



**Republic of the Philippines**  
**Department of Social Welfare and Development**  
Batasan Pambansa Complex, Constitution Hills  
Quezon City  
Telephone No. 931-8101 to 07

**Administrative Order No. 21**  
**Series of 2005**

**SUBJECT: Enhanced Guidelines for the Implementation of Social  
Mobilization of Persons with Disabilities, Senior  
Citizens and their Families**

**I. BACKGROUND/RATIONALE:**

Considering the progressive growth of the senior citizens and persons with disabilities and the high risk of impairment among children, the Department of Social Welfare and Development through the then Bureau of Disabled Persons Welfare, developed the Social Mobilization of Persons with Disabilities, Senior Citizens and their Families as a major strategy in addressing problems and needs of the sectors as follows:

- Lack of early detection of impairment and intention measures is causing among children with disabilities unnecessary deterioration. This is compounded by the parent's inability to cope with the problems of their children's disability due to misinformation and lack of guidance and assistance.
- Non-involvement of PWDs and their organizations in policy planning in areas that directly concern them and their families. Many of them lack the necessary confidence and skills in leadership, management of self-help groups and advocacy for their rights.
- Increasing number of senior citizens who have the time, talent and resources who could be tapped to share same with others and contribute to the improvement of the community.

In view of the above, this project was pilot tested in 1994 in eight regions. The following gains/impact in making a difference in the lives of children, youth with disabilities and senior citizens prompted the agency in the nationwide implementation of the program.

1. Heightened level of awareness on disability causes, prevention and management.
2. Children identified to have signs and symptoms and apparent disabilities have been provided with necessary rehabilitation services.
3. Identified and developed leaders among persons with disabilities.
4. The capacity of the patients, volunteers, PWDs and the senior citizens to identify problems and utilize resources within the community was developed.

5. Integration of children with disabilities into the formal and/or special school.
6. The family and the community had developed a more accepting and receptive attitude towards the needs and problems of persons with disabilities and senior citizens.
7. Identification and recruitment of members for self help groups made possible by the persons with disabilities themselves.
8. Developed self awareness and improved self concept among persons with disabilities.

Recognizing the salient achievements, there is the need to institutionalize the project to sustain the gains promoting the welfare and development of persons with disability, senior citizens and their families.

## **II. LEGAL BASES:**

The following are the legal provisions on which the project is based:

### **A. NATIONAL**

- Commonwealth Act No. 3202 of 1972 sets the provision for the care and protection of disabled children.
- RA No. 65 of 1946 known as the Bill of Rights for the Social and Economic Restoration of Disabled Veterans and government responsibility.
- R.A. 1179 of 1954 creating the Office of Vocational Rehabilitation then the Bureau of Disabled Persons' Welfare (BDPW) restoring the PWD's useful role in society by providing rehabilitation and placement service.
- R.A. No. 2615 Amending R.A 1179 of 1959 creating the National Council on Rehabilitation tasked in updating and coordinating all government and civic programs and setting up none regional training centers to serve disabled persons in the rural areas.
- R.A. No. 4546 of May 20, 1965 which provides among other, specialized training in specific skills to the trained PWDs.
- R.A. No. 3562 of 1963 sets the provision for the education of the blind in the Philippines.
- The Labor Code of the Philippines 1972 sets the provision for disability rehabilitation services.
- Batas Pambansa 344 of 1984 known as Accessibility Law

- The 1987 “Constitution” which recognizes the PWDs as a basic sector.
- Presidential Proclamation No 125 of 1995 signed by then President Fidel V. Ramos recognizing the need for the 2<sup>nd</sup> Decade for Persons with Disabilities in the Asia and Pacific Region (1999 to 2002) and enjoining National Government Agencies and the private sector to support and realize the Agenda for Action.
- **R.A. No. 9257 of 2004, An Act Granting Additional Benefits and Privileges to Senior Citizens Amending for the Purpose R.A No. 7432, Otherwise Known as “ An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and for Other Purposes.”**

## B. INTERNATIONAL SCENE:

### a. On the Rights of Older Persons

The *United Nations Principles for Older Persons* was adopted by the General Assembly on December 16, 1991. It admits of the need for opportunities to be provided for willing and capable older persons to participate in and contribute to the ongoing activities of society. It specifically provides for the following:

- Older persons should be integrated in society, participate actively in the formulation and implementation of policies that directly affect their well being and share the their knowledge and skills with younger generations.
- Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
- Older persons should be able to form movements or associations of older persons.

### b. On the Rights of Persons with Disabilities

1. The United Nations proclaimed 1989-1992 as the “United Nations Decade of Disabled Persons”. Concrete objectives were set out in the World Programme of Action concerning disabled persons which was adopted by the United Nations General Assembly in December 1982.
2. The *Declaration of the Rights of Mentally Retarded Persons* – was proclaimed on December 20, 1971. It aims to promote higher standards of living, full employment and conditions of economic and social progress and development by emphasizing the necessity of protecting the rights

and assuring the welfare and rehabilitation of the physically and mentally disadvantaged. Further, it mandates that the mentally retarded person has a right to economic security and to decent standard of living. He has a right to perform productive work or to engage in any other meaningful occupation to the fullest possible extent of his capabilities.

3. The ***Declaration of the Rights of Disabled Persons*** was adopted on December 9, 1975. It emphasized the necessity for protecting the rights and assuring the welfare and rehabilitation of the physically and mentally disadvantaged. It aims to prevent physical and mental disabilities and of assisting disabled persons to develop their abilities in the most varied fields of activities and or promoting their integration as far as possible in normal life. It provides for the following principles:

- Disabled persons have the inherent right to respect for their human dignity,. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.
- Disabled persons have the same civil and political right as other human beings.
- Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible.

4. The Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care as Proclaimed on **17 December 1991**. **It stresses the following:**

Every person with a mental illness shall have the right to exercise all civil, political, economic, social and cultural rights as recognized in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, and in other relevant instruments, such as the Declaration on the Rights of Disabled Persons and the Body of Principles for the Protection and All persons under Any Form of Detention or Imprisonment.

Special care should be given within the purposes of these Principles and within the context of domestic law relating to the protection of minors to protect the rights of minors, including, if necessary, the appointment of a personal representative other than a family member.

Every person with a mental illness shall have the right to live and work, as far as possible, in the community.

5. The Standards Rules on the Equalization of Opportunities for Persons with Disabilities was adopted on December 20, 1993. The purpose of the Rules is to ensure that girls, boys, women and men with disabilities, as members of their societies, may exercise the same rights and obligations as others. The equalization of opportunities for persons with disabilities is an essential contribution in the general and worldwide effort to mobilize human resources.

Further, as persons with disabilities achieve equal rights, they should also have equal obligations. As part of the process of equal opportunities, provision should be made to assist persons with disabilities to assume their full responsibility as members of society.

### III. DEFINITION OF TERMS: (This is not contained in the old guidelines. This is newly added)

The terms presented hereunder are defined and will be used for the purposes of this guideline.

1. **Disability** – Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or function within normal range of a person. (United Nation's World Programme of Action concerning Disabled Persons).
2. **Impairment** – any loss or abnormalities of psychological, physiological or anatomical structure or function (United Nation's World Programme of Action concerning Disabled Persons).
3. **Handicap** – a disadvantage given to an individual, resulting from an impairment or disability, that limits or presents the fulfillment of role that is normal depending on age, sex, social and cultural factors for the said individual.
4. **Visual Impairment (VI)** – a generic term for any of several conditions which limits vision ranging from partial to total loss of vision (Shea and Baver, 1994)
5. **Hearing Impairment** – any individual with auditory disability ranging from mild to profound hearing loss. (Shea and Baver, 1994)
6. **Speech Impairment** – impairment in the production of oral or spoken language (Shea and Baver, 1994).
7. **Orthopedic Disability** – a physical disability that challenges mobility, managing body functions, and social interactions. Persons with impairment intergeres either personally or temporarily with the normal functioning of the joints, muscles or limbs. (Shea and Baver, 1994)
8. **Mental Retardation**- a condition wherein the child behaves much younger than what is expected of his normal level or slowly with a limited capacity to learn. (Lazaro, 1999).

9. **Cerebral Palsy** – refers to a dysfunction of the neurological motor system resulting from a non-progressive brain abnormality, which occurred before, during or shortly after birth (Shea and Baver, 1994)
10. **Autism** – a developmental disability that typically appears in the first three years of life. The result of a neurological disorder that affects the functions of the brain autism intergeres with the brains normal development in the areas of reasoning, social integration and communication skills, (Autism: the Puzzle, 1997 Cahbriba Alternative School Foundation)
11. **Attention Deficit Hyper Activity Disorder** – a cluster of behavioral characteristics that are persistent, frequent and severe that typically observed in persons at a comparable level of development. It is clinical disorder marked by difficulties in focusing and often concentrate. (Lazarro, 1999)
12. **Community** – a defined geographical areas; with the cluster of families and individuals sharing common values, manners, customs, traditions even modes of speech (Social Work Encyclopedia)
13. **Organization of Self Help Groups (SHGs)** refers to the identification and training of persons with disabilities, parents, family members, relatives or neighbors to train others on effective leadership, group management, advocacy and other organizational skills. It is an activity to establish, manage and strengthens self-help group and their income generating projects.
14. **Persons with Disabilities/Disabled Persons** are those suffering from restriction on different abilities as a result of a psychiatric condition, cognitive, physical or sensory impairment to perform an activity in a manner or function within the range considered normal for a person.
15. **Person with Disability Associations** refers to associations of Persons with Disability registered with the Securities and Exchange Commission, Local Government Units and cooperative Development Authority.
16. **Persons with Disability Groups/Association** – is a collection of individuals with disabilities who have organized themselves to achieve a common goal.
17. **Parent/Family Member of persons with disabilities** refers to parents and immediate family members of persons with disabilities who have banded themselves for the common interest of the persons with disabilities.
18. **Rehabilitation** means a goal oriented and time limited process aimed at enabling an impaired person to reach an optimum mental, physical and / or social functional level thus providing her / him with the tools to change her / his own life. It can involve measures intended to compensate for a loss of function or a functional limitation ( ex. Technical aid) and other measures intended to facilitate social adjustment or readjustment.

19. **Rehabilitation Plan** – refers to specific activities which the social worker formulates with the client and the family to help them in the client's rehabilitation. Assessment of the children/youth and adult with disabilities' physical, psychological condition as well as the families weaknesses and capabilities. Involvement of the volunteer is also given emphasis.
20. **Rehabilitation Team** – refers to the multidisciplinary team composing of the MSWDO/CSWDO, LGU social workers, focal persons, volunteer, parents and clients (if capable) who works closely to plan, implement, monitor and evaluate the rehabilitation plan.
21. **Senior Citizen** – shall mean a resident of the area at least 60 years old who are needy and those with time, talent, treasure and willingness to share this with others.
22. **Social Mobilization** – It is a process of bringing together all feasible and practical inter-sectoral allies to raise people's awareness of a demand for particular development programs.
23. **Volunteer** – is a committed individual or organization who desires to share in the responsibilities of the government and society in uplifting the quality of life of its citizenry. It may also refers to individuals or groups who willingly share talents, time money and resources in the attainment of common goals for community well-being without expecting material or financial remuneration.
24. **Volunteerism** - refers to an act involving a wide range of activities, including traditional form of mutual aid and development intervention that provide an empowering environment both on the part of the beneficiaries receiving and the volunteer rendering the act, undertaken for reason arising from socio-developmental business and corporate orientation for the attainment of public good and where monetary and other incentives or reward are not the primary motivating factors. Willingness of people to work on behalf of others, without pay or other tangible gain.
25. **Volunteer Program** – a program designed to develop a pool of volunteer of different disciplines to help augment the staff complement in the effective delivery of sustainable programs and services for persons with disabilities.
26. **Volunteer Service** – is the voluntary effort given without pay or remuneration by any individual or organization who desires to share in the responsibilities of the government and society in uplifting the quality of life and its citizenry.

#### IV. PROJECT DESCRIPTION:

This is a project which aims to mobilize and build up the productive potentials and resources of a clientele group traditionally regarded as beneficiaries so that they may be able to respond to their own needs and also assume responsibility in contributing to the well-being of the community. It is designed as a community-based program

which recognizes that the potential for self-help and self-reliance exist in every individual irrespective of disability and age.

The project addresses the following problems and needs:

1. The lack of early detection of impairment and intervention measures causing among children with disabilities unnecessary deterioration compounded by the parents' inability to cope with the problems of their children's disability due to misinformation and lack of guidance and assistance as to where and what are the resources in store for them..
2. Non or inadequate involvement of persons with disabilities and their organizations in policy planning in areas that directly concern them and their families.
3. Lack of confidence and skills among majority of PWDs in leadership, management of self-help groups and advocacy for their rights.
4. The increasing number of senior citizens who have the time, talent and resources yet are not tapped to share these with others and contribute to the improvement of the community.

## **V. OBJECTIVES:**

### **A. GENERAL:**

To tap and mobilize the potentials and resources of persons with disabilities, senior citizens and their families for them to be able to realize their potentials and be able to actively participate in the country's development.

### **B. SPECIFIC:**

The following are the specific objectives of the project as per component:

#### **1. Early Detection, Prevention and Intervention of Disabilities, Among Children 0 - 6 years old**

- 1.1. To identify and assist parents/immediate family members, volunteers, child care givers of children aged 0-6 years and those who shows signs and symptoms of disability.
- 1.2. To teach parents/immediate family members, child care givers, volunteers, educators, LGU social services/centers and NGOs, POs with institutions providing direct services to specified clientele, health centers, early disability detection, prevention and intervention measures and procedures to minimize if not eradicate the consequences of disability.



- 1.3. To reduce the dependence of children with disability his / her family in performing basic activities on daily living.

## **2. Organization / Strengthening of Self-help Groups of Persons with Disability**

- 2.1. To identify and train a core of persons with disabilities who shall in turn train others on effective leadership, group management, advocacy, networking and other social skills.
- 2.2. To provide support to persons with disability in establishing, managing and strengthening self-help groups and income-generating projects.

## **3. Senior Citizens as Volunteer Resource**

- 3.1. To identify senior citizens who have the time, talent resources and willingness to contribute to the improvement of the community.
- 3.2. To motivate and train selected senior citizens on volunteerism and leadership in any of the following:
  - Peer outreach
  - Senior aides
  - Sponsorship
  - Special support services for solo parent
  - Bereaved and abandoned persons and families and others depending on community needs
- 3.3. To improve existing Day Centers for Senior Citizens and expand its services to include volunteerism among their present activities.

## **VI. TARGET BENEFICIARIES/AREAS:**

### **A. The direct beneficiaries of this project are:**

1. Children 0-6 years old who show signs and symptoms of disabilities and those already with impairment.
2. Disabled adults who may or may not be members of self-help groups
3. Needy Senior Citizens and those with adequate time, talent, treasure and willingness to share these with others.

### **B. Criteria for the selection of target areas are the following:**

1. Known high incidence of disabilities (based on previous surveys and census).

2. Presence of high risk factors or characteristics of being a depressed community.
3. Inadequate basic health and social services.
4. Visible interest and support of local government executives and officials to undertake a project.
5. Availability of interested and motivated social welfare workers and community volunteers.
6. Accessibility for monitoring and supervision.

## **VII. IMPLEMENTING GUIDELINES:**

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

### **A. Situational Analysis**

1. Conduct ocular survey/visit of the whole municipality/city to see first hand geographical coverage, physical structures, landmarks, etc.
2. Secure primary or secondary data at the community. Sources may come from an LGU Office, Municipal/City Office/Office of the Senior Citizens Affairs, Rural Health Unit, etc.
3. Validate, organize and analyze gathered data.
4. Prepare a community profile and spot map based on gathered data.

### **B. Social Preparation**

1. Prepare for initial meeting with Municipal or City Mayor and Sangguniang Bayan officials.
  - a. Prepare briefing paper on the project. Local Social Welfare Office to present the SWD Situationer giving emphasis on PWD sector and Senior Citizens.
  - b. Request meeting with Mayor and Officials.
  - c. Request Field Office Director and/or Social Welfare Specialist on Disabled Persons' Welfare to attend the meeting.

2. Meet with or pay courtesy call on Mayor and Sangguniang Bayan officials.
  - a) Provide an overview of the project to generate the interest and support of the local officials to the project.
  
3. Establish beginning harmonious relations with community residents and leaders in target areas.
  - a) Meet with recognized local leaders, know and explore their ideas, opinions and feelings about their situation and problems.
  - b) Conduct initial home visits and contacts with potential volunteers
  - c) Attend community assemblies and meetings of associations, clubs, group of persons with disabilities, senior citizens, and other organizations in the community. Discuss to them about the Social Mobilization project, your role in it and the possible participation of community residents. Generate people's interest in it.
  
5. Forming/Organizing/Strengthening a Community Core Group
  - To generate community awareness and concern and mobilize collective action, a core group of community members shall be formed by the project implementors. The core group's main tasks should include:
    - a) Plan and carry out a community awareness campaign on disability issues.
    - b) Generate and prioritize community resources.
    - c) Create opportunities in the community for persons with disabilities, senior citizens and their families to meet, know each other and integrate with other residents.
    - d) Assist in advocacy activities
    - e) Facilitate/initiate activities for sustainability composition of community core group.

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

- Persons with disabilities, retired senior citizens
- Relatives and friends of PWDs and senior citizens.
- Educators
- Local government administrators

- Health officials, doctors
- Mass media personnel and others with experiences in public relations work
- Leaders of civic, religious groups, academe, business and industry
- NGOs and other private organizations in the chosen community with centers and institutions directly providing specific services for the target clients.

## 6. Organizing/Forming of Volunteers

1. Recruitment and identification of volunteers for the projects 3 components; EDPID, Self-Help Group of PWDs and Senior Citizens Volunteer Resource.

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

- a. Those who show interest to work for the community without material remuneration.
  - b. Must be a resident of targetted barangay which they serve.
  - c. Must have good character and good local reputation
  - d. Receptive to change
  - e. With Interest to learn and undergo training on specialized skills on the case and management of persons with disabilities and senior citizens.
  - f. With capability and positive attitude to work with persons with disabilities, senior and their respective family.
2. Contact potential volunteers by exploring their ideas, feelings and interest to help their community, particularly disabled children, adult and needy senior citizens, their attitude toward volunteerism, skills, and availability. Contact may be done individually or in groups.
  3. Prepare list of interested volunteers.
  4. Inform them about the conduct of a training program to prepare them for volunteer work, get their initial commitment.

5. The formation of the group shall follow the following steps:

- Assess PWDs/senior citizens to determine their problems/needs, provide necessary intervention based on rehabilitation plan done with the family members and the PWD/senior citizens. If necessary, conduct counseling session with the family of PWD to become aware of their role in assisting their disabled members.
- Identify PWDs/senior citizens with potentials for leadership and capability to assist other PWDs/senior citizens. These identified disabled persons may come from a barangay or clustered barangays within the municipality. They may or may not be members of existing organizations.
- Trained PWD/senior citizens may form a core group of PWDs/senior citizens who will be trained to motivate other PWDs/senior citizens to join self-help groups or in organizing such groups. As such, the group shall:
  - plan and carry out community awareness activities on PWD issues
  - generate and mobilize community participation
  - initiate/participate activities for PWDs/senior citizens.

### **C. Capability Building for Volunteers and Core Group**

Selected volunteers for the three components of the project shall undergo a training program on specific areas to prepare them for their responsibilities. Standard syllabus for the training of volunteers on Early Detection, Prevention and Intervention of Disabilities among Children, Leadership Enhancement Seminar for Persons with Disabilities, and Senior Citizens designed to guide implementors in their capability-building activities **shall be developed for the purpose.**

Such trainings will focus on the following:

#### **☆ *Early Detection Prevention and Intervention of Disabilities among Children***

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

☆ ***Self-Help Group of Persons with Disabilities***

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

☆ ***Senior Citizens as Volunteer Resource***

- Motivating senior citizens for volunteer work in the community.
- Senior Citizens as important resources in bringing about development in the community.
- Identify areas of interests for volunteer work.

**D. Provision/Demonstration of Needed Services and Interventions**

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

☆ ***Early Detection, Prevention and Intervention of Disabilities Among Children.***

- House-to-house assessment of children 0-6 years old using Early Detection Questionnaire with mothers as respondents.
- Collection of more detailed qualitative information through homevisits to identify children with signs and symptoms of disabilities and those already disabled.
- Consolidation and analysis of data collected.
- Dialogue with parents/families of identified children with signs and symptoms of disabilities and those already impaired regarding condition of their children, what can be done and how they (parents/families) can be assisted in preventing and/or reducing the handicapping effects of their children's disabilities.
- Formulation of rehabilitation/intervention plans for each of the identified children.
- Demonstration/teaching of parents/immediate family member/caregivers of disabled children simple and basic rehabilitation procedures to reduce the risk of secondary problems that may result to handicapping conditions and to make the children independent in the simple activities of daily living.

- A group of mothers who have been taught simple intervention/rehabilitation procedures may be formed as a core of volunteers who shall assist the project implementors in teaching other mothers and families of children with disabilities.

☆ ***For Component II – Self-Help Groups of Persons with Disabilities***

**1. Meetings/Dialogue**

**Meeting/dialogue** based on previously collected information on the number of persons with disability, their names and addresses, self-help groups already formed in the community shall be invited by the project staff to a meeting/dialogue with the end view of:

- Identifying common needs, issues and concerns;
- Discussing the project and their possible participation in it; and
- Identifying potential leaders.

**2. Planning**

On the basis of information collected, appropriate activities for and involving the disabled and their families shall be planned. These may include the following:

- Peer counseling of persons with disability to strengthen self-confidence and resolve to live meaningful lives.
- Counseling by LGU Implementors of family members to improve their understanding of disabled persons and the health care support that could be provided by family members as well as the opportunities available for them.
- Conduct of meetings for family members and community leaders to reinforce initial awareness raising activities and to provide regular forums for them to discuss issues in strengthening their role in assisting those who are disabled.
- Holding of training workshops for persons with disability to discuss their experience and their role in helping their own ranks.
- Extension of financial assistance as well as technical assistance to groups with income-generating activities or projects.

### **3. Implementation of any or all of the above activities.**

The project implementors shall concentrate on the following:

- Identification and selection of a core of persons with disabilities with potentials for leadership, capacity to make good use of opportunities, consciousness of their role as representatives of their organizations, and willing to share their knowledge and experience with others.
- Holding/facilitating trainings and workshops which focus on the following:
  - Motivating and assisting persons with disability to form self-help groups
  - Peer counseling or peer group discussion aimed at providing emotional support to and developing empathic relations with person(s) being counseled.
  - Social skills which involves skills for goal-setting, money management, development of positive interpersonal relations and communication, mobility, personal care and hygiene, and understanding assistive aids and equipment.
  - Leadership enhancement, this includes acquiring basic knowledge and skills in management, decision making, cooperation and teamwork, program planning, convening and running of meetings and advocacy.
  - Technical writing such as Project Proposal Making, etc.
  - Income and Employment-Generating Skills

#### **☆ Senior Citizens as Volunteer Resource**

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

Sources may be existing at the Office of Senior Citizens Affairs (OSCA) and local associations of senior citizens.

- Dialogue/meeting with identified senior citizens to inform them about the project and invite their participation in it.
- Holding of training workshops for senior citizens who have signified their interest to do volunteer work for their communities. Focus will be on the following areas and capacities: peer outreach, senior aide, special



support services for solo parents, bereaved and abandoned persons/families, and resource persons on special topics.

## **VIII. INTEGRATION OF LGU PROGRAMS AND SERVICES**

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

### **A. Child and Youth Welfare Services**

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

### **B. Family and Community Welfare Services**

1. Parent Effectiveness Service
2. Responsible Parenthood
3. Marriage Counseling
4. Family Casework
5. Special Social Services for People's participation
6. Community Mobilization
7. Social Welfare Structures Development
8. Community Volunteer Resource Development

### **C. Women's Welfare Services**

1. Personal and Child Care Skills Development
2. Women in Especially Difficult Circumstances
3. Self Enhancement Skills Development
4. Community Participation Skills Development
5. Productivity Skills Capability Building for Disadvantaged Women
6. Social Communication Skills Development
7. Women's Health Welfare at Rural Health Centers
8. Women and Children's Desk

### **D. Services for Persons with Disabilities and the Senior Citizens**

1. Information Dissemination on Disability Prevention
2. Assistance for Physical Restoration
3. Self and Social Enhancement

4. After Care and Follow-up Program
5. Community-based Vocational Rehabilitation
6. Special Social Services for the Senior Citizens
7. DepEd's SPED Program in some localities

#### **E. Emergency Assistance Services**

1. Disaster Relief
2. Food-for-Work
3. Emergency Shelter Assistance
4. Balik Probinsiya
5. Supplemental Feeding
6. Crisis intervention

### **IX. MONITORING/PROVISION OF TECHNICAL ASSISTANCE/EVALUATION**

To assess and determine progress in the attainment of targetted project goals, the following monitoring activities will be carried out:

1. On - site visitation of the areas to observe the collective efforts of the LGU the LGU volunteers and the DSWD on the progress of the project shall be done by the Field Office and by the **Program Management Bureau (PMB) at least once a semester.**
2. The project implementors shall submit monthly, quarterly and annual report, using prescribed forms to the DSWD Field Office and the **Program Management Bureau** as basis for provision of technical assistance.
3. The **C/MSWDO** shall facilitate the conduct of monthly rehabilitation conferences to discuss individual cases being managed by the project staff. Highlights of these conferences shall be incorporated into the monthly reports of the project implementors.
4. The social workers of the municipality and city shall likewise prepare quarterly status reports on the persons being served by and involved in the project indicating whether or not there are benefits accruing to persons concerned and to the barangay/community.
5. A mid-year evaluation shall be conducted by the LGU in coordination with Field Offices to determine the extent of implementation of the project/program, identify gaps and recommendations.
6. Develop the capabilities of self-help group members, leaders, senior citizens volunteers, mothers and other community volunteers on specific social skills, volunteerism, leadership enhancement, EDPID interventions and other activities of the project.
7. Conduct regular meetings/conferences to discuss case progress and develop capabilities of staff and volunteers.

8. Maintain cooperative and harmonious relationship with other entities and agencies, private and public, in promoting the continuity of the project within the areas of coverage.
9. Participate in the evaluation of the project and make suggestions for improvement.
10. Prepare required reports.

## **X. PERFORMANCE MEASURES/INDICATOR**

Among others, the following are the suggested indicators of the projects.

- # of children with sign and symptoms and apparent disabilities identified, assessed and provided with interventions.
- # of volunteers, family members, day care workers, institution of caregivers' level of awareness on the disability causes, prevention and management heightened
- # of volunteers trained
- # of day care workers provided training, institutional workers' training.
- # of PWDs Self Help Groups organized
- # of PWDs Self Help Groups strengthened
- # of PWD Self Help Group assisted/provided with service.
- # of SC organized / strengthened
- # of SC maximized volunteer resource / partners
- # of SC trained as volunteer resource
- # of SC extended services
- # of Functional Senior Citizens Day Center

## **XI. INSTITUTIONAL MANAGEMENT**

### **Social Technology Bureau**

1. Act as resource persons to training and other capability activities related to the project during the replication stage.

2. Provide orientation and technical assistance/consultation with Field Office in coordination with the Program Management Bureau.
3. Participate in the conduct of National Evaluation of the project.

#### **Program Management Bureau (PMB)**

1. Coordinate various social mobilization activities in the regions.
2. Conduct consultation visits, audits and provide technical assistance to Field Offices.
3. Evaluate and prepare reports on progress of project.
4. Consolidate and analyze reports from the Field
5. Prepare feedback reports
6. Conduct an evaluation and report submitted to the office of the Undersecretary or to OCBG.
7. Monitor and provide technical assistance to implementors.
8. Document success stories and best practices based on narrative and documentation reports of the FO concerned.
9. Provide funding augmentation.

#### **Policy Development And Planning Bureau**

1. Data Banking and Resource Generation
2. Provision of Technical Assistance on Planning and Policy Development

#### **DSWD-Field Office**

1. Provide technical assistance to LGU and self – help groups. (OPs & PWDs).
2. Monitor, evaluates and document project implementations at the regional level.
3. Submit periodic report to the Central Office
4. Federate regional federation at the national level.

○ **Local Governments**

1. Municipal/City (Municipality/City Social Welfare Development Office)

- a) Identify target beneficiaries and undertake social preparation, activities, trainings and seminars for persons with disabilities and parents of persons with disabilities and Senior Citizens.
- b) Organize persons with disabilities and parents of persons with disabilities and Senior Citizens into self-help groups and association.
- c) Supervise self-help group/associations of persons with disabilities and parents of persons with disabilities and Senior Citizens.
- d) Provide funding support for the implementation of the project which shall be drawn from the LGU's budget.
- e) Federate self-help groups with persons with disabilities and parents of persons with disabilities and Senior Citizens at the municipal and city level.
- f) Conducts monthly rehabilitation conference to discuss progress of cases managed and develop capacities of other rehabilitation team members.
- g) Submit quarterly reports to the Mayor thru the Sangguniang Bayan/Sangguniang Panglunsod and to DSWD regarding status of the project to include best practices as well as gaps in the project implementation.
- h) Hold a bi-annual evaluation conference in coordination with DSWD-FO to assess the progress of the project using the objectives as the parameters.

This Order takes effect immediately and revokes previous issuances inconsistent herewith. Let copies of this Order be given to all units at the Central Office and Field Offices for their guidance.

Issued in Quezon City, this 29th day of Dec. 2005.

  
**LUWALHATI F. PABLO**

OIC-Secretary

Department of Social Welfare and Development



**Municipalities and Cities Previously Covered During the First  
Two Years of Project Operation as Pilot Test**

- REGION I
  - Urdaneta
  - San Fabian, Pangasinan
  - Dagupan City
  - Laoag City
  
- REGION II
  - Cauayan, Isabela
  - Ilagan, isabela
  - Penablanca, Cagayan
  
- REGION III
  - Balanga, Bataan
  - Olongapo City
  
- REGION IV
  - Jala-Jala, Rizal
  - Bacoor, Cavite
  
- REGION V
  - Daraga, Albay
  - Legazpi City
  
- REGION VI
  - Iloilo City
  - Pototan, Iloilo
  - Cabatuan, Iloilo
  
- REGION VII
  - Cebu City
  - Tanke, Talisay
  
- REGION VIII
  - Hilongos, Leyte
  - Alang-Alang, Leyte
  - Calbayog City
  
- REGION IX
  - Zamboanga City
  - Ipil, Zamboanga del Sur

- REGION X
  - Valencia, Bukidnon
  - Sumilao, Bukidnon
  - Cagayan de Oro City
  
- REGION XI
  - Davao City
  - Koronadal, South Cotabato
  
- REGION XII
  - Cotabato City
  - Libungan, Cotabato
  - Pigkawayan, Cotabato
  
- CAR
  - Baguio City
  - Trinidad, Benguet
  
- NCR
  - Quezon City
  - Pasig City
  
- ARMM
  - Upi, Maguindanao
  - Jolo, Sulu