GENERAL GUIDELINES IN THE IMPLEMENTATION OF THE REHABILITATION PROGRAM FOR MENTALLY AND PHYSICALLY HANDICAPPED OVERSEAS WORKERS

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In line with the thrust of the agency to ensure the welfare and well-being of Overseas Filipino Workers (OFWs), the following guidelines and procedures for the implementation of the Rehabilitation Program for Mentally and Physically Handicapped OFWs are prescribed:

I. GENERAL POLICY

The program aims to provide OFWS who have been mentally and physically handicapped with a support system that could aid them in overcoming their psychological and emotional traumas and thereby facilitate their reintegration into the mainstream of society.

II. OBJECTIVES

The objectives of the program are to:

1. Develop case profile of OFWs for appropriate case management;

2. Enhance the coping mechanisms and abilities of OFWs through an integrated approach to social work;

3. Establish support system for OFWs within the family and the community;

4. Establish a referral system with government and non-government organizations for specialized medical, psychological and other interventions.

III. COVERAGE

Overseas Filipino workers who have been treated or hospitalized due to mental illness or physical handicap, due to amputation, loss of vision, etc. shall be covered by the program.

IV. IMPLEMENTING UNITS

The Regional OWWA Units (ROUs) and the Workers Assistance Division (WAD) of the Field Service Office (FSO) are the implementing units of the program. The Social Worker/Community Development Officer (CDO) is the focal person in undertaking the case work and other services as may be required by the program. The overseas welfare officers and center coordinators shall provide timely information regarding on-site cases for case management.

The Field Service Office (FSO), the Internal Management and Service Office (IMSO), and the Overseas Operating Coordinating Center (OOCC) shall provide financial, administrative and other logistical support to the program.

V. IMPLEMENTATION SCHEME

The implementation of the program follows three (3) phases: (a) observation phase; (b) integrated social work, and (c) follow-up activities. There shall likewise be networking and referral system to be established by the Social Workers/CDO.

A. Observation Phase. The rehabilitation program starts even while the OFW is still physically recuperating at the hospital from physical amputation, mental illness or trauma. The Social Worker/CDO shall make regular visitations at the hospital where the OFW is confined to allow actual observation of the patient's physical and/or mental state. Further, the Social Worker/CDO should coordinate and make appropriate arrangements with the hospital and the patient's medical doctors to obtain the OFW's medical profile/history, whenever possible. This shall aid the Social Worker/CDO to identify appropriate strategies and approaches for the OFW's rehabilitation after his hospital confinement.

B. Integrated Approach to Social Work. The integrated approach to Social Work shall involve three (3) levels:

1. Individual Session — After release from the hospital, the Social Worker/CDO shall conduct individual sessions with the OFW. These sessions, whenever allowed, shall be undertaken at the residence of the OFW. The principal purpose of the sessions is to rebuild the self-confidence and trust of the OFW. There shall be at least one (1) such session in a week or as may be required by the current psycho-social and emotional functioning of the OFW.

2. Group Session — From the individual level, the sessions could progress into group sessions with the OFW and his family and peers. Separate sessions with the family of the OFW may be arranged to prepare the members for the eventual return of the OFW into the family circle.

However, the advancement to the group level shall depend mainly on the results of the individual sessions as evaluated by the Social Worker/CDO. The purpose of the group sessions is the affirmation of the OFW's acceptability and belongingness within the circle of people who play significant roles in his life. The sessions could be conducted twice a month within a period to be determined by the Social Worker/CDO.

3. Community Outreach — The group sessions usually become the basis of the OFW's reintegration within the community. On the basis of his reactions and responses to the smaller group of individuals, he could proceed within the larger sphere of the community. This phase shall have to involve the OFW in community oriented activities under the guidance of the Social Worker/CDO. Networking with the LGUs particularly at the barangay level have to be coordinated by the Social Worker/CDO.

C. Follow up Activities. Although the OFW may appear to have been socially re-adjusted and reintegrated in the community, there is still a need to continually check on his social and emotional functioning. Hence, follow up activities need to be undertaken by the Social Worker/CDO:

1. Counseling — The Social Worker/CDO should provide counseling services to the OFW through the social counseling circles (SCCs) organized in the region. In cases where no such SCCs were formed or that particular counseling services required by the OFW cannot be adequately met by the SCCs, the Social Worker/CDO should refer the worker to appropriate government or non-government organizations providing the needed counseling service. However, the Social Worker/CDO should closely monitor the status of the OFW to ascertain the adjustment process of the worker and at the same time determine the possibility of any recurrence of his mental illness.

2. Assessment Activity — The OFWS, their families, and their peers who have participated during the group sessions shall be gathered in an annual assessment activity. The activity shall be undertaken to nurture spirit of

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cooperation among the participants and to establish the group as a source of support to which each of the member could depend upon. On the other hand, the activity shall also serve as a venue to assess the inter-relationships between and among the participants and the OFWs as well as to determine their particular needs to facilitate the reintegration of the OFWs into the mainstream of society.

Networking and Referrals

A referral system shall be established by the Social Worker/CDO with DSWD, DOH, Hospitals, LGUs and other government and non-government organizations who have the expertise and facilities to deal with OFWs who need specialized counseling, psychological or medical intention.

The Social Worker/CDO shall likewise network with concerned agencies and organizations for community oriented activities of the OFWS.

VI. REPORTING SYSTEM

The Social Worker/CDO shall maintain a case profile for each OFW wherein all results of observations, individual and group sessions, community activities together with the corresponding analysis and recommendations shall be recorded. Documents pertinent to the case and the medical records/history of the OFW, whenever possible, shall likewise be included in the case profile.

The ROUs and WAD shall be the repository of case profiles for each of the cases handled with their respective area of jurisdiction and therefore, ensure their safety and confidentiality. On the other hand, evaluative reports shall be provided to the Socio-Cultural Reintegration and Special Assistance Division (SCRSAD) of the Plans and Programs Office (PPO) by the ROUs concerned as an integral part of performance reports.

Report of activities shall likewise be submitted to the SCRSAD through the ROCC and WAD for follow-up activities conducted for the OFWs.

VII. MONITORING AND EVALUATION

The SCRSAD shall be in charge of the monitoring and evaluation of the program. Monthly or periodic reports as to the status of implementation of program shall be required from each ROU and from WAD.

VIII. EFFECTIVITY

This Memorandum of Instructions takes effect this 16th day of February 1998.

Adopted: 16 Feb. 1998

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