

RETA 5956

Identifying Disability Issues Related to Poverty Reduction

Philippines Country Study

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ABBREVIATIONS

ADB	–	Asian Development Bank
ADEPT	–	Assisting Disabled and Elderly Persons who Travel
BBC	–	Breaking Barriers for Children
BBP	–	Breaking Barriers-Philippines
CBR	–	community based rehabilitation
CBRS	–	community-based rehabilitation services
CIDSS	–	Comprehensive Integrated Delivery of Social Services
DANIDA	–	Danish Foreign Ministry
DOH	–	Department of Health
DSWD	–	Department of Social Welfare and Development
FIES	–	Family Income and Expenditure Survey
GO	–	Government Organization
GSIS	–	Government Service Insurance System
IEC	–	Information, Education and Communication
KALAHI	–	Kapit-Bisig Laban sa Kahirapan (fight against poverty)
LAC	–	Local Advisory Council
LGC	–	Local Government Code
LGU	–	Local Government Units
LTO	–	Land Transportation Office
LTS	–	Leadership Training Seminars
NAPC	–	National Anti-Poverty Commission
NCWDP	–	National Council for the Welfare of Disabled Persons
NDPI	–	National Disability Prevention and Rehabilitation
NGO	–	Non-Government Organization
NSO	–	National Statistics Office
OPDA	–	Office of Persons with Disabilities Affairs
OT/PT	–	Occupational Therapist / Physical Therapist
PESFA	–	Private Education Financial Assistance
PESO	–	Public Employment Service Office
PHB	–	Provincial Health Board
PHILSPADA	–	Philippines Sports Association for the Differently-Abled
PPHB	–	Philippine Printing for the Blind
PTU	–	Danish Society of Polio and Accident Victims
PWD	–	persons with disabilities
QSIP	–	Quality Service Improvement Program
RA	–	Republic Act
RBI	–	Resources for the Blind
SRA	–	Social Reform Agenda
SSS	–	Social Security System
STAC	–	Stimulation and Therapeutic Activity Centres
TESDA	–	Technical Education and Skills Development Authority
UNDP	–	United Nations Development Programme
UNESCAP	–	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	–	United Nations Educational, Scientific and Cultural Organization
UNICEF	–	United Nations Children's Fund
VSO	–	Volunteer Services Organization
WHO	–	World Health Organization

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FOREWORD AND ACKNOWLEDGEMENTS

On March 8, 2002, the Foundation for International Training (FIT) entered into a contract with the Asian Development Bank (ADB) to provide technical assistance through RETA 5956, "Identifying Disability Issues Related to Poverty Reduction." The objectives of the Project were to:

- (i) familiarize developing member countries (DMC) with the ADB's overarching objective of poverty reduction and other related ADB policies to help address the vulnerability and poverty situation of disabled peoples;
- (ii) identify and analyze the DMC's national policies, programs, projects and initiatives concerning disabilities and poverty to be used as a basis for action plans;
- (iii) provide a forum for ADB, Government and disabled peoples' groups/organizations to identify and discuss disabled peoples' needs and concerns, particularly those related to poverty; and
- (iv) develop a disability checklist for the ADB.

The project was carried out in four countries: Cambodia, India, the Philippines and Sri Lanka. In each country, FIT mobilized a two-person team of multi-disciplinary specialists in disability and poverty reduction policy and participatory development. These local consultants carried out the research, documentation, and policy activities at the country level. The results of this work are documented in Country Study Reports and Recommendations prepared for each country.

The Project was led by an international team leader, Dr. Lorna Jean Edmonds. Dr. Edmonds provided invaluable guidance and direction in the structure and development of the country study reports. This Country Study Report was produced by Ms. Venus Ilagan, the Project's Disability and Poverty Policy Specialist for the Philippines. Ms. Ilagan was assisted by a Participatory Specialist, Ms. Angela Pangan. Together Ms. Ilagan and Ms. Pangan organized a series of provincial and national-level workshops; the recommendations that emerged from this process form an integral component of this Country Study. This work benefited from support and cooperation from the National Council for the Welfare of Disabled Persons. The editing of the Country Study Report and Recommendations was carried out by the team at FIT led by Ms. Michelle Sweet, Project Manager.

COUNTRY BRIEF

A. Population and Demographic Data

■ Capital :	Manila
■ Official language:	Filipino
■ Currency:	Philippine Peso
■ Surface Area:	300,000 Sq. Km.
■ Population:	75,300,000 as of 2000
■ Population annual growth rate:	2.02%
■ Size of Family Household:	5.0
■ Population below 15 years:	38.3%
■ Population above 15 years:	61.7%

B. Administration

- The Philippines being and archipelago is divided into 3 main island groups: Luzon, Visayas and Mindanao.
- It has 16 political/administrative regions further subdivided into 79 provinces, 113 cities and 1,499 municipalities.

C. Economic Indicators

■ GDP:	Php 3,322,626
■ GNP:	Php 3,505,155

D. Poverty Incidence

■ Poverty Incidence	40.0%
■ Rural poverty incidence	37%
■ Urban poverty incidence	12 %
■ Number of families living below	33.7% of the population the poverty line
■ Number of poor families	5.1 million

E. Disability Statistics

- There are an estimated 7.5 million Filipinos with disabilities based on the WHO assumption that 10 percent of every country's given population has some form of disability.
- Government estimates that 70 percent of those with disabilities live in rural areas where services are often not accessible.
- Past attempts to include persons with disability in national census surveys have not been successful for many reasons, including the refusal of families to declare that they have members with disabilities.
- A 1990 Census of population and housing indicated that there were 755,474 persons with disabilities, a mere 1 percent of the country's population based on the same census.
- A national registration conducted by the Department of Health in 1997 also showed that there were 469,707 persons with disability. Because of the low turn out, this figure was not officially recognized.

- The persistent armed conflicts and bombing incidents in the southern part of the country is expected to give rise to the number of persons with disability. No immediate data is available on this.

F. Causes of Disability in the Philippines

- The Department of Health has identified malnutrition and unsanitary living conditions (especially among the urban slum dwellers) as a result of extreme poverty as the most significant causes of disability, especially among children. A DOH report indicates that prevalence of disability among children 0-14 years is highest in urban slum communities and in rural areas where health services are limited, if not inaccessible.
- Another cause of disability cited is the failure of expecting mothers to go for pre-natal check-ups due to lack of knowledge on its benefits, as well as the concentration of hospitals and health clinics in cities and municipal urban centers that are inaccessible to the majority of poor people living in rural areas. The practice of seeking the expertise of *hilots* (traditional birth attendants) in delivering babies can also sometimes cause accidents that result in disability among newborn babies. Less than 10 percent of the total families with pregnant women and lactating mothers receive iron and iodine supplements. When taken by pregnant women, these supplements can prevent a number of conditions at birth caused by goiter, including intellectual disabilities, speech impairment, deafness and physical differences. Goiter is also known to cause stillbirth or miscarriage.
- The unstable peace and order situation, particularly in the southern part of the country, and vehicular and industrial accidents are likewise causes of disability in the country.
- Though the country is said to have been, to some extent, successful in its joint efforts with NGOs to eradicate polio through vaccination, the free provision of vitamin A capsules to children for the prevention of blindness and intensified campaigns against unsafe sex practices, there has been no statistics to indicate the extent that these efforts have reduced the incidence of disability in the Philippines.

I. INTRODUCTION

1. The launching of the Asian Development Bank's Project "Identifying Disability Issues Related to Poverty Reduction" is consistent with its over-arching goal of poverty reduction and a result of the workshop on "Disability and Development" which the Bank organized in October 1999 with support from the Government of Finland. The initiative is a relevant step towards the prevention of the causes of disabilities and the generation of appropriate and needed support services to enable persons with disabilities to contribute to poverty reduction.

2. The project was conceptualized to assist four developing countries in the Asia Pacific Region: Sri Lanka, Cambodia, India and the Philippines, to put in place country strategies and action plans to address disability concerns. Through this initiative, it is expected that the capacity of each of the four countries to implement their respective disability programs will be strengthened. This project was also directed to assist the Asian Development Bank (ADB) to develop recommendations for a regional approach to mainstreaming disability issues within country programs for poverty reduction and social development.

3. In the Philippines, the Department of Social Welfare and Development (DSWD), through its National Council for the Welfare of Disabled Persons (NCWDP), has provided very strong support to this initiative. After the project's inception meeting in April 2002, three provincial workshops were conducted in succession: Iloilo (in May) for the Visayas, Baguio (in June) for Luzon; and Davao (in July) for Mindanao Region. A total of 122 stakeholder-representatives pre-identified and selected on account of their active participation in various activities in the field of disability, took part in the workshops. Of these, 52 were persons with disabilities. The workshops provided venues for the discussion and documentation of experiences and issues. It likewise served as an opportunity to assess the relevance of current institutional frameworks and stakeholders' capacity to mainstream disability issues in relation to national poverty reduction programmes. Consolidated results generated from the provincial workshops were presented at the National Workshop held in Manila in August 2002.

4. The National Workshop was conducted immediately following the conclusion of the NCWDP's National Culminating Conference for the Asian and Pacific Decade of Disabled Persons, 28-30 August 2002. Of the 56 participants in the national workshop, 17 were persons with disabilities, 14 were government representatives, 14 from the NGOs and 11 representatives from international/funding agencies, academe, employers' groups and other relevant national associations. The workshop produced sectoral recommendations on national strategies and action plans generated from a highly participative process. The Philippines' social welfare and development Secretary who officiated at the closing ceremonies, has responded positively to the recommendations of the participants as presented at the closing program.

5. This country study report includes an analysis of the national disability situation as well as relevant policies and legislation. Also integrated in the report are specific and 'doable' recommendations as expressed and articulated by key stakeholders, specifically persons with disabilities, who attended the workshops. This countrywide study and the processes undertaken, including the set of recommendations developed, can serve to focus attention on the urgency of the need to effectively address disability issues in the country in relation to development.

II. COUNTRY NEEDS: POVERTY PROFILE

6. The incidence of poverty in the Philippines fell rapidly between 1991 and 1997—from 34 to 25 percent—but poverty reduction has stagnated since. Preliminary data collected from the Family Income and Expenditure Survey (FIES) for 2000 suggest that the incidence of poverty actually rose slightly. Between 1997 and 2000, 12 to 13 percent of the population lives on less than US\$1 per day; the majority of these are rural people, including persons with disabilities. Forty-five to 46 percent live on less than US\$2 a day.

7. Poverty in the Philippines remains a predominantly rural phenomenon. The four regions with the highest incidence of poverty in 2000 were Bicol, Western Mindanao, Eastern Visayas and the Autonomous Region of Muslim Mindanao. The underlying cause of poverty is said to be the heavy dependence on agriculture, lack of adequate social safety nets and lack of educational achievement, especially among the so-called most vulnerable groups, including persons with disabilities who are largely dependent on their families for support.

8. The country's economic managers suggest that achieving higher growth and enhancing the ability of the poor (including persons with disability who are considered among the poorest of the poor in this country) to participate in that growth by building up their assets through investments in their human capital and their physical environment would be the main engine for poverty reduction. Building the human capital of the poor is important for enhancing productivity and for empowering them. Local government units in the rural areas could be key to this process, especially if they are strengthened and equipped to provide adequate and timely agricultural, environmental and natural resource management extension services to their constituents.

9. Statistics on disability in the Philippines have not been properly established. There is still heavy reliance on World Health Organization estimates that 10% of every country's given population has some form of disability.

10. The lack of access to basic social services characterizes the poor, especially persons with disabilities. Most receive basic education but have less tertiary schooling. National Statistics Office (NSO) figures show that poverty incidence is highest among those who did not finish elementary education (37.8%) and those who only finished sixth grade (30.8%). Further, the country's Medium Term Development Plan 2001-2004 found that for most of the poor, access to hospitals, or to the benefits of government subsidy/programs on health, public housing, livelihood and credit is limited. There is low access to public infrastructure in poor areas.

11. Data from the Department of Education shows that not even 3 percent of children and youth with disabilities have access to basic education for a variety of reasons including a lack of teachers adequately trained to handle learners with special needs and inadequate allocation of resources to provide education materials in alternative formats, mobilize sign language interpreters for deaf students, provide access features in schools to accommodate students in wheelchairs, etc. The general lack of data on disability also prevents the education department and other agencies of government from knowing the extent of persons with disability' inclusion in other mainstream social services.

III. REVIEW OF LEGISLATIVE AND POLICY FRAMEWORK AND PRIORITIES

A. Disability Legislation

12. Adhering to the Universal Declaration of Human Rights that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms regardless of age, race, sex and disability, Filipinos with disabilities are no exception. The protection of basic human rights—political and civil rights for all citizens, including those with disabilities—is provided for in national legislation.

13. As a member-state of the United Nations, the Philippines has re-affirmed the World Programme of Action Concerning Disabled Persons in the promotion of full participation and equalization of opportunities for persons with disabilities that was an important outcome of the International Year of Disabled Persons, 1981. The State's commitment to develop the capacities of people with disabilities and observance of the International Decade of Disabled Persons 1983-1992 has provided focus and priority to the country's disability issues and concerns.

14. Legislation specifically and exclusively addressing disability has been formulated. The Republic Act 7277 or the Philippine Magna Carta for Disabled Persons, which took effect in 1992, is the definitive legislation that addresses disability concerns in the Philippines. It contains specific provisions and policies to address the concerns of persons with disability and ensures that they are provided equal opportunities and participation in their development. The legislative measure identifies and provides for the rights of persons with disabilities with regard to employment, education, health, auxiliary social services, access to telecommunications, and enjoyment of their political and civil rights. Moreover, it ensures the protection of their rights through the prohibition of discrimination against persons with disabilities. The Magna Carta for Disabled Persons identifies specific government agencies responsible for the formulation of programs and services and enforcement of legislation in support of persons with disability.

15. The Republic Act 344, or Accessibility Law, requires that public buildings meet reasonable accessibility requirements with the end in view of promoting the mobility of persons with disabilities.

16. Stressing the responsibility of the State to assist Filipinos with disabilities to become empowered and mainstreamed members of the community, then President Fidel V. Ramos issued Proclamation 125, which called for the nationwide observance of the Asian and Pacific Decade of Disabled to advance further disability concerns. The goals of this Proclamation were to equalize opportunities and promote the full participation of Filipinos with Disabilities in line with the Agenda for Action for the AP Decade of Disabled Persons. This was translated into a Philippine Action Plan for the Decade, 1993-2002.

B. National Policy

1. Mandate of the Government

17. The Philippines' policy towards the disabled is expressed in national legislation and in guidelines adopted by the Government. Both the Magna Carta for Disabled Persons and the Philippine Constitution stress the importance of rehabilitation, self-development, self-reliance and integration into mainstream society of persons with disabilities. Persons with disability are identified as among the under-privileged citizens in legislation and policies. The Philippine Constitution calls for the prioritization of the needs of persons with disability through the

adoption of an integrated and comprehensive approach to health development and the provision of social services at affordable cost.

2. Formal Obligation of the Government

18. The Government of the Philippines recognizes and is committed to the following United Nations instruments, conventions, treaties and mandates which relate directly or indirectly to persons with disabilities:

- The Universal Declaration of Human Rights
- The Declaration for the Elimination of all Forms of Violence Against Women
- The United Nations Convention on the Rights of the Child
- The World Programme of Action Concerning Disabled Persons
- ILO Convention 159 for the Rehabilitation and Employment of Disabled Persons
- The Salamanca Statement and Framework of Action for Special Needs Education
- The Dakar Framework of Action on Education for All
- The Framework of Action for the Asian and Pacific Decade of Disabled Persons

19. As a signatory to the Framework of Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002, the Government has formulated the Philippine Plan of Action for the Decade that provides the basis for the equalization of opportunities for persons with disability through the implementation of programs and provision of services to address their concerns.

C. Review of National Priorities in Relation to Disability

20. The Philippine Plan of Action for the Asian and Pacific Decade of Disabled Persons identifies national priorities for implementation to ensure the full participation and equality of persons with disabilities in mainstream activities. It aims to “upgrade, strengthen, expand and sustain activities” that will maximize the opportunities of persons with disabilities to take part in all aspects of life in their respective communities.

1. National Coordination

21. The National Council for the Welfare of Disabled Persons (NCWDP) is the focal point for disability issues and concerns. It has an inter-sectoral and multidisciplinary composition. It has a Board composed of national government agencies, non-government organizations, representatives of organizations of persons with disabilities as well as civic and cause-oriented groups.

22. The sectoral representative of the National Anti-Poverty Commission sits on the Board. Youth with disabilities are represented by a member from the National Youth Commission. The Board has an Executive Committee that serves as a clearinghouse to process and review policy recommendations and concerns before the Board acts on them. The Council has five inter-agency sub-committees focusing on particular areas of concern:

- Subcommittee on Health
- Subcommittee on Education
- Subcommittee on Auxiliary Social services
- Subcommittee on Employment
- Subcommittee on Accessibility and Telecommunications

23. Persons with disabilities are represented on all subcommittees. The Consultative and Advisory group, composed of leaders with disabilities from various disabled people's organizations, also provides for representation and participation. The Consultative and Advisory Group serves as a consultative body on issues affecting the sector as well as providing the Council with recommendations and relevant information on disability as a basis for policy and program development.

24. Institutionalized regular consultation with persons with disabilities, concerned government and non-governmental organizations is undertaken by the NCWDP both at the national and local levels. NCWDP has organized committees for the welfare of Disabled Persons at the regional, provincial, municipal and city levels with representation from the sector. These committees serve as a mechanism for monitoring programs and services for persons with disabilities, from which sectoral issues and concerns are generated and discussed.

2. Legislation

25. Prior to the observance of the Asian and Pacific Decade, the Philippines had three major laws that created the legal bases for measures to achieve the objectives of full participation and equality for persons with disabilities:

- Accessibility Law (Republic Act 344), approved on 25 February 1983; "an Act to Enhance the Mobility of Disabled Persons by Requiring Certain Buildings, Institutions, Establishments and Public Utilities to Install Access Facilities and other Devices;"
- White Cane Act (Republic Act 6759), enacted on 18 September 1989; "an Act Declaring the first of August of Each Year as White Cane Safety Day in the Philippines and for Other Purposes;" and
- Magna Carta for Disabled Persons (Republic Act 7277), approved on 24 March 1992: "an Act Providing for the Rehabilitation and Self Reliance of Disabled Persons and their Integration into the Mainstream of Society and for Other Purposes."

26. These national laws embody the rights and entitlements of persons with disabilities. They include provisions that remove conditions such as discrimination that adversely affects the development of persons with disability.

27. Implementing Rules and Regulations of the Accessibility Law were amended in March 1995 to provide stiffer penalties to violators, while amendments to the Magna Carta and the White Cane Act have been proposed to the Philippine Congress, in a bid to make them more responsive to the needs of persons with disabilities.

28. Special legislation on the Party-list System for Congressional (House of Representatives) representation was passed in 1995, which provides for the inclusion of political parties of persons with disabilities to vie for representation in the Lower House of Congress. Issuances to reinforce the implementation of the Magna Carta for Disabled Persons and Accessibility Law were made, including:

- Executive order No. 385 – Creating a Task Force to Address Gaps/Concerns of Persons with Disabilities with Fund Allocation

- Executive order No. 261 – Creating an Inter-Agency Committee for the Promotion, Employment of Persons with Disabilities with the Department of Labor and Employment as lead agency
- Administrative Order No. 101 – Issued by former President Joseph Estrada Instructing the Department of Public Works and Highways, Department of Education, and the Commission on Higher Education to Ensure Accessibility of Public Buildings e.g. schools, colleges, universities, and for the Department of Budget and Management to release funds for the purpose
- National Directorate of the League of Municipalities of the Philippines has adopted Resolution No. 0110-2001 for the establishment of the Office of Persons with Disabilities Affairs (OPDA) in all municipalities nationwide. OPDA will serve as the structural organization for the implementation of programs/projects to minimize or cushion adverse impacts of poverty on persons with disabilities. Some 11 local government units in the Philippines have established Offices for Disabled Persons Affairs as of June 2002.

29. From the 9th to the 12th Congress, measures of bills on disability issues and concerns were filed/re-filed in both the Senate and the House of Representatives. A total of 85 measures were filed in the Lower House, while 43 were filed in the Senate.

3. Information

30. On data collection, disability questions were included in the Philippine Census of Population in 1990 and 2000. Non-governmental and people's organizations also conducted small surveys on the profile of persons with disabilities to support their planning and implementation of area-based projects on disability. Universities, such as the University of the Philippines and the University of Sto. Tomas, conducted research on particular areas of interest, such as issues that affect the lives of persons with disabilities and their families.

31. The NCWDP is in the process of establishing its Management Information System to serve as a data resource center on disability in the country, including demographic data on persons with disabilities and social and economic dimensions in disability through a Profiler System.

4. Public Awareness

32. The country's annual nationwide observance of the National Disability Prevention and Rehabilitation Week (NDPI Week) every 17-23 July is the Philippines' major vehicle to raising public awareness on disability issues and concerns. The annual NDPR is a means to raise awareness about the rights, needs, potentials and contribution to development of persons with disabilities.

33. Advocacy and information, education and communication (IEC) campaign strategies and tools are employed to generate awareness and effect behavioral/attitudinal modifications on the public perception of disability and persons with disabilities. These information tools include:

- Radio/TV plugs
- Photo exhibits/information caravans
- Painting/photography and other forms of talent competitions
- Puppet shows

- Disability-related publications e.g. magazines, directory of rehabilitation services and resources, annual reports, booklets/leaflets on services for persons with disability, posters, brochures
- Press conferences, press releases, news features
- Trade fairs and bazaars for products of persons with disabilities
- Employment fairs to increase awareness on the availability of “employable” persons with disabilities
- Conferences, symposia, lecture series, local assemblies, and giving of awards to recognize efforts of private individuals and organizations in support of persons with disabilities

34. The Philippine Postal Corporation issued Commemorative Stamps on the Asian and Pacific Decade of Disabled Persons in 1998.

35. Athletes with disabilities are included in the annual Philippine National Games Sports competition. This led to the organization of a national sports association for persons with disabilities called PHILSPADA (Philippines Sports Association for the Differently-Abled). Filipino athletes with disabilities have won honors for the country in international sports competitions such as the Fespics and Paralympic games.

36. Job fairs and employment “talk-shops” were held in different parts of the country to promote the “employability” of persons with disabilities. Annual trade fairs showcasing products made by persons with disability have been conducted in the country’s big shopping malls. Advertising agencies have likewise included disability dimensions in their program concepts for commercial advertisements.

37. The country participates regularly in International Abilympics, the Olympics of Trade Skills of Persons with Disabilities. Country delegation is composed of winners of the National Skills Competition conducted by the Philippines’ Technical Education and Skills Development Authority in which persons with disability are welcome to compete.

38. A Philippine Dictionary of Signs was developed in 1999, including a VHS tape complement, to standardize sign language for Filipinos with hearing impairment with funding provided by the United Nations Development Programme (UNDP). The manual was circulated in schools and to organizations of the deaf and other interested parties. Two national television programs in the country are provided with sign language interpretation.

5. Accessibility and Communications

39. Recognizing the overall importance of accessibility in providing equal opportunities and full participation to persons with disabilities, a special monitoring team has been organized, with the Department of Public Works and Highways as the lead agency, to monitor buildings and establishments for public use on their compliance with the Accessibility Law. The monitoring team includes one or more persons with disabilities who use the access features of facilities to determine if they comply with the specific requirements as stipulated by the accessibility law.

40. The Department of Public Works and Highways has funds allocated in its budget to meet the accessibility requirements of public infrastructures. Accessibility has been included in the curricula of architecture and engineering courses, as well as in the Philippine National Building Code of 1993 through the efforts of the United Architects of the Philippines.

41. To promote accessibility in transportation, seminars are conducted by concerned agencies of government and organizations of persons with disabilities to orient “jeepney” and bus drivers and other transport operators on the requirements of the accessibility law. In large establishments, parking spaces are designated for use of persons with disabilities. Persons with disability who are qualified, based on policies and guidelines of the Land Transportation Office (LTO), can apply for a driver’s license. This law was implemented in 1992. As of March 2002, LTO records show that 3,321 eligible drivers with disabilities were issued licenses.

42. A Manual on Assisting Disabled and Elderly Persons Who Travel (ADEPT) in Land, Sea and Air Transportation was developed in 1995 and disseminated to the concerned sectors. ADEPT training has been conducted for personnel and crew of sea, land and air transportation firms since 1995. The NCWDP has issued 42,000 fare discount identification cards to persons with disabilities. However, there is no prescribed amount of discount to be granted to cardholders; rather, the amount is determined by transport companies themselves ranging from 10-20 percent of the regular cost of fare.

43. Resources for the Blind (RBI), a non-government organization, and the government-owned Philippine Printing House for the Blind (PPHB) provide Braille services. PPHB also translates into Braille academic books for elementary and high schools.

6. Education

44. The Department of Education promotes inclusive education that mainstreams students with disabilities in regular classes. Education department records indicate that an average of 500 deaf and blind students are mainstreamed in regular schools annually. The Department of Education has issued policies through department orders:

- Department Order No. 14 Series of 1993: Creation of Special Education Council
- Department Order No. 12 Series of 1999: Production of textbooks for learners with visual impairments
- Department Order No. 11 Series of 2000: Recognizes Special Education Centers in the Philippines

45. The Department of Education conducts training of teachers on special needs education. Available records indicate that 2,527 teachers have undergone training on special needs education as of 2001. Instructional materials have been developed such as:

- Community-based resource materials for the Visually Impaired, Mentally Retarded and Deaf
- Basic learning competencies for the Visually Impaired for Elementary and Secondary levels
- Integrated Program Package on Autism Focusing on Education, Early Detection and Intervention
- Resource Materials for the Community-Based Special Education Program for the Blind and Deaf Who are Out of School

46. Limited provision of funding assistance to deserving students with disabilities is given through the Private Education Financial Assistance (PESFA) program. Parent-Teacher Fora are conducted to address concerns of children with special needs. Parents of disabled children are trained to advocate issues on behalf of their children.

47. The Department of Social Welfare and Development has initiated the TAWAG (Continuing Education without Barriers) program to enhance the physical, social, mental and psychological functioning of children and out-of-school youth with disabilities through their integration into day care services or special and regular schools. Since its inception, the TAWAG program is reported to have provided services to 1,322 children and youth with disabilities as of 2001.

7. Training and Employment

48. National programs were developed and implemented in support of the training and eventual employment of persons with disabilities:

- *Tulong Alalay sa Taong Maykapansanan* (Support Services to Persons with Disabilities) was started in 1994 with the Department of Labour and Employment as the lead agency, with the following components: skills mapping, skills training; wage employment; and self-employment
- Assistance Package for Persons with Disabilities of the Department of Trade and Industry, which was started in 2000. It includes the following: skills and livelihood training, product upgrade, development and marketing, trade fair participation, development of entrepreneurial capability and business management skills
- Philippine National Skills Competition for Persons with Disabilities of the Technical Education and Skills Development Authority (TESDA) – a program which was started in 2001
- TESDA has provided training to 1,301 persons with disabilities as of the second quarter of 2002, including training on livelihood, entrepreneurship, values formation, leadership and advocacy. It has granted scholarships to 914 persons with disabilities in technical vocational courses through the Private Education Student Financial Assistance (PESFA) program
- Science and Technology Intervention for the Poor, the Vulnerable and Persons with Disabilities that was developed by the Department of Science and Technology. The Program provides funding for equipment/facilities, working capital and other incidental expenses of projects of persons with disabilities and their organizations

49. Training programs have been organized and conducted for persons with disabilities by the Department of Environment and Natural Resources in the areas of: reflexology; waste recycling; bonsai growing, cut-flower and orchid growing; shell craft, weaving and mat making; cattle fattening and goat raising; slippers, stuffed toys and candle making; meat processing and baking; compost soil preparation and landscape gardening; doormat/potholders and paper mache making. Persons with disabilities who were successful in their training were provided soft loans to start their business.

50. The Department of Social Welfare and Development continues to provide training and employment to the sector through National Vocational Rehabilitation Centers strategically located nationwide as well as Rehabilitation Sheltered Workshops in various parts of the country. A total of 2,587 persons with disabilities were trained by these facilities as of 2000. These centers are currently being upgraded to make them more responsive to the needs of persons with disabilities.

51. During the implementation of the Asian and Pacific Decade of Disabled Persons, 19,545 persons with disabilities have joined the workforce in wage and self-employment up to the first quarter of 2002, according to consolidated reports from the government. In line with the

Republic Act No. 8759, Public Employment Service Offices (PESO) were created at the municipal and city levels to provide employment assistance especially to persons with disabilities.

8. Prevention of the Causes of Disability

52. The Department of Health, in partnership with the private sector and other government agencies, conducts advocacy campaigns in the area of prevention of the causes of disabilities. Prevention measures undertaken by the health department include: immunization and vaccination, screening of new born babies, free distribution of vitamin A capsules as a way to prevent blindness, iron tablet supplementation, production and distribution of iodized salt, mother and child care program, pre-natal and post natal care, and nutrition education.

53. The Department of Environment and Natural Resources has implemented an action program in support of measures to prevent causes of disabilities through: prevention of accidents as a major cause of disability; information, education and communication (IEC) campaigns on ill effects of pollution and environmental degradation; and the provision of first aid/safety procedures for emergency treatment. Several non-governmental organizations and civic groups operate medical missions or mobile clinics to provide early intervention to communicable diseases and illnesses.

54. The Department of Labor and Employment, through the Occupational Safety and Health Center, conducts safety regulation programs for the prevention of accidents in workplaces to prevent occupation-related disabilities.

55. At the local level, Local Government Units (LGUs) through the Social Welfare and Development Offices, undertake the following programs towards the prevention of the causes of disabilities: nutrition programs and classes on proper food preparation and handling; classes on responsible parenthood; supplemental feeding programs; classes for caregivers; identification/screening/referral to proper service providers of patients identified with cataract; training of community health workers, parents, and paramedic professionals on preventive pediatrics; and genetic counseling.

56. Health centers under the operational supervision of Local Government Units extend medical services for early intervention or treatment of diseases. These centers also conduct training and education programs on health, proper nutrition, hygiene and other aspects of medical care. Community health workers, families, counselors and other allied health professionals also undergo training on preventive pediatrics and genetic counseling for early identification, management and prevention of congenital impairments in children. Training of medical, paramedical and related personnel is conducted by both government and non-government organizations as well as by professional associations.

9. Rehabilitation

57. The community-based rehabilitation (CBR) approach is widely used to provide services to persons with disabilities in view of the limited number of hospitals equipped with rehabilitation units. The NCWDP developed the Philippine Handbook on Community-Based Rehabilitation in 1993, which was field tested in 1994 and disseminated to relevant agencies/organizations in 1995. As of 2000, some 44 regional and provincial hospitals in the Philippines have rehabilitation units that provide services to persons with disabilities.

58. CBR has been integrated in allied medical degree courses in selected universities, including the state-owned University of the Philippines. A number of NGOs, including organizations of persons with disabilities, are using the CBR approach to deliver services to their peers, through trained community volunteers/workers.

59. KAMPI, the national federation of 241 organizations of persons with disabilities in the Philippines, operates and maintains 60 community-based centers for children with disabilities 0-14 years, called Stimulation and Therapeutic Activity Centers (STAC). These centers provide rehabilitation and pre-school training among other services, to more than 7,000 disabled children as of 2001, making KAMPI one of the largest providers of rehabilitation services for children with disabilities in the Philippines. The facilities are owned and operated by persons with disabilities themselves, with the help of close to a hundred professional staff. Funding for the initiative is provided by the Danish Society of Polio and Accident Victims, an organization of persons with disabilities in Denmark.

60. The Department of Health, recognizing its limited resources to reach out to persons with disability in the rural areas, uses the CBR approach in its delivery of health services. Statistics from the agency indicated that 896 local supervisors, who are household members and advocates, and 448 intermediate supervisors were trained by the health department on basic rehabilitation techniques covering 112 municipalities and cities nationwide as of 2001.

10. Assistive Devices

61. Provision of assistive devices and equipment is recognized by the government as an important measure to achieve the equalization of opportunities for persons with disabilities. The Department of Social Welfare and Development, the Department of National Defense, the NCWDP as well as Local Government Units have augmentation funds to provide a limited subsidy for the purchase of assistive devices for persons with disability who cannot afford the cost of such devices. These include wheelchairs, crutches, braces, canes, artificial limbs, corrective eyeglasses and hearing aids, among others. As funds for these are limited, only a number of beneficiaries are assisted each year, usually on a first-come-first-served basis.

62. Research on the use of indigenous materials in the production of assistive devices has been conducted, but instructional manuals on these have yet to be developed. Training of community-based workers in appropriate paper-based technology in making assistive devices and technical aids were conducted at various CBR sites in the country. The NCWDP has developed a Catalogue of Assistive Devices in 1996 that is distributed to both relevant GOs and NGOs. NCWDP reports indicate that there are 16 government and 10 non-government facilities in the Philippines that produce assistive devices and provide training on the use of these devices.

11. Self-Help Groups

63. Government recognizes the significant role of self-help groups of persons with disability in their development process. For the last 10 years or more, it has been supporting efforts for the formation and strengthening of self-help groups of persons with disabilities, through provision of technical assistance where needed, and resource augmentation towards economic independence of the beneficiaries.

64. There are nine existing cooperatives of persons with disabilities in the country, which actively participate in the development process through syndicated production of school desks

and chairs. These cooperative groups join annual biddings for the production of school desks and chairs, conducted by the Department of Education. They have been awarded a significant number of job orders that has helped make the persons with disability' enterprises viable and sustainable.

65. Self-help groups have proven themselves to be effective lobbyists and advocates on issues affecting persons with disabilities. NCWDP records show that there are 208 self-help groups of persons with disability registered with the Department of Social Welfare and Development and actively operating in different regions of the country, engaged in various activities in support of their members.

66. National and local consultations and dialogues are conducted regularly with representatives of the self-help groups spearheaded by the NCWDP and the regional committees on disability. This represents an institutionalized strategy to monitor, update and gather feedback as to the needs, issues and concerns of persons with disabilities.

12. Regional Cooperation

67. The Philippines actively participates in international cooperation regarding matters related to disability. Government, in partnership with the private sector and NGOs, does this through attendance in international conferences, fora, and meetings for technical cooperation, especially within the Asia and Pacific region. The country, through its appropriate departments, hosts foreign experts, professionals and leaders with disabilities from countries of the region, to exchange knowledge, experiences and examples of good practice in the field of disability, as well as share inputs in disability policy and program development processes.

68. The NCWDP has developed training modules as tools for training of trainers on disability, awareness raising and program development as follows:

- Philippine Handbook on Community-based Rehabilitation (1993)
- Manual on Assisting Disabled and Elderly Persons who Travel (ADEPT) in Land, Sea and Air Transportation (1995)
- Handbook on Paper-based Technology (1996)
- Philippine Dictionary of Signs for Hearing Impaired (1999)
- Handbook on Message Development (1999)
- Training Manual on Multiple Intelligence for Service Providers of Children with Disabilities (2001)
- National Manual on Childhood Disabilities (2001)
- Leadership Training Manual for Women with Disabilities (2002)
- Philippine Manual on Sports for Persons with Disabilities (2002)
- Manual on Training of Trainers on Preventive Pediatrics and Genetic Counseling (2002)

69. The NCWDP is continuing to work closely with its counterpart coordinating councils and commissions in the Asia-Pacific region for the intensification of resource sharing and networking. The Philippines hosted the 5-day Regional Conference on Issues and Strategies Concerning National Coordination Committees on Disability in 1997 participated by representatives from 17 countries in the Asia-Pacific.

IV. GOVERNMENT SOCIAL PROTECTION PROGRAMS INCLUSIVE OF PERSONS WITH DISABILITY

A. Social Assistance and Welfare Services

70. Both the Philippine Magna Carta for Disabled Persons and the Philippine Constitution stipulate the need for the development of persons with disabilities. The Department of Social Welfare and Development and the National Council for the Welfare of Disabled Persons are the lead agencies tasked to implement programs and activities to address the needs of persons with disabilities. The Regional Committees for the Welfare of Disabled Persons are mandated by law to work closely with local government units, the NGOs and private entities in addressing issues and concerns of the disabled. However, the perennial lack of resources has negatively impacted on the ability of these entities to deliver mandated services, especially to those who live in the rural areas where such services are either limited or non-existent.

B. Social Insurance Programs (Health and Pension Schemes)

71. As part of the government's health sector reform agenda, under the Philippine Health Insurance System or Philhealth, persons with disabilities can apply for Philhealth insurance coverage through their organizations accredited by the DSWD or the NCWDP. Government, through the DSWD, pays for the premium or mandated contribution of persons with disability who cannot afford to shoulder this cost. They become beneficiaries of the Philhealth's indigency program. Persons with disability who are employed or who have the resources to pay prescribed annual premiums, either monthly, quarterly or semi-annually, can also avail themselves of private health insurance coverage aside from Philhealth. In order to obtain such insurance coverage from non-government entities, persons with disability are no longer required to undergo thorough medical examinations (unlike in the past) as a condition for coverage, unless they declare having serious ailments other than their disability.

72. Most people with disabilities make use of publicly provided health services; this is the most common option available to those who cannot afford the widely preferred private services. In many aspects, private facilities provide better quality health services in terms of care, facilities, personnel, medicines and convenience. However, these services are more expensive compared to what is available in public health facilities where the cost is lower and flexible payment can be arranged.

73. The Philippine Social Security System (SSS) also includes persons with disabilities in its membership, provided that they have the means to pay their monthly contribution. People living in extreme poverty have little or no access to the benefits derived from SSS membership due to their inability to pay the prescribed contributions. Expanded coverage and identifying the sources of funds to provide long-term protection to the most vulnerable of the population, including persons with disability, remains an important need.

C. Housing and Transportation

74. Persons with disability who have regular incomes derived from either self-employment or open employment have access to housing loans from either the Government Service Insurance System (GSIS), for those employed by government; the Social Security System (SSS) for self-employed and those working for private entities; and the PAG-IBIG Fund or commercial banks with lending facilities for house, lot and similar property acquisition. Persons with disabilities can similarly apply for loans from commercial and industrial banks and lending agencies for the

acquisition of a car or a vehicle for their private or business use, so long as they satisfy the requirements prescribed by these lending entities such as proof of adequate income.

75. However, given the high number of disabled people living in poverty, persons with disability seldom apply for housing assistance offered by housing associations due to their inability to pay for amortization costs. Little awareness of existing housing programs and how to access them and high transaction costs are among other factors that contribute to a lack of access for disabled people. The requirement of the GSIS, SSS and PAG-IBIG programs that participants contribute for at least two years before they qualify for assistance also discriminate against persons with disability and other poor people, including those employed in the rural and informal sectors.

76. Persons with disabilities can apply for fare discount cards from the National Council for the Welfare of Disabled Persons, which they can use to obtain 10-20 percent fare discounts for land, air and sea travel. The individual transportation companies usually determine the exact amounts of these discounts; there is no specific law that sets the amount of fare discount that should be given to travelers with disabilities. For domestic air travel, airline companies usually provide up to 50 percent discounts on fares of attendants and travelling companions instead of a discount directly to persons with disabilities themselves. This practice has for years been questioned by persons with disability who, when traveling unaccompanied, are not able to obtain a discounted fare.

V. DISABILITY ORGANIZATIONS AND DEVELOPMENT AGENCIES

77. There are a number of disability NGOs providing services to persons with disabilities in the Philippines. In fact, recognizing its limitations in addressing the needs of persons with disability, the government continues to reach out to NGOs to enlist their support and assistance in providing services to the disability sector.

78. In recent years, disability organizations have been actively involved in providing services to their own members, especially in the areas of rehabilitation, education and vocational training and self or open employment. The national federation of cross-disability grassroots organizations of persons with disability, KAMPI, is implementing one of the largest rehabilitation programs for children with disabilities aged 0-14. This organization is a partner of the Department of Education in providing training and orientation on special needs education to 400 "receiving" public school teachers in 5 regions of the Philippines. Other disability-NGO partners of the Education Department providing training to public school teachers are the Resources for the Blind, Inc. and the Christoffel Blinden Mission, a Germany-based NGO.

79. Several other NGOs are providing services; however these tend to be on a small-scale and with restricted geographic coverage limiting their overall impact. There is also a need to develop a framework for collaboration to prevent duplication of activities among these NGOs and to promote coordination, complementarities of efforts and sharing of examples of good practices as well as resources at all levels.

80. The knowledge and expertise of these disability organizations are also often limited to the needs and requirements of the specific groups whom they serve or represent. Until recently, when local government units have become more aware of providing resources and support for the sustainability of the efforts of NGOs, there has been a limited degree of sustainability after funding (which often is provided by a partner organization or foundation overseas), is exhausted.

81. There is a persistent need to develop the capacities of these organizations to provide effective and sustainable solutions to the needs and concerns of persons with disabilities other than short term stop-gap measures like donations of reconditioned assistive devices, etc.

82. UNESCO and UNICEF are among the special agencies of the United Nations that have been providing both funding and technical support to the Department of Education to encourage initiatives on special needs education in the Philippines. Despite these initiatives, however, the education system is far from being able to realize the goal of including the widest possible number of learners with special needs as problems like low enrollment, disparity between boys and girls with disabilities, and high dropout and repetition rate among disabled students remain pressing issues.

VI. RELATIONSHIP BETWEEN DISABILITY AND POVERTY IN THE COUNTRY

A. Country Poverty Reduction Strategy

83. Poverty is a major concern of the Philippine Government. It cuts across all sectors in society. Several poverty reduction programs have been formulated and implemented, but assessments of these have shown that little impact was made to improve the situation of the poor, including the disabled. Persons with disabilities are generally among the poorest of the poor both in urban and in rural communities. Mainstream poverty reduction programs of the government do not necessarily address the needs of persons with disability, the majority of whom live the proverbial “hand-to-mouth” existence. Persons with disability are consistently excluded from basic social services because of a lack of data on their number and their disabilities, among other reasons.

84. In 1997, under the Fidel Ramos administration, the Republic Act 8425 or Social Reform and Poverty Alleviation Act was enacted. The policies set out in R.A. 8425 called for an “area-based, sectoral and focused intervention to poverty alleviation wherein every poor Filipino family shall be empowered to meet its minimum basic needs of health, food, nutrition, water and environmental sanitation, income security, shelter and decent housing, peace and order, education and functional literacy, participation in governance and family care and psycho-social integrity.”

85. An important provision in this Act was the institutionalization of the Social Reform Agenda (SRA), a set of guidelines for poverty alleviation formulated by the government based on a series of consultations with the basic sectors, including persons with disabilities.

86. The implementing rules and regulation of R.A. 8425 have been revised and amended several times including under the present administration of President Gloria Macapagal Arroyo, to include the formulation of two approaches to social reform and poverty alleviation:

- 1) The use of a multi-dimensional approach as the framework in formulating poverty alleviation programs, which must incorporate elements that address the four dimensions of the SRA, i.e. economic, socio-cultural, ecological and governance; and
- 2) Asset reform, which must be obtained to address the inequity in the ownership, distribution, management and control over resources.

87. To achieve asset reform, the SRA outlines sector-specific flagship programs that target disadvantaged sectors, among them farmers, fisher folk, indigenous people, workers in the

informal sector, and the urban poor. Other disadvantaged groups that cut across all sectors such as women and persons with disability are provided intervention through the Comprehensive Integrated Delivery of Social Services (CIDSS). The CIDSS is a program that seeks to correct and transform the structures that discriminate against and further marginalize the sectors. Cross-sectoral flagship programs that are put into place include:

- Institution-building and effective participation in governance;
- Sustainable livelihood programs;
- Expansion of micro-credit/micro-finance services and capability building; and
- Infrastructure buildup and development

88. To address poverty, the government has formulated the *Kapit-Bisig Laban sa Kahirapan* (KALAHI, or fight against poverty) and the Medium Term Development Plan (2001-2004).

The present administration's anti-poverty agenda has five major strategies:

- Asset reform that seeks to redistribute resource and assets to the poor;
- Human development services and a strategy to improve access of the poor to basic education, health and nutrition, etc;
- Creation of employment and livelihood opportunities by improving the agriculture and fisheries sectors and providing seed capital to micro and small businesses of the poor;
- Ensuring that basic sectors and communities are able to participate in governance; and
- Reducing the risk and vulnerability of the poor to the immediate effects of economic shocks through social welfare and assistance programs, the implementation of social safety nets and social security and assurance programs.

B. Institutional Framework to Address Poverty of Persons with Disability

89. The Medium-Term Development Plan 2001-2004 declares that "protecting vulnerable groups is a requisite to conquering poverty and transforming Philippine society so that each Filipino can enjoy a better and dignified quality of life." Persons with disability are among the most vulnerable groups identified and targeted by the government in its poverty reduction programs that are implemented by concerned agencies.

90. The Magna Carta for Persons with disability mandates government agencies to formulate and implement specific programs for persons with disabilities in line with the provisions in the said legislation. The Philippine Plan of Action for the Asian and Pacific Decade of Disabled Persons seeks to institutionalize disability concerns in all levels of governance. Major programs and policies are set in the Philippine Plan of Action and the agencies responsible are specifically identified.

91. As per mandate of the 1987 Philippine Constitution, the National Council for the Welfare of Disabled persons was created as the central policy making, monitoring and coordinating body for all disability programs implemented by the government. The agency oversees proper coordination and implementation of programs and services for the disabled, according to government policies and works to ensure that there is no duplication of efforts.

92. The National Anti-Poverty Commission (NAPC) was created under the Office of the President, as a coordinating and advisory body for the implementation of programs embodied in the Social Reform Agenda. The sector of persons with disabilities is represented in the NAPC together with other basic sectors and government agencies.

C. Challenges and Gaps in Existing Programs

93. Despite efforts to equalize opportunities and improve their lot, persons with disabilities in the country continue to suffer exclusion from social and economic opportunities due to systemic barriers to their participation such as their exclusion from decision-making processes; negative attitudes about disability that perpetuate marginalization; and discriminatory legislative frameworks that have not only excluded the disabled but have also contributed to the creation of barriers to their participation.

94. Also, disability does not only affect the individual; it impacts on his/her family and the community as a whole. These costs can be broken down into three distinct categories:

- Direct costs related to treatment;
- Direct costs to those responsible for providing care; and
- Opportunity costs or lost income by both the disabled person and his/her caregiver.

95. Clearly, disabled Filipinos remain among the poorest of the poor. The majority of them live in rural areas where social exclusion and isolation is a part of their daily lives and experiences. The link between poverty and disability go two ways: “not only does disability add to the risk of poverty, but conditions of poverty add to the risk of disability”.

VII. ANALYSIS OF ISSUES AND OPPORTUNITIES

A. Poverty Alleviation

96. The government’s main challenge remains to reduce the incidence of poverty among the poorest of the poor. Persons with disabilities continue to live under deplorable conditions with most of their needs unmet and their issues un-addressed by concerned agencies of government. With the declaration by the President of a Philippines Decade of Disabled Persons, it will be incumbent upon the government to look more seriously on ways to alleviate the plight of persons with disabilities, the majority of whom continue to suffer from exclusion or limited access to various mainstream social services.

97. The much-heralded Social Reform Agenda from previous administrations, which has been adopted even by the present dispensation, has been in place for years. However, it has failed to produce many of the essential reforms that could equalize opportunities for persons with disability. Presidential Flagship Programs such as the Comprehensive and Integrated Delivery of Basic Social Services, said to be the Government’s main pro-poor program entrusted to the Department of Social Welfare and Development to implement, has yet to show its impact in addressing the minimum basic needs of persons with disability vis-à-vis efforts devoted to meet the needs of so-called disadvantaged families and communities nationwide. While CIDSS is envisioned to serve as a government vehicle to reach out to the most disadvantaged sectors of Philippine society to enable these sectors to have access to social services and encourage community participation in various efforts of government, concerns of persons with disability to this day remain generally un-addressed.

98. Minimum basic needs of persons with disability that require immediate attention include their need for inclusion in health, education, rehabilitation, employment and similar services. CIDSS must adopt strategies specifically tailored to meet the sometimes-unique requirements of persons with disability. Systems and strategies for service provision that is effective when

addressing the needs of other vulnerable groups may not necessarily work as well when applied to persons with disability. The government's inability to include persons with disability as beneficiaries of such basic services is evident in the persistent poverty that characterizes their lives—be they in urban depressed communities or rural areas.

B. Education

99. In the Philippines, the concept of inclusion in education has become increasingly accepted over the years. The acknowledgement that persons with disabilities, especially children and youth, have the right to be included in both formal and non-formal education programs present an opportunity for authorities in government and all other stakeholders to make education effective and responsive to learners with diverse needs, including those with disabilities. This is an important step towards realizing the goal of education for all. It is noted, however, that despite increased awareness, the inclusion of disabled children in education continues to be an uphill battle, with just 3-5 percent of children with disabilities of school age currently accessing educational opportunities.

100. There is also a need for government authorities to take a more serious resolve to ensure that policies and programs for the education and development of disabled children are implemented with greater political will. The role of the family and the community must also be encouraged, supported and strengthened so that they can be partners in the effort of including disabled children and persons with disability in general, in inclusive rather than segregated education. This approach would lead to a significant reduction in the large numbers of children and youth with disabilities who have no access to education. Methodologies and strategies to train more teachers in recognizing and addressing the special needs of children with learning disabilities must also be addressed. It is evident that economic problems and the lack of teachers trained in handling learners with special needs is a major cause for disabled children to drop out of the education system.

101. Efforts to reach families of disabled children, government authorities and the communities and promote the benefits derived from inclusive education as against segregated education of learners with disabilities have been negligible. People in authority must be made aware that investing in the education of children with disabilities is much more cost-effective when compared to the resources needed to care for uneducated and unproductive adult disabled individuals who would be dependent on their families and communities for support for the rest of their lives.

102. It is noted that most local government officials in the Philippines are reluctant to support efforts for the education of disabled children because they think that providing special needs education entails a lot of expenses. Specialists in the field, however, would explain that this assumption is not always true. The use of practical approaches and strategies can make inclusive or special needs education cost-effective and a rewarding experience for a learner with a disability. Experience of the Department of Education shows that home-school collaboration and the partnership of parents and teachers in extending the needed support to maximize a disabled child's participation in school activities saves resources as both parties take responsibility in assisting the child.

103. Those who have been involved in the education of disabled children also explain the other potential benefits of inclusion that are often overlooked, such as the nurturing of friendships between non-disabled children and those with disabilities, improved self-esteem of

the disabled child, development of his/her personal principles, growth in his/her social cognition, and a reduction of fear of human difference which results in increased awareness of differences.

104. While the high drop-out rate among children with disabilities may in some cases be due to poor health, economic factors, such as the inability of parents to sustain the extra cost which bringing a child with a disability to school entails, cost of procuring assistive devices and technical aids (wheelchairs, walkers, hearing aids, etc), and supplies such as Braille paper, etc have a much greater impact on school enrollment rates.

C. Employment

105. The globalization of the economy and advancements in technology have changed employment prospects for Filipinos with disabilities in recent years. While this development has opened new opportunities and options to some persons with disability, it has also reduced opportunities for others, particularly those who are unschooled and unskilled.

106. It has been observed that while the public sector used to provide the majority of employment opportunities to persons with disability, the number of jobs available is diminishing due to increasing budget deficits that force government agencies to downsize their manpower. Employees with disabilities, who often do not possess the educational qualification and experience of their non-disabled counterparts, are the first to lose their jobs in the downsizing process.

107. One encouraging trend, however, is the increasing emphasis on the inclusion of persons with disability in mainstream skills and livelihood training activities, such as those provided by the Technical Education and Skills Development Authority (TESDA), the Department of Trade and Industry and the Department of Science and Technology. These programs offer new opportunities for persons with disability to acquire the skills they need to be more competitive for employment in the open job market. Access to mainstream training programs also ensures that the skills persons with disability learn or acquire are in tune with actual job market demands.

108. These programs include entrepreneurial skills development, such as the identification of business opportunities, development of small and medium business plans, and provision of management and simple accounting/bookkeeping skills. Many of these programs also include support services in marketing and production, access to interest-free or low-interest loans to persons with disabilities. By providing viable alternatives, these programs give persons with disability who are not competitive in the open employment market the option of becoming self-employed entrepreneurs.

D. Health and Rehabilitation

109. With the concentration of service facilities in the capital, Metro Manila, a significant number of persons with disability living in rural and isolated communities in the Philippines have limited access to any form of rehabilitation and health services, especially when access is considered in terms of time, cost and availability. While agencies such as the Department of Health and the Department of Social Welfare and Development have some programs aimed at providing these services to persons with disabilities, the coverage is often limited and concentrated mostly in city centers. These programs also face many constraints including lack of manpower, interference by politicians and inadequate resource allocation. Similar activities of NGOs and people's organizations often suffer the same problems and challenges. NGOs, most of which derive their funding from foreign donors, normally provide efficient service only while

funds are available but often fail to sustain their services when foreign assistance is either terminated or discontinued.

110. The Philippines does not currently have a national disability database, in spite of many attempts in the past to establish such a database. As a result, local persons with disability' organizations are struggling to convince the government of the need to prioritize the country's disability concerns when allocating limited funds. With the absence of concrete data, government is not likely to muster the needed political will to see disability as a serious concern. The speedy procurement of disability data must be facilitated and a database established if authorities are to be encouraged to prioritize disability-related concerns in resource allocation and program development.

111. The lack of expertise, information materials, and training tools in the area of disability has also hampered national efforts for the development of comprehensive programs to address disability concerns. It has seriously limited the development of service provision initiatives, including implementation of prevention programs and community-based rehabilitation. There is an urgent need for more effective strategies for information, resource and experience sharing among organizations involved in various activities for persons with disability at all levels, be they government or NGOs.

112. Policies and programs in diverse sectors also need to be strengthened to support preventive efforts and community-based rehabilitation as approaches to the delivery of appropriate health, educational, vocational and social services involving the combined efforts of people with disabilities, their families and communities.

113. Among disabled Filipinos, the most marginalized and significantly underserved are those with psycho-social disabilities, users of psychiatric services, persons with intellectual disabilities, persons who are HIV-positive and those affected with leprosy because of cultural biases among other reasons. They must be targeted for relevant programs and services that specifically address their needs. Services focusing on older persons with disabilities must also be developed and implemented.

114. The women's movement in the Philippines is widely recognized for its innovative initiatives in addressing women's concerns in general. It does not, however, adequately include issues and concerns of women and girls with disabilities in mainstream women's programs, particularly with respect to efforts at poverty alleviation, health, human resources development, employment and education.

E. Housing

115. The government's housing assistance program does not adequately include persons with disabilities. For example, requirements that tend to discriminate against them, such as the requirement by major government housing assistance agencies that recipients of assistance be contributing members of the GSIS, SSS or PAG-IBIG Fund for at least two years. Mostly unemployed or under-employed, persons with disability are therefore not qualified to participate in these housing programs.

116. Affordability is also an important consideration when planning to purchase a housing unit. However most housing projects that are affordable to persons with disabilities are located in far and inaccessible areas. In addition, the facilities are sub-standard and often do not live up to basic requirements. Rental housing, aside from being prohibitive, is not readily accessible to

persons with disability either. There is a need for amendments to the rent control law to make sure that rental housing, as an alternative to house ownership will work for the poorest of the poor, including those with disabilities. Agencies or private individuals who own rental-housing units must guarantee provision of physical features that ensure accessibility for people with disabilities.

VIII. FRAMEWORK FOR PARTICIPATORY DEVELOPMENT

117. RETA 5956, “Identifying Disability Issues Related to Poverty Reduction” was carried out using a highly participatory approach. The Project Team organized three (3) provincial workshops separately in Iloilo in Visayas, Baguio in Luzon and Davao in Mindanao and one (1) national workshop in Manila to discuss the issues of disability, poverty and development. These workshops were conducted and facilitated among a total of 125 stakeholder participants, 52 of whom are persons with disabilities, during the provincial workshops. An average of 42 participants during each of the provincial workshops took part in a highly participatory and integrative process of formulating a national action plan for the disability sector. Specifically, the participants were expected to draw up policy and strategy recommendations to address the goals and aspirations for addressing and mainstreaming disability issues in poverty reduction. Since the National Workshop was held immediately after the NCWDP National Conference Towards the Culmination of the Asia and the Pacific Decade for the Disabled Persons, the recommendations were made according to the “policy categories” under the Philippine Agenda.

118. The provincial and national workshops incorporated some of the principles and strategies of the “Future Search” Model for “seeking common ground.” The workshops were delivered using participatory processes based on the twin principles of “open systems” and “democratic structures.” The use of the former encourages involvement of any individual participant who has vested interest or responsibility for some aspects within the defined system, i.e. disability and poverty. The principle of *democratic structure*, on the other hand, allows participants to manage their activities where everyone’s experience and expertise, rather than their education or status/position, is made valid. All the participants were selected on the basis of their expertise and long exposure to disability and poverty issues.

119. Both the provincial and national workshop designs rely on a creative interplay between these two key principles. “One is WHO gets to be there, the other, WHAT is it they actually do.” In these workshops, the WHO becomes “everybody” – a metaphor for a broad cross-section of stakeholders. The WHAT becomes scanning the whole system, not problem-solving it in bits and pieces.

120. A broad cross-section of stakeholders participated in the workshops through individual and group tasks of exploring, dialogue, learning, and discussing about the system of disability – goals/aspirations, attitudes, knowledge, skills, core values. The stakeholder-participants represented four (4) major sectors: Government/Line Agencies; Persons With Disability (PWD) Groups; Non-Government Organizations (NGOs); and a sectoral group composed of Funding Agencies, Cooperatives, Business/Industries, Associations and Academe. In the process, the participants neither avoided nor confronted conflicts or differences. Rather, they worked on staking out the widest common ground where everyone can stand without forcing or compromising. From this solid base, they were able to reach recommendations on forms of action using guide frames devised for the purpose of the workshops.

121. The provincial and national workshops included **issue-focused group discussions, brainstorming, mind-mapping, open fora, consultations, group reporting and plenary presentations**. There were many interesting experiences during the workshop sessions that illustrated the participatory process. With the use of these processes, stakeholder-participants were able to draw up policy and strategy recommendations for each of the policy category in the agenda of the Asia and the Pacific Decade for the Disabled Persons. Further, these recommendations addressed the issues and concerns of the disability sector that they themselves were able to identify and discuss during the provincial and national workshops.

122. Workshop participants were grouped into four (4) sectoral groups and four (4) mixed groups. The stakeholder-participants of varied backgrounds worked in an atmosphere of free flowing discussion where individual/sectoral views/opinions were asserted. This set up created some tensions but it was never destructive nor a threat to the process because the participants were reminded to explore for common ground(s) to work on. Furthermore, getting in and out of sectoral and mixed groupings allowed participants to be firm their stand while being sensitive to the situation and perspective of other people/sectors.

123. An important achievement of the workshops—and the participatory processes used throughout delivery of RETA activities—was the high degree to which people from diverse background worked together to create a critical mass for movement by taking responsibility for their future and showing a willingness to invest in themselves by converting constraints into opportunities. The idea of working towards a shared future was picked up quite well as people realized no one group has monopoly over it. Through the technology of participation, we can bring about genuine inclusion. Through participation, stakeholders realized that they have to invest something to make development happen. An important message that was embraced at these workshops was that “if no one is willing to invest in himself/herself, how can we expect others to invest in his/her cause?”

IX. RECOMMENDATIONS

124. The analysis of the relationship between disability issues and development led to the identification of four main common areas for strategic action. They are inclusion, participation, access and quality. These four areas for addressing the need for targeted mainstreaming of disability issues in country programming are described as follows:

- **INCLUSION:** People with disabilities must be visible. Inclusion identifies the disability initiatives that need to be taken into account in the design, implementation and evaluation of strategies, policies, programs and projects. Areas to consider are the extent to which disability is supported and included through: policies and programs that dedicate financial resources through lending and budget allocations by banking, development, governmental and non-governmental agencies; ensuring that material resources are committed to disability issues; ensuring that organizations and their personnel are knowledgeable; and ensuring the accountability of decision makers and program implementers to advance disability issues as a poverty reduction and growth strategy in their area(s) of development.
- **PARTICIPATION:** People with disabilities and their organizations must have a voice. Participation ensures that people with disabilities and their respective organizations are given a voice in decisions that affect their lives and their communities. Strategies to

promote effective participation, including consultation and decision-making that involves representatives of people with disabilities including beneficiaries, are the priorities.

- **ACCESS:** Removing barriers and creating opportunities to access all services and resources within a community is essential for people with disabilities. Access requires that people with disabilities and other stakeholders are informed and aware of disability issues and have access to available data (i.e. demographics) on disability. It requires that services and resources reach the most vulnerable in rural and urban communities and reach all persons with disabilities, irrespective of age, sex, ethnicity, geography, language and disability. It requires that the built environment and systems of communication are barrier free.
- **QUALITY:** People with disabilities deserve a quality of life through knowledge and capacity building. Quality identifies the priority for all sectors and services to be designed and developed according to their needs, meet universal standards of practice and be effective. Core dimensions of quality through knowledge is raising the capacity of persons with disabilities and other stakeholders to ensure independent living through technical and functional interventions. It requires the development of critical awareness to influence policy development by increased understanding of the factors impacting on a barrier free environment including community access, attitudes towards disability and human rights. Thirdly, persons with disabilities and other stakeholders need to develop the capacity for social action through the development of skills and experience in participatory management and the coordination of inter-sectoral and multi-stakeholder approaches to development.

125. In order to address these areas of priority for disability and development, a series of recommendations have been identified according to the four categories of Inclusion, Participation, Access and Quality.

A. Inclusion

126. With the emergence of international standards to promote the inclusion of persons with disability in development resulting from the proclamation of the Asian and Pacific Decade of Disabled Persons and in-country legislation and policy reforms, government must exert greater resolve to ensure that persons with disability are significantly included in poverty alleviation programs targeted for the poorest of the poor in general. Programs on poverty reduction must serve to improve the living conditions of persons with disabilities—the sector with the most number of uneducated and under-educated, untrained, unemployed and under-employed citizens who are generally poor.

127. A vast range of issues, such as non-inclusion and limited access to basic social services, mainstream education, social protection and employment, housing, health and rehabilitation and other gaps must be addressed within the context of full participation of people with disabilities in community life if they are to be included in the development process. Without access to a full range of community services as a vital step, Filipinos with disabilities will not be able to confront barriers to inclusion in general and will always be isolated and un-served.

128. A “doable” and responsive National Plan of Action that translates into programs and services the provisions of RA 7277 or the Magna Carta for Disabled Persons, the Accessibility Law and other disability-related policies and commitments toward the development of the disability sector must be given focus and priority.

129. A well defined policy direction must be set, backed by corresponding resources to efficiently and effectively deliver services to persons with disabilities. This may require the establishment of specific measures focusing on areas such as barrier-free access to the built environment, access to education, social protection, housing, employment, health and rehabilitation and the mandatory inclusion of disability concerns in provincial, municipal and city plans implemented by local government units.

130. Enforcement measures, municipal and city disability anti-discrimination ordinances must also be passed and a mechanism established to monitor the enforcement of those policies listed above, particularly at the level of local government units.

131. Strategies for the prevention of the causes of disability must be further emphasized in the implementation of national and local primary health care programs. The provision of free iodine to prevent intellectual disability and vitamin A capsules to prevent blindness especially among children must be intensified especially in the rural areas and urban slum communities.

B. Participation

132. Persons with disability and their organizations must actively participate in efforts to identify solutions to issues and challenges that affect their day-to-day lives. Their hands-on knowledge of relevant issues, of which non-disabled people may not necessarily be aware, is important when implementing development work in relation to disability.

133. Concerned government and NGO representatives must ensure that persons with disability and their organizations are always involved in multi-sectoral collaborations, dialogue and consultations where disability issues are discussed in relation to the national development agenda and priorities.

134. The Government must support the work for an international disability convention to protect and promote the rights of persons with disabilities. A disability convention is very important in light of the failure of other existing treaties and human rights instruments to address the concerns of persons with disabilities. The Government, through the National Council for the Welfare of Disabled Persons, the Department of Foreign Affairs and other relevant agencies of government, must ensure participation of persons with disability and their organizations in all processes related to the work for a disability convention. The government must further ensure that people with disabilities and their representative organizations are regularly consulted and that their ideas, issues and concerns as main stakeholders are used as a basis for the Government's position with regard to the work for a convention.

C. Access

135. The Government must demonstrate greater political will and commitment to enforce laws that will remove the barriers that significantly limit persons with disability' access to basic services and the environment. It is very important to ensure that people with disabilities can move freely in order for them to have the confidence to fully participate in the mainstream development process. While the Philippines passed an accessibility law more than 20 years ago, most of the provisions of the law are not enforced. The introduction of barrier-free features into existing public transport systems, buildings and other infrastructure must be given priority attention.

136. There is also an urgent necessity to examine provisions of the Magna Carta for Disabled Persons that call for the modification of the layout of work places, tools, equipment and machineries to improve the physical accessibility of training and employment places. Monitoring and enforcement mechanisms must be strictly implemented to ensure compliance by employers of the accessibility requirement as mandated by law. Authorities must see to it that local building codes that incorporate access provisions for persons with disability are properly implemented, and also ensure that sanctions are meted out to violators.

137. Government must initiate immediate action to incorporate access provisions for barrier-free features as a standard requirement in designs and plans for all new construction, renovation and expansion of buildings and facilities, housing projects and recreational facilities, both government or private sector-owned. The external built environment must be made accessible through the installation of pavements with kerb ramps and by providing adequate signage that correspond to the requirements of various disability groups.

138. Efforts to increase accessibility of the country's mass transport system in Metro Manila, and other areas considering building such facilities, must be ensured, beginning with the main lines and trunk routes, and to see to it that further modifications of and additions to, mass transport systems incorporate barrier-free features at the very outset of the planning stage.

139. Authorities must guarantee the right of access of persons with disability to sign language services in television programs, especially news and documentaries, and in vital public services and facilities, and to provide an alternative means of communication whenever and wherever this is needed. The right of access to reading materials in Braille, large print, computer diskette, audiocassette and other suitable formats for people who have difficulty reading regular print, has to be similarly guaranteed.

140. Renewed efforts must be made for the collection of comprehensive, accurate and updated data/information on disability that can be disaggregated according to a vast range of variables as a basis for effecting planning and implementation of services and progress monitoring and evaluation, among other important issues. There must be a firm commitment to allocate resources for the establishment of an accurate and credible national data base on disability.

141. Persons with disability are not provided many opportunities for accessing employment. Government must set national targets for the placement and promotion of the employment of persons with disabilities as provided for in the Magna Carta for Persons with Disabilities. These efforts should include strengthening current measures to achieve targets through the mandatory quota scheme and other incentives to employers (aside from tax rebates as currently provided by law), focused awareness raising campaigns targeting at employers and employees, and technical support to employers. The use of job search agencies, establishment of employment placement and support centers, wage subsidy, job coaching, trial employment and industrial profiling may also be considered to ensure full access to employment opportunities for people with disabilities.

142. Government must consider seriously the need to provide assistive devices to persons with disabilities in order to facilitate their inclusion in education, employment and other mainstream activities and entitlements. Continued failure to do so has significantly limited the opportunities of millions of persons with disability to participate equally and fully and live productive lives. Despite some piecemeal efforts, the need for assistive devices remains largely unmet.

143. Concrete steps must be taken to ensure that all services are made accessible, especially to the most vulnerable among persons with disability i.e. those psycho-social disabilities, users of psychiatric services, persons with intellectual disabilities, persons who are HIV/AIDS-positive and those afflicted with leprosy. Needs of older persons with disabilities must also be given priority attention in the provision of social services.

D. Quality

144. Education is a key factor to ensure improvement in the quality of life of persons with disabilities in general. Government must institute measures to significantly increase the number of children with disabilities included in educational services from the current levels of 3-5 percent. Government should further ensure that boys and girls and women and men with disabilities are considered in all plans and programs towards realizing the goal of Education for All. Requirements for teaching aids, assistive devices, and appropriate support to ensure effective educational outcomes for learners with disabilities must be adequately funded.

145. Lead agencies such as the National Council for the Welfare of Disabled Persons and the regional disability committees, in partnership with media entities at the national and local levels, must spearhead the holding of regular community awareness campaigns, symposia and other activities to correct misconceptions and remove the stigma attached to disability that tend to lower the self-esteem and hinder the full participation of persons with disability in community life and activities.

146. There is a direct relationship between living in extreme poverty and lowered quality of life. Every effort must be made to open opportunities for persons with disability to be productive and to earn incomes to promote their independence. Entry requirements and eligibility criteria to mainstream training programs must be accessible to persons with disabilities with particular attention given to gender equity and the participation of persons with disability from low-income and poor families. Consideration must also be made to include in training and employment opportunities people with extensive disabilities.

147. Service providers, such as those involved in the government's primary health and related programs, are often not aware of disability issues. Efforts must be made to increase awareness by integrating disability issues into mainstream programs like those for poverty alleviation, health, housing, transport, human resources development, labor, education, communications, culture, tourism, political activities and disaster management programs. Particular attention must be taken for the inclusion of specific concerns of women and girls with disabilities to ensure quality of services.

148. Strategies on the prevention of the causes of disability must be further emphasized in the implementation of national and local primary health care programs. The free provision of iodine to prevent intellectual disability and vitamin A capsules to prevent blindness especially among children must be intensified especially in the rural areas and urban slum communities.

149. The community-based rehabilitation concept must be applied as a strategy that integrates the issues of disability within a community development framework—with disability seen as a development issue rather than a medical or welfare concern. Filipinos with disabilities must be provided the opportunity to enhance their capacity to assume roles as decision makers, key actors and leaders in efforts for their rehabilitation rather than seen as clients or mere beneficiaries and consumers of services.

150. Greater collaboration of efforts by Government, NGOs and people with disabilities and their organizations must be pursued to promote shared responsibility and accountability among sectors in the development of policies, programs and services for the sector of persons with disability.

OUTCOMES OF THE NATIONAL WORKSHOP

A. Proposed National Plan of Action for the Persons with Disability

1. Given the thorough discussions of the results of the report of Ms. Ilagan and the results of the workgroup sessions during the provincial and national workshops on disability, poverty and development, a draft National Plan of Action is hereby proposed:

B. Problems and Challenges for the Decade

2. The NCWDP Conference Towards the Culmination of the Asian and Pacific Decade of the Disabled Persons held on August 27-30, 2002 raised several major issues identified by the participants. The major issues concerning persons with disabilities are the inadequacy and inaccessibility of programs and services. Specifically, the conference participants identified the following:

- (i) Lack of data on disability
- (ii) Poor implementation of laws and policies
- (iii) Lack of funds and human resources
- (iv) The need to make persons with disabilities, their families and the general public aware of the available services

3. During the Conference, the performance of the government agencies in the implementation of Action Plan programs and agenda during the Decade was assessed. Using the rating scale, the over-all performance rating of the GO was only placed at 33%; hence there is still a need for action to address the prevalent disability issues.

4. In response to these issues the NCWDP conference participants listed a number of recommended courses of action that include the intensification of information, education and advocacy campaigns on disability issues and concerns; collaboration and partnership between government and private sector and the persons with disabilities; 1% allocation for programs and services in the Work and Financial Plan of agencies provided for in the General Appropriations Act; establishment of database on disability through survey, research and the profiler; and strict implementation of existing laws.

5. The Philippine Report on the Progress of the Asia-Pacific Decade of Disabled Persons, 1993-2002, as presented in the decade review organized by UN-ESCAP also identified eight (8) challenges that must be addressed. Some of these priorities were also raised and discussed during the National Conference:

- (i) Absence of comprehensive and scientific compilation of baseline data;
- (ii) Inadequate and ineffective implementation of existing laws and policies, i.e., Magna Carta for the Disabled Person, Accessibility Law;
- (iii) Non-availability or insufficiency of funds for NGOs and GOs;
- (iv) limited reach and coverage of government programs;
- (v) inadequate campaign for public information and awareness;
- (vi) Lack of regulatory measures to contain proliferation of NGOs exploiting persons with disabilities;
- (vii) Lack of proper representation of the disabled in the legislative and executive branches and levels of government;
- (viii) Low self-esteem of most persons with disabilities; and

- (ix) Negative attitude of the family and community of persons with disabilities towards self-development.

6. In addition to the abovementioned problems, several consultations conducted by the NCWDP from 1997 – 1999 resulted in the following issues that have to be addressed:

- (i) limited access of persons with disabilities to all levels of education;
- (ii) limited medical services for the persons with disabilities;
- (iii) limited availability of auxiliary services to meet the needs of persons with disabilities; and
- (iv) lack of political will among LGUs to enforce laws on physical access to communication resources.

B. Policy and Strategy Recommendations

7. Policies and strategies shall be implemented to promote effective, efficient, pro-active, responsive and integrative quality services to persons with disabilities with the end view of mainstreaming the disability programs and projects in the poverty alleviation agenda of the country. The following are the specific policies and strategies to be implemented during the Plan period:

1. National Coordination

8. The National Council for the Welfare of Disabled Persons (NCWDP) together with NAPC shall coordinate and focus on the improvement of education programs for persons with disabilities as part of the poverty alleviation strategy through:

- (i) Implementation of the Early Intervention Programs
- (ii) Early detection for children with disabilities
- (iii) Education program for parents and guardians of persons with disabilities
- (iv) Training programs for caregivers, teachers
- (v) Improvement of the secondary and tertiary education for persons with disabilities

2. Legislation

- (i) Lobbying and advocacy of the different stakeholder groups for the amendment of the Magna Carta for the Disabled Persons or Republic Act 7277 to correct its loopholes;
- (ii) Creation of a task force or a legitimate watchdog composed of representatives from the national government, non-government organizations and other stakeholder groups to monitor and evaluate compliance of laws and to identify violators;
- (iii) Elevation of the SPED Division in the Department of Education to become a bureau; and
- (iv) For the Asian Development Bank (ADB) to require member countries/government borrower to allocate 20% of the total amount of loans or grants to support programs and projects for persons with disabilities.

3. Information and Public Awareness

- (i) Intensification of tri-media campaign and information dissemination through creative marketing and promotion of advocacy programs with the help of GO through the Philippine Information Agency and NGOs;
- (ii) Support for the development of an enabling community through a popular advocacy or IEC program;
- (iii) Implementation, monitoring and assessment of compliance of learning institutions in the production and use of textbooks for children with disability;
- (iv) For ADB to encourage borrowing countries/governments to purchase and develop communication equipment and facilities that are disability friendly;
- (v) Establishment of information and resources center that will serve as a databank of information regarding persons with disabilities.

4. Accessibility and Communication

- (i) Unity and coordination of all persons with disabilities groups to be vigilant in the monitoring of compliance of institutions/businesses with Batas Pambansa 344 or Accessibility Law; and
- (ii) Involvement of persons with disabilities, family and community in the advocacy for the installation of communication devices in public and private buildings and premises, with emphasis on the needed accessibility features for the blind and hearing impaired.

5. Education and Training

- (i) Unity and alliance of disabilities sector with other sectors of society in advocating values formation in school curriculum that puts persons with disabilities as equal members of the society or community;
- (ii) Promotion and encouragement of all primary, secondary and tertiary schools to have access to buildings, facilities, textbooks, equipment and devices that are disability friendly;
- (iii) Modification of the school curriculum that shall include survival or functional signs, including providing inclusive education training to regular teachers in primary and secondary schools in the country;
- (iv) Establishment of post secondary or alternative education or vocation for persons with disabilities;
- (v) Adopting a holistic approach of education for persons with disabilities by setting up of a center with components from 0-adulthood;
- (vi) Empowerment of parents of persons with disabilities through training and workshops.

6. Self-help Groups

- (i) Strengthening of existing self-help groups through improved communication through websites/internet;
- (ii) Technical capability building of self-help groups in management, marketing and service delivery;
- (iii) Conducting trainings on how to access government programs and funds to enhance collaboration between the GOs and NGOs;

- (iv) Identification and classification of livelihood projects to fit the functional capabilities of disability groups;
- (v) Conduct leadership training seminars (LTS) for persons with disabilities.

7. Employment

- (i) Promotion of self-employment through entrepreneurial capability training.
- (ii) Establishment of production/work centers in all regions and provide adequate capital, technical and marketing assistance to persons with disabilities' products and services.
- (iii) Establishment of sheltered workshops where participants can learn and integrate the latest marketing strategies.

8. Prevention of Causes of Disability

- (i) Promote Garantisadong Pambata program on malnutrition through an IEC program to reduce the causes of blindness and mental retardation among children with disabilities.
- (ii) Promote zero-waste environmental program to reduce the incidence of infectious diseases.
- (iii) Amendment of existing laws that pertain to safety of persons with disabilities in the work place and on the road.
- (iv) Identification of occupational health hazards.

9. Assistive Devices

- (i) Establishment of orthotic and prosthetic workshops in coordination with rehabilitation centers in each region.
- (ii) Use of tri-media approach in the dissemination of information regarding the needs and functionalities of assistive devices for all types of disabilities.
- (iii) Study and consideration of a process of tax-free importation of assistive devices and a more streamlined process.

10. Community-Based Rehabilitation

- (i) Establishment or increase in the number of OT/PT/Speech therapists in all provincial and municipal hospitals or centers in all regions.
- (ii) Expansion of comprehensive rehabilitation services by establishing CBR centers in regional and provincial levels in support of the full implementation of the provisions of RA 7277 or the Magna Carta for Disabled Persons.
- (iii) Information campaign on the promotion of Community-based Rehabilitation and full dissemination of information about the benefits from the ECC.

11. Girls and Women With Disability

- (i) Local and international agencies such as ADB, VSO, PCSO and PAGCOR in cooperation with the National Commission on the Role of Women to advocate gender sensitivity, reproductive health and mother and child care among disabled women and girls;
- (ii) Participation of disabled women and girls in regional and international summit.

12. Regional Cooperation

- (i) The National Council for the Welfare of Disabled Persons (NCWDP) shall promote cooperation among countries in the Asia Pacific Region through the exchange of programs beneficial to persons with disabilities in the areas of education, health, economics and technical skills.
- (ii) Preparation of athletes and coaches for international level games such as the ASEAN Paragames;
- (iii) Adoption and implementation of a Sports Program for persons with disabilities;
- (iv) Strict implementation of local regional and international laws pertinent to accessibility of persons with disabilities;
- (v) Participation of persons with disabilities in various regional and international competitions such as the ASEAN games so as to enhance their mobility through travel.

C. Response of Secretary Corazon J. Soliman of the Department of Social Work and Development (DSWD)

9. Over the past two days, the issue of disability was tackled within the context of poverty and development. The premise was that persons with disability are part of a larger society, and that their problems are intrinsically tied to problems of poverty and underdevelopment that the larger society urgently needs to address. As such, the problem of disability must be approached within the context of poverty and underdevelopment.

10. A national workshop which sought to highlight this framework, was a necessary first step in the full integration of these concerns at all levels.

11. The three provincial workshops – wherein a total of 125 participants that included persons with disabilities, NGOs, government line agencies, funding institutions, and the private sector took active part – initiated discussions on the existing problems faced by the disabled, visions for a “disabled-friendly” future, as well as a general action plan.

12. Among others, problems such as the need for data, legislation, support services, health care and rehabilitation services, and education were raised. These problems were fleshed out further and given deeper thought during the National Workshop. It was evident that these problems needed to be addressed in order for Filipinos to achieve any form of improvement in the situation of persons with disabilities.

13. The participants articulated their visions of a shared future and identified hopes for a future that would be better for persons with disability. They went on to discuss the specifics of an action plan. Given the sectors’ strengths and competencies, what can the National Government do and how do they go about achieving this vision? To this, Secretary Soliman announced the following as her response to the proposals from the participants:

“Regarding education, I definitely will advocate, that in basic education especially in elementary and tertiary that there will be devices, facilities available so that we can mainstream the sector in these educational institutions. Particularly, I would like to say that in the NCWDP work I have given as a part of their target at the end of this year is the beginning of an experiment where sign language can be taught in Baguio area where we can work with the Maryknoll sisters. That is part of mainstreaming the sector so that it opens up communication

for at least 4 million people who are in the sector of hearing impaired. I think that is one thing that we would like to see with NCWDP working on right now.

14. The other thing on education that I think we are working on and this I have not given instructions to NCWDP but that was an inspiration from your recommendation is to equip and begin the discussion with the state universities and colleges or SUCs to get equipment so that our visually impaired sector can get into college, keeping in mind what happened in the PUP when they were not able to accept 7 of our visually impaired people because of lack of facilities. So I would like NCWDP together with this group to enter into a discussion with CHED so that we can appropriate funds for a least one SUC in the region to be equipped with facilities that will allow the visually impaired to be partaking of college courses in these universities. And obviously all of the buildings that we have should comply with accessibility law.

15. On this, what I like is this group and NCWDP taking the lead in a discussion with DILG, which we have begun and look for sanctions. I had a performance contract with all the regional offices of DSWD last January and we have signed in five key results areas, one of which is social protection of the vulnerable and I have just finished going around with all of the regional offices. One of the key commitments that I have made is ask them in the last semester to follow thru the accessibility law in the social welfare and development element in the local development plans of the municipalities. In other words we are going to monitor at the end of the year the compliance to this. I think your advocacy for this to happen is going to be very key but it is going to be a joint effort of tracking so that we can come out with a list at the beginning of 2003 of all the LGUs that have complied. We will give them citations and we can come up with LGUs that have not complied and make that a public information so that there's pressure for the LGUs to comply because this is so far the only sanction that we can take because the law does not have teeth in terms of sanctioning those who do not comply. So I think that would be something that we would like to work on.

16. Now on the last component, what I would like to do as a response, I know that NCWDP is given funds for self-employment assistance program particularly for the disability sector. But what I would like to do, and that fund has been a devolved fund to the municipal and provincial welfare and development offices, is to look at the regional funds that have been given to the field offices because the SEA K already are regionalized. We have given our funds to the regional offices, we do not have centrally managed funds for SEA K at the moment except for larger cooperatives so I would like to look at the allocation for PERSONS WITH DISABILITIES-SEA K and we should increase it by 50% at whatever level PERSONS WITH DISABILITIES-SEA K is at so that within the semester and 2003 we would have more available funds for persons with disabilities project particularly on livelihood under the SEA K program.

17. At the same time we would like NCWDP together with the basic sector of the national anti-poverty commission to support the advocacy of providing incentives for corporations who will hire people with disability similar to what Jollibee Corporation has done. Jollibee had hired, at least I know in four branches, hearing impaired people and that was largely done thru the advocacy of STEEM foundation of which Aga Muhlach is the advocate. And I think the incentive to corporations would then provide more avenues for hiring of all categories of Persons with disabilities and we can begin at least in big areas like NCR, Davao and Cebu because these are places where we can already go into agreement with some of the corporations. Those of you who are in the business sector, I would like to invite you to give us proposals on what kind of incentives you think will be attractive to the corporations in hiring the persons with disabilities because there are abilities that exist within the sector. So this is not

welfare, this is respect and dignity for the capacity of the sector to contribute or do productive work.

18. Then third response is on working with ADB and UNDP on a multilateral agreement or programs for support of reconstruction, repair, expansion of the rehabilitative services institutions that we have, particularly the production centers, in other words, to convert the production center into productivity centers. It will be work centers that are producing, as you are suggesting, goods, so that it is not just training but you are actually earning. We are looking at that already with our productivity skills and capability-building program, the PSCBs. Instead of making training centers, we are slowly converting these into production centers so we should do the same for Persons with disabilities and have a shared facility and maybe ADB, UNDP and other multilateral and bilateral programs can support particularly the repair because that is where we are having difficulties.

19. Now OPDA I think is a key partner in making this all come to life and therefore I think we would like to support strongly the coming to life of OPDA in all of the different municipalities and we will work hand in hand with DILG. Again I think if we can manage it. One of my initial thoughts, is that, together with the basic sector of NAPC and NCWDP, we might want to provide some kind of acclamation or a reward type of system for LGUs that would have active persons with disabilities in their areas because that means they are seriously looking into their plight.

20. Now, finally what I heard from the donors, trust fund for persons with disabilities, I think, is very important and I would like to support the idea and one of the ways we can do this is to negotiate with PCSO that one of the lotteries will be purely dedicated to a PWD trust fund and that would be a starting fund for them. Again here, I would like to ask the national anti-poverty commission - disabilities sector – together with the NCWDP and the rest of you who participated here to help us advocate that but I'm sure PCSO would not be giving us difficult time on this because this is something that they are very much part of because they really respond to health needs more than anything and that is a more sustainable means of using funds.

21. So, those will be my initial response to all the very good ideas that you have given in this workshop. Armed with the spirit and creative energy that we have been able to draw out as a result of the conference, I am certain that we will all deliver; that you and we, in government, will be able to do what we said we will do.

22. I would like again to thank everyone who had come here and those who had shared your thoughts, your energy, your ideas and your mistakes, and probably sad experiences. I think there we can build the steps that we need to take so that the **vision of a disabled friendly society** will come to life; that we celebrate the abilities of the sector and understand, accept, provide care and support for the disability part of the people in the sector. Once again, I thank you and congratulate you for the very high energy and beautiful recommendations. I look forward in linking arms with you."

CASE STUDIES IN THE PHILIPPINES

A. Breaking Barriers For Children: Rehabilitation Of Children With Disabilities And Empowerment Of Self-Help Organizations Of Persons with Disability

1. The Project

1. The Breaking Barriers-Philippines (BBP) project (1995-1998), a partnership of KAMPI- the national federation of organizations of persons with disabilities in the Philippines and the Danish Society of Polio and Accident Victims (PTU), was the first project of it's kind to be implemented in the Philippines. It was a pioneering effort of persons with disabilities themselves, at addressing the rehabilitation needs of children with disabilities – the most vulnerable yet the least served among persons with disability in the country.

2. The manner by which BBP was conceptualized and implemented is far from the conventional way of implementing foreign-funded projects. Persons with disability were involved in the planning, conceptualization, and day-to-day running of BBP. They recruited, screened and selected non-disabled professionals (i.e. physical and occupational therapists, social workers, teachers and other staff) who provided the specific technical expertise to run the project. The funds were provided for by the Danish Foreign Ministry (DANIDA) through the Danish Society of Polio and Accident Victims (PTU).

3. Such a “revolutionary” approach to project implementation has been largely doubted in the beginning but was proven feasible, effective and sustainable by project end in 1998. In fact, BBP was continued and further expanded through the Breaking Barriers for Children (BBC) project (1998-2003) because of its many fine results and achievements.

4. Under BBP, 5 Stimulation and Therapeutic Activity Centers (STAC) were established in five pilot regions of the Philippines from 1995-1998. The project overshot its goal of providing services to 1,000 beneficiaries by at least 50%, having served a total of 1,500 poor children with disabilities when the project was terminated on April 30, 1998. As envisioned, the beneficiaries of BBP were provided free rehabilitation services (i.e. physical and occupational therapy, training on activities for daily living, pre-school training, supplemental feeding for those who are malnourished), school placement services and referrals to other facilities (government and NGOs) mostly for medical, dental, surgical and other interventions which were not available in the STACenters.

5. Other achievements of BBP include: launching of awareness campaigns on disability; policy research, formulation and advocacy in the areas of employment, accessibility, health care, legislation and education for persons with disabilities; continued piloting and development of concepts and action plans on integrating disabled children and young adults in mainstream services; provision of assistive devices and technical aids to beneficiaries in need, generating support from local government units who eventually took over the operation of STACenters to maintain sustainability when BBP ended in April 30, 1998; and provision of livelihood skills trainings and grants for small capital to augment the often limited income of parents of disabled children.

2. Unintended Project Results

6. The STACenters established under BBP were accredited by the Philippines' Department of Social Welfare and Development, as government partners in the provision of rehabilitation and other services to persons with disabilities.

7. Some 25 colleges and universities in the Philippines have designated the STACenters as training facilities for graduating physical, occupational therapist-students, social work students and other students of allied medical courses. This partnership with colleges and universities has not only augmented the STACenters' manpower but also generated added revenues by way of donations from the student-interns. These revenues were used to meet expenses of disabled children that were not covered by the BBP funds from Denmark.

3. Building on the Success

8. The Breaking Barriers for Children (BBC), 1998-2003, was implemented to build on the fine achievements of the BBP. It has not only continued the efforts of its forerunner but also expanded its services and added more features and components to make the services for children with disabilities much more comprehensive and sustainable in the long term. It has succeeded in fostering and nurturing the goodwill and social-civic mindedness of communities and citizens at large. BBC, to some extent, has increased awareness of Filipinos to become more conscious and caring about the well-being of persons with disabilities.

9. By the end of 2001, the BBC served more than 7,000 children with disabilities in 5 project areas – with clear indicators that it will overshoot its projected targets. From the original 5 pilot centers established under BBP, BBC services are now being availed by beneficiaries from the original 5 main training and resource centers and 60 community-based rehabilitation centers spread in 5 regions of the Philippines.

4. Persons with disability Evolved from Being Consumers to Providers of Services

10. The two projects – BBP and BBC- have demonstrated how persons with disability from a donor country like Denmark can be instrumental in supporting efforts of their counterpart in a developing country, like the Philippines, break barriers and stereotypes to become catalysts of change for their own development. With Danish support, Filipinos with disabilities under KAMPI have become both consumers and providers of rehabilitation services.

11. As BBP-BBC continue to produce good results in their efforts to build better lives for children in particular and persons with disabilities in general, KAMPI and PTU likewise continue to seek and explore possibilities to further their mutually-beneficial partnership beyond 2003 when the current project ends. In spite of the challenges posed by shrinking resources, the potential is bright owing to the solid foundation and accomplishments that both BBP and BBC have established.

12. Another “unintended” result achieved by BBC is the emerging appreciation and willingness of local government units in the Philippines to be partners in this initiative of providing low-cost, quality services for the rehabilitation of children with disabilities. Involvement of local government units is critical and is of prime importance to ensuring the sustainability and possible replication of the project in other parts of the country so that more beneficiaries can be served.

B. Revitalizing The Health Sector: Quality Service Improvement Experience Of Nueva Vizcaya Province

1. Innovative Approaches In Service Provision

a. The Project

1. Nueva Vizcaya is a first class province located about 300 kilometers north of the capital, Manila, in the northern part of Luzon island in the Philippines. It is a community of 300,000 people, mostly involved in upland farming, who are proud of their province and culture. Nueva Vizcaya is one of the 7 provinces which comprise the Philippines' Cagayan Valley Region.

2. The province's main strategy for development is steering and promoting public and private sector partnerships to hasten the global competitiveness of its people: the key towards economic self-sufficiency. The local leadership believes that making available adequate, affordable and good quality health care service is key to the achievement of its development goals.

3. Improved quality of life is a vital component of the vision of the provincial government for its people. *This includes good health.*

b. The Pre-Program Situation

4. Before the enactment of the 1991 Local Government Code of the Philippines, all health agencies received enough funding to support free hospitalization and medicines especially for the poorest of the poor, including persons with disabilities. Confident of the funding support that was made available to them at that time, officials and workers of the health sector did not exert much effort to explore possibilities for partnership with other health "players" like non-government organizations, to augment the province's health and medical resources.

5. When the Local Government Code was enacted in 1991, health service provision was devolved to the local government units. The usual funding support from the national government was cut. With health services having to now depend on the limited resources of the local government units, both quality and amount of health services soon started to deteriorate. Health workers themselves were not ready for this kind of autonomous and self-funding manner of operating health facilities.

6. Four hospitals were transferred to the administration of the Provincial Government: 1) the 50-bed Nueva Vizcaya Provincial Hospital 2) the 25-bed Dupax District Hospital 3) the 25-bed Tidang Memorial Hospital and, 4) the 10-bed Kasibu Municipal Hospital. The operation of these four local hospitals used up P50 million of the province's annual budget. Alarmed by the implications the huge budget deficit may cause on the overall operation of the province, the provincial government was forced to institute a program aimed at undertaking reforms in the delivery of health services to its constituency.

7. As a result of the huge budget deficits, hospitalization was no longer offered for free even to the poorest members of the community, unlike in the previous years. Training of health workers was similarly stalled. Supplies and medicines became insufficient. The province was hardly able to afford an increase in the expenditures of the health sector.

8. In 1992, the provincial government responded to the situation, by giving accreditation to non-government and people's organizations to allow them more active involvement in the provision and delivery of health and related services.

9. To revitalize the health sector, the Provincial Health Board (PHB), which used to be made up solely by government representatives was expanded to include those from non-government organizations. Nine new members were appointed to the original five-member board including local representatives of the Philippine Medical Association, the Philippine Dental Association, the Philippine Nursing Association and the Philippine National Red Cross, which were not previously included in the membership of the PHB.

10. The increased membership resulted in a more dynamic Provincial Health Board. As an affirmation to the success of this move, the Nueva Vizcaya PHB was cited as "Best PHB in the Philippines" for two consecutive years in 1994 and 1995. Today, the Nueva Vizcaya PHB is made up of 23 members representing all groups involved in the delivery of health services in the province.

11. Inspired by the successive awards, the PHB recommended two additional major innovations in the areas of supply procurement and personnel selection and promotion.

12. Before the devolution, hospitals individually purchased their supplies and medicines. This practice was perceived as graft-prone and was cited as one of the causes of the depletion of funds for health services. In 1996, the PHB moved for the centralization of all purchases of hospital medicines and supplies through the provincial general services office. With this new scheme, use of the limited resources was maximized. Through bulk buying, supplies and medicines were purchased at a lower price resulting in savings amounting to several thousands of pesos a year.

13. The PHB also believed that the standard screening process for hiring health workers and employees was not appropriate for the requirements of the health sector. Due to the highly technical nature required in providing health services, the PHB sought to put a stop to the practice of political leaders recommending their favored appointees to fill up sensitive positions in the health sector even if the politicians' appointees sometimes did not meet the required qualifications.

14. The PHB, through the Office of the Governor, have worked for the creation of a Special Selections and Promotions System for the health sector. Under the new system, applicants for health positions had to undergo a more rigid screening process to ensure that they meet the skills and professional qualifications required for the job.

c. The Paradigm Shift

15. Prior to the devolution process, the mindset of health workers was that, since they provided free medicines and hospitalization to the public, they felt that the people receiving these services for free should be grateful to them. As recipients of free medical service/s, they are not supposed to complain nor ask questions – just accept the dole-outs. Moreover, health workers were used to a culture of depending too much and readily accepting decisions made by hospital management. For years before the devolution, resourcefulness, flexibility and perseverance were neither encouraged nor required by management.

16. Recognizing that consumers and users of health services are stakeholders and partners in achieving the goals of health sector reform, the PHB had instituted measures for health service beneficiaries to be treated with care and respect by health workers and professionals.

17. Also, health workers were believed to have a better understanding of the intricacies of the sector so they were encouraged by the provincial leadership to take a more active role in the development, management, and delivery of health services. They were also asked to establish and nurture sustainable and committed partnerships with local communities so that the latter can assist in tapping logistical support for the health sector.

2. The Quality Service Improvement Program (QSIP)

18. To consolidate the various innovations made to reform the delivery of services in the health sector, the local Government unit of Nueva Vizcaya instituted, in 1998, the **Quality Service Improvement Program (QSIP)**.

19. This program has very specific goals: First, to effect behavioral change among hospital staff and health workers – to treat patrons/patients/consumers with courtesy and respect. Second, to implement service improvement measures that would generate customer satisfaction. Third, to ensure that procedures are customer/patient friendly. Fourth, to institute and promote a customer feedback mechanism through which consumers will share their insights on how service delivery can be improved, or air their grievances, if any. Fifth, to establish a dynamic linkage between health agencies and communities in order to provide a venue where conflicts and concerns can be discussed and resolved. Sixth, to consolidate the gains of initial innovations and interventions made in the delivery of health care services.

20. Basically, **QSIP** is aimed at teaching government employees to treat the public as stakeholders and partners in the development, management and delivery of health services. The main goal is to attain customer satisfaction through systems and behavioral/attitudinal change mechanisms, which will lead to the reduction if not the eradication of complaints and criticisms in health service delivery.

21. A number of activities were initiated by the Provincial Government of Nueva Vizcaya with the cooperation of all stakeholders in the bid to achieve and realize the above-stated goals:

a. Visioning the Ideal Service Organization

22. The first in a series of **QSIP** activities was a Vision and Values Workshop, which included a basic orientation in service management. The chiefs of offices and supervisors of participating agencies were asked to differentiate between the government bureaucratic culture and the service culture utilized in running the operations of private firms and companies. After several exercises, the participants drafted their service vision, values and strategies. By the end of the workshop, the participating agencies adopted a service vision and values for the health sector and identified and assigned certain personnel to become members of the QSIP team.

b. Service Audit

23. A Service Audit Workshop was immediately held to follow up on the visioning workshop. During this activity, members of the QSIP team analyzed how their agencies

currently serve the public – what services are offered; processes involved; procedures, time and motion studies; and common problems encountered in the course of service delivery. From the workshop and discussion, participating agencies adopted what they called “a common service standard”. Thereafter, each agency drafted two different survey instruments to be used in gathering/procuring employee (internal) feedback and customer (external) feedback.

24. Results of the customer satisfaction survey revealed the weak points of the agency and or the service delivery system as a whole. The most common problems identified include lack of courtesy and unfriendliness of the staff; lack of cleanliness in the health facility premises; and absence of prompt service, among others.

c. Accepting Accountability and Planning for Change

25. The Service Audit Workshop II dealt with the results gathered from the survey. The QSIP team evaluated the results, identified the root causes of the problems, and formulated service improvement recommendations that will address the weak points.

26. In an action planning workshop, the QSIP team presented the results of the survey and their recommendations to the chiefs of agencies who were to institute the reforms within their respective offices.

d. Making the Necessary Change

27. While the action plans were being implemented, the employees (front-liners in the health service delivery system) underwent a basic customer skills training. For many of the low-ranking staff, it was a rare opportunity for janitors/maintenance staff, laundry women and other utility workers to attend such kind of training after having been in the service for 15 to 20 years.

28. Thereafter, a second survey was conducted to determine if there were any improvements in the ratings of the health agencies. Results showed that most of the agencies posted remarkable improvements in their ratings by service users.

e. Completing and Renewing the Cycle of Change

29. Soon after a Follow-up and Renewal Workshop was held where a competitive analysis of the pre and post-evaluation surveys was presented to the governor and top management. Each of the agency representatives discussed the plan of action, which they have implemented as well as their accomplishments. They discussed and evaluated the effects of the action plan in the health sector in terms of change management, customer relations, and responsiveness. Apparently challenged and inspired by program results, the chiefs of offices renewed their commitment to the program. Another action plan was developed by the agencies to address new customer concerns, which were not responded to by the initial action plan.

30. The QSIP team wanted to ensure that the implementation of service improvement measures were sustained. Local cross-visits were conducted to monitor the implementation of the actions plans. An assessment form was developed for the purpose. The team members freely exchanged views, ideas and suggestions with health workers, during the cross-visits thus making the activity an enriching experience for all involved. The cross visits were soon institutionalized.

f. Encouraging Friendly Competition

31. The QSIP team soon focused their attention on the development of a common survey instrument for hospitals and other field health service agencies that would allow comparative analysis of agency ratings. In the new survey instrument, the “undecided” as an answer option was removed in the rating scale. The highest possible score is 4 and the benchmark score is 3. The instrument was used for the third survey.

3. Increased Participation In Health Sector Management and Development

32. Encouraged by the success of the QSIP, the governor who is the highest-ranking official of the province approved several policy recommendations that will further enhance the program. These include the involvement of representatives from the budget, accounting, treasury and general services offices; the creation of a Service Excellence Council to monitor program implementation and assist the Provincial Health Board in ensuring the delivery of quality health care in the province; the implementation of a Drug Supplementation Program to ease the periodic shortage of medicines in government hospitals by allowing hospital employees' cooperatives to set up drug stores where feasible; adopting a dress code for easy identification of service staff especially in cases of emergencies; and instituting a standard customer-friendly duty board for all hospitals within the province.

33. In December 1999, the governor approved the inclusion of representatives of the Provincial Budget Office, the Provincial Treasurer's Office; the General Services Office; Human Resource Management Office; and the Provincial Engineer's Office as support agencies to the health sector. The QSIP budget was subsequently increased over the years out of savings pooled from the different agencies, generated from more efficient procurement procedures and service delivery. Eighty-five percent of the budget was used for workshops, training and surveys while 15 percent was spent for administrative expenses.

4. Program Results And Outcomes

a. Increased Networking and Coordination Among Health Agencies

34. A dynamic two-way referral system was established among hospitals. Through the system, a uniform format and costing for the 1999 annual investment plan was adopted by the local government hospitals. They, likewise, developed and adopted common performance evaluation benchmarks, programs, projects and activities. The level of inter-agency support system increased to fill in deficiencies in supplies, medicines and equipment and at the same time ensure that delivery of health services in the different hospitals and other health facilities are unhampered.

b. Increased Linkage with Community-Based Organizations

35. As a result of the active participation of representatives of hospitals and non-government organizations involved in the provision of community-based rehabilitation services in the local health boards, timely feedback on issues and similar concerns reached proper authorities for prompt action and solution.

c. Increased Confidence as Reflected in Customer Surveys

36. Respondents in customer (external) surveys were more open and vocal in their evaluation of performance of health personnel in the delivery of health services.

d. Expansion of the Provincial Health Board (PHB)

37. From the initial 5 members during the pre-devolution days, the PHB now includes 23 members (both government and non-government) representing all major organizations involved in the health service sector in Nueva Vizcaya province including representatives of the stakeholders and the chairperson of the Provincial Awards Committee to ensure at all times, sound and efficient procurement systems in health service delivery.

e. Improved Staff Capability

38. Basic customer service skills training was provided to 80 percent of the local government's health employees. As a result, employees' morale improved as they now feel more empowered to implement reforms within their own ranks. Another significant result was a noted improvement in the different hospitals' implementation of a more safe and efficient waste management plan.

f. Institution of a Special Selections and Promotions Process for Health Workers

39. Upon the recommendation of the Provincial Health Board, the governor has created a special selection and promotions process for health workers that allows them to directly participate in the selection and promotion of their peers. This innovation was widely welcome by all concerned.

g. Revised Procurement System for all Government Hospitals

40. The procurement system of the four government hospitals was revised to fast track purchases for the health sector. The inclusion of the provincial awards committee chairman in the PHB allows immediate response to any problems that may arise related to the procurement process.

h. Increased Revenues of Local Hospitals

41. Income of the four hospitals has increased by 131 percent since 1997, as against an average of 17 percent annual increase in expenditures for capital outlay and maintenance, as well as other operating expenses due to more efficient utilization of manpower and other resources. This also indicates an increase in patronage for public hospitals, and savings from the centralized purchase of hospital supplies and medicines, which translated into significant savings for the government.

C. Community-Based Rehabilitation For The Disabled In Alimodian, Iloilo

Government, Community/Stakeholders Collaboration In Service Provision For Persons with disability

1. Introduction

1. Alimodian is a fifth class municipality in Iloilo province - part of the Panay islands group of Region 6 in the Visayas located in the central part of the Philippines. It has a total land area of 14,482 hectares of which 4,886 hectares were devoted to agriculture. Its population is slightly over 31,000 distributed among 3,385 households. It has 51 *barangays* or villages of which 17 are usually inaccessible by public transport during the rainy season.

2. With the enactment of the Local Government Code of the Philippines (LGC) in 1991, which devolved health and social welfare services delivery to the local government units, the Department of Health has decided to re-launch its Community-Based Rehabilitation Services Program designed to respond to the needs of persons with disabilities for rehabilitation. The municipality of Alimodian was chosen to implement the pilot project in the Visayan island, as it satisfied two major criteria for the pilot implementation of the program: proximity to a tertiary hospital for accessible referral of cases which required more serious intervention; and the interest of the local government to host the program as well as to ensure its sustainability.

3. Learning from its past experiences of failed health programs for the disabled, the health department made sure that the project was implemented under the direct supervision and management of the municipal government.

2. Objectives

4. The Community-based Rehabilitation Services (CBRS) program aims to make rehabilitation services available and accessible to persons with disability within their communities. Its goal was to reduce the incidence and prevalence of disability such as physical, mental and sensory disabilities by focusing on prevention and intervention through the active involvement of people in the community themselves. It also wanted to develop among the disabled, a positive image, a sense of self-reliance and work for their integration into their communities – including the exercise of their rights.

5. The CBRS program aimed to “level the playing field” in the dispensation of rehabilitation and health services and to make these services accessible especially to poor persons with disability living in rural communities.

3. The Process

6. The CBRS started with an initial survey conducted by the municipality of Alimodian in cooperation with the Department of Health in 1991. The survey was undertaken to determine the number of potential beneficiaries, and type and extent of disabilities common in the municipality. Result of the initial survey pegged the prevalence of disability in Alimodian town at 9.7 percent of the population.

7. Based on the results of the survey, a training module was designed. Some 33 volunteers were identified to participate in the initial training to be conducted.

8. Eleven villages of Alimodian town were selected as initial areas for the piloting of the program. They were chosen for their proximity to the town center and accessibility to existing health facilities such as the municipal/district hospital.

9. A Local Advisory Council (LAC) was formed and the incumbent mayor's wife, who is a doctor, was chosen to chair the Council.

10. The Department of Health based in Manila (the capital city), dispatched a team of trainers to Alimodian, for the orientation/training of the volunteers on diagnostic and rehabilitation techniques. Several training packages were conducted in succession.

11. The training was followed by monthly meetings every first Saturday of each month which provided opportunities for the volunteers, local supervisors and the program manager to discuss progress/problems they face in the implementation of the program. Their consolidated report was submitted to the Department of Health.

4. A Success Story

12. Of the three pilot sites identified by the Department of Health for the re-launching of its CBRS program in the major islands of the Philippines: Luzon, Visayas and Mindanao, the project in Alimodian is said to be the most successful. By 2000, the Alimodian experience is being replicated in 26 other sites in the country. The learning and insights of all those involved in the project was shared with other local government units who have expressed an interest in embarking in similar programs for the disabled.

5. Key Results

13. Some 901 initial beneficiaries of the program were provided services during the first year of implementation of the CBRS in Alimodian. Majority of the beneficiaries stayed with the program for an average of five years each, after which they were either discharged or referred to other facilities for needed treatment and services. Noted changes on the beneficiaries resulting from their involvement in the CBRS were as follows:

14. Significant improvement on the beneficiaries' ability to perform activities for daily living such as bathing, brushing their teeth, combing their hair, feeding themselves, tying their shoe laces and other similar activities. Others who have regained their functions faster started to earn their own income through skills they developed, such as doing massage (for the blind), tending their small stores/shops; or sought wage employment afterwards.

15. The implementation of the program has likewise resulted in changing the attitude of the community towards persons with disability from one of ostracism and isolation of persons with disability and their families to acceptance, caring and even sharing their time, skills and resources. Where before persons with disability were hidden from the public eye, they were later encouraged to participate in community life.

16. There was a strong sense of pride and commitment among volunteers who were involved in the program. One of them told this interviewer that she was so happy when she realized how she was able to help a child with cerebral palsy learning how to walk after almost 5 years of helping her do exercises and stretching of her limbs and teaching her how to sit with a little assistance. The volunteer said seeing the child slowly regaining her functions is enough

inspiration for her to continue her volunteer work in the CBRS program. Many other volunteers have a similar success story to tell.

17. From the initial 33 volunteers who started the program in 1991, there are now more than 200 volunteers involved in the Alimodian project as of 2001.

18. With the once totally helpless persons with disability now being able to do activities of daily living, members of their families have managed to return to work and earn incomes.

19. The success of the Alimodian initiative had far-reaching effects – well beyond Iloilo province and Region 6. While the other two pilot projects implemented in the islands of Luzon and Mindanao did not fare well, the Alimodian project saved the day for the re-launching of the CBRS – an important project of the Philippines' Department of Health in line with the implementation of the Asian and Pacific Decade of Disabled Persons, 1993-2002.

6. Key Success Factors

20. **Community-Based.** Since the very start of the project, the CBRS in Alimodian was intended to be community-based as opposed to the usual concept of institution or center/clinic-based rehabilitation services for persons with disability. The kind of service provided was not determined through remote programming but by the urgency and the magnitude of the need. The intervention was far from being generic. Instead, it was customized or tailored for the specific need of each beneficiary. Each of the volunteers sought to develop an intervention that meets the needs of the disabled person he/she was working with.

21. **Participatory.** The participation of the families and members of the community to the program was a major contribution to its success. There was also a great sense of commitment from the volunteers who took their goal of making a difference in the lives of persons with disabilities very seriously. The pioneer volunteers literally offered their services for free. It was only later that the municipality was able to provide them minimal allowance for actual cost of meals (during treatment days) and transportation.

22. **Holistic Approach.** The project sought not only to rehabilitate the disabled but also endeavored to rebuild their confidence. The project worked to reintegrate the persons with disability back to his/her community. Their empowerment was made possible through their rehabilitation, skills acquisition, awareness of their role in their communities and society; and realization that they can contribute in the development of their communities.

23. **Prospects for Sustainability.** Although the initial implementation of the project involved some technical support from the Department of Health and funding from the municipal government of Alimodian, the project underwent a “process of ownership” by the community. The volunteers evolved to become the “sellers” of the concept to the community themselves. It was easier to convince the community to support the project with the volunteers attesting to its effectiveness in addressing the specific needs of persons with disabilities.

24. On the whole, the CBRS in Alimodian town is a success story. A number of beneficiaries are now involved in the implementation of the project in Alimodian and the new project areas.

LIST OF PARTICIPANTS

A. Iloilo City Workshop, May 30-31, 2002

1. Persons with disabilities/Organizations:

1. Mr. Marlon Corpuz
President, Federation of PWD
Ormoc City Reg. VIII
Tel# 0919-4343292
2. Ms. Abegail Tubayan
President - Hearing and Deaf Society, Inc. (HANDS)
Reg. VII
Tel# 0917-9164419
3. Mr. Tiburcio Villanueva
President - Association of Disabled Persons
Reg. VI – Iloilo City
4. Mr. Reynaldo Dula
Philippine Blind Union - Reg. VI
Tel# 0916-4097427
5. Mrs. Josephine Dula
Escort of Mr. Dula
6. Ms. Ma. Luna Asencio Retotar
President - PWDs Canteen
Region VI
Tel# 5227871
7. Mr. Mario Abaygar
Project Manager,
Association of Disabled Persons (ADP)
Iloilo City - Region VI
Tel# 3292905
8. Felicidad Camay
President
Blind Union Association
Ormoc City

2. Parent Association

9. Mr. Nelson Sagge
KAMPI/STAC Parents Association
Iloilo City – Region VI

3. Government/Line Agencies

10. Ms. Eloize Juliet Victoriano
Department of Trade and Industry (DTI) Region VI
DTI Bldg. J.M. Basa Peralta St. Iloilo City
Tel# 3350060
11. Ms. Flerida Labanon
Regional Program Coordinator
National Council for the Welfare of Disabled Persons(NCWDP)
2/F Philsucsen Bldg., North Avenue, Quezon City
12. Ms. Zenaida Mabugat
Regional Director
Department of Social Welfare and Development (DSWD) Reg. VI
Iloilo City
13. Mr. Julian T. Ledesma
Department of Social Welfare and Development (DSWD) Region VI
Iloilo City
Tel#3365428
14. Mrs. Erlinda A. Garlit
Department of Social Welfare and Development (DSWD) Region VI
Molo, Iloilo City
Tel# 3365425
15. Mrs. Nenet Pador
Provincial Social Welfare Development Office (PSWDO) - Ilo-ilo Province
Provincial Capitol, Iloilo City
Tel# 3377968
16. Mr. Edwin L. Espino
Department of Education - Regional Office VI
Duran St., Iloilo City
Tel# 3370015 /0919-4617468
17. Dr. Nandle Joy Banas
Department of Health (DOH) - Region VI
Mandumao, Iloilo City
Tel# 3210364
18. Mrs. Marilyn Aguilar
Technical Education Skills Development Authority (TESDA) - Region VI
Zamora St. Iloilo City
Tel# 3369706
19. Ms. Herminia Cabahog
Area Vocational Rehabilitation Center (AVRC) Reg. VII
Cabagon, Cebu City
Tel# 2610001 / 2618107

20. Mr. Esekias Malaza
Department of Social Welfare and Development (DSWD) Region VII
Cor. M.J. Cuenco St. and Maxilom Ave., Cebu City
Tel# 2329505
21. Ms. Gloria Trinidad
Technical Education Skills Development Authority (TESDA) Region VII
Arch. Reyes Ave., Cebu City
Tel# 2322921
22. Arch. Alberto Saclauso
Department of Public Works and Highways (DPWH) Region VI

4. Non-Government Organizations

23. Ms. Grace H. Soluta
Administrator
Negros Occidental Rehabilitation Foundation, Inc. (NORFI), Reg. VI
cor. Cottage Road and Lacson St., Bacolod City
Tel# 4335767 / 4353794
24. Ms. Joneva Joy D. Miranda
Administrator
Volunteers for the Rehabilitation of the Handicapped and
the Disabled Inc. (VRHD) - Reg. VI
Cor. Cottage Road and Lacson St., Bacolod City
Tel# 7089038 / 4348943
25. Mrs. Ascension S. Avila
Cebu Society for Crippled Children, Inc. (CSCCI) Reg. VII
Sacred Heart Hill, Cebu City
Tel# 2547391
26. Mrs. Jeanny Labayen
Christian Foundation for Deaf and the Blind
Bacolod City Reg. VI
Tel# 4348774
27. Sis. Zandra Alejo
Executive Director
IMHFH Iloilo Mercy Foundation for the Handicapped, Inc.
110 San Pedro St. Brgy. San Pedro, Molo
Iloilo City 5001
Tel# 3367449 / 0918-9234170
28. Ms. Minerva Damayo
Social Worker
Handicapped's Anchor in Christ, Inc. (HACI)
Reg. VII
Tel# 2611967

5. Business/Industries/Cooperatives

29. Rebina Villagrancia
Iloilo Supermarket
Atrium Bldg., Gen. Luna St.,
Iloilo City
30. Ms. Leonila Bautista
Board Member
SIDLAKAN Sheltered Workshop, Inc. - Region VI
Salinas Dr., Lahug, Cebu City
Tel# 2328656 / 2358197

B. Baguio City Workshop, June 4-5, 2002

1. Persons with disabilities/Organizations:

1. Mr. Edward Delos Santos
FARAD
#7 Purok 11 Bakakeng Sur, Baguio City
2. Ma. Theresa dela Cruz
President - KASAMAKA
Bulacan
3. Capt. Oscar Talleon
President
Kapisanan ng mga Sundalong Maykapansanan ng Pilipinas Inc.
4. Mr. Sagrado Pecban
Caregiver/guide of Capt. Talleon
5. Ms. Dominga Quejado
KAMPI President
AVRC – Region I
Dagupan City, Pangasinan
6. Mr. Glenn Quejado, caregiver of Dominga Quejado
7. Ms. Elena Agacoscas
KAMPI BOG 3
8. Mr. Napoleon P. Baltazar
Handicapables Association of Cagayan
9. Mr. Richard D. Arceño
General Manger
Bigay Buhay Cooperatives
10. Mr. Antonio C. Aviles, care Giver of Mr.Arceo

11. Mr. Michael Esperida
President - Saklay
12. Ms. Loida Esperida, caregiver of Mr. Esperida
13. Mr. Juandrino Montales
ALALAY Sa Kabuhayan
Cainta, Rizal
14. Mr. Antonio Damasco
Councilor
Salud Mitra Barangay Hall
15. Mr. Arnold de Guzman
KAMPI Board of Governor
16. Ms. Mary Anthony Subia
Federation of PWD,
Nueva Vizcaya

2. Government/Line Agencies

19. Ms. Betty Fangasan
CSWDO – Baguio City
Tel# 4446467
20. Ms. Evelyn T. Dolencio
NCWDP – Quezon City
Tel# 9275916
21. Ms. Dolores Soterio
NCWDP – Quezon City
Tel# 9275916
22. Ms. Nilsa Paulinita Matamorosa
DSWD - Region V
Lot 10 Blk 7 Central City Subd.
Legaspi City
23. Ms. Libertine Balicdang
DSWD - CAR
Baguio City
Tel#4428619
24. Ms. Salvacion A. Babate
DepEd – CAR Regional Office
Tel# 4425153
25. Mr. Octavio Gonzales
PHILSPADA
69 Ermin Garcia

Cubao, Quezon City
Tel# 4106848

26. Ms. Leticia B. Tumbagan
CSWDO – Baguio City
Upper Session Road, Baguio City
Tel# 4423842

27. Ms. Malou Bala
DOLE - CAR
Cabinet Hill, Baguio City
Tel# 4435338

3. Parents Group

28. Ms. Zenaida Guevarra
Treasurer - AKAPIN Inc.
Malolos, Bulacan

29. Mr. Noli Vizcocho
Autism Society of the Philippines
Baguio Chapter – Baguio City
Tel# (074) 4424868

4. Non-Government Organizations

30. Ms. Rita Aquino
Executive Director
KASAMAKA CBR
2648 Iridium St., San Andres, Manila
Tel# 5617620

31. Ms. Erlynn Marjalino
Youth Empowerment Project Coordinator
Simon of Cyrene
Children's Rehabilitation and Development Foundation, Inc.
1520 Banag St., Daraga, Albay
Tel# (052) 4834195

32. Mr. Johnny Lantion
Manager - National Federation of Cooperatives for People with Disabilities
Ph II CIP Karangalan Village
Pasig City
Tel# 6463976

33. Ms. Rodah G. Nolido
Baguio School for the Deaf
16 Outlook Drive, 15 St.
Baguio City
Tel# 4447445

5. Funding Agencies

34. Mr. Barney McGlade
Country Director
GOAL Philippines
Erisha Condominium 1142
P. Ocampo cor. Dian
Malate, Manila
Tel # 5368732
35. Ms. Veronica Ester L. Mendoza
Training and Development Officer
Leonard Chester Int'l – FER
Penthouse, NORFIL Bldg.
#16 Mo. Ignacia St., cor. Roces Ave.
Quezon City
Tel# 3717534
36. Mr. Rainer Guetler
Assistant Regional Representative
Christoffel-Blinden Mission
Unit 604 Alabang Business Tower
Acacia Ave. Madrigal Business Park
Ayala Alabang, Muntinlupa
37. Sr. Agnetia Naval, SFIC
Stiching Liliane Fonds Foundation Phils
St. Joseph College, Quezon City
38. Ms. Aida L. Bacas
Stiching Liliane Fonds Foundation Phils.
St. Joseph College, Quezon City

6. Business/Industries

39. Ms. Gloria S. Gaspar
Administrative Manager
Bay Sports Manufacturing
40. Ms. Teresita Almonguerra
Project Coordinator
Drugmaker's Laboratories Foundation, Inc.

C. Davao City Workshop, July 9-10, 2002

1. Persons with disabilities/Organizations:

1. Dr. Enrique Ampo
President - HACI De Oro
Fernhill Street, Macasandig
Cagayan de Oro

Celfon # 09179267415

2. Mr. Emmanuel C. Diango
President Federation of Organization of PWDs
Misamis Occidental
C/o Office of the Municipal Secretary
Aloran, Misamis Occidental
Celfon # 09187346016
3. Mr. Mario Tabontabon
President PWD Association of Iligan City
C/o City Social Welfare and Development Officer- Iligan City
Palao, Iligan City
Tel. # 063 2231747; Celfon # 09187346016
4. Mr. Carlos Sexcion
NAPCI Regional Coordinator
C/o DSWD FO XI
Cor. Damaso Suazo St. and R Magsaysay St.
Davao City
Fax # (082) 227-1435 ; Tel # 2278746/ 227 1964
5. Ms. Maribel Ote
Association of Differently-Abled Persons Inc.
Davao City
C/o of DSWD FO XI
6. Mr. Roger Nicolas
Member, Board of Directors (ADAP)
Association of Disabled Persons Cooperatives
C/o DSWD FO XI
7. Ms. Jaedel Joy Agripa
President, ADAP, Panabo
c/o City Social Welfare Development Office
Panabo City
Celfon # 09197210701
8. Mr. Ricardo Castillon
Regional Coordinator, NAPCI
Kapisanan ng Maykapamsanan ng Cotobato
c/o Center for the Handicapped
Gov. Sinsuat Avenue Cotobato City
Tel. # 064 421 3225/421 1238
9. Ms. Mayette Saavedra
PWD
c/o DSWD, Region XIII Caraga
10. Pilar Villasis Tahir
President

Zamboanga City Deaf Federation

11. Noel Manabe
President
Organization of PWD South Cotabato
c/o PSWDO South Cotabato
Marvel South Cotabato
Tel. 083 – 2283573, 083-2282428
12. Enrico UY
Cotabato HI Association
Center for the Handicapped
DSWD FO XII
10 Don August St., Kimpo Subdivision
Cotabato City, 9600
13. Roberto Villaruel
Vice Chair
KPK Coop
c/o CSWDO General Santos City
14. Danilo Taluno, caregiver of Roberto Villaruel
15. Marlon Advincula
BCCWSP
Bislig, Surigao del Sur
2. **Non-Government Organizations**- 16. Ms. Lanie Vergara
Down Syndrome Associations of the Philippines-Davao
C/o ANFLECOR Damosa Complex
Lanang , Davao City
Tel# 2342280
- 17. Ms. Evelyn Cabigon
Project Director
Davao Jubilee Foundation for the Rehabilitation of Disabled Persons
Barrio Escuela, Catalunan Grande, Davao City
Fax# (082) 221-2318
Celfon # 09183482962
- 18. Mrs. Dylinda Reyes
UCCP Social Concerns Foundation
Fax # 082 224-2019 Office # 2218613 Res. 2273632
Cellfon # 09189212915
- 19. Mr. Nilo C. Ampon
Program Coordinator
Loving Presence Foundation
Mangagoy, Bislig City

20. Grace Requilman
Center for the Handicapped
Sinsuat Avenue
21. Dr. Nieto Latore Vitto
Lamb of God SPED Center
104 CM Recto Ave., Davao City
Celfon # 09177021342
22. Dr. Ma. Luisa L. ortadera
Chairperson – Kakayahan Kapansanan Foundation
Maharlika Charity Foundation
DSWD FO XI
Tel. (082) 2277623/2216449; Cel. 0917-7015484
23. Noemi Bangot
Our Lady of Victory Training Center
Km. 6 Sasa St., Davao City

3. Government/Line Agencies

24. Ms. Ofelia Domingo
Division Chief
Local Employment Office
Department of Labor and Employment
Bangoy St. Davao City
Fax # 082- 227-71651 - 2262671
25. Ms. Mila T. Segovia
Focal Person for Pwds
DSWD FO XI, Davao City
26. Ms. Perla Redulosa
SWII – PWDs, CSWDO, Davao City
Tel # (082) 2278746
27. Dr. Minerva Fabros
DepEd, Davao City
Tel # (082) 2278025
28. Ms. Rothel Sumogod
DSWDO – South Cotabato
Cotabato City
Tel# (082) 2282428
29. Ms. Flerida Labanon
NCWDP – Davao City
30. Ms. Rosemarie M. Enginco
DTI – Davao City

Tel# (082) 2240511

31. Ms. Catalina Fermin
NCWDP – Davao City
Tel # 9209106
32. Ms. Emily Janette Salvado
NEDA IX – Davao City
Tel# (082) 2216476
33. Ms. Eva dela Cruz
SWO III – CSWP – Davao City
Tel # (082) 2212488
34. Ms. Rosalinda V. Niog
Program Implementor – CSWP
Tel # (082) 2212488
35. Ms. Teresita M. Cardenas
Program Implementor – CSWP
Tel# (082) 22124889
36. Ms. Annabelle P. Yumang
DOH XI – Davao City
Tel # (082) 2273976
37. Ms. Persita R. Salac
DPWH – Regional Office XI
Davao City
Tel # (082) 2275112
38. Mr. Juanito M. Buenaventura
DPWH – Regional Office XI
Davao City
Tel # (082) 2275112
39. Mr. Nestor S. Estampa
DSWD – Field Office XI
Magsaysay Ave., Davao City
Tel # (082) 2271964

D. National Workshop, August 30-31, 2002

1. Persons with Disabilities/Organizations:

1. Ms. Elena Agacuscus
KAMPI BOG
c/o Bahay Biyaya
8 St. Michael St., Cubao, Quezon City
Tel. 721-3620, 7008821

2. Dr. Enrique Ampo
President, HACL de Oro
Fernhill Venus Street, Macasandig
Cagayan de Oro
Cell. 0917-9267415
Fax. (08822) 725766
3. Ma. Theresa dela Cruz
KASAMAKA-Bulacan
4. Deanna Lorenzana Gregoria
President
Multiple Sclerosis Society of the Philippines
20 Purdue St., Northeast Greenhills
San Juan, Metro Manila
Tel. 726-1630; Fax. 721-84-94
5. Maritess Raquel Estiller
Philippine Federation of the Deaf
11 Sta. Fe St., SFDM, Quezon City
6. Crescencia Loreda
TALA Disabled Group
7. Augusto Alma Panteleon
KAPAGDAKA
DND Project KAPAGDAKA
Camp Aguinaldo, Quezon City
8. Capt. Oscar Taleon
Kapisanan ng mga Sundalong May Kapansan
9. Tiburcio D. Villanueva Jr.
President
Association of Disabled Persons-Iloilo
Jaro Plaza, Jaro Iloilo City
10. Michael Dimalanta
Cerebral Palsied Association of the Philippines
124 Kanlaon St., Quezon City
11. Cristina Hebron
Concerned Students with Disability Network
c/o Bahay Biyaya
8 St. Michael St., Cubao, Quezon City
12. Daylinda Reyes
UCCP Social Concern
Davao City

2. Parents Association

13. Maria Redetta dela Paz
Down Syndrome Association of the Philippines
MRCFI Bldg., Camia St.,
Guadalupe Viejo, Makati City
14. Cecile S. Sicam
Autism Society of the Philippines
Rm. 307 #47 Kamias, Quezon City
15. Alma P. Pamittan
BOG – KAMPI
DAR, Diliman, Quezon City

3. Government/Line Agencies

16. Richard Arceño
Commissioner
National Poverty Commission
17. Emily O. Decano
Technical Education Skills Development Authority (TESDA)
MTC Bldg., Caloocan City Hall
Caloocan City
18. Dr. Teresita G. Inciong
Bureau of Elementary Education
Department of Education
DepEd Complex
Pasay City
19. Simeona T. Ebol
Department of Education
Meralco Avenue, Pasig City
20. Michael Barredo
Commissioner
Philippine Sports Commission
21. Esekias B. Malaza
Department of Social Welfare and Development (DSWD)
Cor. MJ Cuenco St.
Gen. Maxilom Avenue, Cebu City
22. Teresita M. Mistal
Department of Interior and Local Government (DILG)
23. Angelino B. Pangan
National Vocational Rehabilitation Center (NVRC)
Project 4, Quezon City

24. Cleofe S. Pastrana
National Economic Development Authority (NEDA)
Social Development Staff
4/F NEDA sa Pasig
25. Dominga Quejado
President
Katipunan ng may mga Kapansanan sa Pilipinas, Incorporated (KAMPI)
AVRC Region I
Dagupan City
26. Dolores Soterio
National Council for the Welfare of Disabled Persons (NCWDP)
2/F Philsucsén Bldg., North Avenue, Quezon City
27. Mateo Lee
Deputy Director
National Council for the Welfare of Disabled Persons (NCWDP)
2/F Philsucsén Bldg., North Avenue, Quezon City
28. Flerida Labanon
National Council for the Welfare of Disabled Persons
North Avenue, Quezon City
29. Hospicia M. Sy
Philippine Association for the Retarded, Inc.
c/o Special Education Division Bureau of Elementary Education
Department of Education
Meralco Avenue, Pasig City

4. Non-Government Organizations

30. Manuel Agcaoli
President
Philippine Foundation for the Rehabilitation of Disabled, Inc.
c/o Quezon City circle Park Foundation
Quezon City Memorial Circle, QC
31. Amy Bolinas
Executive Director
Simon of Cyrene
Daraga Albay
32. Norberto L. Carcellar
Executive Director
Vencentran Missionary for Social Development
Foundation, Inc.
Payatas B. Lupang Pangako Parish Quezon City
33. Violeta Bayato

Philippine Mental Health Association
18 East Avenue, Quezon City

34. Fr. Luke Moortgat, CICM, PhD
President
Philippine Catholic Organization for the Deaf, Inc.
c/o Dela Salle University
Taft Avenue, Manila
Tel. 521-0827/521-0827
35. Andrew Ooms
Resources for the Blind
623 EDSA Quezon City
36. Mila Wayno
Resources for the Blind
623 EDSA Quezon City
37. Jesus H. Docot
Tahanang Walang Hagdanan
38. Clarissa Fetesio
NORFIL Foundation, Inc.
16 Mother Ignacia St., Quezon City
39. Ricardo A. Calapatia
VIDERE Foundation
40. Lauro Purcil, Jr.
Adaptive Technology for Rehabilitation, Integration and
Empowerment of the Visually Impaired (ATRIVE)
41. Irma Coronel
Philippine Council of Cheshire Homes for Disabled
Persons, Inc. (PHILCOCHED)
42. Jaime G. Silva
CYAN Management Corp.
43. Carlos A. Sexcion
Kakayahan ng may Kapansanan Foundation, Inc.
c/o DSWD, Davao City

5. Funders/Coops/Business/Academe

44. Mario Abaygar
Project Manager
ADP Iloilo
Jaro Plaza, Rizal St., Iloilo City

45. Venus I. Flores
Goodwill Industries
Casuntingan, Mandaue City Cebu
46. Dr. Isabel F. Inlayo
Commission on Higher Education (CHED)
5/F NEC Bldg., UP, Quezon City
47. Veronica Ester Mendoza
Leonard Cheshire International
c/o NORFIL Foundation
16 Mother Ignacia St., Quezon City
48. Barney McGlade
GOAL Ireland
P2 Erisha Compound
1142 P. Ocampo St., cor. Dian St.
San Andres, Manila
49. Editha C. Monserrate
Philippine Normal University
303 Graduate College Bldg.
PNU Taft Avenue, Manila
50. Dr. Hirashi Ogawa
World Health Organization
NEDA Makati City
51. Corazon Urquico
Portfolio Manager
UNDP
7/F NEDA sa Makati Bldg.
Amorsolo St., Legaspi Village, Makati City
52. Ellen E. Villate
Helen Keller International
704 Pablo Ocampo St.,
Malate, Manila
53. Susan B. Villegas, MOH, OTRP
College of Allied Medical
UP Manila