

GUIDELINES FOR THE IMPLEMENTATION OF SOCIAL MOBILIZATION OF PERSONS WITH DISABILITIES, SENIOR CITIZENS AND THEIR FAMILIES

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I.

Introduction

In the Philippines, persons with disabilities constitute a significant disadvantaged group and a vastly under-utilized human resource base. It is estimated that 10% of the Philippine population belong to this category and 75% to 85% of them live in rural areas. Among them are children who are either born with or acquire physical, sensory or mental impairments. Results of the 1990 census show that 26% of the total number of disabled are children between the ages of 0-14 years old. In the third world countries, it was established that there is a correlation between disability and poverty. Thus, the risk of impairment is much greater for children belonging in the developing world.

Meanwhile, existing condition of persons with disabilities particularly in the rural areas has called for a more participative action/effort among themselves. This has resulted to the organization of self help groups among disabled persons. However, in its beginning stage, there is a need to enhance the management and operation of such groups. The lack of organizational know-how and resources has contributed to the non-involvement of this group in policy planning in areas which directly concern them. The attitudinal and structural barriers, inadequate support services due to limited resources and the low priority status given to the problems concerning disability issues are identified to be some of the major problems that need to be addressed.

It was demographically indicated that the rate of growth of the elderly population has been progressively high. This trend implies that the elderly will have an increasing effect in the development goals of the country. In this respect, instead of being the recipients of services, the elderly people are seen as potential resources who could be tapped to contribute to the improvement of their community.

II.

Legal Base

Rehabilitation means a goal-oriented and time-limited aimed at enabling an impaired person to reach an optimum mental, physical and/or social functional level thus providing her/him with the tools to change her/his own life. It can involve measures intended to compensate for a loss of function or a functional limitation (ex. technical aid) and other measures intended to facilitate social adjustment or readjustment.

Rehabilitation as a philosophy of treatment of the disabled, is a product of western Christian democratic civilization which concerned equality of opportunity for all.

Concerns for the welfare for PWD in the Philippines began as early as 1917 when the Philippine Government adopted the Revised Administrative Code providing compensation benefits during the period of disability. Important legislations were enacted in the '40s, '50s and '60s giving impetus to the rehabilitation of persons with disability in the country.

1. Commonwealth Act. No. 3203 set the provision for the care and protection of disabled children.
2. R.A. No. 65 of 1946 known as the Bill of Rights for the social and economic restoration of disabled veterans and government responsibility.
3. R.A. No. 1179 of 1954 creating the Office of Vocational Rehabilitation now the Bureau of Disabled Persons' Welfare (BDPW) restoring the PWD's useful role in society by providing rehabilitation and placement service.
4. R.A. No. 2615 amending R.A. 1179 creating the National Council on Rehabilitation tasked in updating and coordinating all government and civic programs and setting up nine regional training centers to serve disabled persons in the rural areas.
5. R.A. 3562 set the provision for the education of the blind in the Philippines.
6. The Labor Code of the Philippines set the provision for disability rehabilitation services.
7. Batas Pambansa 344 of 1984 known as Accessibility Law.
8. In 1987 "Freedom Constitution" recognized the PWDs as a basic sector.
9. In 1990 a sectoral representative to the Lower House was appointed.
10. In 1993, President Fidel V. Ramos issued Presidential Proclamation 125 recognizing the need for the 2nd Decade for Persons with Disabilities in the Asia and Pacific Region (1993 to 2002) and enjoining National Government Agencies and the private sector to support and realize the Agenda for Action.

INTERNATIONAL SCENE:

— December 1971 United Nations adopted the Declaration on the Rights of the Mentally Retarded & Disabled Persons. The declaration provided a basis for the full integration of disabled person in the community.

— 1981 is the International Year of the Disabled Persons — It aims to encourage the rehabilitation of an estimated 500 million people suffering from physical or mental disability.

To promote the participation of disabled persons in social development and let them enjoy a standard of living equal to that of their non-disabled peers.

— 1980 the Rehabilitation International produced the Chapter of the 80s as their major contribution to the International Year of the Disabled Persons. The Charter recognized the need for every Government to accept basic responsibility for the rehabilitation of disabled persons, and called for measures to protect and nurture the rights and responsibilities both for the disabled and non-disabled persons.

— The United Nations proclaimed 1983-1992 as the "United Nations Decade of Disabled Persons." Concrete objectives were set out in the World Programme of Action concerning disabled persons which was adopted by the United Nations General Assembly in December 1982.

III.

Project Brief

This is a 5-year pilot project which aims to mobilize and build up the productive potentials and resources of a clientele group traditionally regarded as beneficiaries so that they may be able to respond to their own needs and also assume responsibility for contributing to the well-being of the community. It is designed as a community-based program which recognizes that the potential for self-help and self-reliance exists in every individual irrespective of disability.

The project addresses the following problems and needs:

1. The lack of early detection of impairment and intervention measures is causing among children with disabilities unnecessary deterioration. This is compounded by the parents' inability to cope with the problems of their children's disability due to misinformation and lack of guidance and assistance.
2. Persons with disability and their organizations are hardly involved in policy planning in areas that directly concern them and their families. Many lack the confidence and skills in leadership, management of self-help groups and advocacy for their rights.
3. There is an increasing number of senior citizens who have the time, talent and resources yet are not tapped to share these with others and contribute to the improvement of the community.

The integration of the disabled and the elderly into the mainstream of society requires the utilization and mobilization of their skills and capacities to actively participate in the country's development efforts.

IV.

Objectives

A. General Objective:

To tap and mobilize the potentials and resources of persons with disabilities, senior citizens and their families in the following:

1. Early Detection, Prevention and Intervention of Disabilities Among Children Aged 0-6 years;
2. Organization and Strengthening of Self-Help Groups Among the Disabled; and
3. Provision of volunteer service to needy senior citizens and the community as a whole.

B. Specific Objectives:

1. Early Detection, Prevention, and Intervention of Disabilities Among Children

1.1 To identify and assist children aged 0-6 years who show signs and symptoms of disability and/or impaired in seeing, hearing, moving and learning

1.2 To teach parents, child care givers, volunteers early disability detection, prevention, and intervention measures and procedures, to minimize the consequences of disability and reduce the children's dependence on family in performing basic activities of daily living

2. Organization of Self-Help Groups of Persons with Disability

2.1 To identify and train a core of disabled persons who shall in turn train others on effective leadership, group management, advocacy and other social skills

2.2 To provide support to persons with disability in establishing, managing and strengthening self-help groups and income-generating projects

3. Senior Citizens as Volunteer Resource

3.1 To identify senior citizens who have the time, talent resources and willingness to contribute to the improvement of the community

3.2 To motivate and train selected senior citizens on volunteerism and leadership in any of the following: peer outreach, senior aides, sponsorship, special support services for solo parents, bereaved and abandoned persons and

families and others depending on community needs

3.3 To improve existing Day Centers for Elderly and expand its services to include volunteerism among their present activities

V.

Target Beneficiaries

The direct beneficiaries of this project are:

1. Children 0-6 years old who show signs and symptoms of disabilities and those already impaired in seeing, hearing, moving and learning
2. Disabled adults who may or may not be members of self-help groups
3. Senior citizens (60 years old and above) who are needy and those with time, talent, treasure and willingness to share this with others

VI.

Target Areas/Project Coverage

This project will cover 15 regions with concentration on municipalities and cities that have been identified by the National Statistics Office as having high incidence of disability (based on the 1990 census). Added to these will be twenty-five depressed provinces for poverty alleviation.

Within a municipality and city, three depressed barangays shall be targetted initially. As project activities are implemented and initial outputs are seen in the barangays, the project workers shall move on to the next barangay until all the depressed barangays are covered and expected outputs are evident.

Criteria for Selection of Target Areas are the following:

1. known high incidence of disabilities (based on previous surveys and census)
2. presence of high risk factors or characteristics of being a depressed community
3. inadequate basic health and social services
4. visible interest and support of local government executives and officials to undertake a project
5. availability of interested and motivated social welfare workers and community volunteers

Accessibility of the areas for monitoring and supervision purposes is also a factor to be considered.

The following municipalities and cities will be covered during the first two years of project operation:

REGION I REGION VII

Urdueta & San Fabian Cebu City

Pangasinan Tanke, Talisay

Dagupan City

Laoag City

REGION II REGION VIII

Cauayan & Ilagan, Isabel Hilongos/Alang-Alang,

Penablanca, Cagayan Leyte

Calbayog City

REGION III REGION IX

Balanga, Bataan Zamboanga City

Olongapo City Ipil, Zamboanga del Sur

REGION IV REGION X

Jala-Jala, Rizal Valencia & Sumilao, Bukidnon

Bacoor, Cavite Cagayan de Oro City

REGION V REGION XII

Daraga, Albay Cotabato City

Legazpi City Libungan & Pigkawayan, Cotabato

REGION VI CAR

Iloilo City Baguio City

Pototan & Cabatuan, Iloilo La Trinidad, Benguet

REGION XI ARMM

Davao City Upi, Maguindanao

Koronadal, So. Cotabato Jolo, Sulu

NCR

Quezon City

Pasig, Metro Manila

VII.

Implementing Guidelines

To ensure smooth implementation of the project, the workers shall be guided by the following activities:

A. Situational Analysis

1. Conduct ocular survey/visit of the whole municipality/city to see firsthand geographical coverage, physical structures, landmarks, etc.
2. Secure primary or secondary data at the community. Sources may be LGU office, Municipal/City Planning Office, Local Department of Health Office, Office of Senior Citizens Affairs, Rural Health Unit, etc.
3. Organize and analyze gathered data
4. Prepare a community profile and spot map based on gathered data

(Note: A list of important data/information for the preparation of a community profile is attached).

B. Social Preparation

1. Prepare for initial meeting with Municipal or City Mayor and Sangguniang Bayan officials.
 - * Prepare briefing paper on the project
 - * Request meeting with/courtesy call on Mayor and officials
 - * Request Field Office Director and Social Welfare Specialist on Disabled Persons' Welfare to attend said meeting
2. Meet with or pay courtesy call on Mayor and Sangguniang Bayan Officials
 - * Introduce selves (SWO III and MDO I) as project implementors; talk about the Social Mobilization project, its objectives, coverage, what it hopes to do for the beneficiaries and the community as a whole, the roles and responsibilities of people involved in the project, expectations from the LGU officers, etc.
 - * Generate the interest and support of the local officials to the project.
3. Establish beginning harmonious relations with community residents and leaders in target areas
 - * Meet with recognized local leaders, know and explore their ideas, opinions and feelings about their situation and problems
 - * Conduct initial homevisits and contacts with potential volunteers
 - * Attend community assemblies and meetings of associations, clubs, groups of persons with disability, senior citizens, and other organizations in the community. Talk to them about the Social Mobilization project, your role in it and the possible participation of community residents. Generate people's interest in it.
 - * Contact/coordinate with workers of the local government unit, and other special projects of the DSWD and NGOs for better working relations.
4. Form a Community Core Group

To generate community awareness and concern and mobilize collective action, a core group of community members shall be formed by the project implementors. The core group's main tasks should include:

 - a. Plan and carry out a community awareness campaign on disability issues
 - b. Generate and mobilize community resources
 - c. Create opportunities in the community for persons with disabilities and their families to meet, know each other

and integrate with other residents

d. Assist in advocacy activities

The following community members shall be invited to join the core group:

a. persons with disabilities, retired senior citizens

b. relatives and friends of PWDs and elderly persons

c. educators

d. local government administrators

e. health officials, doctors

f. mass media personnel and others with experiences in public relations work

g. leaders of civic, religious groups, academe, business and industry

5. Recruit and identify volunteers for the project's three components

Through attendance and exposure to community assemblies and meetings of existing associations and groups, the project implementors should be able to spot, identify and recruit volunteers following the given criteria for the three components:

a. contact potential volunteers, explore their ideas, feelings and interest to help their community, particularly disabled children, adults and needy elderly persons, their attitude toward volunteerism, skills, and availability. Contact may be done individually or in groups.

b. prepare list of interested volunteers

c. inform them about the holding of a training program to prepare them for volunteer work; get their initial commitment.

For Component II — Organization of Self-Help Groups of Persons with Disability

Simultaneous with volunteer recruitment, the project implementors shall:

a. Assess PWDs to determine their problems/needs; provide necessary intervention based on rehabilitation plan done with the family members and the PWD himself.

If necessary conduct counseling session with family of PWD to become aware of their role in accepting and assisting their disabled members.

b. Identify PWDs with potentials for leadership and capability to assist other PWDs. These identified disabled persons may come from a barangay or clustered barangays within the municipality; they may or may not be members of existing organizations.

c. Trained PWDs maybe formed as a core group to assist SWO III and MDO I in motivating PWDs to join self-help groups or in organizing such groups; they may also assist in the training activities for PWDs.

C. Capability Building for Volunteers and Core Group

Selected volunteers for the three components of the project shall undergo a training program on specific areas to prepare them for their responsibilities. Standard syllabi for the training of volunteers on Early Detection, Prevention and Intervention of Disabilities among Children, Leadership Enhancement Seminar for Persons with

Disabilities, and Senior Citizens designed to guide implementors in their capability-building activities. Please refer to appendix.

Such trainings will focus on the following:

Early Detection, Prevention and Intervention of Disabilities among Children

- * Simple detection, prevention and intervention measures for blindness, deafness, mental retardation and difficulty with moving among children 0-6 years old
- * How to assist mothers and family members in the care and management of their disabled children

Self Help Groups of Persons with Disabilities

- * Developing and enhancing the knowledge and capabilities of PWDs in planning, cooperation and teamwork, convening and running of meetings, starting self-help groups, resource generation and mobilization and advocacy

Senior Citizens as Volunteer Resource

- * Motivating senior citizens for volunteer work in the community
- * Senior Citizens as important resource in bringing about development in the community
- * Areas of interests for volunteer work

D. Provision/Demonstration of Needed Services and Interventions

This involves the carrying out of various activities and provision of interventions needed by the beneficiaries per project component.

For Component I — Early Detection, Prevention and Intervention of Disabilities Among Children

1. House-to-house assessment of children 0-6 years old using Early Detection questionnaire with mothers as respondents
2. Collection of more detailed qualitative information through homevisits to identified children with signs and symptoms of disabilities and those already disabled aICcHA
3. Consolidation and analysis of data collected
4. Dialogue with parents/families of identified children with signs and symptoms of disabilities and those already impaired regarding condition of their children, what can be done and how they (parents/families) can be assisted in preventing and/or reducing the handicapping effects of their children's disabilities.
5. Formulation of rehabilitation/intervention plans for each of the identified children
6. Demonstration/teaching to mothers and families of disabled children simple and basic rehabilitation procedures to reduce the risk of secondary problems that may result to handicapping conditions and to make the children independent in the simple activities of daily living
7. A group of mothers who have been taught simple intervention/rehabilitation procedures may be formed as a core of volunteers who shall assist the project implementors in teaching other mothers and families of disabled children.

For Component II — Self-Help Groups of Persons with Disabilities

1. Based on previously collected information on the number of persons with disability, their names and addresses,

self-help groups already formed in the community, the project staff shall invite them to a meeting/dialogue with the end view of:

- 1.1 identifying common needs, issues and concerns;
- 1.2 discussing the project and their possible participation in it; and
- 1.3 identifying potential leaders.
2. Planning, on the basis of information collected, of appropriate activities for and involving the disabled and their families. These may include any of the following:
 - 2.1 peer counselling of persons with disability to strengthen self-confidence and resolve to live meaningful lives
 - 2.2 counselling by SWO III of family members to improve their understanding of disabled persons, the health care and support that could be provided by family members and opportunities available for them
 - 2.3 conduct of meetings for family members and community leaders to reinforce initial awareness raising activities and to provide regular forums for them to discuss issues in strengthening their role in assisting those who are disabled
 - 2.4 holding of training workshops for persons with disability to discuss their experience and their role in helping their own ranks
 - 2.5 extension of financial assistance to groups with income-generating activities or projects.
3. Implementation of any or all of the above activities.

The project implementors shall concentrate on the following:

- 3.1 identification and selection of a core of disabled persons with potentials for leadership and capacity to make good use of opportunities and conscious of their role as representatives of their organizations and willing to share their knowledge and experience with others
- 3.2 holding/facilitating trainings and workshops which focus on the following:
 - a) peer counselling or peer group discussion — aimed at providing emotional support to and developing empathetic relations with person(s) being counselled
 - b) social skills — skills for goal-setting, money management, development of positive interpersonal relations and communication, mobility, personal care and hygiene, and understanding assistive aids and equipment
 - c) leadership enhancement — acquiring basic knowledge and skills in management, decision making, cooperation and teamwork, program planning, convening and running of meetings and advocacy.
- 3.3 Motivating and assisting persons with disability to form self-help groups

For Component III — Senior Citizens as Volunteer Resource

1. Identification of potential senior citizen volunteers who have the time, talent, resources and willingness to contribute to the community's well-being

Sources may be existing Office of Senior Citizen Affairs (OSCA) list and local associations of senior citizens.

2. Dialogue/meeting with identified senior citizens to inform them about the project and invite their participation in it

3. Holding of training workshops for senior citizens who have signified their interest to do volunteer work for their communities. Focus will be on the following areas and capacities: peer outreach, senior aides, special support services for solo parents, bereaved and abandoned persons/families and resource persons on special topics

VII.

Integration of DSWD Programs and Services

Where indicated, the project implementors shall link with or make available for persons with disabilities, senior citizens and their families, other programs and services of the DSWD in order to respond to their needs. They include the following:

A. Child and Youth Welfare Services

1. Day Care Service
2. Peer Group Service
3. Protective Service
4. Child Placement Service
5. Special Social Services for Delinquent Youth
6. Special Social Service for Youth Offenders
7. After Care Service
8. Self Employment Assistance

B. Family & Community Welfare Services

1. Parent Effectiveness Service
2. Responsible Parenthood
3. Marriage Counselling
4. Family Casework
5. Special Social Services to Solo Parents
6. Livelihood Development
7. Social Preparation for People's Participation
8. Community Mobilization
9. Social Welfare Structures Development
10. Community Volunteer Resource Development

C. Women's Welfare Service

1. Personal & Child Care Skills Development
2. Women in Especially Difficult Circumstances
3. Self Enhancement Skills Development

4. Community Participation Skills Development
5. Productivity Skills Capability Building for Disadvantaged Women

6. Social Communication Skills Development

D. Services for Persons with Disabilities and the Elderly

1. Information Dissemination on Disability Prevention

2. Assistance for Physical Restoration

3. Self and Social Enhancement

4. After Care and Follow-up

5. Community-Based Vocational Rehabilitation

6. Special Social Services for the Elderly

E. Emergency Assistance Services

1. Disaster Relief

2. Food-for-Work

3. Emergency Shelter Assistance

4. Balik Probinsiya

5. Supplemental Feeding

6. Crisis Intervention

VIII.

Delineation of Responsibilities

A. DSWD-BDPW (Central Office)

1. Overall direction and supervision of the project shall be provided by the Director of the Bureau of Disabled Persons Welfare — DSWD. She shall be assisted by a team of technical staff composed of a SWO V, 4 SWO IVs, and 8 SWO IIIs who shall do the following:

- a. Prepare guidelines and standard operating procedures of the project
- b. Coordinate various project activities in the 15 regions
- c. Conduct consultation visits, audits and provide technical assistance to implementors
- d. Develop and demonstrate strategies, innovative approaches to improve implementation of the project
- e. Evaluate and prepare reports on progress of project
- f. Consolidate and analyze reports from the field
- g. Prepare feedback reports

B. DSWD-Field Office

1. The Field Directors shall supervise the implementation of the project within their respective areas.

2. The Social Welfare Specialists on Disabled Persons Welfare, as counterpart for the BDPW technical staff shall assist the Field Directors in supervising implementation of the project through:

- a. regular monitoring and provision of technical assistance to project implementors
- b. preparation of monthly, quarterly, annual reports on progress of the project
- c. establishing/maintaining linkages with GO, NGO in the field for resource generation

C. Local-Government Unit

1. The municipalities and cities where the project is being implemented, the local government unit through the office of the mayor shall:

- a. Assign the Municipal/City Social Welfare and Development Officer and other appropriate staff necessary to implement the special project on Social Mobilization of Persons with Disabilities, Senior Citizens and their Families
- b. Adopt the implementing procedures and standards set by the DSWD-BDPW in the implementation of the project
- c. Integrate the Social Mobilization Project in the Municipal/City Development Plans.
- d. Through the Municipal/City Social Welfare Development Office prepare regular reports and feedback on the progress of the project
- e. Participate in the evaluation of the project to determine problems affecting implementation and make recommendations for improvement.
- f. Maintain cooperative relationship with other entities and agencies to promote the project in the municipality or city.

D. Project Implementors

SOCIAL WELFARE OFFICER III

1. Execute and implement policies that pertain to the pilot project on social mobilization.
2. Exercise supervision and management of the project to meet target goals.
3. Supervise Manpower Development Officer I and volunteers in the performance of their duties and assignments.
4. Develop the capabilities of self-help group members, leaders, senior citizen volunteers, mothers and other community volunteers on specific social skills, volunteerism, leadership enhancement, EDPID interventions and other activities of the project.
5. Conduct regular meetings/conferences to discuss case progress and develop capabilities of staff and volunteers.
6. Maintain cooperative and harmonious relationship with other entities and agencies, private and public, in promoting the continuity of the project within the areas of coverage.
7. Participate in the evaluation of the project and make suggestions for improvement.
8. Prepare required reports.
9. Perform other related functions.

MANPOWER DEVELOPMENT OFFICER I

1. Develop the capabilities of persons with disability, self-help group members, leaders, senior citizen volunteers on social skills and techniques specifically orientation and mobility, sign language, daily living, braille reading and writing.
2. Teach the use and importance of assistive devices to develop corresponding demonstration/instructional models.
3. Train and assist volunteers in performing their duties and responsibilities.
4. Attend and participate in meetings, conferences and seminars related to the project.
5. Participate in the evaluation of the project specifically the effectiveness of skills training and use of indigenous assistive devices and make suggestions for improvement.
6. Prepare required reports.
7. Perform other related tasks.

E. MONITORING/TECHNICAL ASSISTANCE

To assess progress being made and to determine if what has been proposed is being accomplished, the following monitoring activities will be carried out:

1. Onsite visitation of the target areas to observe the work of the SWO III and MDO and review the progress of the project shall be done by the Field Office Social Welfare Specialist on Disabled Persons Welfare and the BDPW program staff at least once a month.
2. The project implementors (SWO III and MDO) shall submit monthly, quarterly and annual reports using prescribed forms to the DSWD Field Office and the Bureau of Disabled Persons Welfare as basis for provision of technical assistance.
3. The SWS on DPW shall facilitate the holding of monthly rehabilitation conferences to discuss individual cases being managed by the project staff. Highlights of these conferences shall be incorporated into the monthly reports of the project implementors.
4. The devolved social workers of the targetted municipality and city shall likewise prepare quarterly status reports of the persons being served by and involved in the project indicating whether or not there are benefits accruing to persons concerned and to the barangay/community.
5. An evaluation tool shall be designed for the project. Evaluation shall be carried out at the end of the first year of operation and annually thereafter to assess the progress of the project using the parameters indicated in the expected output.

F. RESEARCH

A research component shall be integrated in the project towards the end of the first year of operation to determine and evaluate the impact and effectiveness of the project on the intended beneficiaries.

For implementation.

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(SGD.) CORAZON ALMA G. DE LEON
Secretary

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