



# **DISABLED PEOPLE AND DEVELOPMENT**

## **PHILIPPINES COUNTRY REPORT**

**Foundation for International Training and  
Regional and Sustainable Development Department**

**June 2005**

A companion publication of the *Disabled People and Development and Disability Brief: Identifying and Addressing the Needs of Disabled Persons in ADB Operations*. *Disabled People and Development* describes the evolution of the global response to disability as well as the concepts and tools for addressing disability issues. The publication is accompanied by the *Disability Brief*, which focuses on the concepts and tools for addressing disability issues in development activities for ADB operational staff as well as their government counterparts.

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## FOREWORD

In 1999, the Asian Development Bank (ADB) adopted poverty reduction as its overarching goal. This goal is highly relevant to disability issues, including the prevention of the causes of disability, generation of appropriate support services and structures, equalization of opportunities for people with disabilities to contribute to poverty reduction, and social and economic development. In 2001, ADB approved its Social Protection Strategy to address the needs of the most vulnerable, including people with disabilities.

In March 2002, ADB approved a regional technical assistance project (RETA 5956) on Identifying Disability Issues Related to Poverty Reduction. The objectives of the project were to

- (i) familiarize developing member countries (DMCs) with ADB's overarching objective of poverty reduction and other related ADB policies to help address the vulnerability and poverty situation of people with disabilities;
- (ii) identify and analyze the DMCs' 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 disability-related groups/organizations to identify and discuss the needs and concerns of people with disabilities, particularly those related to poverty; and
- (iv) develop a disability checklist for ADB.

The project was carried out in 4 countries—Cambodia, India, Philippines, and Sri Lanka—and was undertaken by the Foundation for International Training (FIT). In each country, FIT mobilized a two-person team of multidisciplinary 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 the present series of reports prepared for each country. The country studies were presented at a regional conference on disability and development held at ADB in October 2002.

In the Philippines, the consultation process began in April 2002. Three provincial workshops were conducted, in Iloilo (in May) for the Visayas, Baguio (in June) for Luzon; and Davao (in July) for Mindanao, respectively. The combined results of the provincial workshops were presented at a national workshop held in Manila in August 2002. Participants in the workshops were stakeholder representatives, selected for their active participation in the field of disability.

This report describes the major factors that affect the lives of people with disabilities in the Philippines. The participatory process used to carry out the work, described in Appendix 1, ensured that the recommendations reflect the experience and advice of key stakeholders, particularly persons with disabilities. Collectively, this report and the process completed have served to focus attention on the imperative for addressing disability issues in national and ADB-led growth and poverty reduction strategies.

## **ACKNOWLEDGMENTS**

The Project was led by Dr. Lorna Jean Edmonds, who provided invaluable guidance and direction in the structure and development of the country studies. This report was prepared 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. Ms. Ilagan and Ms. Pangan organized the four workshops held during the study.

A total of 178 stakeholder-representatives took part in the workshops. Of these, 69 were persons with disabilities. The valuable inputs of all these people and other persons interviewed during the study are gratefully acknowledged.

We would like to thank the Department of Social Welfare and Development, which provided very strong support to this initiative through the National Council for the Welfare of Disabled Persons.

The report was edited by a team at the Foundation for International Training led by Ms. Michelle Sweet, Project Manager.

## ABBREVIATIONS

ADB	–	Asian Development Bank
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
DSWD	–	Department of Social Welfare and Development
GSIS	–	Government Service Insurance System
KAMPI	–	Katipunan ng Maykapansanan sa Pilipinas, Inc.
LGU	–	local government unit
NAPC	–	National Anti-Poverty Commission
NCWDP	–	National Council for the Welfare of Disabled Persons
NGO	–	nongovernment organization
PTU	–	Danish Society of Polio and Accident Victims
PWD	–	persons with disabilities
RA	–	Republic Act
SRA	–	Social Reform Agenda
SSS	–	Social Security System
STAC	–	stimulation and therapeutic activity center
UNDP	–	United Nations Development Programme
VSO	–	Volunteer Services Organization

## NOTE

In this Report, “\$” refers to US dollars.

## COUNTRY BRIEF

### A. Population and Demographic Data

- Official language: Filipino
- Surface area: 300,000 square kilometers
- Population: 76.5 million (2000 census);  
82.7 million (projections for 2004)
- Population annual growth rate: 2.36% (2000)
- Population below 15 years of age: 37% (2000)
- Population above 15 years of age: 63% (2000)

### B. Economic Indicators

- GDP growth rate: 4.5 % (2003)
- GNP growth rate: 5.5% (2003)

### C. Poverty Data

- Poverty incidence (population): 39.5% (2000)
- Poverty incidence (families) 33.7% (2000)
- Urban poverty incidence: 19.9% (2000)
- Rural poverty incidence: 46.9% (2000)
- 
- Number of poor individuals: 30.9 million (2000)
- Number of poor families: 6.9 million (2000)
- Poverty threshold P11,605 (2000)

### D. Disability Statistics

- There are an estimated 7.5 million Filipinos with disabilities in 2000 based on the World Health Organization's assumption that 10% of every country's population has some form of disability. In 2004, the Filipinos with disabilities would reach about 8.3 million.
- The Government estimates that 70% of those with disabilities live in rural areas where services are often not accessible.
- Past attempts to include persons with disabilities in national census surveys have not been successful for many reasons, including the refusal of families to declare that they have members with disabilities.
- The 1990 census of population and housing indicated that there were about 755,000 persons with disabilities, only 1% of the country's population based on the same census.
- A national registration conducted by the Department of Health in 1997 showed that there were 469,707 persons with disabilities. This figure was not officially recognized.
- The persistent armed conflicts and bombing incidents in the southern part of the country are expected to increase the number of persons with disabilities.

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## **I. COUNTRY NEEDS: POVERTY PROFILE**

### **A. Incidence of Poverty**

1. The poverty incidence of families fell by 10.5% over the period 1985–2000, but this progress was negated by very high population growth rates of 2.36% per year. The poverty incidence declined, but the actual number of poor people increased substantially. There were over four million more poor people in 2000 than there were in 1985. Though the Philippines experienced sustained GDP growth from 2000–2003, preliminary 2003 Family Income and Expenditure Survey (FIES) results indicate a 10% drop in real average family incomes. Families in the National Capital Region (NCR) suffered an almost 20% drop. The total income accruing to the bottom decile of the population virtually stagnated over these 3 years. The real average income of the bottom 30% of the population contracted by about 6% from 2000 to 2003. Though 2003 poverty headcounts have not yet been released, these signs point to an increase over 2000 poverty levels.

2. Poverty in the Philippines remains predominantly a rural phenomenon. The 4 regions with the highest incidence of poverty in 2000 were Bicol, Western Mindanao, Eastern Visayas, and the Autonomous Region in Muslim Mindanao. The major causes of poverty in the Philippines fall into seven broad categories: (i) weak macroeconomic management; (ii) employment issues; (iii) high population growth rates; (iv) an underperforming agricultural sector and an unfinished land reform agenda; (v) governance issues including corruption and a weak state; (vi) conflict and security issues, particularly in Mindanao; and (vii) disability.

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

4. Statistics on persons with disabilities (PWD) in the Philippines are not particularly reliable. The first census to gather this information counted 637,000 people as having some type of disability in 1990. The 1995 census counted 919,292 PWD. In 1995, poor vision was the most common type of disability, representing 34.1% of all PWD. In the 2000 census, the number of PWD did not increase significantly despite a more broadly defined definition of disability: 942,000 people (1.2% of the total population) reported disabilities in 2000, evenly split between men and women. WHO estimates that disabled people make up approximately 10% of any given population. In the Philippines, this would mean more than 8.5 million PWD in 2005. In 2004 the National Council for the Welfare of Disabled Persons (NCWDP) was in the process of establishing a data resource center on disability in the country, to include demographic data on persons with disabilities and social and economic dimensions of disability. As of October 2004 more than 300,000 PWD had registered. The expectation is to register 1 million PWD nationwide by the end of 2004.

### **B. Causes of Disability**

5. The Department of Health has identified malnutrition and unsanitary living conditions (especially among the urban slum dwellers) because of extreme poverty as the most significant

causes of disability, especially among children. Prevalence of disability among children 0–14 years of age is highest in urban slum communities and in rural areas where health services are limited, if not inaccessible.

6. Another significant cause of disability is the failure of pregnant women to go for prenatal check-ups because they lack knowledge of their benefits and because most hospitals and health clinics are in cities and municipal urban centers—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% of families with pregnant women and lactating mothers receive iron and iodine supplements that can prevent a number of disabling conditions at birth.

7. The unstable peace and order situation, particularly in the southern part of the country, and vehicular and industrial accidents are other causes of disability.

8. Although the Philippines is said to have been, to some extent, successful in its joint efforts with nongovernment organizations (NGOs) to eradicate polio through vaccination, prevention of blindness through free provision of vitamin A capsules to children, and intensified campaigns against unsafe sex practices, there are no statistical data to indicate the extent that these efforts have reduced the incidence of disability in the Philippines.

### **C. Social Services and Disability**

9. Lack of access to basic social services characterizes the poor.. National Statistics Office 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.

10. Especially persons with disabilities have limited access to basic social services. Access is a key problem when buildings are not constructed according to code. Access to education, access to health care, access to employment, and access to transportation are all severely limited for persons with disabilities. But access questions go beyond the physical. For example, there are very few schools in the Philippines that accept children with disabilities because of both a lack of appropriate school facilities and a lack of appropriately trained teachers. Data from the Department of Education show that less than 3% of children and youth with disabilities have access to basic education. There are a number of reasons for this, including a lack of adequately trained teachers and inadequate allocation of resources. The general lack of data on disability prevents the department and other government agencies from knowing the extent of inclusion of persons with disabilities in other mainstream social services.

## **II. REVIEW OF LEGISLATIVE AND POLICY FRAMEWORK AND PRIORITIES**

### **A. Disability Legislation**

11. The Philippines adheres 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. The protection of basic human rights—political and civil rights for all citizens including those with disabilities—is provided for in national legislation.

12. As a member of the United Nations, the Philippines has reaffirmed the World Programme of Action Concerning Disabled Persons through the promotion of full participation and equalization of opportunities for persons with disabilities, which 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 have provided focus and priority to the country's disability issues and concerns.

13. Legislation specifically and exclusively addressing disability has been formulated. 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 disabilities 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 political and civil rights. Moreover, it ensures the protection of their rights through the prohibition of discrimination against them. 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 disabilities.

14. Republic Act 344, or Accessibility Law, requires that public buildings meet reasonable accessibility requirements in order to promote the mobility of persons with disabilities.

15. Proclamation 125 (declared by then President Fidel V. Ramos in 1993) called for the nationwide observance of the Asian and Pacific Decade of Disabled Persons to advance disability concerns further. The goal of this proclamation was to equalize opportunities and promote the full participation of Filipinos with disabilities in line with the Agenda for Action for the Asian and Pacific 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**

16. Policy toward 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 disabilities are identified as among the underprivileged citizens in legislation and policies. The constitution calls for the prioritization of the needs of persons with disabilities through the adoption of an integrated and

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

## **2. Formal Obligations of the Government**

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

- (i) Universal Declaration of Human Rights
- (ii) Declaration for the Elimination of all Forms of Violence Against Women
- (iii) United Nations Convention on the Rights of the Child
- (iv) World Programme of Action Concerning Disabled Persons
- (v) International Labour Organization Convention 159 for the Rehabilitation and Employment of Disabled Persons
- (vi) Salamanca Statement and Framework of Action for Special Needs Education
- (vii) Dakar Framework of Action on Education for All
- (viii) Framework of Action for the Asian and Pacific Decade of Disabled Persons

18. As a signatory to the Framework of Action for the Asian and Pacific Decade of Disabled Persons, 1993–2002, the Government formulated a Philippine Plan of Action for the decade that provided the basis for the equalization of opportunities for persons with disabilities through the implementation of programs and provision of services to address their concerns.

## **C. Review of National Priorities in Relation to Disability**

19. 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**

20. The National Council for the Welfare of Disabled Persons (NCWDP) is the focal point for disability issues and concerns. It has an intersectoral and multidisciplinary composition. It has a board composed of national government agencies, NGOs, and representatives of organizations of persons with disabilities and civic and cause-oriented (advocacy) groups.

21. The sectoral representative of the National Anti-Poverty Commission sits on the NCWDP 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 NCWDP has 5 interagency subcommittees focusing on particular areas of concern—health, education, auxiliary social services, employment, and accessibility and telecommunications.

22. 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 representation and participation. The Consultative and Advisory Group serves as a consultative body on issues affecting the sector as well as providing the

NCWDP with recommendations and relevant information on disability as a basis for policy and program development.

23. Institutionalized regular consultation with persons with disabilities, concerned government organizations, and NGOs 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

24. 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:

- (i) Accessibility Law (Republic Act 344), 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;”
- (ii) White Cane Act (Republic Act 6759), 1989; “an Act Declaring the First of August of Each Year as White Cane Safety Day in the Philippines and for Other Purposes;” and
- (iii) Magna Carta for Disabled Persons (Republic Act 7277), 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.”

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

26. Implementing rules and regulations of the Accessibility Law were amended in March 1995 to provide stiffer penalties to violators. 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.

27. Special legislation on the Party-list System for Congressional (House of Representatives) representation was passed in 1995. This provides for the inclusion of political parties of persons with disabilities to vie for representation in Congress.

28. Issuances to reinforce the implementation of the Magna Carta for Disabled Persons and Accessibility Law have been made, including

- (i) Executive Order No. 385 – Creating a task force to address gaps/concerns of persons with disabilities, with fund allocation;
- (ii) Executive Order No. 261 – Creating an interagency committee for the promotion of employment of persons with disabilities, with the Department of Labor and Employment as lead agency;
- (iii) Administrative Order No. 101 – 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; and

- (iv) Resolution No. 0110-2001 for the establishment of the Office of Persons with Disabilities Affairs (OPDA) in all municipalities nationwide, which has been adopted by the National Directorate of the League of Municipalities of the Philippines. OPDA will serve as the structural organization for the implementation of programs/projects to minimize adverse impacts of poverty on persons with disabilities. Some 11 LGUs had established offices for disabled persons' affairs as of June 2002.

29. From the 9<sup>th</sup> to the 12<sup>th</sup> Congress, 85 measures on disability issues and concerns were filed/refiled in the House of Representatives and 43 in the Senate.

### **3. Information**

30. On data collection, disability questions were included in the Philippine Census of Population in 1990, 1995 and 2000. As discussed earlier, these statistics on disability are not very reliable because of the weak definition of disability used. NGOs 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, including the University of the Philippines and the University of Sto. Tomas, have 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 a management information system to serve as a data resource center on disability, 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 on 17–23 July is the Philippines' major vehicle to raise public awareness on disability issues and concerns.

33. Advocacy and information, education, and communication (IEC) strategies and tools are employed to generate awareness and change public perception of disability and persons with disabilities. These information tools include

- (i) radio/television advertisements;
- (ii) photo exhibits/information caravans;
- (iii) painting/photography and other forms of talent competitions;
- (iv) puppet shows;
- (v) disability-related publications, e.g., magazines, directory of rehabilitation services and resources, annual reports, booklets/leaflets on services for persons with disabilities, posters, and brochures;
- (vi) press conferences, press releases, and news features;
- (vii) trade fairs and bazaars for products of persons with disabilities;
- (viii) employment fairs to increase awareness on the availability of "employable" persons with disabilities; and
- (ix) conferences, symposia, lecture series, local assemblies, and 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 and 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 Fespac and Paralympic games.

36. Job fairs and employment “talk-shops” are held in different parts of the country to promote the “employability” of persons with disabilities. Annual trade fairs showcasing products made by persons with disabilities 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 Abilitympics, the Olympics of Trade Skills of Persons with Disabilities. The delegation is composed of winners of the National Skills Competition conducted by the Philippines’ Technical Education and Skills Development Authority, in which persons with disabilities are welcome to compete.

38. A Philippine Dictionary of Signs was developed in 1999, with a VHS tape complement, to standardize sign language for Filipinos with hearing impairment, funded 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 have 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 whether they comply with the requirements.

40. The Department of Public Works and Highways has funds allocated in its budget to meet the accessibility requirements of public infrastructure. 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 drivers of passenger vehicles 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 disabilities 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 showed that 3,321 eligible drivers with disabilities had been 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 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 and is usually 10–20% of the regular cost of fare.

43. Resources for the Blind, an NGO, 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 enter regular schools annually. The Department of Education has issued the following policies through department orders:

- (i) Department Order No. 14 Series of 1993: Creation of Special Education Council.
- (ii) Department Order No. 12 Series of 1999: Production of textbooks for learners with visual impairments.
- (iii) 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 had undergone such training as of 2001. Instructional materials have been developed, such as

- (i) community-based resource materials for persons who are visually impaired, have an intellectual disability, or are deaf;
- (ii) basic learning competencies for the visually impaired for elementary and secondary levels;
- (iii) integrated program package on autism, focusing on education, early detection, and intervention; and
- (iv) 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 program. Parent-teacher forums 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 (DSWD) 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 or regular schools. The TAWAG program had provided services to 1,322 children and youth with disabilities as of 2001.

## **7. Training and Employment**

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

- (i) *Tulong Alalay sa Taong Maykapansanan* (Support Services to Persons with Disabilities), started in 1994, with the Department of Labor and Employment as the lead agency. It has 4 components: skills mapping, skills training, wage employment, and self-employment.
- (ii) Assistance Package for Persons with Disabilities of the Department of Trade and Industry, started in 2000. It includes skills and livelihood training, product upgrading, development and marketing, trade fair participation, development of entrepreneurial capability, and business management skills.
- (iii) Philippine National Skills Competition for Persons with Disabilities of the Technical Education and Skills Development Authority (TESDA)—a program started in 2001.
- (iv) Training by TESDA, for 1,300 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 program.
- (v) Science and Technology Intervention for the Poor, the Vulnerable and Persons with Disabilities, a program developed by the Department of Science and Technology, which 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 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, and doormat/potholders and papier mâché products. Successful trainees are provided soft loans to start their business.

50. DSWD continues to provide training and employment to the sector through national vocational rehabilitation centers, which are strategically located nationwide, as well as rehabilitation sheltered workshops in various parts of the country. A total of 2,587 persons with disabilities had been trained by these facilities as of 2000. They 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 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 Republic Act No. 8759, public employment service offices 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 department include immunization and vaccination, screening of newborn babies, free distribution of vitamin A capsules, iron tablet supplementation, production and distribution of iodized salt, mother and child care program, prenatal and postnatal 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 campaigns on the ill effects of pollution and environmental degradation; and the provision of first-aid/safety procedures for emergency treatment. Several NGOs and civic groups operate medical missions or mobile clinics to provide early intervention for 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, LGUs, through the Social Welfare and Development Offices, undertake the following programs toward 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 nongovernment 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 had 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. NGOs, including organizations of persons with disabilities, are using CBR to deliver services to their peers through trained community volunteers/workers.

59. Katipunan ng Maykapansanan sa Pilipinas, Inc. (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 aged 0–14 years, called Stimulation and Therapeutic Activity Centers (STAC). These centers had provided rehabilitation and preschool training, among other services, to more than 7,000 disabled children as of 2001, making KAMPI one of the largest providers of such services for children with disabilities in the country. The facilities are owned and operated by persons with disabilities themselves, with the help of close to 100 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 persons with disabilities in rural areas, uses CBR in its delivery of health services. Statistics from the agency indicated that as of 2001, some 896 local supervisors, who are household members and advocates, and 448 intermediate supervisors had been trained on basic rehabilitation techniques by the department, covering 112 municipalities and cities nationwide.

## **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, and LGUs have augmentation funds to provide a limited subsidy for the purchase of assistive devices for persons with disabilities who cannot afford them. These include wheelchairs, crutches, braces, canes, artificial limbs, corrective eyeglasses, and hearing aids. As funds for these are small, a limited number of persons 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 has been conducted at various CBR sites in the country. The NCWDP developed in 1996 a Catalogue of Assistive Devices that is distributed to relevant government organizations and NGOs. NCWDP reports indicate that there are 16 government and 10 nongovernment facilities in the Philippines that produce assistive devices and provide training on their use.

## **11. Self-help Groups**

63. Government recognizes the significant role of self-help groups of persons with disabilities in their development. For more than a decade it has been supporting efforts for the formation and strengthening of such self-help groups through technical and financial assistance.

64. There are 9 cooperatives of persons with disabilities, which actively participate in the development process through syndicated production of school equipment. These 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, which has helped make their enterprises viable and sustainable.

65. Self-help groups have proven themselves to be effective lobbyists and advocates. NCWDP records show that there are 208 self-help groups of persons with disabilities registered with DSWD and actively operating in different regions of the country.

66. National and local consultations and dialogues are conducted regularly with representatives of the self-help groups, spearheaded by the NCWDP and regional committees on disability. This represents an institutionalized strategy to monitor, update, and gather feedback on 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 meetings on technical cooperation, especially within the Asian and Pacific region. The Philippines, through appropriate departments, hosts foreign experts, professionals, and leaders with disabilities from other countries of the region, to exchange knowledge, experiences, and examples of good practice in the field of disability, as well as to share 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 including

- (i) Philippine Handbook on Community-based Rehabilitation (1993),
- (ii) Manual on Assisting Disabled and Elderly Persons who Travel (ADEPT) in Land, Sea and Air Transportation (1995),
- (iii) Handbook on Paper-based Technology (1996),
- (iv) Philippine Dictionary of Signs for Hearing Impaired (1999),
- (v) Handbook on Message Development (1999),
- (vi) Training Manual on Multiple Intelligence for Service Providers of Children with Disabilities (2001),
- (viii) National Manual on Childhood Disabilities (2001),
- (ix) Leadership Training Manual for Women with Disabilities (2002),
- (x) Philippine Manual on Sports for Persons with Disabilities (2002), and
- (xi) 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 Asian and Pacific region for resource sharing and networking. The Philippines hosted the 5-day Regional Conference on Issues and Strategies Concerning National Coordination Committees on Disability in 1997, attended by representatives from 17 countries in the region.

### **III. GOVERNMENT SOCIAL PROTECTION PROGRAMS FOR PERSONS WITH DISABILITIES**

#### **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. DSWD and the NCWDP are the lead agencies in this work. The regional committees for the welfare of disabled persons are mandated by law to work closely with LGUs, NGOs, and private entities in addressing issues and concerns of the disabled. However, the perennial lack of resources has hindered these entities from delivering mandated services, especially in rural areas where such services are either limited or nonexistent.

#### **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 insurance coverage through organizations accredited by DSWD or NCWDP. Government, through DSWD, pays for the premium or mandated contribution of persons with disabilities who cannot afford to shoulder this cost. They become beneficiaries of the Philhealth's indigency program. Persons with disabilities 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 nongovernment entities, persons with disabilities are no longer required to undergo thorough medical examinations (unlike in the past) as a condition for coverage, unless they declare having serious ailments apart from 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.

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 because they cannot pay the prescribed contributions. Expanded coverage of the SSS and identifying sources of funds to provide long-term protection to the most vulnerable groups of the population, including persons with disabilities, remain important needs.

#### **C. Housing and Transportation**

74. Persons with disabilities who have regular incomes derived from either self-employment or open employment have access to housing loans from the Government Service Insurance System (GSIS) if they are employed by government; from the the SSS if self-employed or working for private entities; and the PAG-IBIG Fund or commercial banks with lending facilities for house, lot, or similar property acquisition. Persons with disabilities can apply for loans from commercial and industrial banks and lending agencies to buy 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 disabilities seldom apply for housing assistance offered by housing associations. 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 discriminates against persons with disabilities and other poor people, including those employed in the rural and nonformal sectors.

76. As mentioned, 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% fare discounts for land, air, and sea travel. Domestic airline companies provide up to 50% discounts on fares of attendants and travelling companions instead of a discount directly to persons with disabilities. This practice has been questioned for years by persons with disabilities who, when traveling unaccompanied, are not able to obtain a discount.

#### **IV. DISABILITY ORGANIZATIONS AND DEVELOPMENT AGENCIES**

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

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 disabilities, KAMPI, is implementing one of the largest rehabilitation programs for children with disabilities aged 0–14 years. 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 that provide training to public school teachers are Resources for the Blind Inc. and Christoffel Blinden Mission, a German NGO.

79. Several other NGOs are providing services; however, these tend to be on a small-scale and localized. There is a need to develop a framework for collaboration to prevent duplication of activities among these NGOs and to promote coordination, complementarity 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 that they serve or represent. There was often little sustainability after project funding (often provided by a partner organization or foundation overseas) was exhausted. However, LGUs are becoming more aware of the need to provide resources and support for the sustainability of these NGOs.

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, such as donations of reconditioned assistive devices.

82. The United Nations Educational, Scientific and Cultural Organization and United Nations Children’s Fund are among the special UN agencies 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, the education system is far from being able to realize the goal of including the widest possible number of learners with special needs, because of continuing problems like low enrollment, disparity between boys and girls with disabilities, and high dropout and repetition rate among disabled students.

## V. RELATIONSHIP BETWEEN DISABILITY AND POVERTY

### A. Country Poverty Reduction Strategy

83. Poverty is a major concern of the Government. It cuts across all sectors of society. Several poverty reduction programs have been formulated and implemented, but assessments of these have shown little improvement in the situation of the poor including the disabled. Persons with disabilities are generally among the poorest of the poor, both in urban and rural communities. Mainstream poverty reduction programs of the Government do not necessarily address the needs of persons with disabilities, the majority of whom live the proverbial “hand-to-mouth” existence. Persons with disabilities have limited access to basic social services, such as public buildings, education, health care, employment and transportation.

84. In 1997, Republic Act 8425 or Social Reform and Poverty Alleviation Act was enacted. The policies therein 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 was the institutionalization of the Social Reform Agenda (SRA), a set of guidelines for poverty reduction formulated by the Government based on a series of consultations with population sectors, including persons with disabilities.

86. The implementing rules and regulation of RA 8425 have been revised and amended several times to include two approaches to social reform and poverty reduction:

- (i) a multidimensional approach as the framework in formulating poverty reduction programs, which must incorporate elements that address the 4 dimensions of the SRA, i.e. economic, sociocultural, ecological, and governance; and
- (ii) asset reform, which must be obtained to address the inequity in ownership, distribution, management, and control of resources.

87. To achieve asset reform, the SRA outlines sector-specific flagship programs that target disadvantaged sectors, among them farmers, fishers, 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 disabilities, are provided with interventions 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 these sectors. Cross-sectoral flagship programs that are in place include

- (i) institution building and effective participation in governance;
- (ii) sustainable livelihood programs;
- (iii) expansion of microcredit/microfinance services and capability building; and
- (iv) infrastructure 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 antipoverty agenda has five major strategies:

- (i) asset reform that seeks to redistribute resource and assets to the poor;

- (ii) human development services and a strategy to improve access of the poor to basic education, health, nutrition, etc;
- (iii) 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;
- (iv) ensuring that basic sectors and communities are able to participate in governance; and
- (v) 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 Disabilities**

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 disabilities 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 Disabled Persons 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 out in the Philippine Plan of Action and the agencies responsible are specifically identified.

91. In accordance with the 1987 Philippine Constitution, the NCWDP was created as the central policy making, monitoring, and coordinating body for all disability programs implemented by the Government. The agency oversees 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. Persons with disabilities are 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 affects his/her family and the community as a whole. The costs involved 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. Most live in rural areas where social exclusion and isolation are part of their daily lives and experience. The link between poverty and disability goes two ways: not only does disability add to the risk of poverty, but conditions of poverty add to the risk of disability.

## **VI. ANALYSIS OF ISSUES AND OPPORTUNITIES**

### **A. Poverty Reduction**

96. The Government's main challenge remains reduction in 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 not addressed by concerned agencies of Government. With the President's declaration of a Philippines Decade of Disabled Persons, it will be incumbent upon the Government to look more seriously at ways to alleviate the plight of persons with disabilities.

97. The SRA has been in place for years. However, it has failed to produce many of the essential reforms that could equalize opportunities for persons with disabilities. Presidential flagship programs, such as CIDSS, said to be the Government's main pro-poor program, entrusted to DSWD to implement, has yet to show an impact in addressing the minimum basic needs of persons with disabilities 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 disabilities to this day remain generally unaddressed.

98. The minimum basic needs of persons with disabilities that require immediate attention include their need for inclusion in health, education, rehabilitation, employment, and similar services. CIDSS must adopt strategies specifically tailored to include the unique requirements of persons with disabilities. Systems and strategies for service provision that are effective for other vulnerable groups may not work as well for persons with disabilities. The Government's inability to include persons with disabilities 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 nonformal education programs, presents an opportunity for government authorities and all other stakeholders to make education effective and responsive to learners with diverse needs. This is an important step toward 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% of children with disabilities of school age currently accessing educational opportunities.

100. There is also a need for government authorities to take more serious steps to ensure that policies and programs for the education and development of disabled children are implemented adequately. 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 adults with disabilities in inclusive rather than segregated 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 are major causes for disabled children to drop out of the education system.

101. Efforts to promote the benefits derived from inclusive education among families of disabled children, government authorities, and the communities have been negligible. People in authority must be made aware that investing in the education of children with disabilities is much more cost effective than caring for uneducated and unproductive disabled adults who are dependent on their families and communities for support throughout their lives.

102. It is noted that most local government officials are reluctant to support efforts for the education of disabled children because they think that special-needs education is expensive. However, this is not always true. There are practical approaches and strategies that 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 save resources because both parties take responsibility in assisting the child.

103. There are other potential benefits of inclusion that are often overlooked, such as the nurturing of friendships between nondisabled 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 that 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 that bringing a child with a disability to school entails, and the cost of procuring assistive devices and technical aids and supplies, such as braille paper, have a much greater impact on school enrollment rates.

### **C. Employment**

105. Globalization of the economy and advances 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 disabilities, 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 disabilities, the number of jobs available is diminishing due to increasing budget deficits that force government agencies to reduce their staff size. Employees with disabilities, who often do not possess the educational qualifications and experience of their nondisabled 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 disabilities in mainstream skills and livelihood training activities, such as those provided by TESDA, the Department of Trade and Industry, and the Department of Science and Technology. These programs offer new opportunities for persons with disabilities 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 that persons with disabilities 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-sized business plans, and provision of management and simple accounting/bookkeeping skills. Many of these programs also include support services in marketing and production and access to interest-free or low-interest loans to persons with disabilities. By providing viable alternatives, these programs give persons with disabilities 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, many persons with disabilities living in rural and isolated communities have limited access to any form of rehabilitation or health services, especially when access is considered in terms of time, cost, and availability. While such agencies as the Department of Health and DSWD have some programs aimed at providing these services, the coverage is often limited and concentrated in city centers. These programs also face many constraints, including lack of personnel, 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.

110. There is no national disability database, in spite of many attempts to establish one. As a result, organizations of persons with disabilities are struggling to convince the Government of the need to prioritize the country's disability concerns when allocating limited funds. In the absence of concrete data, government is not likely to muster the needed political will to see disability as a serious concern. Disability data must be gathered 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 CBR. There is an urgent need for more effective strategies for information, resource, and experience sharing among relevant organizations at all levels.

112. Policies and programs in various sectors also need to be strengthened to support preventive efforts and CBR 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 psychosocial 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. 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 reduction, health, human resources development, employment, and education.

#### **E. Housing**

115. The Government's housing assistance program does not cater well for persons with disabilities. For example, some requirements 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 underemployed, persons with disabilities are not qualified to participate in these housing programs.

116. Affordability is also an important consideration in the purchase of a housing unit. Most housing projects that are affordable to persons with disabilities are located in inaccessible areas. In addition, the facilities are usually substandard. Rental housing, aside from being prohibitive, is not readily accessible to persons with disabilities. 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 owning rental housing units must guarantee provision of physical features that ensure accessibility for people with disabilities.

## VII. RECOMMENDATIONS

117. The analysis of the relationship between disability issues and development led to the identification of four main common areas for strategic action: inclusion, participation, access, and quality.

118. *Inclusion:* People with disabilities must be visible. Inclusion identifies the disability initiatives needed 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, government, and nongovernment agencies; to ensure that material resources are committed to disability issues; to ensure that organizations and their personnel are knowledgeable; and to ensure 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.

119. *Participation:* Participation ensures that people with disabilities and their respective organizations are given a voice in decisions that affect their lives and their communities. The priorities are to promote effective participation, including consultation and decision making that involve representatives of people with disabilities.

120. *Access:* Removing barriers and creating opportunities to access all services and resources within a community are 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.

121. *Quality:* People with disabilities deserve quality of life through knowledge and capacity building. Quality identifies the priority for all sectors and services to be designed and developed according to needs, meet universal standards of practice, and be effective. Quality includes raising the capacity of persons with disabilities and other stakeholders to ensure independent living through technical and functional interventions. It requires increased understanding of the factors needed for a barrier-free environment, including community access, attitudes toward disability, and human rights. Also, 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 intersectoral and multistakeholder approaches to development.

122. In order to address these areas of priority for disability and development, a series of recommendations was made according to the four categories above.

### A. Inclusion

123. With the emergence of international standards to promote the inclusion of persons with disabilities in development resulting from the proclamation of the Asian and Pacific Decade of Disabled Persons and in-country legislation and policy reforms, the Government must exert political will to ensure that persons with disabilities are included appropriately in poverty reduction programs targeted for the poorest of the poor in general. Programs on poverty reduction must serve to improve the living conditions of poor persons with disabilities—the

sector with the most number of uneducated and undereducated, untrained, unemployed, and underemployed citizens.

124. Many issues, such as noninclusion; limited access to basic social services, mainstream education, social protection, and employment; housing; and health and rehabilitation 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 unserved.

125. Focus and priority must be given to a workable and responsive National Plan of Action that translates into programs and services the provisions of the Magna Carta for Disabled Persons, the accessibility law, and other disability-related policies and commitments toward the development of the disability sector.

126. A well-defined policy direction must be set, backed by corresponding resources, to deliver services efficiently and effectively to persons with disabilities. This may require the establishment of specific measures focusing on such areas 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 LGUs.

127. Enforcement measures—municipal and city disability antidiscrimination ordinances—must also be passed and a mechanism established to monitor the enforcement of those policies listed above, particularly at the level of LGUs.

128. 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, particularly in rural areas and urban slum communities.

## **B. Participation**

129. Persons with disabilities 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 nondisabled people may not necessarily be aware, is important when implementing development work in relation to disability.

130. Concerned government and NGO representatives must ensure that persons with disabilities and their organizations are always involved in multisectoral collaboration, dialogue, and consultations where disability issues are discussed in relation to the national development agenda and priorities.

131. 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 NCWDP, the Department of Foreign Affairs, and other relevant agencies, must ensure participation of persons with disabilities 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 an international convention.

### **C. Access**

132. The Government must demonstrate political will and commitment to enforce laws that will remove the barriers that significantly limit persons with disabilities' 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. Although the Philippines passed the Accessibility Law more than 20 years ago, most of its provisions are not enforced. The introduction of barrier-free features into existing public transport systems, buildings, and other infrastructure must be given priority attention.

133. 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 machinery to improve the physical accessibility of training and employment places. Monitoring and enforcement mechanisms must be strictly implemented. Authorities must see to it that local building codes that incorporate access provisions for persons with disabilities are properly implemented, and also ensure that penalties are meted out to violators.

134. 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 and private. The built environment must be made accessible through kerb ramps on pavements and by adequate signage that corresponds to the requirements of various disability groups.

135. Efforts must be made to increase accessibility of the mass transport systems in Metro Manila and ensure adequate access to such facilities in other areas where they may be built.

136. Authorities must guarantee the right of access of persons with disabilities 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.

137. Renewed efforts must be made to collect comprehensive, accurate, and updated information on disability that can be disaggregated according to a wide range of variables as a basis for effecting planning and implementation of services, and monitoring and evaluation. There must be a firm commitment to allocate resources for the establishment of an accurate and credible national database on disability.

138. Persons with disabilities 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 Disabled Persons. 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 targeted 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.

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

140. Concrete steps must be taken to ensure that all services are made accessible, especially to the most vulnerable among persons with disabilities, i.e., those with psychosocial 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**

141. Education is a key factor to ensure improvement in the quality of life of persons with disabilities in general. Government must institute measures to increase the number of children with disabilities included in educational services from the current level of 3–5%. Government should further ensure that girls and boys and women and men with disabilities are considered in all plans and programs toward 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.

142. Lead agencies, such as the NCWDP 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 disabilities.

143. Every effort must be made to open opportunities for persons with disabilities 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 disabilities from low-income and poor families. Consideration must also be made to include people with extensive disabilities in training and employment opportunities.

144. 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.

145. The CBR 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 as clients or mere beneficiaries and consumers of services.

## STUDY DESIGN AND METHODOLOGIES

1. The project team organized 3 provincial workshops in Iloilo, Baguio, and Davao, respectively, and a national workshop in Manila to discuss the issues of disability, poverty, and development. A total of 125 stakeholder participants, 52 of whom were persons with disabilities, took part in the provincial workshops, in a highly participatory and integrative process of formulating a national action plan for the disability sector. 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. Because the national workshop was held immediately after the NCWDP National Conference Toward the Culmination of the Asian and Pacific Decade of Disabled Persons, the recommendations were made according to the “policy categories” under the Philippine Agenda.

2. 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 encouraged involvement of any individual participant who had a vested interest in or responsibility for some aspects within the defined system, i.e., disability and poverty. The principle of democratic structure allowed participants to manage the workshop activities based on their experience and expertise, rather than their education or status/position. All the participants were selected on the basis of their expertise and long exposure to disability and poverty issues.

3. Both the provincial and national workshop designs relied on a creative interplay between two key elements: one is *who* gets to be there; the other is *what* 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.

4. A broad cross-section of stakeholders participated in the workshops through individual and group tasks of exploring, dialogue, learning, and discussing the system of disability—goals/aspirations, attitudes, knowledge, skills, and core values. The stakeholder-participants represented 4 major sectors: government/line agencies; groups of persons with disabilities; 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 could 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.

5. The provincial and national workshops included issue-focused group discussions, brainstorming, mind-mapping, open forums, consultations, group reporting, and plenary presentations. There were many interesting experiences during the workshop sessions that illustrated the participatory process. As a result, stakeholder-participants were able to draw up policy and strategy recommendations for each policy category in the agenda of the Asian and Pacific Decade of 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 workshops.

6. Workshop participants were grouped into 4 sectoral and 4 mixed groups. They worked in an atmosphere of free-flowing discussion where individual/sectoral views and opinions were

asserted. This created some tensions, but it was never destructive nor a threat to the process because the participants were reminded to look for common ground. Furthermore, getting in and out of sectoral and mixed groupings allowed participants to be firm in their stand while being sensitive to the situation and perspective of other people/sectors.

7. An important achievement of the workshops—and the participatory processes used throughout delivery of the project activities—was the high degree to which people from diverse backgrounds 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 toward a shared future was picked up quite well as people realized that no one group had a monopoly over it. Through the technology of participation, genuine inclusion can eventuate. 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?”

## OUTCOMES OF THE NATIONAL WORKSHOP

### A. Proposed National Plan of Action for Persons with Disabilities

#### 1. Problems and Challenges for the Decade

2. The National Council for the Welfare of Disabled Persons (NCWDP) National Conference Toward the Culmination of the Asian and Pacific Decade of Disabled Persons, held on 27–30 August 2002, raised several major issues identified by the participants:

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

3. During the NCWDP conference, the performance of government agencies in the implementation of action plan programs and agenda during the decade 1993–2002 was assessed. Using a rating scale, the overall performance rating was 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 including the intensification of information, education, and advocacy campaigns on disability issues and concerns; collaboration and partnership between government and private sector and 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 a database on disability through survey, research, and use of a profiler; and strict implementation of existing laws.

5. The Philippine Report on the Progress of the Asian and Pacific Decade of Disabled Persons, 1993-2002, as presented in the decade review organized by the United Nations Economic and Social Commission for Asia and the Pacific also identified 8 challenges that must be addressed. Some of these priorities were also raised and discussed during the NCWDP 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 Disabled Persons, Accessibility Law;
- (iii) nonavailability or insufficiency of funds for both government and nongovernment organizations;
- (iv) limited reach and coverage of government programs;
- (v) inadequate campaigns for public information and awareness;
- (vi) lack of regulatory measures to contain the proliferation of nongovernment organizations (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 attitudes of the family and community of persons with disabilities toward self-development.

6. In addition to the abovementioned problems, several consultations conducted by the NCWDP in 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 persons with disabilities;
- (iii) limited availability of auxiliary services to meet the needs of persons with disabilities; and
- (iv) lack of political will among local government units (LGUs) to enforce laws on physical access to communication resources.

## **2. Policy and Strategy Recommendations**

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

### **a. National Coordination**

8. The NCWDP, together with the National Anti-Poverty Commission, shall coordinate and focus on the improvement of education programs for persons with disabilities as part of the poverty reduction strategy through:

- (i) implementation of early intervention programs,
- (ii) early detection for children with disabilities,
- (iii) education programs for parents and guardians of persons with disabilities,
- (iv) training programs for caregivers and teachers, and
- (v) improvement in secondary and tertiary education for persons with disabilities.

9. The NCWDP shall promote and strengthen linkages with banks and other financial institutions both local and international to address the inadequacy of funds for programs and projects on persons with disabilities.

### **b. Legislation**

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

**c. Information and Public Awareness**

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

**d. Accessibility and Communication**

- (i) Unity, coordination, and vigilance of all groups of persons with disabilities in the monitoring of compliance of institutions/businesses with the Accessibility Law.
- (ii) Involvement of persons with disabilities, their families and communities in 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.

**e. Education and Training**

- (i) Unity and alliance of the disabilities sector with other sectors of society in advocating values formation in school curricula 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 school curricula to include survival or functional signs; and provision of inclusive education training to regular teachers in primary and secondary schools.
- (iv) Establishment of post-secondary or alternative or vocational education for persons with disabilities.
- (v) Adoption of a holistic approach to education of persons with disabilities by setting up a center with components applicable from birth to adulthood.
- (vi) Empowerment of parents of persons with disabilities through training and workshops.

**f. Self-help Groups**

- (i) Strengthening existing self-help groups through improved communication through the Internet.
- (ii) Technical capability building of self-help groups in management, marketing, and service delivery.
- (iii) Conducting training on how to access government programs and funds to enhance collaboration between government and NGOs.
- (iv) Identifying and classifying livelihood projects to fit the functional capabilities of disability groups.

- (v) Conducting leadership training seminars for persons with disabilities.

**g. Employment**

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

**h. Prevention of Causes of Disability**

- (i) Promotion of the national program on childhood malnutrition through an information, education, and communication program to reduce the causes of blindness and mental retardation among children.
- (ii) Promotion of a 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.

**i. Assistive Devices**

- (i) Establishment of orthotic and prosthetic workshops in coordination with rehabilitation centers in each region.
- (ii) Use of a trimedia approach in the dissemination of information on 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 streamlined process.

**j. Community-based Rehabilitation**

- (i) Establishment or increase in the number of occupational/physical/speech therapists in all provincial and municipal hospitals or centers in all regions.
- (ii) Expansion of comprehensive rehabilitation services by establishing community-based rehabilitation centers in regional and provincial levels in support of full implementation of the provisions of the Magna Carta for Disabled Persons.
- (iii) Information campaigning on the promotion of community-based rehabilitation and full dissemination of information about its benefits.

**k. Girls and Women with Disability**

- (i) Advocacy by local and international agencies, such as ADB, Philippine Charity Sweepstakes (PCSO), Philippine Amusement and Gaming Corporation (PAGCOR), and Volunteer Services Organisation in cooperation with the National Commission on the Role of Filipino Women on 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 summits.

## I. Regional Cooperation

- (i) The NCWDP to promote cooperation among countries in the Asian and Pacific region through the exchange of programs beneficial to persons with disabilities in the areas of education, health, economics, and technical skills.
- (ii) Preparation for and participation in international games, such as the ASEAN Paragames, of athletes who are disabled.
- (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.

## B. Response of Secretary Corazon J. Soliman of the Department of Social Welfare and Development (DSWD)

10. Over the two-day national workshop, the issue of disability was tackled within the context of poverty and development. The premise was that persons with disabilities 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.

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

12. 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, and a general action plan.

13. Among others, such problems 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.

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

15. “Regarding education, I definitely will advocate, that in basic education, especially in elementary and tertiary, there will be devices and 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, the beginning of an experiment where sign language can be taught in Baguio, where we can work with the Mary Knoll sisters. That is part of mainstreaming the sector, opening communication for at least 4 million people who are hearing impaired. I think that is one thing that we would like to see NCWDP working on right now.

16. The other thing on education—I have not given instructions to NCWDP about this; it was an inspiration from your recommendation—is to begin discussion with the state universities and

colleges (SUCs) to get equipment so that the visually impaired can get into college, keeping in mind what happened in the Polytechnic University of the Philippines (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 the Commission on Higher Education (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 partake of college courses. And obviously all of the buildings that we have should comply with accessibility law.

17. I would like this group and NCWDP to take the lead in a discussion with the Department of Interior and Local Government (DILG) that we have begun and look for sanctions. I have performance contracts with all the regional offices of DSWD last January; we have signed in five key results areas, one of which is social protection of the vulnerable. I have just finished going around all of the regional offices. One of the key commitments that I have made is to ask them in the last semester to follow through the Accessibility Law in social welfare and development in the local development plans of the municipalities. In other words, we are going to monitor the compliance to this at the end of the year. 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 list with LGUs that have not complied and make that public information so that there is pressure for the LGUs to comply, because this is so far the only sanction that we can take—the law does not have teeth in terms of sanctioning those who do not comply. I think that would be something that we would like to work on.

18. Now on the last component, I know that NCWDP is given funds for a self-employment assistance program, particularly for the disability sector. That fund has been devolved to the municipal and provincial welfare and development offices. What I would like to do is to look at the regional funds that have been given to the field offices because the Self-Employment Assistance Kaunlaran (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. We should increase the allocation for persons with disabilities-SEA K by 50% so that within 2003 we would have more available funds for persons-with-disabilities projects, particularly on livelihood, under the SEA K program.

19. At the same time we would like NCWDP together with the National Anti-Poverty Commission (NAPC) to support the advocacy of providing incentives for corporations that hire people with disability, similar to what Jollibee Corporation has done. Jollibee hired, at least I know in four branches, hearing impaired people. That was largely done through the advocacy of the Special Training, Employment, Advocacy and Management (STEAM) Foundation. I think the incentives to corporations would then provide more avenues for hiring of all categories of persons with disabilities. We can begin in areas like the National Capital Region, Davao, and Cebu because these are places where we can readily enter into agreements with some corporations. I would like to invite those of you who are in the business sector 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. This is not welfare; this is respect and dignity for the capacity of the sector to contribute or do productive work.

20. My third response is on working with ADB and the United Nations Development Programme (UNDP) on a multilateral agreement or programs for support of reconstruction, repair, and expansion of the rehabilitative services institutions that we have, particularly the production centers. These will be work centers that are producing—as you are suggesting—

goods so that it is not just training but actually earning. We are looking at that already with our productivity skills and capability-building program. We are slowly converting the training centers into production centers. We should do the same for persons with disabilities and have a shared facility. Maybe ADB, UNDP, and other multilateral and bilateral programs can support particularly the repair of these centers because that is where we are having difficulties.

21. The Office of Persons with Disabilities Affairs (OPDA) is a key partner in making this all come to life. We would like to support strongly the development of OPDA in all municipalities and we will work hand in hand with DILG—again, if we can manage it. One of my initial thoughts, is that, together with NAPC and NCWDP, we might want to provide some kind of recognition or reward system for LGUs that have active persons with disabilities in their areas because that means the LGUs are seriously looking into the plight of these persons.

22. Finally, what I heard from the donors, is that a trust fund for persons with disabilities is very important. 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 trust fund for persons with disabilities. Again, I would like to ask the NAPC disabilities sector, together with the NCWDP and the rest of you who participated here, to help us advocate this fund. I am sure PCSO would not give us difficult time because this is something that they are very much part of; they really respond to health needs more than anything, and this is a more sustainable means of using funds.

23. So, those are my initial responses 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.

24. I would like again to thank everyone here and those who had shared your thoughts, your energy, your ideas, your mistakes, and probably sad experiences. I think we can build the steps that we need to take so that the vision of a disabled friendly society will come to life, and so that we can celebrate the abilities of the sector to understand, accept, and provide care and support for the disability aspects 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 to linking arms with you.”

## CASE STUDIES

### A. **Breaking Barriers for Children: Rehabilitation of Children with Disabilities and Empowerment of Self-help Organizations of Persons with Disabilities**

#### 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 its 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 disabilities in the country.

2. The manner by which BBP was conceptualized and implemented was far from the conventional way of implementing foreign-funded projects. Persons with disabilities were involved in the planning, conceptualization, and day-to-day running of BBP. They recruited, screened, and selected nondisabled 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 by the Danish International Development Agency through PTU.

3. Such a “revolutionary” approach to project implementation was largely doubted in the beginning but was proven feasible, effective, and sustainable by project end in 1998. In fact, BBP 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, stimulation and therapeutic activity centers (STACs) were established in 5 pilot regions of the Philippines during 1995–1998. The project served 1,500 poor children with disabilities, overshooting by 50% its goal of providing services to 1,000 beneficiaries. As envisioned, the beneficiaries of BBP were provided free rehabilitation services (i.e., physical and occupational therapy, training on activities for daily living, preschool training, and supplemental feeding for those who were malnourished), school placement services, and referrals to other facilities (government and NGOs) mostly for medical, dental, surgical, and other interventions that were not available in the STACs.

5. Other achievements of BBP included 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 (LGUs) that eventually took over the operation of STACs to maintain sustainability when BBP ended; and provision of livelihood skills trainings and small capital grants to augment the often limited income of parents of disabled children.

#### 2. **Unintended Project Results**

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

7. Some 25 colleges and universities in the Philippines designated the STACs as training facilities for graduating physical and occupational therapy students, social work students, and students of allied medical courses. This partnership with colleges and universities has not only augmented the STACs' personnel 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 Success**

8. BBC, 1998–2003, was implemented to build on the fine achievements of the BBP. It 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, BBC had served more than 7,000 children with disabilities, with clear indications that it would overshoot its projected targets. BBC services were used 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 Disabilities Evolved from Being Consumers to Providers of Services**

10. BBP and BBC have demonstrated how persons with disabilities from a donor country like Denmark can be instrumental in supporting efforts of their counterparts in a developing country, break barriers and stereotypes, and 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. KAMPI and PTU have continued to explore possibilities to further their mutually-beneficial partnership. In spite of the challenges posed by shrinking resources, the potential is bright owing to the solid foundation and accomplishments of both BBP and BBC.

12. A major result achieved by BBC is the emerging appreciation and willingness of LGUs to be partners in this initiative of providing low-cost, quality services for the rehabilitation of children with disabilities. Involvement of LGUs 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. Community-based Rehabilitation for the Disabled in Alimodian, Iloilo**

13. Alimodian is a municipality in Iloilo Province. 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.

14. With the enactment of the Local Government Code of the Philippines in 1991, which devolved health and social welfare services delivery to LGUs, the Department of Health has decided to relaunch its Community-Based Rehabilitation Services (CBRS) program designed to respond to the needs of persons with disabilities. Alimodian was one of three areas chosen to

implement a pilot project. Learning from its past experiences of failed health programs for the disabled, the Department of Health made sure that the project was implemented under the direct supervision and management of the municipal government.

### **1. Objectives**

15. The CBRS program aimed to make rehabilitation services available and accessible to persons with disabilities within their communities. Its goal was to reduce the prevalence of physical, mental, and sensory disabilities by focusing on prevention and intervention through the active involvement of people in the community. The program also aimed to develop among the disabled a positive image and a sense of self-reliance, and to work for their integration into their communities—including the exercise of their rights.

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

### **2. The Process**

17. The CBRS program started in 1991, with a survey conducted by the municipality of Alimodian in cooperation with the Department of Health to determine the number of potential beneficiaries, and the type and extent of disabilities. The prevalence of disability in Alimodian town was found to be 9.7% of the population.

18. Based on the results of the survey, a training module on diagnostic and rehabilitation techniques was designed. Some 33 volunteers were identified to participate. The Department of Health dispatched a team of trainers to Alimodian for the orientation/training of the volunteers.

19. Eleven villages of Alimodian town were selected as initial areas for the piloting of the program. A local advisory council was formed and the incumbent mayor’s wife, a doctor, was chosen to chair the council.

20. Monthly meetings were held to provide opportunities for the volunteers, local supervisors, and the program manager to discuss progress/problems in the implementation of the program.

### **3. Results**

21. Some 901 beneficiaries of the program were provided services during the first year of implementation of the CBRS program in Alimodian. The majority stayed with the program for an average of 5 years, after which they were either discharged or referred to other facilities. Observed changes in the beneficiaries included significant improvement in their ability to perform activities for daily living, such as bathing, brushing their teeth, combing their hair, feeding themselves, tying their shoe laces, and similar activities. Some, who regained their functions rapidly, started to earn their own income through skills they developed, such as massaging (for the blind), tending small stores/shops, and in wage employment.

22. The CBRS program also changed the attitude of the community toward persons with disabilities from one of ostracizing and isolating them and their families to acceptance, caring, and even sharing time, skills, and resources. Formerly hidden from the public eye, persons with disabilities were encouraged to participate in community life.

23. There was a strong sense of pride and commitment among volunteers in the program. One reported her happiness at being able to help a child with cerebral palsy learn how to walk after almost 5 years of helping the child do exercises. Seeing the child slowly regaining her functions was enough inspiration for the volunteer to continue her work in the CBRS program. Many other volunteers had a similar success story to tell.
24. From the initial 33 volunteers who started the program in Alimodian in 1991, there were more than 200 as of 2001.
25. With these once totally helpless persons with disabilities now able to carry out activities of daily living, members of their families have managed to return to work and earn incomes.
26. The projects in the other two pilot sites did not fare well. The Alimodian project saved the day for the CBRS program, which was an important project of the Department of Health in implementation of the Asian and Pacific Decade of Disabled Persons, 1993–2002.
27. By 2000, the Alimodian experience was being replicated in 26 other sites in the country. The learning and insights of all those involved in the project were shared with other LGUs that expressed interest in similar programs for the disabled.

#### **4. Key Success Factors**

28. *Community-based Approach.* 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. The kind of service provided was not determined through remote programming but by the urgency and the magnitude of the need. The interventions were customized or tailored for the specific need of each beneficiary. Each of the volunteers sought to develop an intervention that met the needs of the disabled person he/she was assisting.
29. *Participation.* The participation of the families and members of the community in the program was a major factor in its success. There was also a great sense of commitment from the volunteers, who took very seriously their goal of making a difference in the lives of persons with disabilities. 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 costs of meals (during treatment days) and transportation.
30. *Holistic Approach.* The project sought not only to rehabilitate the disabled but also to rebuild their confidence. The project worked to reintegrate them into their communities. Their empowerment was made possible through rehabilitation, skills acquisition, awareness of their role in their communities and society; and realization that they could contribute in the development of their communities.
31. *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.

## LIST OF PARTICIPANTS

## A. Iloilo City Workshop, 30–31 May 2002

Name of Participant	Position/ Institution
<b>1. Persons with Disabilities/Organizations</b>	
Mr. Marlon Corpuz	President, Federation of Persons With Disabilities (PWD)
Ms. Abegail Tubayan	President - Hearing and Deaf Society, Inc. (HANDS)
Mr. Tiburcio Villanueva	President - Association of Disabled Persons Reg. VI – Iloilo City
Mr. Reynaldo Dula	Philippine Blind Union - Reg. VI
Mrs. Josephine Dula	Escort of Mr. Dula
Ms. Ma. Luna Asencio Retotar	President - PWD Canteen, Region VI
Mr. Mario Abaygar	Project Manager, Association of Disabled Persons (ADP), Iloilo City - Region VI
Felicidad Camay	President, Blind Union Association, Ormoc City
<b>2. Parents' Association</b>	
Mr. Nelson Sagge	Katipunan ng Maykapansanan sa Pilipinas, Inc.- Stimulation and Therapeutic Activity Center (KAMPI/ STAC) Parents' Association, Iloilo City – Region VI
<b>3. Government/Line Agencies</b>	
Ms. Eloize Juliet Victoriano	Department of Trade and Industry (DTI) Region VI
Ms. Florida Labanon	Regional Program Coordinator, National Council for the Welfare of Disabled Persons (NCWDP)
Ms. Zenaida Mabugat	Regional Director, Department of Social Welfare and Development (DSWD) Reg. VI, Iloilo City
Mr. Julian T. Ledesma	DSWD Region VI, Iloilo City
Mrs. Erlinda A. Garlit	DSWD Region VI, Iloilo City
Mrs. Nenet Pador	Provincial Social Welfare Development Office (PSWDO) - Iloilo Province, Provincial Capitol, Iloilo City
Mr. Edwin L. Espino	Department of Education - Regional Office VI, Duran St., Iloilo City
Dr. Nandle Joy Banas	Department of Health - Region VI, Mandumao, Iloilo City
Mrs. Marilyn Aguilar	Technical Education Skills Development Authority (TESDA) - Region VI, Zamora St. Iloilo City
Ms. Herminia Cabahog	Area Vocational Rehabilitation Center (AVRC) Reg. VII Cabagon, Cebu City
Mr. Esekias Malaza	DSWD Region VII, Cor. M.J. Cuenco St. and Maxilom Ave., Cebu City
Ms. Gloria Trinidad	TESDA Region VII, Arch. Reyes Ave., Cebu City
Arch. Alberto Saclauso	Department of Public Works and Highways (DPWH) Region VI
<b>4. Nongovernment Organizations</b>	
Ms. Grace H. Soluta	Administrator, Negros Occidental Rehabilitation Foundation, Inc. (NORFI), Reg. VI, cor. Cottage Road

Name of Participant	Position/ Institution
	and Lacson St., Bacolod City
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
Mrs. Ascension S. Avila	Cebu Society for Crippled Children, Inc. (CSCCI) Reg. VII Sacred Heart Hill, Cebu City
Mrs. Jeanny Labayen	Christian Foundation for Deaf and the Blind, Bacolod City Reg. VI
Sis. Zandra Alejo	Executive Director, IMHFH Iloilo Mercy Foundation for the Handicapped, Inc., 110 San Pedro St. Brgy. San Pedro, Molo, Iloilo City 5001
Ms. Minerva Damayo	Social Worker, Handicapped's Anchor in Christ, Inc. (HACI), Reg. VII
<b>5. Business/Industries/Cooperatives</b>	
Rebina Villagracia	Iloilo Supermarket, Atrium Bldg., Gen. Luna St., Iloilo City
Ms. Leonila Bautista	Board Member, SIDLAKAN Sheltered Workshop, Inc. - Region VI, Salinas Dr., Lahug, Cebu City

## B. Baguio City Workshop, 4–5 June 2002

<b>1. Persons with Disabilities/Organizations</b>	
Mr. Edward Delos Santos	Father Rafael Smith (FARAD) Multi –Purpose Cooperative #7 Purok 11 Bakakeng Sur, Baguio City
Ma. Theresa dela Cruz	President – KASAMAKA, Bulacan
Capt. Oscar Talleon	President, Kapisanan ng mga Sundalong Maykapansanan ng Pilipinas Inc.
Mr. Sagrado Pecban	Caregiver/guide of Capt. Talleon
Ms. Dominga Quejado	Katipunan ng Maykapansanan sa Pilipinas, Inc. (KAMPI) President, Area Vocational Rehabilitation Center (AVRC) – Region I, Dagupan City, Pangasinan
Mr. Glenn Quejado	Caregiver of Dominga Quejado
Ms. Elena Agacoscos	KAMPI BOG 3
Mr. Napoleon P. Baltazar	Handicapables Association of Cagayan
Mr. Richard D. Arceño	General Manger, Bigay Buhay Cooperatives
Mr. Antonio C. Aviles	Caregiver of Mr. Arceño
Mr. Michael Esperida	President – Saklay
Ms. Loida Esperida	Caregiver of Mr. Esperida
Mr. Juandrino Montales	Alalay Sa Kabuhayan, Cainta, Rizal
Mr. Antonio Damasco	Councilor, Salud Mitra Barangay Hall
Mr. Arnold de Guzman	Katipunan ng Maykapansanan sa Pilipinas, Inc. (KAMPI_ Board of Governors
Ms. Mary Anthony Subia	Federation of PWD, Nueva Vizcaya
<b>2. Government/Line Agencies</b>	
Ms. Betty Fangasan	City Socila Welfare Development Office (CSWDO) – Baguio City

Name of Participant	Position/ Institution
Ms. Evelyn T. Dolencio	NCWDP – Quezon City
Ms. Dolores Soterio	NCWDP – Quezon City
Ms. Nilsa Paulinita Matamorosa	DSWD - Region V, Lot 10 Blk 7 Central City Subd., Legaspi City
Ms. Libertine Balicdang	DSWD – Cordillera Administrative Region (CAR), Baguio City
Ms. Salvacion A. Babate	Department of Education – CAR Regional Office
Mr. Octavio Gonzales	Philippine Sports Association for the Differently-Abled Inc. (PHILSPADA), 69 Ermin Garcia, Cubao, Quezon City
Ms. Leticia B. Tumbagan	CSWDO – Baguio City, Upper Session Road, Baguio City
Ms. Malou Bala	Department of Labor and Employment (DOLE) – CAR, Cabinet Hill, Baguio City
<b>3. Parents' Groups</b>	
Ms. Zenaida Guevarra	Treasurer, Alyansa ng May Kapansanang Pinoy, Inc. (AKAPIN), Malolos, Bulacan
Mr. Noli Vizcocho	Autism Society of the Philippines, Baguio Chapter – Baguio City
<b>4. Nongovernment Organizations</b>	
Ms. Rita Aquino	Executive Director, KASAMAKA CBR, 2648 Iridium St., San Andres, Manila
Ms. Erlynn Marjalino	Youth Empowerment Project Coordinator, Simon of Cyrene Children's Rehabilitation and Development Foundation, Inc., 1520 Banag St., Daraga, Albay
Mr. Johnny Lantion	Manager - National Federation of Cooperatives for People with Disabilities, Ph II CIP Karangalan Village, Pasig City
Ms. Rodah G. Nolido	Baguio School for the Deaf, 16 Outlook Drive, 15 St., Baguio City
<b>5. Funding Agencies</b>	
Mr. Barney McGlade	Country Director, GOAL Philippines, Erisha Condominium 1142 P. Ocampo cor. Dian, Malate, Manila
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
Mr. Rainer Guetler	Assistant Regional Representative, Christoffel-Blinden Mission, Unit 604 Alabang Business Tower, Acacia Ave. Madrigal Business Park, Ayala Alabang, Muntinlupa
Sr. Agnetia Naval, SFIC	Stiching Liliane Fonds Foundation Phils, St. Joseph College, Quezon City
Ms. Aida L. Bacas	Stiching Liliane Fonds Foundation Phils, St. Joseph College, Quezon City
<b>6. Business/Industries</b>	
Ms. Gloria S. Gaspar	Administrative Manager, Bay Sports Manufacturing

Name of Participant	Position/ Institution
Ms. Teresita Almonguerra	Project Coordinator, Drugmaker's Laboratories Foundation, Inc.

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

<b>1. Persons with Disabilities/Organizations</b>	
Dr. Enrique Ampo	President - HACI De Oro
Mr. Emmanuel C. Diango	President Federation of Organization of PWDs, Misamis Occidental
Mr. Mario Tabontabon	President PWD Association of Iligan City
Mr. Carlos Sexcion	NAPCI Regional Coordinator, C/o DSWD FO XI, cor. Damaso Suazo St. and R Magsaysay St., Davao City
Ms. Maribel Ote	Association of Differently-Abled Persons Inc., Davao City, c/o of DSWD FO XI
Mr. Roger Nicolas	Member, Board of Directors, Association of Disabled Persons (ADAP) Cooperatives, c/o DSWD FO XI
Ms. Jaedel Joy Agripa	President, ADAP, Panabo, c/o City Social Welfare Development Office, Panabo City
Mr. Ricardo Castillon	Regional Coordinator, NAPCI, Kapisanan ng Maykapansanan ng Cotobato, c/o Center for the Handicapped, Gov. Sinsuat Avenue Cotobato City
Ms. Mayette Saavedra	PWD, c/o DSWD, Region XIII Caraga
Pilar Villasis Tahil	President, Zamboanga City Deaf Federation
Noel Manabe	President, Organization of PWD South Cotabato c/o PSWDO South Cotabato, Marvel South Cotabato
Enrico Uy	Cotabato HI Association, Center for the Handicapped DSWD FO XII, 10 Don August St., Kimpo Subdivision Cotabato City, 9600
Roberto Villaruel	Vice Chair, KPK Coop, c/o CSWDO General Santos City
Danilo Taluno	Caregiver of Roberto Villaruel
Marlon Advincula	BCCWSP, Bislig, Surigao del Sur
<b>2. Nongovernment Organizations</b>	
Ms. Lanie Vergara	Down Syndrome Associations of the Philippines-Davao c/o ANFLECOR Damosa Complex, Lanang, Davao City
Ms. Evelyn Cabigon	Project Director, Davao Jubilee Foundation for the Rehabilitation of Disabled Persons, Barrio Escuela, Catalunan Grande, Davao City
Mrs. Dylinda Reyes	UCCP Social Concerns Foundation
Mr. Nilo C. Ampon	Program Coordinator, Loving Presence Foundation Mangagoy, Bislig City
Grace Requiman	Center for the Handicapped, Sinsuat Avenue
Dr. Nieto Latore Vitto	Lamb of God SPED Center, 104 CM Recto Ave., Davao City
Dr. Ma. Luisa L.ortadera	Chairperson – Kakayahan Kapansanan Foundation Maharlika Charity Foundation, DSWD FO XI
Noemi Bangot	Our Lady of Victory Training Center, Km. 6 Sasa St.,

Name of Participant	Position/ Institution
	Davao City
<b>3. Government/Line Agencies</b>	
Ms. Ofelia Domingo	Division Chief, Local Employment Office, Department of Labor and Employment, Bangoy St. Davao City
Ms. Mila T. Segovia	Focal Person for PWDs, DSWD FO XI, Davao City
Ms. Perla Redulosa	SWII – PWDs, CSWDO, Davao City
Dr. Minerva Fabros	Department of Education, Davao City
Ms. Rothel Sumogod	DSWDO – South Cotabato, Cotabato City
Ms. Flerida Labanon	NCWDP – Davao City
Ms. Rosemarie M. Enginco	DTI – Davao City
Ms. Catalina Fermin	NCWDP – Davao City
Ms. Emily Janette Salvado	National Economic Development Authority Region IX – Davao City
Ms. Eva dela Cruz	Social Welfare Office (SWO) III – CSWP – Davao City
Ms. Rosalinda V. Niog	Program Implementor – CSWP
Ms. Teresita M. Cardenas	Program Implementor – CSWP
Ms. Annabelle P. Yumang	Department of Health Region XI – Davao City
Ms. Persita R. Salac	DPWH – Regional Office XI, Davao City
Mr. Juanito M. Buenaventura	DPWH – Regional Office XI, Davao City
Mr. Nestor S. Estampa	DSWD – Field Office XI, Magsaysay Ave., Davao City

#### D. National Workshop, 30–31 August 2002

<b>1. Persons with Disabilities/Organizations</b>	
Ms. Elena Agacuscus	KAMPI BOG, c/o Bahay Biyaya 8 St. Michael St., Cubao, Quezon City
Dr. Enrique Ampo	President, HACI de Oro, Fernhill Venus Street, Macasandig, Cagayan de Oro
Ma. Theresa dela Cruz	KASAMAKA-Bulacan
Deanna Lorenzana Gregoria	President, Multiple Sclerosis Society of the Philippines 20 Purdue St., Northeast Greenhills, San Juan, Metro Manila
Maritess Raquel Estiller	Philippine Federation of the Deaf, 11 Sta. Fe St., SFDM, Quezon City
Crescencia Loreda	Tala Disabled Group
Augusto Alma Panteleon	KAPAGDAKA, DND Project KAPAGDAKA , Camp Aguinaldo, Quezon City
Capt. Oscar Taleon	Kapisanan ng mga Sundalong May Kapansan
Tiburcio D. Villanueva Jr.	President, Association of Disabled Persons-Iloilo Jaro Plaza, Jaro Iloilo City
Michael Dimalanta	Cerebral Palsied Association of the Philippines 124 Kanlaon St., Quezon City
Cristina Hebron	Concerned Students with Disability Network c/o Bahay Biyaya, 8 St. Michael St., Cubao, Quezon City
Daylinda Reyes	UCCP Social Concern, Davao City
<b>2. Parents' Associations</b>	

Name of Participant	Position/ Institution
Maria Redetta dela Paz	Down Syndrome Association of the Philippines MRCFI Bldg., Camia St., Guadalupe Viejo, Makati City
Cecile S. Sicam	Autism Society of the Philippines Rm. 307 #47 Kamias, Quezon City
Alma P. Pamittan	BOG – KAMPI, DAR, Diliman, Quezon City
<b>3. Government/Line Agencies</b>	
Richard Arceño	Commissioner, National Poverty Commission
Emily O. Decano	Technical Education and Skills Development Authority (TESDA), MTC Bldg., Caloocan City Hall, Caloocan City
Dr. Teresita G. Inciong	Bureau of Elementary Education, Department of Education, Pasay City
Simeona T. Ebol	Department of Education, Pasig City
Michael Barredo	Commissioner, Philippine Sports Commission
Esekias B. Malaza	DSWD, Cebu City
Teresita M. Mistal	Department of Interior and Local Government (DILG)
Angelino B. Pangan	National Vocational Rehabilitation Center (NVRC)
Cleofe S. Pastrana	National Economic Development Authority (NEDA) Social Development Staff, 4/F NEDA sa Pasig
Dominga Quejado	President, KAMPI, AVRC Region I, Dagupan City
Dolores Soterio	NCWDP, 2/F Philsucsen Bldg., North Avenue, Quezon City
Mateo Lee	Deputy Director, NCWDP 2/F Philsucsen Bldg., North Avenue, Quezon City
Flerida Labanon	NCWDP, North Avenue, Quezon City
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
<b>4. Nongovernment Organizations</b>	
Manuel Agcaoli	President, Philippine Foundation for the Rehabilitation of Disabled, Inc.
Amy Bolinas	Executive Director, Simon of Cyrene
Norberto L. Carcellar	Executive Director, Vencentran Missionary for Social Development Foundation, Inc.
Violeta Bayato	Philippine Mental Health Association
Fr. Luke Moortgat, CICM, PhD	President, Philippine Catholic Organization for the Deaf
Andrew Ooms	Resources for the Blind
Mila Wayno	Resources for the Blind
Jesus H. Docot	Tahanang Walang Hagdanan
Clarissa Fetesio	NORFIL Foundation, Inc.
Ricardo A. Calapatia	VIDERE Foundation
Lauro Purcil, Jr.	Adaptive Technology for Rehabilitation, Integration and Empowerment of the Visually Impaired (ATRIVE)
Irma Coronel	Philippine Council of Cheshire Homes for Disabled Persons, Inc. (PHILCOCHED)
Jaime G. Silva	CYAN Management Corp.

Name of Participant	Position/ Institution
Carlos A. Sexcion	Kakayahan ng may Kapansanan Foundation, Inc.
<b>5. Funding Agencies/Coops/Business/Academe</b>	
Mario Abaygar	Project Manager, ADP Iloilo
Venus I. Flores	Goodwill Industries, Casuntingan, Mandaue City
Dr. Isabel F. Inlayo	Commission on Higher Education (CHED)
Veronica Ester Mendoza	Leonard Cheshire International, c/o NORFIL Foundation
Barney McGlade	GOAL Ireland
Editha C. Monserrate	Philippine Normal University
Dr. Hirashi Ogawa	World Health Organization
Corazon Urquico	Portfolio Manager, UNDP
Ellen E. Villate	Helen Keller International
Susan B. Villegas, MOH, OTRP	College of Allied Medical, University of the Philippines, Manila