. Wag na. < Baguio Gen_Chief of Clinics>

RSW: ang average namin is 2 daily. Yung lang po kasi, ang style sa WCPU, is they don't really come every day. Pwede pong may 1 day

walang tao, and then the next day, they come as 5 – 6 clients, so ganun po. But if you average it, we have 1 client na woman at 1 client na child po in a day.

WCPU Coor: Actually ang mahirap po, pag sabay-sabay nang dumating.

Research

To improve the WCPU, aspect sa research. Basic services pa napo-provide. A unit will be dynamic if there's training and research. < VSMMC - Chief of Clinics>

Improvement of Facilities

Yung sabi ko yung ideal na unit, yung may proper na interview room, proper na examination room. At saka yung hindi siya makikita ng ibang tao, kasi lahat chismosa ang mga tao. Siguro unahin muna ang unit kaysa personnel para malaman natin kung ano ang idadagdag. Pero gusto ko yung training kasi malapit na, si Dr. Senados din ang isa, baka gusto na niyang mag-retire earlier. Sana meron. Siguro pwede na kasi meron ng allotment for that. < Mayor Hillarion ARS-RTTH - Coordinator OB (Dr. Loreta Tomada)>

Justice System

Yung nakikita kong problema yung pagdating sa referral, yung sa court. Pagdating sa court dyan nagtatagal di agad naaksyunan kasi yung justice system natin 'mabilis.' Sana mapabilis. Kung pwede sana mabigyan tayo ng assistance

Experiences of referring agencies

In this section, we present sentiments of major partners in women and child protection work, the referring agencies. The major source of referrals, as already presented in the section "Source of Referrals" above.

Positive experience

Nung wala pang WCPU, pag nagre-refer kami, ang tagal ng kliyente dito. Nakikipila pa kasi. Pero nung na-create na yung WCPU, ire-refer na namin kay [redacted] (RSW), siya na ang tatawag ng doktor para mapabilis na siya. Tapos as to the releasing of the medical certificate, dati ang hirap kunin. Ngayon, sabihin ko lang kay Ma'am Marissa, yung medical certificate ni ganito, andyan na. (Benguet_BeGH_Referring PO)

Kadalasan, pag tinawag ko kay [redacted] ang bilis. Ang usual kasi na nangyayari, sa kanila muna nagpupunta at saka niya rinirefer nila dito sa akin ng mga tao doon. Di ko alam kung yung mga taga-triage or nasa information. (Bulacan MC - Referring Agency PNP)

Maayos naman Ma'am. Merong concern, alam naman nila pag nakikita na kami , alam nila na may kaso. (Bacnotan REF CENTER –PNP)

"Ano, mabilis sila. Kasi binibigyan ng priority. Inaattend agad. Hindi na pinapabalik." (Dr Jose RMH - Referring Agency CSWDO)

"Supportive naman…supportive ang Olongapo government dahil talaga naming ano...yung CSWDO ng Olongapo supportive…yung talagang pag nagpunta ka dun yung kaya nilang gawin ngayong araw na ito ginagawa

nila. Hindi nila ipinagpapabukas." (James Gordon DH - Referring – GHHS)

"Noon medyo nahihirapan kami mag-refer doon kasi dating mga doctors doon, gusto nila trained ang mag-conduct ng check-up. Habang dumadaan naman yung (panahon), lahat naman na nire-refer namin, chini-check up nila lahat. Dati kasi pag nagre-refer kami, pag walang trained, di tinatanggap kaya dinadala namin sa ibang ospital. Yung iba, sinisingil kami ng medico-legal records. As the years passed, lahat naman ng mga kaso namin, ina-assist nila. Kaya di kami mahihirapan sa pag-refer ngayon. Nire-require na lang nila ang referral letter." (Luis Hora - Referring Agency – PNP)

"So far, there is no problem encountered in referring cases to WCPU. We have close coordination with the WCPU and to other agencies involved. We follow due process in referring. We also do visitation of the victims at the crisis centre." (Oras ReferringPNP)

"Maganda. Mas madali iyong intervention kasi dalawa kayong nagwowork-out at iyong services na kailangan ng kliyente nabibigay agad kasi under siya ng hospital makapaglobby ka." (Angel Salazar RefCen SW)

"Minsan nag-aantay kasi wala si Dra dito. Maayos naman ang pagaasikaso. Napapadali ang resulta, pagkuha ng result pag nandiyan si Dra." (Catarman PNP)

"Si Doktor very supportive sa program."(Sta. Margarita - Referring Agency Plan Philippines)

The emotional aspect of referring

"Hindi ko kaya, Naawa po ako at hindi na maaalis ung galit. Kaya kahit sunod sunod pasyente ko, pinipilit kong isaaayos ang kaso nila para mafile. 'Yon lang alam kong maitutulong ko." (Infanta PNP)

"Halimbawa inabotan sila ng tanghalian., gagawa ako ng paraan para makakain sila." (Lope DV Samar)

"Siempre naaawa ka."

"Nakakalungkot po, parang ikaw ay nahahabag ka rin sa nangyayari sa nasasakupan mo. Tinutulungan mo naman may magkabati mamaya magkasira." (Infanta REf Cen-Brgy)

"On my part, it's partly challenging, especially that I'm a parent, you cannot avoid being emotional, because the incident is very real. At the same time with children, I'm very emotional, knowing I have kids. My experience so far with Vicente Sotto, okay naman noon. They're receiving so far all our endorsements and in fact, their services are mayo pod when it comes to handling." (VSMMC - RA – PNP)

"Nung una affected (personally) pero nasanay na rin ako detached mas focused kami sa assistance kung hanggang saan ang gusto nilang assistance." (QCGH Referring agencies_Psychologist)

Environment during referral

> "The social workers and doctors are very accommodating. The clients are made comfortable." (OAS PNP)
>
> "The clienteles or survivors don't have any hesitation in revealing their stories. They're very comfortable." (Very accommodating. Oas ALBAY)

Role of coordination

> "Okay naman. Yung center head naming diyan, maganda naman yung relationship naming. Well-coordinated pati yung sa pulis. May mga cases na nirerefer sa pulis. (Agad agad naman) ang response pag andiyan ang doctor kasi minsan nag travel." ESPH PSWD
>
> "Okey naman, nag-aaction naman sila agad pag may nirerefer kami for medical. Before, naririnig ko na rin kasi (yung pinalitan namin dito), may counselling na nabibigay including doktora, MSWDO and the WCPD." Balangkayan - Referring Agency PNP
>
> Okay naman. Nakikipag coordinate naman yung sa MWSD. Salcedo PNP

Negative Experience

Negative experience of referring agencies is mainly focused on 'waiting time' and ensuring patient's confidentiality. Also, unlike regular clinical cases, all cases of violence against women and children require medico-lecal and social intervention and these require time and staff.

Waiting time

> "Okay naman, not unless may mga time na magra-rounds yung mga doktor. Talagang mag-aantay yung victim. Magtatagal talaga. Pag wala naman mga cases, kine-cater talaga agad yung." (Baguio Gen_Referring PNP)
>
> "Kasi po sa DRH pag nagdala ka ng pasyente, ang tagal ka ma eentertain..pag hindi po urgent ang kaso nila ang tagal ma eentertain. Naintindihan ko naman marami pasyente, galing ako dun...pagdating sa loob matagal talaga..hindi madali...3-4 na oras kami matapos. Minsan ma entertain naman kami agad pero madalas matagal talaga." (Davao Regional Referring agencies)
>
> "Para kasi minsan nagrereklamo narin po yung mga pasyente. Minsan talaga ikaw nakikipagaway na rin po sa kanila eh. Oo kasi pina-prioritize nila yung…emergency kahit na tatlong oras ka na doon…pinaprioritize parin yung mga…kasi hindi po talaga established yung CPU doon eh. Talagang halo-halo na po kasi yung mga kliyente nila lalo na yung sa mga OB." (Jose B Lingad LRH - Referring Agency – PNP)
>
> "Noong una kong victim ay rape victim, meron silang nurses na nag-eentertain sa amin. Tapos kasi kunti ang mga doctors nila. Hinihintay namin kasi madami pasyente. Pumunta kami ng mga 8 pm natapos kami ng 1am." (BRTTH PNP Referring Agency)
>
> "Kami sa ER naman kami dumidiretso. Minsan talaga yung result mo, matagal talaga. Depende, minsan 1 week, minsan inaabot ng 2 weeks kasi wala yung doctor na nakapag-check up wala doon, on leave tapos one time yung rape case ko na Saturday nangyari, Saturday night kami nagpamedical , kasi dapat in quest Saturday night, so nung Monday

binalikan ko, nawala yung report. Hindi na nila alam kung saan napunta last." (Dr Jose RMH - Referring Agency PNP)

"Na-iconduct naman ang medical pero ang doctor minsan hindi pa available, busy." (Masbate PH Cawayan Social Welfare Asst)

"Okay lang naman. Pero pag nagpunta ka dun, di ka agad ma-entertain dahil marami ang pasyente. Tapos yung referral na abutin ka ng ilang oras." (VSMMC - RA - Brgy Mabolo)

Not priority

"Kung wala kang kakilala, punta ka nalang doon, punta ka doon. Pero may kakilala kasi ako, so mas advantage pag may kakilala ka sa kanila. Tapos may one time din. Rape case din. Sensitive yung case kasi pina-check up naming yung bata, that night din nangyari ang allegedly rape. ***Dahil medico-legal naman yan, mamaya ka na. Ganun nangyayari." (***Dr Jose RMH - Referring Agency PNP)

"Mahirap, pero sa WCPD wala naman nagiging problema. Problema sa mga lalaki, sa regular na cases nagkakaproblem. Ang problema lang, konti, minor, natatagalan masyado. Halimbawa for inquest, pag for inquest kasi ang case naming, halimbawa rape, kelangan namin yung medico legal e, natatagalan. Halimbawa yung client namin bata, bago naming sya kunan ng statement nirerefer namin doon para naman ma confirm naming kung ano yon. Pag bababalik na yung bata masyado nang late kasi natatagalan doon kaya minsan atrasado kami sa oras. E, sa inquest meron kami sinusunod na period."

"Pero meron akong experience sa baguio kasi meron kaming case na finollow up sa baguio. Pinamedical naming yung bata doon, nakukuha naman agad. Naikumpara ko, sa baguio priority ang mga medico legal case." (Veterans RH PNP)

Cooperation of abused

"Mahirap kunin ang kooperasyon, kailangan mo pang i-motivate." (Catarman PNP)

"There was a case of child abuse and the perpetrator is a barangay councilor. They were told by the parents not to intervene. And even the barangay captain does not want to intervene as well. We heard that the family was given a source of living as amicable settlement. But the sad thing was, the other child was also abused." (Mayor Hilarion Ramiro RefDSWD)

Coordination

"Sumasakit ang dibdib namin. Darating ang araw na kakatukin namin si Social Worker at ibibigay na namin ang bata "Bahala ka na diyan". Kasi ganito yun, kami kasi ang temporary shelter. Nag-iisa ang social worker naming. Ang tingin namin, dina-dump lang sa amin ang bata pagkatapos." (Sta. Margarita - Referring Partner WESADEF)

Not entertained

"Last June 27 doon sa Western Visayas sa kaso ng aking isang minor, hindi nila tinanggap, doon daw magpamedical sa crime lab. Hindi nga nila alam ang rason. Kasong 7610, legal age ang nang-abuso kaya nirefer ko sa Don

Benito. Tapos may isa pa akong kliyente RA 7610, pumunta ang parents hindi sila tinanggap, dahil ayaw daw nila na ipatawag sa court." (Western Visayas -ILOILO PNP)

Implications of long wait

"Lalo na sa pag-issue ng medicolegal certificate, matagal talaga. Hindi agad makukuha automatically pag nag-refer ka. Lalo na kapag Saturday ka nag-refer sa kanila, makukuha mo sa Monday afternoon pa which is yung case na ating i-ffile ay lalong natagalan sa pagpasa sa prosecutor's office. Lalo na din pag may cases na detained yung respondent, ang period to detain ay limited lang, nakakalabas talaga pag matagal yung result." (Mayor Hillarion ARS-RTTH - Referring Agency PNP)

"Medyo nung umpisa, pero na iraise na yung kay Dr. Daniel, pag nagrerefer kami sa emergency, di ba ang aim naming is ma protect yung identity ng biktima naming. May na experience ako diyan na ang haba haba ng pila though meron na akong referral, na dapat sila hindi naman sa unahin pero dapat may special sila na treatment lalo na yung rape cases, ang tagal, super tagal ng resulta. Syempre maintindihan mo dahil public. Pero pag may cases naming na kelangan na talaga ng resulta, inquest na, hindi naming maifile kasi kulang ng attachment, dahil ang requirement (medico legal) dapat galing ditto minsan nabibinbin yun." (Paulino J Garcia PNP)

"Mabagal dahil sa coding. Inquest ay mabilis naman." (Internals\\BRTTH PNP Referring)

"Yung medical certificate matagal po talaga ang releasing kasi ang MC ginagamit namin sa pag file ng case. 2-3 days po talaga ang MC."

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Recommendations from referring agencies

*Spee*d *up services*

"Binigay yung result agad. Ako mismo nagdala sa records section." (BRTTH - Referring Agency - Pio Duran)

"Prioritize kapag may mga ikukulong kasi nakakatakas." (BRTTH PNP Referring Agency)

"Sana po yung Medical certificate lalo na yung mga me request namin dapat mga 1 day kasi matagal kami mag file, na-suggest na namin yan ng me conference ng andun yung mga director...na-communicate na po sa kanila...dati pa." (Davao Regional Referring agencies)

"Yung pagbibigay nila ng priority, ipagpatuloy lang nila. Parang ganun, yung bang ipagaptuloy nila yung pagbibigay ng consideration. Kasi yung naman ang ginagawa nila. Ipagpatuloy lang nila." (Dr Jose RMH - Referring Agency CSWDO)

"Magkaroon sila ng lane para sa medico legal cases kasi nahihirapan kami, yung bata nag tatantrums na doon kasi masyado matagal na sila nag iintay. Kasi yung bata biktima na nga, doon pa nabibiktima matagal pa sya nag hihintay. Yun, mahirap, kesyo nagpapaanak pa yung OB hintayin pa may emergency imbis na sya na yung isasalang wala pa din nahirapan kami e

yun pati yung bata hindi na interesado, mahirap kasi iexplain sa bata e." (Veterans RH PNP)

24/7 service

"Availability ng medical doctor (personnel to be available Monday-Friday)." (Angel Salazar RefCen SW)

"Sana maging 24/7 sila kasi mostly gabi o madaling araw. Wala pang mga 24/7 na doctor." (Bacnotan REF CENTER –PNP)

"Meron at meron sanang isa na maiwan na doktor kahit umiikot (rounds) sila. Kasi anytime kami dito, wala kaming oras. So usually pag ganun, nauubos na yung oras namin dun, yung mga victim, napapagod na rin, umaayaw na yung iba." (Baguio Gen_Referring PO)

"kasi doctor dun on-call. Siguro mas maganda kapag nandoon na talaga sila. Kasi may ibang pasyente, tapos inano lang nya yung referral kasi malayo ang area. Nakauwi sila gabi na. Kaya mas maganda kapag ang doctor, doon lang sya. Kasi habang ini-examine na, may pumapasok na doktora dun, "Yung pasyente mo nag-ganun-ganyan." Pero, tinapos nya." (BRTTH - Referring Agency - Pio Duran)

"Mabagal. I-prioritize sana kung may ikukulong." (BRTTH Referring Agency PNP)

"Tapos, nagkataon na weekend or gabi wala sila. Kung pwede na doctor na on-call. Kasi hindi naman sa lahat ng oras may ganoong nangyayari. Paminsan-minsan lang, tapos pagtawag wala pa." (Dr Jose RMH - Referring Agency PNP)

"Sana laging may available na may titingin na hindi na kami naghihintay. Tapos pag natapos na iyong medical examination hihintayin na naman iyong report. Minsan pag inumaga kukunin (ang medical result) wala namang pipirma na doktor. Sana mas marami pang doktor na available." (Mariano Marcos_Batac PNP)

"There should always be a reliever or an assistant in the absence of the Investigator or Coordinator. Everyone involved should be equipped and trained." (Oras Referring PNP)

Own office that can ensure confidentiality

"Dapat talaga may sariling office yung WCPU para yung confidentiality talaga ng ano is ma-remain." (Balangkayan Referring Agency PNP)

"Sa WCPD room ko andoon ang chief of police (lalaki) other officers, pag may victim ako minsan nilo-lock ko, minsan may kakatok." (Catarman PNP)

"Wala kasing permanent na in charge doon. Kahit yung social worker. Dapat meron diyan na para sa unit lang." (ESPH PSWD)

"Sana meron permanent unit." (Liloan Referring Agency)

"Ma-establish sana yung WCPU room." (Luis Hora - Referring Agency – PNP)

"Siguro sa facilities din. Siguro kulang ang set-up, kailangan pa ng place na for confidentiality." (Mayor Hillarion ARS-RTTH - Referring Agency)

"Minsan ang problema namin dun, halimbawa pag may bata, tapos incest, problema namin kung saan ilalagay ang bata kasi di naman pwedeng ibalik dun sa magulang." (Sta. Margarita - Referring Agency PNP)

Good Interagency Communication and Coordination

"Siguro, connection between sa amin. Kasi minsan hindi naming sila ma-reach out. Lalo na pag may mga sensitive cases." (Dr Jose RMH - Referring Agency PNP)

"Ang ano kasi sana namin sa kanila, counter parting na kami sa center (with the WESADEF with the LGU). Wala na kaming fund. Actually, 30% lang ang ibinibigay ng funding agency so 70 sa amin.")Sta. Margarita - Referring Partner WESADEF)

"Yung kuan na lang.. Kasi ang agreement noon ng VAW protocol ng inter-agency, iisa lang dapat yung intake form. Intake sheet kasi siyempre kasi yung isang bata or VAW victim." Veterans RH Referring Agency

"Iyong agreement ng WCPD and WCPU, to avoid conflict para at least ma-aware kami that the hospital caters ng ganoong kaso.Wala kaming contact sa mga doctor kundi iyong landline lang nila." (Western Visayas - ILOILO PNP)

One stop shop

"Kung sana kung may ma-refer dito na victim, ma-multidisciplinary team kaagad. Tapos, pag ni-refer sa psychiatry for psychiatric evaluation, andyan talaga agad. Tapos pag yung ni-request yung result, ma-provide kaagad, lalo na yung medico-legal, yun ang pinaka-importante. Kasi dito ano, okay lang kung duty pa din nung doctor, pero kung off nya, after five days mo pa makukuha. Actually, may protocol at MOA, kaya lang hindi nasusunod." (Angel Salazar_Referring)

"Kulang tayo sa physician. Walang reliever (pag nag-leave yung doktor)." (Baguio Gen_Referring School)

"Parang yung sa set-up na UP-PGH na katapat ng ER, at lagging may naka-duty. Di ko lang alam kung ano set-up nila diyan. Bukas na ba sila? Kasi sa aking pa din lahat talaga." (Bulacan MC - Referring Agency PNP)

"Kasi nga gusto kong maisaayos talaga ito. dahil nakikita kong malaki ang naitutulong ng WCPU. Bakit, sa dami ng sexually abuse namin, bagamat sabihing dumarami at least yun pong pang memedico legal dati rati ipupunta ko sa Lucena, Camisatntile, NBI, Crame ganoon ka-miserable bago ko ma-ifile ang sexually abuse ganoon kalalayo pinagpapatignan ko sa kanila Kaya noong nagkaroon ng WCPU dito, **natutuwa ako kasi mabilis lang kasi dito na nagcoconduct si Doc kaya bumibilis ang proseso**." (Infanta PNP)

"Ayun po siguro yung…mapabilis po yung pagaasikaso sa mga pasyente." (Jose B Lingad LRH - Referring Agency – PNP)

"Mas maganda tutok yung doctor na ilalagay dun, na wala siyang ibang task. Kasi yung social worker doon nasa medical social service so araw araw meron syang pasyente na inaasikaso kaya kapag may client kailangan tawagan muna sya." (Masbate PH Cawayan Social Welfare Asst.)

"Need available doctors for inquest." (Masbate Ref1PNP)

"Ang pinaka-ideal sa WCPU, iyong One-stop Shop. May physician, may investigator, lahat na anjan, may lawyer, CSWDO. Kung iyan lang sana ma-realize nila para yung trauma sa victim hindi pa-ulit ulit kasi once mag-interview ka sa victim. Para mas mabilis din." (Mayor Hillarion ARS-RTTH - Referring Agency)

Additional logistical support to victims

"Sa sexually abuse may shelter, pero sa mga batang may problema CICL, wala. Gusto namin silang irehab pero wala." (Angel Salazar RefCen SW)

"Tapos we also request yung mga materials like mga toys dba kasi mas madali mong ma-iinterview yung mga bata kung child-friendly yung WCPU tapos yung spacious." (Balangkayan - Referring Agency)

"Kung pwede sanang walang bayad (ang medical certificate) or kung anong pwedeng gawin. Kasi dati kasi is 50, ngayon naging 200." (Benguet_BeGH_Referring PO)

"Pagkain ng victim at shelter. Logistic, sasakyan pang-travel talaga." (KALIBO PNP)

"Pamasahe ng mga biktima. Pag me kine-cater kaming mga biktima, yung sa pagkain….Yung tirahan nila meron naman dito sa taas, me CR." (Lope DV Samar_ PO2)

"Nagkausap na kami ng taga Vicente Sotto, na mag-aantay kami ng ilang oras, tapos walay kwarta ang ubang pasyente ihatod namo, kami pa mutabang. Ila naman kuno na gi-meetingan. Ilang nang gi-improve gamay, kailangan lang namo ug pasensya." [*We talked with staff of Vicente Sotto, that we have been waiting for hours, and that some of the patients we accompanied do not have money and we have to shell out. They told us they had a meeting regarding the issue. They said they made some improvement, we just need additional patience*] (VSMMC - RA - Brgy Mabolo)

Support sa amin, syempre hindi naman lahat ng pasyente, PWD, senior citizen.

Love ko ang women's, mahirap gumawa ng husto para mapaganda ang relationship, kung kulang ang support financially, paano ka makabigay ng pamasahe man lang. Maawa ka talaga at itong space namin kahit bago tignan mo ma'am. (Bare and very small space). Western Visayas -ILOILO PNP

Advocacy and information campaign

"siguro mas bubuti nyan yung barangay, du mismo sa barangay yung information dissemination" Albay - WCPU - Legazpi - Referring Agency

"Ano po, yun para pong, para pong ang gusto ko sa ang mga kabataan ay pag sila ay may reklamo sila po ay dumerecho, para makahikayat sila." (Infanta REf Cen-Brgy)

"Gusto ko talaga maconduct ang orientation sa kanila para at least lumaki silang matino na ang iba ay hindi na magnakaw, hindi na mag sha-shabu…" (James Gordon DH - Referring - GH VAWC)

"Dissemination parin of information." (James Gordon DH - Referring – GHHS)

"Continue the advocacy through information campaign and advertisement." (Mayor Hilarion Ramiro RefDSWD)

"For info dissemination, we have already intensified the advocacy. And also our barangay VAWC desks." Oas ALBAY PO3 Rayala KII

"More orientation for medical staff at sabarangay. Resolution or memorandum of agreement. Sana i-honor ang barangay as an institution na pwede kami mag endorse. Dapat universal ang rule for endorsing." (QCPC_Ref agency)

MDT Training

"siguro din yung parang training din para sa mga katulad naming barangay officials para kahit..halimbawa yung mga ganyang case mahirap para meron din kaming at least yung kaalaman para kung halimbawa mayita tanong sa amin meron kaming isasagot." Albay - WCPU - Legazpi - Referring Agency

"Sana may trained na doctors additional doctors na tututok sa mga victims ng WCPU. More trainings for them for the psychologist." Gov Celestino Gallares BOHOL referring

"Madgadaan pa ng personnel at sila ay ma-train din kagaya ko para makita nila iyong tamang treatment." (Infanta PNP)

"Maybe the formal training for us, the PNP and SWs; even if we are not trained we are functioning as such. I am really hoping that maybe next year we would be able to undergo the training." (Oas ALBAY PNP)

"Formal training for us and to the social workers." (OAS PNP)

"Dapat mag undergo sila ng stress management, at ipa remind tung TLC. Kasi pare pareho naming hindi kaano ano yung mga biktima e pero kinecater naming sila, hinahatid naming hanggang dito. Tapos pag dating namin dito, ihahang kami. Pinaghihintay kami, limang oras…" (Paulino J Garcia PNP)

"Konting training sa mga Multi Disciplinary Team. Isa sa mga problema namin dito sa Pampanga sa Capin namin. Nagtraining kami, na train yung police women mayroong mga doctors." (Romana Pangan Capin_Referring)

"Ang gusto ko ay ma-equip ang mga personnel to handle cases na rini-refer sa kanila and more conducive environment in case na ang mga bata na nandodoon, although may ibinigay na mga equipment (TV, computer, camera etc) siguro ito na mga devices or equipment na ma-eencourage ang bata to forget their experiences, to divert." (Sta. Margarita - Referring Agency Plan Philippines)

Activation of Barangay VAWC

"Pag activate sa mga VAW desk per brgy at pag activate sa BCPC. (Brgy Child protection council). Gov Celestino Gallares BOHOL referring

"It has to be localized. Consider that we are in Cebu City and Cebu City is a highly urbanized city, and it's expected that the crime rates are high." (VSMMC - RA – PNP)

Evaluation of Multi Disciplinary Team Training

Self-Assessment of MDT Knowledge and Skills

Knowledge of WCP Concepts and Principles

Self-assessment of 102 respondents of their knowledge of the following women and child protection concepts and principles show that majority of respondents rated their level of knowledge as adequate at level 4 or 5.

Table 68.Percentage frequency of respondents' self-rating of their level of knowledge of WCP concepts and principles.

WCPU Topics	Level of Knowledge							TOTAL
	1 Limited knowledge	2	3	4	5	6 Excellent knowledge	No Answer	
1. Dynamics of Interpersonal Violence	2.94	3.92	26.47	**37.25**	27.45	1.96	0.00	100.00
2. Gender-Sensitivity and Gender Sensitive Case Management	1.96	2.94	11.76	**41.18**	33.33	8.82	0.00	100.00
3. Types of Abuse and Dynamics of Victimization (children)	1.96	1.96	15.69	**35.29**	**35.29**	8.82	0.98	100.00
4. Republic Act 7610	0.98	1.96	10.78	27.45	**46.08**	10.78	1.96	100.00
5. Psychological Sequelae of Sexual Assault	4.90	4.90	19.61	**35.29**	26.47	6.86	1.96	100.00
6. Salient Features of Republic Act 9262	0.98	1.96	13.73	29.41	**44.12**	9.80	0.00	100.00
7. Limits of Medico-Legal Examination and Consensus	8.82	10.78	13.73	**37.25**	13.73	3.92	11.76	100.00
8. Performance Standards in Upgrading Services and Facilities for VAWC	0.98	5.88	30.39	**35.29**	24.51	0.00	2.94	100.00
9. CSPC Protocol on Case Management	4.90	2.94	20.59	**34.31**	31.37	2.94	2.94	100.00
10. VAWC Referral System	0.98	1.96	7.84	33.33	**44.12**	10.78	0.98	100.00

The highest percentage frequency is at level 5 (46.08) on Republic Act 7610, while the lowest percentage frequency ay 0.98 is at level 1 or limited knowledge on the salient features of Republic Act 9262, performance standards in upgrading services and facilities for VAWC, and on VAWC referral system.

Knowledge level of MDT tasks

Self-assessment of the level of knowledge of specific MDT tasks identified of 102 respondents show a relatively good level of knowledge (level 4 and 5) of six tasks. This includes interviewing a child, counseling for VAW victims, safety and risk assessment of children, safety and risk assessment of women, identifying pertinent information, and handling case conference. One task, initial evaluation of sexual assault was rated at a lower level of 3. The rest of the seven tasks were rated as not applicable to their practice. This includes forensic examination of sexual assault, recognizing injuries, identifying evidence with probative value, preparing social case report, crisis intervention, medical examination, and preparing a sworn statement. This may be due to the variety of professions and roles of

the respondents. These tasks may be identified as multidisciplinary tasks, but in actual practice, these tasks are delineated as to profession or roles.

Overall, the level of knowledge of the respondents as to the MDT tasks are good with a self-rating level of 3 to 5 (excellent knowledge).

Table 69. Table 2. Percentage frequency of respondents' self-rating of their level of knowledge of MDT tasks

MDT Tasks	Level of Knowledge							TOTAL
	1 Limited knowledge	2	3	4	5	6 Excellent knowledge	NA	
1. Interviewing a child	0.98	0.98	15.69	**36.27**	**36.27**	3.92	5.88	100.00
2. Counseling for VAW victims	0.98	0.00	20.59	29.41	**31.37**	4.90	12.75	100.00
3. Safety and Risk Assessment of Children	0.98	5.88	19.61	**32.35**	29.41	2.94	8.82	100.00
4. Safety Risk assessment for women	0.98	0.00	16.67	**39.22**	26.47	4.90	11.76	100.00
5. Forensic examination of sexual assault	6.86	0.98	15.69	12.75	5.88	3.92	**53.92**	100.00
6. Identifying pertinent information	0.98	4.90	16.67	**31.37**	26.47	1.96	17.65	100.00
7. Recognizing injuries	4.90	0.00	14.71	20.59	17.65	3.92	**38.24**	100.00
8. Identifying evidence with probative value	2.94	5.88	14.71	17.65	17.65	0.98	**40.20**	100.00
9. Preparing social case report	2.94	2.94	12.75	20.59	19.61	3.92	**37.25**	100.00
10. Crisis intervention	2.94	3.92	17.65	24.51	22.55	1.96	**26.47**	100.00
11. Medical examination	4.90	0.98	8.82	6.86	10.78	4.90	**62.75**	100.00
12. Preparing a sworn statement	6.86	1.96	6.86	14.71	18.63	5.88	**45.10**	100.00
13. Handling case conference	3.92	2.94	21.57	27.45	**29.41**	1.96	12.75	100.00
14. Initial evaluation of sexual assault	3.92	5.88	**24.51**	20.59	19.61	2.94	22.55	100.00

Skill level of MDT tasks

Self-assessment of the level of skills of the same specific MDT tasks identified of 102 respondents show a relatively good level of skills (level 4) of six tasks. This includes interviewing a child, counseling for VAW victims, safety and risk assessment of children, safety and risk assessment of women, identifying pertinent information, and handling case conference. One task, initial evaluation of sexual assault was rated at a lower level of 3. These are the same results as the level of knowledge. The rest of the seven tasks were rated as not applicable to their practice. This includes forensic examination of sexual assault, recognizing injuries, identifying evidence with probative value, preparing social case report, crisis intervention, medical examination, and preparing a sworn statement. Again, this may be due to the variety of professions and roles of the respondents. These tasks may be identified as multidisciplinary tasks, but in actual practice, these tasks are delineated as to profession or roles.

Overall, the level of skills of the respondents as to the MDT tasks are good with a self-rating level of 3 to 5 (excellent skills).

Table 70. Percentage frequency of respondents' self-rating of their level of skills of MDT tasks

MDT Tasks	Level of Skills						
	1 Limited Skills	2	3	4	5	6 Excellent Skills	NA
1. Interviewing a child	0.98	0.98	12.75	**47.06**	28.43	3.92	5.88
2. Counseling for VAW victims	0.98	1.96	16.67	**37.25**	27.45	2.94	12.75
3. Safety and Risk Assessment of Children	0.98	3.92	22.55	**34.31**	26.47	0.00	11.76
4. Safety Risk assessment for women	0.98	0.98	15.69	**41.18**	27.45	1.96	11.76
5. Forensic examination of sexual assault	6.86	1.96	16.67	10.78	6.86	2.94	**53.92**
6. Identifying pertinent information	0.98	5.88	16.67	**37.25**	21.57	0.98	16.67
7. Recognizing injuries	4.90	0.00	14.71	25.49	12.75	3.92	**38.24**
8. Identifying evidence with probative value	3.92	4.90	15.69	19.61	13.73	0.98	**41.18**
9. Preparing social case report	2.94	3.92	13.73	17.65	22.55	1.96	**37.25**
10. Crisis intervention	2.94	4.90	16.67	24.51	22.55	0.98	**27.45**
11. Medical examination	4.90	1.96	7.84	6.86	11.76	3.92	**62.75**
12. Preparing a sworn statement	6.86	2.94	6.86	13.73	21.57	2.94	**45.10**
13. Handling case conference	4.90	1.96	21.57	**30.39**	26.47	0.98	13.73
14. Initial evaluation of sexual assault	3.92	6.86	**23.53**	21.57	20.59	0.98	22.55

Comparison of Self-Assessed Knowledge and Skill level of MDT tasks

Comparison of the self-assessed level of knowledge and skills of the specific MDT tasks identified of 102 respondents show no significant differences between both average ratings in all MDT tasks. The task with the highest level is interviewing a child. This may be because all respondents have had experiences performing this specific task. The task with the lowest average rating is that of medical examination. This is probably because this is a task that in practice is mostly being performed by the medical officer or the assigned physician. Aside from this, there are seven other tasks that received a relatively low average rating (less than 3). This includes forensic examination of sexual assault, preparing a sworn statement, identifying evidence with probative value, recognizing injuries, preparing social case report, crisis intervention, and initial evaluation of sexual assault. These tasks may be considered as areas where further training may focus on. Tasks that were rated at least 3 and above include identifying pertinent information, handling case conferences, safety and risk assessment of children, counseling for VAW victims, safety risk assessment for women, and interviewing a child.

It may also be noteworthy to look into the identified MDT tasks, to ensure that these are tasks that are truly multidisciplinary. These should be tasks that can be performed by any or all of the members of the team.

Table 71. Difference between average knowledge and skills self-rating

MDT Tasks	Knowledge AVE	Skills AVE	Difference	sd
1. Medical examination	1.44	1.42	0.02	0.01
2. Forensic examination of sexual assault	1.60	1.56	0.04	0.03
3. Preparing a sworn statement	2.19	2.14	0.05	0.04
4. Identifying evidence with probative value	2.24	2.14	0.10	0.07
5. Recognizing injuries	2.43	2.38	0.05	0.04
6. Preparing social case report	2.51	2.47	0.04	0.03
7. Crisis intervention	2.86	2.79	0.07	0.05
8. Initial evaluation of sexual assault	2.87	2.83	0.04	0.03
9. Identifying pertinent information	3.30	3.25	0.05	0.04
10. Handling case conference	3.43	3.33	0.10	0.07
11. Safety and Risk Assessment of Children	3.66	3.46	0.20	0.14
12. Counseling for VAW victims	3.67	3.59	0.08	0.06
13. Safety Risk assessment for women	3.70	3.64	0.06	0.04
14. Interviewing a child	4.00	3.95	0.05	0.04

Figure 16 shows that the level of knowledge is slightly higher across tasks. This can also be related to the respondents' reported opportunity to actually practice each of these taks.

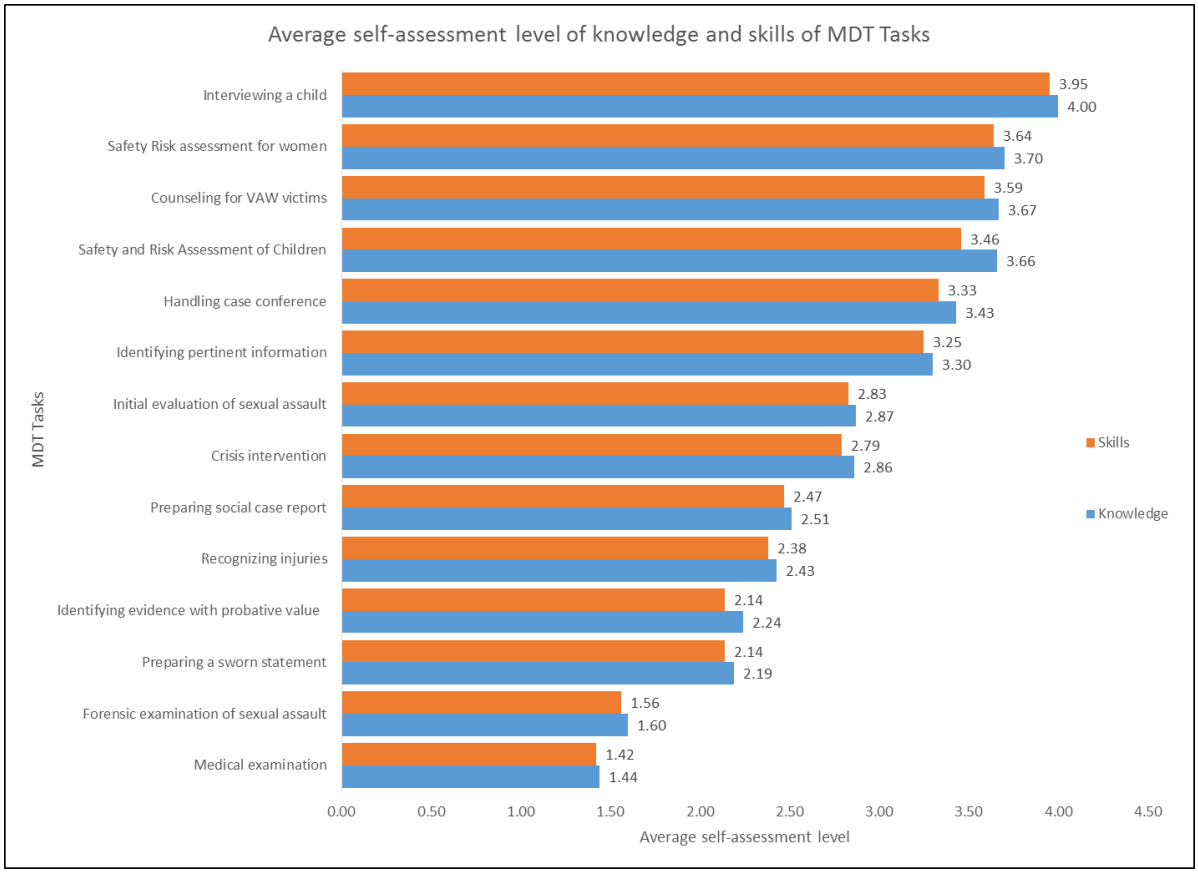


Figure 16. Comparison of average self-rating for knowledge and skills of MDT tasks.

Frequency of Performance of MDT Tasks

The 102 respondents were asked how many times they have performed each of the identified MDT tasks. Results show that 34.31-83.33% of the respondents reported not having been able to perform the tasks. On the average, respondents have only performed the tasks a total of 1-2 times. This may have affected their self-assessed rating of their skills in the same tasks. The task with the most percentage of respondents not having been able to perform it is medical examination (83.33%). Again, this may be due to the variation of respondents' role or profession, wherein only the medical officers were able to perform this task. On the other hand, the least percentage of respondents who had no experience in performing the task is interviewing a child (34.41%). This means that the task of interviewing a child is more commonly experienced by the various respondents with different roles.

Table 72.Average frequency of performance of MDT tasks.

MDT Tasks	Frequency of 0 number of tasks performed	Average number of times task is performed	%age of respondents with 0 tasks performed
1. Interviewing a child	35	1.71	34.31
2. Counseling for VAW victims	37	1.99	36.27
3. Safety and Risk Assessment of Children	48	1.08	47.06
4. Safety Risk assessment for women	48	1.45	47.06
5. Handling case conference	55	1.42	53.92
6. Identifying pertinent information	56	1.33	54.90
7. Initial evaluation of sexual assault	67	0.73	65.69
8. Crisis intervention	68	0.50	66.67
9. Recognizing injuries	71	0.98	69.61
10. Preparing social case report	71	0.65	69.61
11. Preparing a sworn statement	73	0.66	71.57
12. Identifying evidence with probative value	74	0.67	72.55
13. Forensic examination of sexual assault	83	0.51	81.37
14. Medical examination	85	0.78	83.33

MDT Training Experiences

Of the 102 respondents, 88.70% attended the MDT training and only 13.00% were not able to attend the training. It is interesting to note that all those who were not able to attend training are physicians. Of those who attended the training, physicians also comprised the most number of participants (47.83%) at almost half of the entire sample.

Table 73. Attendance to the MDT Training

POSITION/ ROLE	Attended	%age	Did not Attend	%age	TOTAL
Social Worker	**40**	**34.78**	**0**	**0.00**	**34.78**
MSWDO	30	26.09	0	0.00	26.09
RSW	10	8.70	0	0.00	8.70
Physicain	**55**	**47.83**	**13**	**11.30**	**59.13**
PO	34	29.57	2	1.74	31.30
MHO	16	13.91	7	6.09	20.00
RH Physician	2	1.74	2	1.74	3.48
CHO	3	2.61	0	0.00	2.61
PHO	0	0.00	2	1.74	1.74
Administrative Asst	**3**	**2.61**	**0**	**0.00**	**2.61**
Nurse/Midwife	**4**	**3.48**	**0**	**0.00**	**3.48**
TOTAL	**102**	**88.70**	**13.00**	**11.30**	**100.00**

Non-attendance to training was mainly due to conflicts in schedules or being busy with rehabilitation efforts, specifically after typhoon Pablo.

> "Late na nainform, di namin alam kung ano ang ipprioritize kung ang training o yung gagawin sa loob ng opisina, dapat may time para yung may activities na iba ma schedule."
>
> (We were informed late so we didn't know which to prioritize, the training or what we were doing in the office. There should be ample time so that the activities can be scheduled well.)

Information regarding training were either received from the DSWD (28.79%), the LGU or the Mayor's office (13.64%), the DOH (4.55%), and other non- government institutions (Consuelo Foundation, Social action force). The invitations received came in different forms from letters or memos, text messages, to radio messages.

When asked if they intend to attend the training, given another invitation, 84.62% said they will be willing to attend the training. Some factors they identified that could encourage attendance to training include provision of financial support, absence of conflicts with schedules and workload, and an accessible training venue.

> "Basta wag lang mga later part of the year kasi alam mo naman madalas na kami babagyuhin hindi na advisable sa 'min mag attend, mag conduct, mag sponsor ng mga ganyan kasi most of the time nakaka-experience kami lagi ng disaster operations"
>
> (As long as it's not in the later part of the year, since you know, typhoons usually come around this time. It's not advisable for us to attend, conduct, or sponsor trainings because we usually experience disaster operations at this time.)
>
> "Sana ilagay nalang sa 1st Quarter yung mga training na ganyan kasi sa amin sa LGU maraming activities na kinoconduct namin sa last quarter na sabay sabay kaya marami sa amin ang hindi maka attend dahil may activity."
>
> (We hope they just schedule trainings like these in the 1st quarter of the year, because in LGU's, there are many activities being conducted in the last quarter. The activities are done simultaneously that's why a lot of us were unable to attend the training.)

Length and Schedule of Training

Almost half (47.62%) of the 102 respondents who attended training found a five-day training as "ok", "just enough", or "tama lang". They found that this design was just enough, given the content being covered, and considering the amount of time they will be out of their posts in the office or clinic.

> "ok naman, walang sinayang na oras"
>
> (It was ok. No time was wasted.)
>
> "okay lang kasi yung dami ng input nila…mabigat masyado kung ico-compress pa yun"
>
> (It was ok based on the amount of input. It would be too heavy if they will compress these.)
>
> "Tamang-tama lang hindi naman kasi kami pwede i-pull out ng matagal. Tamang-tama lang yung 5 days."

(It was just right because we can't be pulled out from work too long. 5 days is just enough.)

"Kasi pag matagal na masyado hindi rin makakapag-concentrate doon sa training kasi iisipin mo rin yung pamilya mo pag matagal ang training."

(If the training is too long, participants won't be able to concentrate on the training because they'll be thinking about their family.)

On the other hand, 14.29% found the 5-day training too short. They felt it was lacking and "bitin". This resulted to decreased time allotted for discussions and extension of sessions late in the evening.

"limited lang ang time ng discussion of the topics"

(There is limited time to discuss topics.)

"kulang yung time para ma explain yung lahat ng detalye tungkol sa pagpa training. Kasi sana ma explain ng maayos."

(The time is not enough to explain all the details included in the training. We hope it can be explained well.)

"Kung minsan parang kinukulang nga yung oras kasi inaabutan kami ng gabi."

(Sometimes it seems the time allotted is not enough because we extend the time til night.)

"Congested siya at parang namamadali."

(It's congested and seems rushed.)

Another group of respondents (21.43%) look at the 5-day training as too long. They describe it as tiring due to the tight scheduling.

"Exhausting pero worth it naman" (It's exhausting, but it's all worth it.)

"Sagad sagad ang schedule" (The schedule is packed to the limit.)

"Actually, there was a time na matatapos kami ng 9pm pero ok lang kasi marami kami natutunan"

(Actually, there was a time that we end the sessions at 9pm, but it's ok because there was a lot to learn.)

"Dapat sana mas maganda may focus. Sa first day ipunin lahat, tapos the next day para sa doctors. Tapos the next day for the social worker, then police."

(It might be better if there was focus. On the first day, everyone can come together, then the next day, the sessions can be for the doctors, then the next day, for social workers, then the police.)

Training content and methods

Training topics

Around 28.43% of the 102 respondents find the training relevant to their work. They feel that the topics taught were very appropriate to their work. Cases, topics, and resource persons make it relevant for the respondents. It also enhanced and emphasized the importance of the team approach in the handling of victims. They also find the topics included in training as very interesting.

"Kasi relevant sa duties and responsibilities namin"

(It's because it's relevant to our duties and responsibilities.)

"parang coincide talga yung training doon sa work naming ditto sa baba."

(It seems like the training topics really coincide with our wok here in the field.)

"very relevant. Very appropriate.." "kailangan talaga yung multi-team approach kung saan kasama naming mga doctors kami mga social workers and..may kasama kaming pulis"

(It's very relevant. Very appropriate. The multi-team approach is really needed when we work with doctors, us social workers, and there is also the police.)

"as doctors we are really not that..even during school..we are really not trained not much taught with regards to doing medico-legal in the actual life"

"dun ko po nalaman kung ano talagang trabaho ng police officer, ng doctor, ng swd."

(This is where I learned what the work of a police officer, doctor, and SWD are.)

"Yung working relationship ng team, walang overlapping ng services and then naging –organize at systematic yung referral at treatment ng client. Umayos yung working relationship namin at saka kung saan irerefer yung client."

(In the working relationship of the team, there are no overlapping of services. Then, the referral and treatment of the client became organized and systematic. Our working relationship became organized including where the client will be referred.)

"Marami syang tulong kasi different stakeholders ang nandun then nag co-come up na mas magandang na pwede pa gawin. So parang team na sya"

(It has helped a lot because different stakeholders were present who came up with good ideas of what is to be done. They now look more like a team.)

There were a few respondents who don't see the relevance of the training to their own work. Some factors that contribute to this is the mismatch of settings in training and that in their actual practice. This leads to their inability to apply what they learn to their actual work. Concerns were also raised about changes in assignment that also causes their inability to apply the skills they gained from training .

"hindi applicable, pang-city po"

(It's not applicable. The setting is more for the city)

"hindi masyadong available ang mga facilities na nakita namin doon kasi wala kaming ganon."

(The facilities we saw during training are not quite available because we don't have the same facilities.)

"although nanjan yung knowledge pero hindi ko na sya nagagamit on a day-to day routine function ko kasi iba na ang designation ko"

(Although the knowledge is there, I'm unable to use it during my day-to-day routine since I have a different designation now.)

Training activities

Around 26.83% of the respondents said that they found the training activities used were very effective. This can be attributed to an increased participation from participants through the various workshops, role playing, case analysis and case studies, use of visual aids and videos, and use of handouts and modules.

"Maganda rin. Excellent din sya para sa akin kasi yung activities na ginagawa namin dun, in actual, yung nangyayari talaga sa station every encounter of child abuse na ina-assist namin"

(It was good too. It was an excellent training for me because the activities that we did in the training was very close to what really happens in the station in every encounter of child abuse that we assit.)

"binibigyan ka ng reflection na eto pala dapat yung ginawa ko o ganito pala dapat gawin ko"

(The activities give you the opportunity to reflect on what you should be doing)

"Maganda, nakaka-enjoy naman kasi interactive."

(It was good. We enjoyed the activities because they were interactive)

"marami kaming nakilala"

(We met a lot of people.)

"yung mga kasamahan naming iba-iba yung mga experiences na nashi-share nila on different areas"

(Our teammates who have varied experiences in different areas were able to share these with the group.)

"Very informative chaka dynamic. Kasi may audience participation, may role-playing, maganda siya."

(It was very informative and dynamic. This was because there was audience participation, role-playing. It was good.)

"Yes, it was effective. Kasi kung hindi mo siya ma-cope up sa lecture process but in the role-play parang makikita mo yung application on what you learned during from the lecture. Parang mama-materialze mo yun, ma-iimagine mo na parang yun pala dapat kasi meron naman kasing critique at meron naming application doon sa lecture. At dahil doon naka-relate ka kasi part ng work mo na dapat meron kang iimprove."

(Yes,it was effective. If the participant is unable to catch up with the lectures, the role playing helped show how the theories and principles learned in the lecture is applied. It's as if the concept is concretized. You are able to imagine what should be since a critique is provided. You are able to relate this to your work so that it can be improved.)

Some negative comments were related more to the availability of learning materials and the size of the group.

"Siguro mas maganda kung limit sa participants kasi malaki masyado ang grupo"

(It might be better if the number of participants can be limited because the group is too big)

"Yung mga reading materials, di binigay sa amin."

(The reading materials were not given to the participants.)

Resource persons

The resource persons were seen to be very good, excellent, experts in their own fields, competent, and well-trained. This is what 57.30%, or more than half of the respondents reported about the resource persons who conducted the training.

"Parang excited ka nga na making sa kanila"

(It's as if you're excited to listen to them.)

They are knowledgeable about the topics discussed, and are updated on current changes and trends. This is how 31.46% of the respondents describe the resource persons they interacted with during their training. This can be attributed to their expertise and vast experience in handling cases and in the good mix of specialization of the speakers.

"Mga resource speakers ay actually handling cases on child protection"

(The resource speakers are actually handling cases on child protection.)

"Ok po sila kasi approachable sila."

(The speakers are ok because they are approachable.)

"nakaka connect talaga kami sa mga speaker"

(We are really able to connect with all the speakers.)

"maganda yung team kasi merong Doctor, merong Abogado, meron ding Social Worker. Ibig kong sabihin, the usual na kailangan ng biktima ay naibigay natin"

(The team of speakers is good because there is a doctor, lawyer, and social worker. What I mean is that the usual people needed by the victim is what was present.)

"meron dapat din na PNP na speaker at least hindi lang sa mga health"

(There should also be a speaker from the PNP so that it would not just be about the health issues.)

Overall Rating of Training

When the respondents were asked to rate the training on a scale of 1 to 10 with 10 being the highest, 37.21% gave the highest rating of 10. This was followed by the rating of 9 at 30.23%. This shows that the respondents favorably rate the training as excellent. This can also be seen in the experiences they shared on the training topics, teaching-learning activities, and their interaction with the resource persons.

Table 74. Respondents rating of MDTs from scale of 1-10.

RATING	FREQUENCY	%
1	0	0.00
2	0	0.00
3	1	2.33
4	5	11.63
5	5	11.63
6	0	0.00
7	0	0.00
8	3	6.98
9	13	30.23
10	**16**	**37.21**
TOTAL	43	100.00

Recommendations for MDT

Some recommendations made by the respondents to make future trainings better include suggestions related to the choice of participants, frequency of training, additional topics that they think they need more inputs on, exposure and hands-on experiences, speakers, training materials, support, and logistics

1. More trainings – respondents suggest that regular training is needed to keep them abreast with updates related to their work.

   "sa susunod parang refresher nalang mga 2 days nalang din para enhancement din nalang kung meron pang susunod"
   (Next time it should be like a refresher course for about 2 days to serve as an enhancement course.)

   "Tsaka kailangan din yung program review after ng 3 months para at least maka-share yung participants kung ano good practices nila at tsaka yung mahina maka-cope up rin."
   (There is also a need for a program review after 3 months where the participants can share their good practices, and those having difficulty can be given a chance to catch up.)

   "maganda kasi sana kung quarterly nila gawin yung pa-training sa amin eh para laging nare-refresh yung knowledge namin."
   (It would be good if the trainings can be done quarterly so that our knowledge will always be refreshed)

   "Kailangan lang na yearly may refresher kami kasi yung mga bagong approaches"
   (What is needed is a yearly refresher course to update ourselves with the new approaches)

2. Some of the topics recommended by the respondents to be included in future trainings include the following:
   a. Handling CICL (Children in Conflict with the Law) or RA 9344

b. Medico legal examination
c. Guidelines and training of doctors on SOP in handling medico-legal cases of children and sexually-abused women
d. Incest
e. Stress debriefing for WCPD officers
f. Practices of other countries and how it can be applied in the country
g. Forensic training
h. Stress debriefing and problem solving techniques.
i. Updtes on battered women, by laws and legal matters.
j. How to Handle Children with Mental Incapabilities who are victims of VAWC such as deaf
k. Cybersex

3. Real-world exposure – respondents feel that exposure to actual cases will be good. Some respondents have expressed that it would be best if they can visit and see the PGH set-up.

   "mas maganda kung makakakita kami ng actual patients na ine-examine"
   (It would be better if we'll be able to see actual patients who are being examined)
   "Meron dapat yung practicum aspect para lalong ma-reinfornce yung nalaman, yung knowledge."
   (There should be a practicum aspect to reinforce what we already know)
4. More speakers – the respondents are suggesting that more speakers be utilized to cover all areas of specialty.

   "yung resource speakers nila, dagdagan. May topic na umuulit yung speaker. Siguro mga another topic another speaker naman yung mag-tackle."
   (Resource speakers should be added. There were topics where speakers repeated. Maybe it would be good if a different speaker handled different topics)

5. Training Materials - There were a number of suggestions by respondents to improve the provision of instructional or training materials such as handouts and reading materials.

   "baka meron din kayo (booklet) na maibigay"
   (Maybe there is a booklet that can be given away?)

   "Sana mas maraming yung handouts"
   (We hope there would be more handouts)

   "During training, syempre, we need modules, books about the topic. Para pag-uwi namin, di namin nakakalimutan."
   (During training, of course we need modules, and books about the topic. So that when we go back to our units, we won't forget what was learned.)

"i-CD nila siguro and distribute agad (handouts, lectures, videos, powerpoints)"
(They should just put the materials in a CD, which should be distributed right away (handouts, lectures, videos, powerpoints)

6. Support – Respondents recommended provision of support from the local government, not only financial support but awareness as well.

   Orientation with local chief executives so they can be aware of the implementation of the program even allowing the Social Workers & doctors to attend the seminars.

   "Sana me support sa LG, me mga budget sana."
   (We hope that there would be support from the local government, for budget for training.)

7. Logistics – Respondents recommend that proper choosing of potential participants should also be given importance.

   "dapat ang travel time should be a weekday"
   (Travel time should be scheduled on a weekay)

   This will allow participants to still be able to spend the weekends with their families.

   "Dapat hindi lang isa per department (yung ipadala sa training)..para kung wala yung isa, may papalit sa kanya"
   (There should be more than 1 participant per department so that if one is unavailable, there will still be other trained team members who can replace them)

   "as much as possible priority ang young in the government service para mas matagal pa yung practice nila."
   (As much as possible, priority should be given to the younger people in government service, so that they can still use their knowledge and skills for a longer time)

   "Siguro yung mga attorney's, yung mga law-makers natin, kasi sa Justice, walang naka-include. Wala yung sa Justice System. Dapat ma-include din sila kasi part naman sila doon."
   (Maybe the lawyers, the law-makers because they are not included, they should be included since they are also a part of the team.)

   "yung sa education, yung sa Dep-Ed personnel, yung mga Child Protection Coordinators nila, dapat include din sila."
   (For those in education, the Department of Education personnel should also be included)

VI. SUMMARY AND CONCLUSIONS

"It is however important to emphasize that being designated non-functional does not mean that a WCPU has totally ceased operation. The fact is, all of them are open, and while limited, is ready and eager to provide services to women and children victim survivors."

In general, of the 51 WCPUs visited for the study, **only five can be considered non-functional** because of their inability to achieve at least 50% of minimum standard criteria for organizational structure and facility and 50% of care delivered for designated level. **It is however important to emphasize that being designated non-functional does not mean that a WCPU has totally ceased operation.** The fact is, all of them are open, and while limited, is ready and eager to provide services to women and children victim survivors.

Below is the summary of findings:

Note: To determine if a WCPU is **operating according** to **minimum standard criteria** or **designated level**, the evaluation team used the following scale:

1. According to Minimum Standard Criteria or Designated Level is assigned to a WCPU sith a score of greater than or equal to 70% of required components. This is presented as **check icon** in the appropriate table.
2. Below Minimum Standard Criteria or Designated level is assigned to WCPU with a score of 50% - 69% of required components. This is represented as a **red flag icon** in the appropriate table.
3. Not functioning according to Minimum Standard Criteria or Designated Level is assigned to WCPU with a score of <50% of required components. This is represented as **(x) icon** in the appropriate table.

It should be noted that summary status is only based on data collected during the actual July 2015 site visits and FGDs with WCPU staff, both current and just retired or transferred.

Compliance to Minimum Standard Criteria for WCPU as stipulated in AO 2013-0011

Overall, 24 or 47% of the 51 WCPUs that answered the self-institutional assessment form complied with at least **70% of the required minimum standard criteria for organizational structure and facilities.** Specifically:

1. In terms of compliance to the standard minimum criteria for **organizational structure**:

1.1. ***19 or 37.2 %*** *with organizational structure fulfilling* ***70% or more of Minimum Standard Criteria.***

1.2. ***31 or 68.78*** *with organizational structure fulfilling* ***50% - 69% of Minimum Standard Criteria.***

1.3. ***Only one (1) of the WCPUs*** *with organizational structure below* ***50% of minimum standard criteria****.*

2. In terms of compliance to the standard **minimum criteria for facilities**, across all levels there is low compliance.

1.4. ***Only 25 or 49.01%*** *with facilities fulfilling 70% or more of Minimum Standard Criteria.*

1.5. ***About 8 or 15.68%*** *with facilities fulfilling between 50% - 69% of minimum standard criteria*

1.6. ***A total of 15 or or 35.29%*** *with facilities below 50% of minimum standard criteria.*

Table 75. Hospitals /WCPUs Status based on Minimum Standard Criteria for WCPU as stipulated in AO 0011-2013;

	Name of Hospital/WCPU	WCPU Level	Organizational Structure Score	Status Organizational Structure	Facilities and Resources	Facilities and equipment Score	Overall Score	Overall Status
1	Bacnotan District Hospital	1	6	✓	8	✗	14	✗
2	Corazon Locsin Montelibano Memorial Regional Hospital	1	5	⚑	21	✓	26	✓
3	Davao Regional Hospital	1	7	✓	18.5	✓	25.5	✓
4	Dr. Jose Rizal Memorial Hospital	1	4	⚑	13.5	⚑	17.5	⚑
5	Dr. Paulino S. Garcia Memorial Research and Medical Center	1	7	✓	24	✓	31	✓
6	Eastern Samar Provincial Hospital	1	4.5	⚑	23	✓	27.5	✓
7	Gov. Celestino Gallares Memorial Hospital	1	4.5	⚑	19.5	✓	24	✓
8	James L. Gordon Memorial Hospital	1	5	⚑	25	✓	30	✓
9	Jose B. Lingad Memorial Regional Hospital	1	6.5	✓	24	✓	30.5	✓
10	LGU Lope de Vega	1	5	⚑	14.5	⚑	19.5	⚑
11	Ospital ng Biñan	1	4	⚑	24	✓	28	✓
12	Ospital ng Palawan	1	7	✓	20	✓	27	✓
13	Palanga CPU	1	5	⚑	9.5	✗	14.5	✗
14	Philippine Children's Medical Center	1	3.5	⚑	10	✗	13.5	✗
15	Purple Hearts	1	2	⚑	8	✗	10	✗
16	Teresita L. Jalandoni Provincial Hospital	1	7	✓	25	✓	32	✓
17	Adela Serra Ty Memorial Medical Center	2	6.5	✓	15.5	⚑	22	⚑
18	Angel Salazar Memorial General Hospital	2	5	⚑	11	✗	16	✗
19	Baguio General Hospital	2	6	✓	19.5	✓	25.5	✓
20	Benguet General Hospital & Medical Center	2	5	⚑	18.5	✓	23.5	✓
21	Bicol Regional Training and Teaching Hospital	2	6	✓	16	⚑	22	⚑
22	Bukidnon Provincial Medical Center	2	7	✓	10	✗	17	⚑
23	Bulacan Medical Center	2	1.5	✗	8	✗	9.5	✗
24	Dr. Rafael S. Tumbokon Memorial Hospital	2	4.5	⚑	19	✓	23.5	✓
25	Eastern Visayas Regional Medical Center	2	6	✓	21.5	✓	27.5	✓
26	LGU - Infanta (RSW)	2	2	⚑	10.5	✗	12.5	✗
27	LGU - Infanta(MHO)	2	4.5	⚑	12	✗	16.5	⚑
28	LGU Balangkayan	2	5	⚑	6	✗	11	✗
29	LGU Cawayan	2	3	⚑	4	✗	7	✗
30	LGU Legazpi City	2	6	✓	19.5	✓	25.5	✓
31	LGU Libagon	2	4	⚑	18	✓	22	⚑
32	LGU Liloan	2	2	⚑	3.5	✗	5.5	✗
33	LGU Oras	2	5	⚑	19	✓	24	✓
34	LGU Pilar	2	4	⚑	0	✗	4	✗
35	LGU Salcedo	2	3	⚑	12	✗	15	✗
36	LGU San Francisco	2	7	✓	9	✗	16	✗
37	LGU San Ricardo	2	6	✓	11	✗	17	⚑
38	LGU Sta. Margarita	2	5	⚑	16.5	⚑	21.5	⚑
39	LGU Tarangnan	2	3	⚑	22	✓	25	✓
40	LGU Tiwi	2	4	⚑	10.5	✗	14.5	✗
41	Luis Hora Regional Memorial Hospital	2	7	✓	13	⚑	20	⚑
42	Mariano Marcos Memorial Hospital & Medical Center	2	4	⚑	21	✓	25	✓
43	Masbate Provincial Hospital	2	6	✓	13	⚑	19	⚑
44	MHARS -RTTH	2	5.5	⚑	4.5	✗	10	✗
45	Quezon City General Hospital	2	6	✓	16	⚑	22	⚑
46	Region 1 Medical Center	2	4.5	⚑	20	✓	24.5	✓
47	Romana Pangan District Hospital	2	2	⚑	22	✓	24	✓
48	Veterans Regional Hospital	2	7	✓	25.5	✓	32.5	✓
49	Vicente Sotto Memorial Medical Center	2	7	✓	21.5	✓	28.5	✓
50	Western Visayas Medical Center	2	5	⚑	22.5	✓	27.5	✓
51	Philippine General Hospital	3	5	⚑	24	✓	29	✓

Status of WCPUs based on designated level.

Level 1 WPCU

3. **Eleven (11) or 69% of the 16 Level 1 WCPU**s evaluated are functioning according to designated level and only one below the minimum standard.
4. **Four (4) of the Level 1 WCPUs** received a red flag for having only **50%-69% of required L1 service components** and one of them has not reported catering to a client from the beginning.
5. **Only one (1)** L1 WCPU did not fulfill the 50% cutoff set by the evaluation team for being designated functional for the assigned level. However, this WCPU has through the years has been very active and catered to at least 656 client victim survivors. During KII, it was learned that the program was affected by changes in the local political landscape.

Table 76. Status of nine Level 1 WCPUs according to designated level and total cases seen as of July 2015.

Name of Hospital/WCPU	Minimum Criteria for WCPU		L1 Service Components		Total Number of Cases
	Score	Status	Score	Status	
Dr. Paulino S. Garcia Memorial Research and Medical Center	31	✓	12	✓	1050
Davao Regional Hospital	25.5	✓	11.5	✓	1016
Philippine Children's Medical Center	13.5	✗	7	⚑	826
Jose B. Lingad Memorial Regional Hospital	30.5	✓	12	✓	767
Purple Hearts	10	✗	2.5	✗	656
Ospital ng Palawan	27	✓	11	✓	235
Dr. Jose Rizal Memorial Hospital	17.5	⚑	7.5	⚑	225
Gov. Celestino Gallares Memorial Hospital	24	✓	12.5	✓	197
James L. Gordon Memorial Hospital	30	✓	11	✓	177
Teresita L. Jalandoni Provincial Hospital	32	✓	13	✓	137
LGU Lope de Vega	19.5	⚑	11.5	✓	107
Ospital ng Biñan	28	✓	10	⚑	79
Eastern Samar Provincial Hospital	27.5	✓	11	✓	68
Bacnotan District Hospital	14	✗	11	✓	34
Corazon Locsin Montelibano Memorial Regional Hospital	26	✓	11	✓	13
Palanga CPU	14.5	✗	8	⚑	0

Level 2 WCPUs

1. **14 or 41%** of the **34 L2 WCPU** are operating according to designated level or offering 70% or more of L2 required components.
2. **17 or 50 %** are operating with only **50%-69%** of the required L2 service components. Majority of them are WCPUs managed or supported by the Local Government Unit and usually located at the municipal health office.
3. **Only three (3) or 9%** operating below 50% of required L2 service components and all of them are under or supported by the local government where they are located.

Table 77. Status of nine Level 1 WCPUs according to designated level and total cases seen as of July 2015.

	Name of Hospital/WCPU	Minimum Standard Criteria		L2 Service Components		Total Cases Reported
		Total Score	Status	Total Score (27)	Status	
1	Vicente Sotto Memorial Medical Center	28.5	✓	24.5	✓	9174
2	Eastern Visayas Regional Medical Center	27.5	✓	18.5	✓	2430
3	Region 1 Medical Center	24.5	✓	23	✓	1827
4	Baguio General Hospital	25.5	✓	23	✓	1433
5	Western Visayas Medical Center	27.5	✓	22.5	✓	1176
6	Benguet General Hospital & Medical Center	23.5	✓	19	✓	811
7	Quezon City General Hospital	22	⚑	20	✓	558
8	Masbate Provincial Hospital	19	⚑	14.5	⚑	391
9	Mariano Marcos Memorial Hospital & Medical Center	25	✓	21	✓	387
10	Veterans Regional Hospital	32.5	✓	23.5	✓	327
11	Dr. Rafael S. Tumbokon Memorial Hospital	23.5	✓	19.5	✓	306
12	MHARS -RTTH	10	✗	14.5	⚑	208
13	Bicol Regional Training and Teaching Hospital	22	⚑	24.5	✓	171
14	LGU Legazpi City	25.5	✓	18.5	✓	148
15	Bukidnon Provincial Medical Center	17	⚑	20	✓	124
16	Luis Hora Regional Memorial Hospital	20	⚑	14.5	⚑	70
17	LGU Liloan	5.5	✗	11	⚑	62
18	LGU Cawayan	7	✗	18	⚑	59
19	Adela Serra Ty Memorial Medical Center	22	⚑	16.5	⚑	57
20	LGU - Infanta (RSW)	12.5	✗	11	⚑	57
21	LGU Sta. Margarita	21.5	⚑	13	⚑	57
22	Angel Salazar Memorial General Hospital	16	✗	22.5	✓	38
23	LGU Salcedo	15	✗	14	⚑	30
24	LGU Tiwi	14.5	✗	12	⚑	24
25	LGU Balangkayan	11	✗	6	✗	22
26	LGU Libagon	22	⚑	9.5	⚑	21
27	LGU San Ricardo	17	⚑	12	⚑	2
28	Bulacan Medical Center	9.5	✗	7	✗	0
29	LGU Oras	24	✓	19	✓	0
30	LGU Pilar	4	✗	8	✗	0
31	LGU San Francisco	16	✗	14	⚑	0
32	LGU Tarangnan	25	✓	13	⚑	0
33	Romana Pangan District Hospital	24	✓	19	✓	0
34	LGU - Infanta(MHO)	16.5	⚑	14.5	⚑	

WCPU Sustainability

1. Overall status of WCPUs in relation to issue of budget and financial resources.
   - In terms of staff, except for few numbers of WCPUs, all required staff are occupying regular salaried position. This at least guarantees availability of personnel and hence basic services to patient victim survivors.
   - Across levels, while budget is properly allocated, there seems to be inadequate participation of WCPU staff in the preparation of their own budget.
   - Across all level respondents believe that their budget is not enough and not sustainable.

- Budget allocation is mostly from GAD but not well understood as to how a WCPU receives its allocation.

- Not a significant number of WCPUs are able to generate additional source of income or fund.

Problems Encountered in Delivery of Services

Most common problems encountered by WCPU staff with regards delivery of services are the following:

1. Human Resourcs
    - Lack of personnel resulted to staff playing additional roles on top of their respective assigned professional roles.
2. Facilities
    - Most common is the absence of permanently designated physical base that can ensure most especially patient's confidentiality and the safety of their relatives and that of WCPU staff.
3. Referral
    - Patient Volume
        - For high volume WCPUs, the problem is low ratio between available staff and number of patient.
        - For low volume WCPUs, issue is more on increasing awareness of stakeholders on the presence of WCPU and available services.
    - Where to refer for psychological services
        - This is a major concern even for WCPUs affiliated with tertiary hospitals.
4. Attending hearings
    - Mostly lack of financial support or difficulty in reimbursing expenses made when attending out of town hearings.
5. Pressure from people (and mostly from the side of relative of accused perpetuators)
6. Staff safety

Factors Affecting service delivery of WCPUs

Factors that influenced the implementation or non-implementation of WCPU components.

The most important factors that affected the implementation of WCPU components are the following:

- Positive perception of leadership (hospital administrator or LCE) support to WCPU.

- Presence of dedicated, committed, and trained WCPU staff.

- Availability of or access to budget necessary for day to day operation of the units.

- Competencies of staff in providing not only medical services but most importantly, social services.

- Good relationship and coordination with referring agencies.

The most important factors that affected the non-implemenation of WCPU components are the following:

- Lack of required minimum standard personnel.
- Changes in leadership at the local government level.
- Inadequate budget allocation.

VII. RECOMMENDATIONS

Department of Health (Steering Com and TWG)

Results show the need for a thorough review and updating of Administrative Order 2013-0011 entitled "Revised Policy on the Establishment of Women and Children Protection Units in all Government Hospitals" and crafting of related IRR if not yet done. Review and update of AO and IRR should consider the following:

1. Designating Service Levels

   Results indicate that nature of facility should be the first major consideration in designating WCPU level according to services since technically, it would be impossible for an RHU or Provincial or District Hospital to reach Levels 2 or 3.

   1.1. Proposed service Level designation: MHO/RHU as Level 1; Provincial Health Hospitals/District Hospitals as Level 2; and Regional or Training Hospitals as Level 2 or Level 3.

2. Provision for ensuring minimum standard criteria for facility are implemented because of implications to patient and staff safety and confidentiality. Provision should include monitoring and reporting schedule.
3. A clearcut WCPU role description in relation to mother facility. Including provision for full designation of minimum staff requirement.
4. Formula for determining minimum standard criteria for personnel (ratio of staff to historical data on volume of patients)
5. Standard Protocol for inter level referral.
6. A template for preparing budget for WCPUs. The template should include items for most must haves like staff, equipment and supplies, training and related activities,

Hospital Administrators and LGUs:

To ensure and effective and efficient WCPU, the following are our recommendations to local chief executives and hospital adminstrators:

1. Designated staff in fulfillment of minimum requirement for WCPU should not be given, as much as possible, other assignments in the hospital or rural health unit. One major concern raised by respondents is playing multiple roles and functions as WCPU staff affecting their effective discharge of duties.
2. Include in financial plan a dedicated budget and other logistical support to WCPU staff especially for attending hearings or other related activities.
3. Provide a regular debriefing acitivity for WCPU staff or a provision for attending nationally or regionally organized debriefing activities.
4. Provision of facility for temporary shelter (with provision for food and other needs) for victim survivors. If not possible in current budgeting mechanism, partnership and collaboration with NGOs and other civil society organizations should be pursued.
5. Immediately implement the provision of dedicated and permanent office / facility for WCPU so as to ensure that both staff and patients are safe and confidentiality is observed during each consultation.

WCPU staff

1. Practice active documentation of activities and services. Maximize the use of currently available Child Protection Management Information System.
2. Mechanism for feedback. The only way to improve quality of service is a regular monitoring of quality of intervention and this will require patient satisfaction surveys or post-service patient survey.
3. Develop and implement a comprehensive program for training other health personnel in the hospital or RHU on the 4Rs of women and child protection so that they can perform or provide designated level services after regular office hours hence ensuring 24/7 availability of services.
4. Network with other WCPUs for knowledge and skills exchange, referral, and for alterative support system.

CPNet

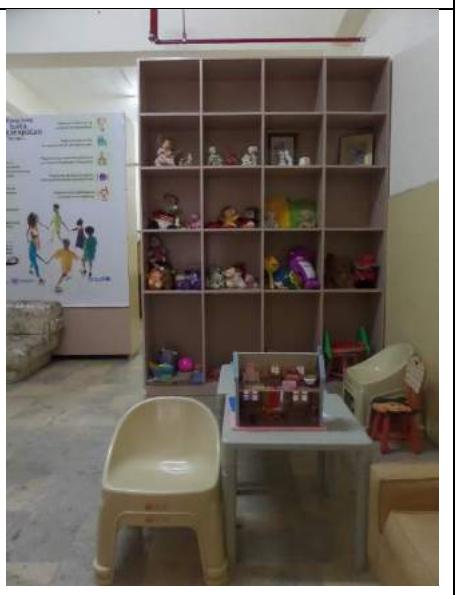
1. There is a need to actually decongest some units and this could be achieved by capacitating smaller but more community based health facilities like the RHUs and district and provincial hospitals. CPNet should continue to support WCPU trainings in partnership with other LGUs and civil society groups.
2. Finally, we see the need to link graduates of MDT (in areas where it is not yet being done) to WCPUs within their area of operation.
3. To encourage continuing quality improvement of WCPU work, CPNet can help organize or include in its national conference the following:
   3.1. Recognition for most outstanding WCPU (be level) and then overall.
   3.2. Recognition for most outstanding WCPU staff.
   3.3. Recognition for most outstanding Hospital Administrator or Local Chief Executive (for exemplary support to WCPU)
4. Together with the TWG, develop a comprehensive mechanism for monitoring, reporting, and assisting WCPUs.
5. Link WCPUs to possible NGO or civil society partners that can support additional programs like shelter, livelihood, etc. to victim survivors.

VIII. ANNEXES

Annex 1: Photo Documentation of Facilities

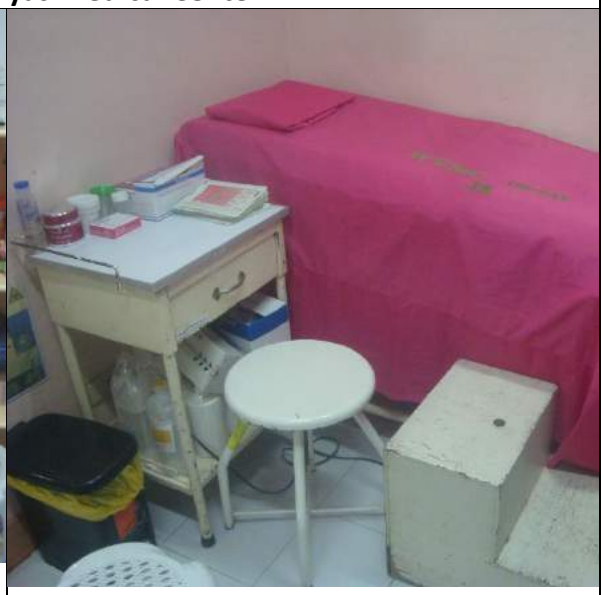
Corazon Locsin Montelibano Memorial Regional Hospital	
	

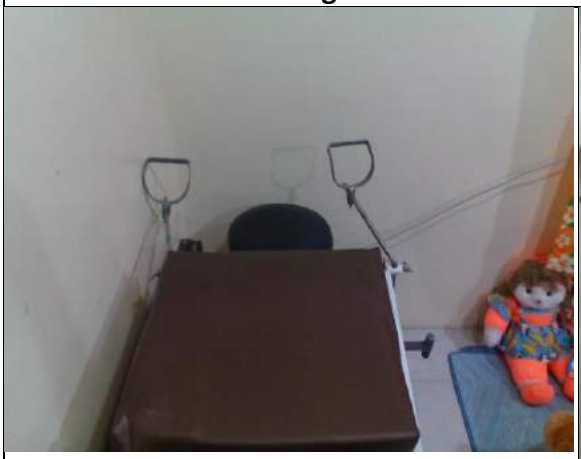
Dr. Jose Rizal Memorial Hospital	
	

Dr. Paulino J. Garcia Memorial Research & Medical Center	
	

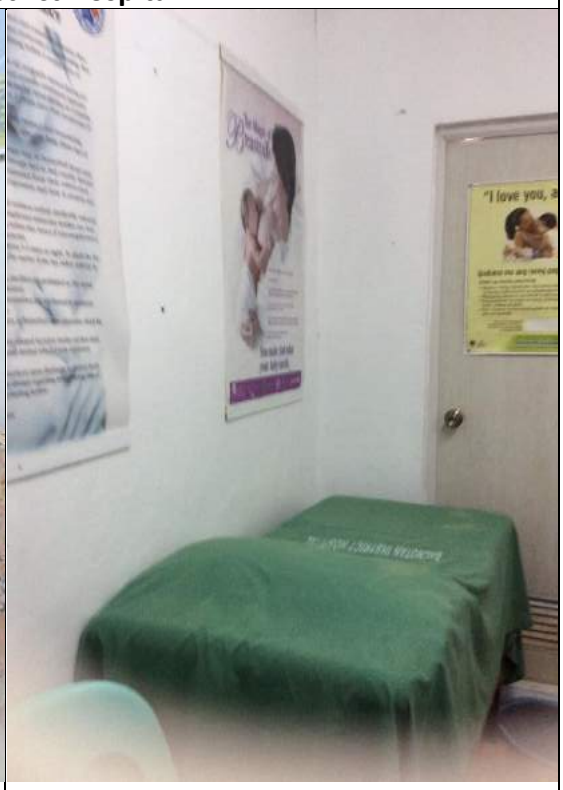
Jose Lingad Memorial General Hospital	
	

Davao Regional Hospital

Western Visayas Medical Center	
	

Angel Salazar Memorial General Hospital	
	

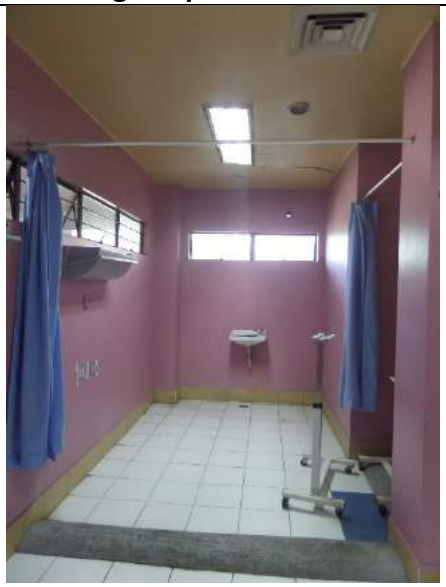
Bacnotan District Hospital



Baguio General Hospital and Medical Center

Benguet General Hospital

Bicol Regional Training and Teaching Hospital



Bulacan Medical Center

Palangga CPU

Dr. Rafael S. Tumbokon Memorial Hospital	
	

Eastern Samar Provincial Hospital	
	

James Gordon Memorial Medical Center

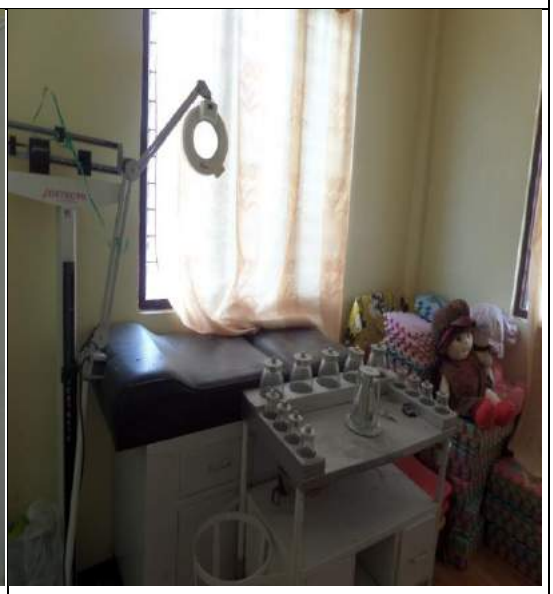
LGU Balangkayan

LGU Infanta	
	

LGU Legazpi	
	

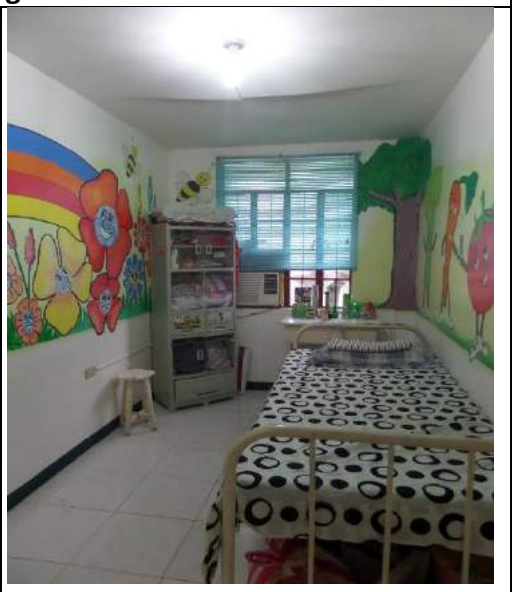
LGU Lope de Vega

LGU Oras



LGU San Francisco

LGU Sta. Margarita



LGU Tiwi

Mariano Marcos Memorial Hospital and Medical Center

Masbate Provincial Hospital

Mayor Hilarion A. Ramiro Sr. Regional Training & Teaching Hospital

Region 1 Medical Center	
	

Veterans Regional Hospital	
	

Vicente Sotto Memorial Medical Center	
	

Annex 2: Updated Respondents' Information

Region /HOSPITAL	MEMBER	POSITION	CONTACT NUMBER	EMAIL ADDRESS
CAR (Cordillera Autonomous Region)				
Benguet				
Benguet General Hospital	Dr. Ma. Imelda C. Ulep	PHO I / OIC COH III	0919 463 2177	ulepimee@yahoo.com
	Dr. Mary Jane Paloy Carrido	WCPU Coordinator	0908 893 0015 0922 840 8697	jojimdbegh@gmail.com
	Cristina Valdez - Anioay, RSW	WCPU Staff (LGU La Trinidad)	0921 669 3357	canioay@yahoo.com
	Marissa M. Badongen, RSW	WCPU Staff	0948 144 4376	marizbadongen@yahoo.com
	PO3 Edith Mangawa Balay-Odao	Referring Agency (WCPD Investigator)	0939 939 3543	klyrdz@yahoo.com
Baguio City				
Baguio General Hospital and Medical Center	Dr. Emmanuel Acluba	Medical Center Chief		
	Dr. Manuel F. Quirino	Chief Medical Professional Staff		
	Dr. Asuncion Ogues	WCPU Head		cionogues15@yahoo.com
	Dr. Elizabeth Batiño	WCPU MD Staff		
	April Lippi Sudango, RSW	WCPU RSW	0949 365 3453	lippiganda@yahoo.com
	Ofelia B. Padlan	Referring Agency (Baguio City High School)		jenny_padlan@yahoo.com
	PSI Brenda C. Macli-ing	Referring Agency (WCPD - BCPO)	0917 581 2018	
Mt. Province				
Luis Hora Regional Memorial Hospital	Dr. Epifanio B. Pagalilauan, Jr.	Medical Center Chief		
	Dr. Charita D. Bernardez	Head of Clinics		
	Dr. Shamae Ofo-ob	WCPU Head		
	Delia Akilit - Ligligen, RSW	WCPU Coordinator (SWO III)		
	Dr. Janice Paredes	OB-Gyne		
	Dr. Zendry Doria	Pediatrician		
	Dr. Myrjhonalyn Rulloda	Pediatrician		
	Dr. Karen Balanza	Psychiatrist		
	Jane Layagan, R.N.	ER, Nurse Supervisor	0939 642 5681	mssoffice2013@yahoo.com
	Florida Dalasen	Information/OPD in-charge		
	Marina Calderon	Admitting/ER in-charge		
	Jovy Niwane	Medical Records		
	Letecia Bangao	VAWC Registry		
	Shirley Socalo, RSW	Social Worker		
	SPO2 Norma Ket-Eng Tuaca	Referring Agency (WCPD Head)		mpsbauko@yahoo.com

REGION 1 (Ilocos Region)				
Ilocos Norte				
Mariano Marcos Memorial Hospital & Medical Center	Dr. Ernella Agulay Mary Jean P. Pacis, RN Elma Solmerin, RSW SPO1 Imelda P. Calaycay PO1 FRD	WCPU Coordinator Rotating Nurse Social Worker WCPD Head Referring Agency	0917 578 2149 0918 249 7132	santiagulay@yahoo.com maryjeanpacis@yahoo.com elmasolmerin@yahoo.com meldacalaycay@yahoo.com
La Union				
Bacnotan District Hospital	Dr. Zenserly D. Pagaduan Dr. Jennifer C. Gamiao Zenaida U. Javar, RSW PO1 Mary Jane N. Rulloda PO1 Haydee A. Guadin PSINSP Fredilex A. Marron	WCPU Head WCPU Coordinator Social Worker Police Officer Referring Agency (WCPD PNCO) OIC, Bacnotan PNP	09177074514 0917 5148173 09295238405 09999924789 09166027122 09159104446	ylvesne7pagaduan@yahoo.com yppeng_88@yahoo.com zhen_javar@yahoo.com shyreinehaydee@yahoo.com fredilex_marron@yahoo.com
Pangasinan				
Region 1 Medical Center	Atty. Manuel Adanan Dr. Brenda Tumacder Dr. Gwendolyn M. Luna Cristita T. Larioza, RSW PO3 FBJ	Hospital Administrator WCPU Coordinator WCPU Coordinator Social Worker (SWO II) Referring Agency (Dagupan City Police Station)	 0917 880 9216 0918 910 6190 0930 967 3104 0999 857 0291	 rimc_wcpu@yahoo.com dominic524@yahoo.com
Region 2 (Cagayan Valley)				
Neuva Vizcaya				
Veterans Regional Hospital	Dr. Cirilo R. Galindez Dr. Napoleon A. Obaña Dr. Rodrigo R. Fernandez, Jr. Dr. Evelyn G. Nacionales Dr. Marietta Ann Balbas Gliceria B. Alava, RSW Roilyn P. Calub Filipina C. Sagun Charmaine Marie Castillo Inspector Fe Corazon Opilas Wilma S. Estilong, RSW	Medical Center Chief II Chief of Medical Professional Staff II Chief Training Officer WCPU Head WCPU Coordinator Social Welfare Officer IV Psychologist II Nurse II Social Welfare Officer II,(Encoder) Referring Agency (PNP- WCPD Officer) Referring Agency (MSWDO Head)	 0917 5809849 0916 2364002 (078) 8053560	veteransregionalhospital@yahoo.com.ph

Region 3 (Central Luzon)				
Bulacan				
Bulacan Medical Center	Dr. Protacio Bajao Dr. Jose Emiliano T. Gatchalian Dr. Violeta M. De Guzman Leah Jean S. Fernando, RSW Pinky Valeriano, RSW PO2 Epamela M. Sarsaba Dr. Noel Martinez Dr. Mendoza	PHO WCPU Coordinator(ER Head) WCPU Coordinator(OB) Provincial Social Worker Provincial Social Worker WCPDO Referring Agency (PNP Crime Lab) Referring Agency (PNP Legal)	0922 870 9264 0922 873 5259 0917 883 3335 0932 976 8750 0922 811 4374 0925 626 5897	violetadeguzman@rocketmail .com ljsantos_08@yahoo.com pinky_anzures@yahoo.com rhed_bitch@yahoo.com
Nueva Ecija				
Dr. Paulino J. Garcia Memorial Medical Center	Dr. Jose Ravinar J. Austria Dr. Cynthia Daniel Dr. Josephine Victoria V. Romero Rosie P. Maganto August Joy Dela Cruz, RSW Pinsp. Gemma C. Lomboy PO3 Joycelyn Mercado	Hospital Director WCPU Coordinator WCPU Coordinator WCPU Staff (Nurse OB) WCPU Staff Referring Agency (WCPD) Referring Agency (WCPD Investigator)		
Pampanga				
Jose Lingad Memorial General Hospital	Dr. Yolanda Dee Jovita S. Baybayan, RSW Adelaida Arciaga PO3 Christina P. Ramos Lising Nilda Torres	Hospital Director Social Worker Chief Social Service Dept. Referring Agency (Admin PNCO) Referring Agency (VAWC, Women's Desk Officer) Referring Agency (Kagawad)	0920 951 2021 0927 935 8226 0927 899 9999	jovibaybayan@yahoo.com tnzpramos@yahoo.com
Romana Pangan District Hospital	Dr. Mercyn Boquiron Myrna Tapang, RSW Jill Quiledsing, RSW Jen Montemayor, RSW SPO1 Marianne Trinidad	Medical Director Social Welfare Officer Referring Agency (Consuelo Foundation) Referring Agency (Florida Blanca, Pampanga) WCPD Investigator	0920 597 8772	
Zambales				
James Gordon Memorial Medical Center	Dr. Arturo Mendoza Dr. Ana Verlita R. Figuerras Naila Dela Cruz Gonzalo Pascua, RSW Rowena Faday, RSW	Medical Director WCPU Coordinator Psychologist MSWDO Social Worker	0998 981 7150	

	Sally Castillon Alester Oca PO3 Lolita G. Dela Cruz	Referring Agency (VAWC Officer, Gordon Heights BAR) Referring Agency (Guidance Officer, Gordon Heights NHS) WCPDO		
Region 4-A (CALABARZON)				
Laguna				
Ospital ng Biñan	Dr. Leila C. Bondoc Divino Andal, RSW, (Retired)	 WCPU Staff (Retired RSW)	 0928 497 3438	
Infanta – LGU	Dr. Abelardo Jose Melanie G. Virrey, RSW Ana Liza Flores-Pilotin, RSW PO4 Meldie C. Gatdula Abigail Delgado	MHO MSWDO SWO I Referring Agency (WCPD) Referring Agency (Brgy. VAWC Desk Officer)	0921 762 2525 0910 462 9502 0929 826 0984 0930 405 7270	lizleflores2006@yahoo.com
Region 4-B (MIMAROPA)				
Occidental Mindoro				
Purple Hearts – Mindoro	Alicia M. Cajayon, RSW Jennielyn Syquio PInsp Clarinda Lorenzo SPO1 Analyn Pacaul-Loja Lujie Vivas Raul Pangilinan Nancy Monding	WCPU Coordinator, MSWD Head WCPU Staff (Not Trained) WCPD Head Referring Agency Referring Agency (Guidance Counselor, San Roque II Elementary School) Referring Agency (Brgy. Kagawad, Pag-asa, San Jose) Referring Agency (Principal III, Pag-asa Central School)	0908 896 1743 0927 839 5791	purpleheartscpu@yahoo.com
Palawan				
Ospital ng Palawan	Dr. Melecio N. Dy Dr. Alma Rivera Tajmahal Goalcantara, RSW SPO2 Lorlyn Bulos SPO2 Cristy C. Vasquez	Medical Center Chief I WCPU Coordinator WCPU Staff WCPU ONP Referring Agency (PNP/Chief Desk)	 0917 553 2624 0909 140 5499	 tadzmahal_goalcantara@yahoo.com
Region 5 (Bicol Region)				
Albay				
LGU - Oas, Albay	Dr. Marie Jane Revereza	MHO	0917 836 9695 0905 417 4075	oasmpswcpdsec@yahoo.com

	PO3 Abigail Barenna-Rayala	Referring Agency (WCPD PNCO)	0917 906 6153 0927 912 7066	
LGU - Tiwi, Albay	Dr. Rosa Maria Cantes Anita C. Rey, RSW Cristy G. Candolea SPO1 Rebecca N. Arcega	MHO MSWDO (SWO I) MSWDO WCPD	0926 395 8489 0920 938 8922 0926 826 5405	
Legazpi City – WCPU	Dr. Rogelio Rivera Dr. Fulbert Alec R. Gillego Marilyn Apodaca Tan, RSW PO3 Perla Lazarte PO1 Girlie Legaspino Nasol Maribel D. Deblois	CHO CHO WCPU RSW (SWO II) WCPU Staff (Asst. WCPD) WCPU Staff (FJGAD) Referring Agency (Kagawad)	 0916 224 7933 0908 894 5771 0912 591 8073	 joyandes@hotmail.com marilyntan1954@yahoo.com
Bicol Regional Training and Teaching Hospita	Dr. Rogelio G. Rivera Delia Napa-Atutubo Dr. Salvacion S. Macinas Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP	Hospital Director Supervising Administrative Officer Chief of Clinic WCPU Coordinator WCPU RSW (SWO I)	 0928 895 8175 0998 868 5378 0925 804 3153 0908 873 8854	
Masbate				
Masbate Provincial Hospital	Dr. Cynthia V. Llacer Dr. Amelita R. Reyes Ma. Carlota A. Dela Peña Amy B. Danao SPO3 Salvacion I. Caballero SPO1 Arlene T. Jones PO2 Analiza Cario Arsenio Mary Ann Radones, RSW PO1 Maricel C. Calanido	Provincial Health Officer WCPU Coordinator Medical Social Worker PSWDO WCPD Investigator WCPD Investigator Referring Agency (WCPD Investigator) Referring Agency (LGU – Cawayan) Referring Agency (WCPD Investigator)	0929 563 6777 0939 999 8693 0921 286 8968 0939 272 0789 0948 236 8263 0921 555 0400 0920 591 3238 0906 272 7596	 wcpumasbate@yahoo.com
Cawayan – LGU	Dr. Virgenia T. Noynay Mary Ann B. Radones, RSW Ester C. Binsol, RN PO1 Maricel Galanido Ma. Lilia A. Magbalon	MHO Social Welfare Assistant Nurse WCPD Investigator MSWDO	0919 989 9807 0926 684 1702 0906 272 7596 0920 591 3238 0949 124 7313	virgenianoynay@gmail.com esterbinsol@yahoo.com maricelcompuesto@yahoo.com.ph

Region 6 (Western Visayas)				
Aklan				
Dr. Rafael S. Tumbokon Memorial Hospital	Dr. Paul L. Macahilas Dr. Glenmar R. Martinez Marichu R. Dantes, RSW PO2 Arbelle G. Ramilla	Hospital Director WCPU Coordinator WCPU Staff (SWO I) Referring Agency (WCPD - Desk Officer)	0933 431 2502 0921 648 4168 0918 424 3246 0939 916 7066	gleni_cow@yahoo.com churegalado_dantes71@ymail.com kalibopnp@yahoo.com
Antique				
Angel Salazar Memorial General Hospital	Dr. Leaño Dr. Cecilia Mingote-Balensoy Dr. Carmelita N. Erispe Careen Fortaleza-Panaguiton, RSW Efe Joy G. Ton-ogan PO Jonahlyn May Rojo SPO1 Cheryl Ruelo-Sapinosa	Chief of Clinics WCPU Coordinator WCPU Staff (Psychiatrist) WCPU Staff (SWO III) Referring Agency (LGU SW) Referring Agency (PNP) Referring Agency (PNP/WCPD Investigator)	0915 874 4546 0915 363 2293 0927 924 2116 0917 913 1725	Cecille_b519@yahoo.com careenpanaguiton@ymail.com jonahlynmayrojo@gmail.com cherelruelo@gmail.com wcpd_anppo@yahoo.com
Iloilo City				
Western Visayas Medical Center	Dr. Jose Mari Fermin Dr. Ma. Stella G. Paspel Dr. Ray Celis Dr. Maria Teresa Guzman-Dy Dr. Chiclet G. Ong Dr. Ma. Rosario R. Tejada Dr. Rosie Mae B. Bulquerin Lolit Bolvider, RSW Ma. Elena B. Wendam, RSW Jenkie D. Paniza	Medical Center Chief Chief Medical Professional Staff Chief of Clinics WCPU Coordinator WCPU Staff (Medical Officer IV) WCPU Consultant (Pedia) Chief Resident (OB-Gyne) WCPU RSW Medical Social Worker Referring Agency (PNP/WCPD Investigator)	0917 788 4779 0943 545 0724 0910 901 1874	mtgdy@yahoo.com lolitbolvider@yahoo.com jenkz27@yahoo.com wcpd13mandurriao@yahoo.com
Negros Occidental				
Corazon Locsin Montelibano Memorial Regional Hospital	Dr. Julius Drilon Dr. April Gentugaya Anotado Zenaida Valenzuela, RSW	Hospital Director WCPU Coordinator WCPU Staff	0925 865 9955 0915 995 2645	
Teresita L. Jalandoni Provincial Hospital	Dr. Ma. Girlie H. Pinongan Dr. Evelyn G. Geraldoy Dr. Larny Joy A. Paez Teresa S. Oscianas, RSW	Hospital Director WCPU Coordinator WCPU Coordinator (OB) WCPU Staff	0918 941 9964 0922 805 1757 0923 430 7476 0919 817 9921	tljph_silay@yahoo.com

Region 7 (Central Visayas)				
Bohol				
Gov. Celestino Gallares Memorial Hospital	Dr. Jose Teofilo D. Arcay Dr. Valeria S. Sulatra Dr. Maria Azucena Q. Redillas Nilo Madjus, RSW Lorelei Flores Cerina Sia	Medical Center Chief II Chief Medical Professional Staff II WCPU Coordinator Social Welfare Officer II WCPU Staff (Psychologist I) Referring Agency (CSWD Tagbilaran)	 0917 300 9132 0947 140 4623 0906 357 8745 0915 463 6054	 mguiwag@yahoo.com nilmadj@yahoo.com loreleiflores1216@gmail.com
Cebu City				
Vicente Sotto Memorial Medical Center	Dr. Gerardo M. Aquino, Jr. Dr. Antonio Roque R. Paradela Dr. Madeline Amadora Dr. Marianne Naomi N. Poca Vanessa Christina C. Maderazo Cleovilyn L. Divera Kim Pardillo Liza Mae A. Calamba Rose Gonato Katrina Jane Marie G. Umali Maria Antonella D. Codeniera Jenifer B. Osigan Baylon Suico Rita H. Faelnar Donnabelle M. Montarces Emma A. Colina PInsp. Arieza V. Otida	Medical Center Chief I Chief of Clinics WCPC Coordinator WCPC Head (Pedia) Nurse II Nurse II Nurse II Nurse I Child Psychologist Child Psychologist Psychologist II Clerk WCPU Staff House Parent Dorm Social Worker Referring Agency (G.A.D Desk Officer) Referring Agency (WCPD Head)	 0933 116 0537 0917 720 0238	 navarropoca_md@yahoo.com
Cebu				
San Francisco – LGU	Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW SPO2 Magdalina Sanjorjo PO1 Caren Arcelo	MHO MSWDO WCPD Investigator	0917 204 6715 0908 279 5176	emmvir64@gmail.com wcpusanfran@yahoo.com
Pilar – LGU	Dr. Eufemia P. Maratas Dolita N. Dales, RSW	MHO		
Region 8 (Eastern Visayas)				
Northern Samar				
LGU - Lope de Vega, Northern Samar	Dr. Jocelyn C. Galvez Agnes B. Martino, RSW	MHO MSWDO	0929 277 8738 0908 321 2998	

	PO2 Myla B. Escareal	WCPD	0930 395 6732	
Palangga CPU - Northern Samar	Dr. Myrna Trongcoso Irmina O. Devorino PO2 Aileen S. Balleta	MHO MSWDO WCPD/FJGAD PNCO	0915 962 2882 0921 478 7367 0999 881 5303	
Eastern Samar				
Eastern Samar Provincial Hospital	Dr. Galo P. Alvor III Dr. Ma. Teresa E. Tabungar Julia C. Dulfo PO2 Catherine Poro Estelita Afable	PHO WCPU Coordinator WCPU RSW WCPDO Referring Agency (PSWD)	 0928 795 9412 0921 810 6742 0906 775 9519	
LGU – Balangkayan	Dr. Nelsie Labro Wilda Contada, RSW Genalyn O. Lloren	MHO Referring Agency (PNP- Asst. WCPDO)	 0915 841 0315	
LGU – Salcedo	Dr. Ma. Socorro S. Campo Ma. Amelita Macasa, RSW PO1 Lilian L. Negrido	MHO WCPU Staff (MSWDO Head) Referring Agency (PNP – Asst. WCPDO)	 0927 390 3690	
LGU – Oras	Dr. Marilyn Uy-Umil Leah P. Oculam, RSW PO2 Florence M. Pinangay	MHO WCPU Staff (MSWDO Head) Referring Agency (PNP – WCPDO)	0998 982 7762	
Samar				
LGU - Sta. Margarita	Dr. Nestor A. Cailo Marietta A. Verdeflor, RSW SPO2 Jessica Bilbao Dir. Emma Elardo Lolita de Mesa	MHO WCPU Staff (MWSDO Head) Referring Agency (PNP – Asst. WCPDO) Referring Agency (WESADEF Exec. Director) Referring Partner (Plan Philippines Inc.)	0918 914 5359	mdnac2004@yahoo.com
LGU – Tarangnan	Aldwin F. Collamar, MD Nonita A. Caguring, RSW PO3 Joan Epilogo	MHO Social Welfare Assistant Referring Agency (WCPD Officer)	0947 217 6849 0928 749 2166 0906 426 2180	 cicube_breaker@yahoo.com
Leyte				
Eastern Visayas Regional Medical Center	Dr. Aileen Espina Dr. Maria Remegia A. Manalo Dr. Lynor Barrot-Gler Janet Galangue, RSW PO2 Eugene Mesias Michael J. Tenebro Janet Caunte PO2 Meriam Trinchera	Hospital Director WCPU Coordinator WCPU Coordinator WCPU Staff (SWO IV) WCPU Staff (Child Specialist Investigator) WCPU Staff (Psychologist) WCPU Staff(SWA I) Referring Agency (WCPD)	 0915 416 4262 0917 703 6134 0935 349 5767 832 0911 0949 351 0593	 rem_manalo26@yahoo.com lynorb2008@yahoo.com mesias_e@yahoo.com

	PO2 Rudeliza P. Balintong	Referring Agency (WCPD PNCO)		
Southern Leyte				
LGU – Libagon	Dr. Dolorosa D. Branzuela Elvira C. Arado, RSW PO2 Rudeliza Balintong	MHO WCPU Staff (SWO I) WCPD PNCO	0922 205 9467 0916 431 2676 0917 633 4745	ddbranz59@yahoo.com
LGU – Liloan	Dr. Felicisima Arayan Maria Glendora E. Jale, RSW PO2 Jennelyn T. Roxas	MHO MSWDO Referring Agency (WCPD)	0916705 8980 0921 276 8808	 mariaglendora@yahoo.com.ph
LGU - San Ricardo	Dr. Corazon Garcia Jojie G. Bonita, RSW PO1 Aracilee L. Estillore	MHO MSWDO WCPD	0926 308 6989 0917 570 0271 0915 650 2505	 jojie_bonita@yahoo.com
Region 9 (Zamboanga Peninsula)				
Zamboanga del Norte				
Dr. Jose Rizal Memorial Hospital	Dr. Maria Dinna Viray-Pariñas Ms. Hazel G. Paler, RSW Charlene D. Hamoy PO2 Vanessa A. Andilab Lilia Julita Cabanlit, RSW	WCPU Coordinator WCPU RSW WCPU Staff (Nurse II) Referring Agency (WCPD PNCO) Referring Agency (CSWDO)	0919 607 9005 0909323 6457 0910 414 3517 0909 323 6457	dohdjrmh@gmail.com
Zamboanga City				
Zamboanga City Medical Center	Dr. Romeo Ong Dr. Leila Nelia Estrella Myrna M. Lanuza, RSW Dr. Ma. Fatima C. Conception PO1 Floramae Pablo Maria Bella R. Araneta Ma. Shiela N. Jacinto, RSW Tonet Escardal Jaycell Tampos, RSW Marie Joy R. Cadelina, RSW	Hospital Director WCPU Head Head, ZCMC Medical Social Service Child Protection Specialist Child Protection Specialist Midwife 1 Social Worker Officer 1 Psychologist Referring Agency (Tanglaw) Referring Agency (Women's Crisis Center)	 0917 711 3423 0917 770 0357 0926 423 6802	 docstar06@yahoo.com.ph conception_ma.fatima@yahoo.com
Region 10 (Northern Mindanao)				
Bukidnon				
Bukidnon Provincial Medical Center	Dr. Ric Reyes Dr. Sulpicio Henry M. Legaspi, Jr. Dr. Cosette S. Galve	PHO Hospital Director WCPU Head	 0917 546 1005	 csgalve@yahoo.com

	Dr. Dina Hernandez Dahlia Jabeñar, RSW Leo Viliahermosa, RSW PO1 Junelyn Flores	WCPU Coordinator (Pedia) Social Worker Social Worker WCPU Staff (Investigator)	0906 481 5535 0910 413 1698 0916 170 6669	d_0131hernandez@yahoo.com junelyncartin@yahoo.com
Misamis Occidental				
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Region 11 (Davao Region)				
Davao del Norte				
Davao Regional Hospital	Dr. Romulo A. Busuego Dr. Rodel M. Flores Dr. Emilie Debil-Ugdang Karen Ann M. Pilar, RN Janette D. Mades, RN Haide Pleños, RSW Emmie Dingcong Felipa Banate, RSW PO2 Merlyn Navarro	Hospital Director Chief of Clinics WCPU Coordinator WCPU Staff OB, Head Nurse SAO Transciptionist WCPU RSW Referring Agency (WCPD PNCO)	 0917 717 0812 0907 383 2621	 drh_ob@yahoo.com wcpd_tcps@yahoo.com
Davao City				
Southern Philippines Medical Center	Dr. Maria Aimeee Hyacinth Bretaña Dr. Regina P. Ingente Louella S. Young, RSW Janice S. Pamplona, RSW Imelda Mallorca		0916 4852303 0920 950 3137 0928 636 1217	maimeehb@yahoo.com wcpu_dmc@yahoo.com weng_young79@yahoo.com
Region 12 (SOCCSKSARGEN)				
Cotabato City				
Cotabato Regional Medical Center	Dr. Dimarin A. Dimatingkal Dr. Teresita Mansilla (Ret.) Dr. Nurlinda Arumpac Shirley Salik, RSW	Chief of Clinics WCPU Coordinator WCPU RSW (SWO II)	 0917 726 6885 0906 236 9266	 nurlinda_06@yahoo.com shirleysalik_1006@yahoo.com

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South Cotabato Provincial Hospital	Dr. Conrado Braña, Jr. Dr. Angeles V. Malaluan Nenita Baroquillo, RSW PO1 Merce Margarette Dema-Ala Jennifer D. Magbanua, RSW	Hospital Director WCPU Coordinator Social Worker WCPD Investigator Referring Agency (CSWDO)	 0922 821 7162 0926 819 1989 0912 256 5965	 angeles_malaluan@yahoo.com nenitabaculado14@yahoo.com mgdemaala@gmail.com
NCR (National Capital Region)				
Manila				
Philippine General Hospital - Child Protection Unit	Dr. Bernadette J. Madrid Dr. Merle Tan Dr. Sandra S. Hernandez Dr. Namnama Villarta-de Dios Dr. Melissa Joyce P. Ramboanga Dr. Riza C. Lorenzana Dr. Norieta Balderrama Dr. Joseph Sayo SPO2 Marsha Agustin Marie Celiza Antonio,RN Annaliza Macababbad, RSW Andromeda Legazpi	Executive Director Child Protection Specialist (WCPU Staff) Director for Training (WCPU Staff) Child Protection Specialist (WCPU Staff) Child Protection Specialist (WCPU Staff) Child Protection Specialist (WCPU Staff) Child Psychiatrist (WCPU Staff) Child Psychiatrist (WCPU Staff) Police Officer (WCPU Staff) Nurse (WCPU Staff) Social Work Supervisor (WCPU Staff) Triage Officer (WCPU Staff)	0917 841 6044 (02) 353 0667 0932 880 6507 0917 538 3874 0917 315 4244 0923 949 7977 0915 519 6239 0917 811 7561 0922 801 4322 0917 591 0748 0923 243 8510 0925 313 1924	pgh.cpu@gmail.com
Quezon City				
Philippine Children's Medical Center	Dr. Fuzca Piczon Dr. Cecilia Gan Dr. Joy Neri Dr. Amy Luz Corpuz Kathrina Sunga, RSW Dr. Bu Castro Dr. Portia Luspo Dr. Rory Myleen Tianzon-Franco Dr. Rosa Maria H. Nancho Dr. Julia Mae Y. Cruz	Founding Consultant Head, Clinical Center for General Pediatrics OIC Ambulatory Pediatrics Fellow Social Worker Medicolegal Officer Head, Child Psychiatrist Consultant Psychiatrist Fellow Adolescent Medicine Consultant Fellow	0917 842 7752 0922 943 0455	 cecilegan2003@yahoo.com rjnerimd@gmail.com

	Pediatric Gynecologist Consultants and Fellows Dr. Socorro Bernardino Dr. Rodelle Joy Lucion Dr. Christine Denisse De Mata	 Training Officer Fellow Fellow		
Quezon City Protection Center	Dr. Josephine Sabando Dr. Elsie Callos Dr. Marivic Bigornia Tabita Gabriel, Psychologist Eva Deriada, RSW SPO1 Ma. Leonora Eclipse Malon Azarcon Valerie V. Bernardino	Hospital Director WCPU Coordinator WCPU Coordinator (Pedia) WCPU Staff WCPU Staff Referring Agency Referring Agency (Brgy. Councilor - San Antonio, Quezon City) OVM-Protection Center Officer-in Charge	0919 210 6141	elsiecallos@yahoo.com bigorniamd@yahoo.com