



**Republic of the Philippines**  
**Department of Social Welfare and Development**

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Administrative Order No. 19  
Series of 2010

**TITLE : Guidelines on the Implementation of the Comprehensive Program for Children/Persons with Disabilities (C/PWDs)**

**I. Rationale:**

Based on the results of the 2000 Census of Population and Housing (Census), the total number of persons with disabilities (PWDs) was posted at 942,098 or about 1.23 percent of the total population of the country. This registered an increase of 2.48 percent compared with the results of the 1995 Census of Population (POPCEN) (919,292 persons).

However, persons with disabilities as a unified and homogenous group, differ in their individual abilities and aspirations, cultural affiliations, age groups, access to socio-economic opportunities, types and degrees of impairments.

The growing social awareness on the plight of the less fortunate PWDs led government to facilitate opportunity for them to develop their potentials so that they can live independently, enjoying their rights as human beings. The passage of RA 10070 – An Act establishing the Institutional Mechanism to Ensure the Implementation of Programs and Services for Persons with Disabilities in every Province, City and Municipality Amending RA 7277, Batas Pambansa 344 or the Accessibility Law in 1983 and Magna Carta for Disabled Persons or Republic Act 7277 in 1992 and RA 9442 – An Act Amending RA 7277 aims to uphold the rights of disabled persons and be given equal opportunities in the mainstream of society.

In line with this law, the Department of Social Welfare and Development and the Department of Budget and Management issued Joint Circular No. 2003-01 for all Heads of Executive Department, Bureaus, Offices, Agencies, Commissions and State Universities and Colleges Sec. 29 of the General Appropriations Act for FY 2003 entitled “Setting Aside One Percent of Government Agency Budget for Programs/Projects Related to Senior Citizens and the Disabled.”

Programs and services have been implemented and provided by the government and non government organizations for C/PWD’s rehabilitation. However, evaluation results of these interventions show that C/PWDs can benefit from these programs and services if there is guidance and coordination among implementers, the public and other stakeholders, specifically the intended

beneficiaries are more aware of PWD rights, programs and services available for PWDs.

Therefore, the government still needs to develop more appropriate and responsive programs and services to address the following issues confronting C/PWD's total rehabilitation and ultimately be integrated into the mainstream of society:

1. Poverty is the most common reason why C/PWDs are not given sufficient care. Impoverished families are not able to defray the cost of rehabilitation, have less opportunity to experience employment or may not have the proper qualifications hence, affecting their productivity.
2. Deep-rooted prejudice against persons with disability and widespread ignorance of the facts on disability issues continue to hamper C/PWDs from an active life in the community. Such prejudices are:
  - Traditional beliefs and practices – some people believe that a child born with disability is a punishment for the parents or for other members of the family who have done something wrong.
  - Some believe that bad spirits cause impairments leading to disability.
  - Incorrect Information - some people are wrongly informed that most impairments are contagious, which can result to isolation of C/PWDs.
3. Refusal to acknowledge the capability of C/PWDs

People show disregard for C/PWDs because they do not give importance on what they can do despite their limitations. Instead, what was lost in a C/PWD is given more importance, affecting the mobility and accessibility to avail of the resources of the government and non-government agencies to include, education, livelihood and employment, medical care and attention, housing, skills training, socio-recreational opportunities and self care.

4. Over-protectiveness and learned dependence

C/PWDs developed dependency on other people because of overprotection by the family, which limits social relationship with the community, resulting to isolation.

Psychosocial barriers may be experienced by the C/PWDs, affecting their self-esteem and confidence, decision making and integration to the mainstream of society.

5. Lack of awareness / concern about C/PWD's situation, rights, policies, programs and services

## II. Legal Framework

### A. Legal Bases:

#### 1. Republic Act 10070

An Act Establishing An Institutional Mechanism To Ensure the Implementation of programs and Services for Persons with Disabilities In Every Province, City and Municipality, Amending Republic Act No. 7277, Otherwise Known as the "Magna Carta for Disabled Persons," as Amended, and For Other Purposes.

#### 2. Biwako Millennium Framework for Action

Promote the goals of an inclusive, barrier free and rights-based society for PWDs in the Asia and Pacific Regions in the following priority policy areas:

- a.) Self-help organizations of persons with disabilities and related family and parent associations;
- b.) Women with disabilities;
- c.) Early detection, early intervention and education;
- d.) Training and employment, including self-employment;
- e.) Access to built environments and public transport;
- f.) Access to information and communications, including information, communications and assistive technologies;
- g.) Poverty alleviation through capacity building, social security and sustainable livelihood programs.

#### 3. Biwako + 5 on Accessible Tourism

Supplements the Biwako Millennium Framework for Action. Biwako Plus Five distinguishes itself from the Biwako Millennium Framework for Action by: (a) proving additional actions in the priority areas; (b) reconfigurations the **four** strategy areas into **five** areas with 25 additional strategies; and (c) adding **three** strategies under cooperation and support , monitoring and review.

#### 4. Republic Act No. 7277 of 1992

Magna Carta for Disabled Persons and Its Rules and Regulations "An Act Providing for the Rehabilitation, Self-development and Self-reliance of Disabled Persons and Their Integration into the Mainstream of Society and For Other Purposes".



## **Section 2 – Right to Assemble**

Consistent with the provisions of the Constitution, we shall recognize the right of disabled persons to participate in processions; rallies, parade, demonstrations, public meetings, and assemblages or other forms of mass or concerted action held in public.

## **Section 3 – Right to Organize**

The State recognizes the right of disabled persons to form organizations or associations that promote their welfare and advancement or safeguard their interest.

## **Section 21 Chapter 4 – Auxiliary Social Services**

The State shall ensure that marginalized persons are provided with the necessary auxiliary services that will restore their social functioning and participation in community affairs. Specifically, substitute family care services and facilities for abandoned, neglected, abused and unattached disabled persons who need custodial care as well as family care services geared towards developing the capacity of families to respond to the needs of the disabled members of the family should be provided.

### **5. Republic Act 9442**

An Act Amending RA 7277, Otherwise known as the "Magna Carta" for Persons With Disability as amended, and For Other Purposes" Granting Additional Privileges and Incentives and Prohibitions on Verbal, Non – Verbal Ridicule and Vilification Against Persons with Disability.

### **6. Executive Order No. 417**

Directing the Implementation of the Economic Independence Program for Persons with Disabilities (PWDs)

### **7. Executive Order No. 105**

Approving and Directing the Implementation of the Program "Provision of Group Home/Foster Home for Neglected, Abandoned, Abused, Detached and Poor Older Persons and Persons with Disabilities". It calls for support and assistance of government agencies, bureaus and instrumentalities including private sector organizations in the implementation of the order.

### **8. Executive Order 437**

Encouraging the Implementation of Community – Based Rehabilitation (CBR) For Persons With Disabilities In the Philippines



**9. Convention on the Rights of Persons with Disabilities**

The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedom by all persons with disabilities, and to promote respect for their inherent dignity.

**10. Batas Pambansa 344**

An Act to enhance the mobility of disabled persons by requiring certain buildings, institutions, establishments and public utilities to install facilities and other devices.

**11. Joint Circular No. 2003 -01**

Provisional Heads of Executive Department, Bureaus, Offices, Agencies, Commissions and State University and Colleges and all other concerned – Setting Aside One Percent of Government Agency Budget for Program/Projects Related to Senior Citizens and Persons with Disabilities.

**12. Proclamation No. 125 of 1993** declaring the nationwide observance of the Asia and Pacific Decade of Disabled Persons (1993-2002) which seeks for the full participation and equality of persons with disabilities.

**13. Proclamation No. 240** of August 2002 signed by President Gloria Macapagal-Arroyo declared the period from the year 2003 to the year 2012 as the Philippine Decade of PWDs as a member country of the UN ESCAP, NCWDP was tasked to take the lead in the National Plan of Action for 2003-2012 representing the 7 priority areas of the Biwako Millennium Framework.

**14. Republic Act 9288** otherwise known as the New Born Screening Act of 2004 – An Act Promulgating A Comprehensive Policy and a National System for Ensuring Newborn Screening. In Sec. 2 of the said law, a National Newborn Screening System shall ensure that every baby born in the Philippines is offered the opportunity to undergo newborn screening and thus be spared from heritable conditions that can lead to mental retardation and death if undetected and untreated.

**15. Republic Act 9709** - Universal Newborn Hearing Screening and Intervention Act of 2009 An Act Establishing A Universal Newborn Hearing Screening Program for the Prevention, Early Diagnosis and Intervention of Hearing Loss.

## **B. Administrative Issuances of the Department of Social Welfare and Development**

### **1. Administrative Order No.13, Series of 2008**

Guidelines in Organizing Persons With Disabilities Into Self Help Groups ( SHG of PWDs)

The National Government, through its agencies, instrumentalities and stakeholders shall assist persons with disability in establishing self-help groups by providing them with necessary technical and financial assistance.

The Self Help Groups of PWDs shall be encouraged to full participation in planning, organizing, development, management of their programs and projects.

### **2. Administrative Order No. 2 Series of 2005**

Enriched Guidelines in the Operation of Group Home for Neglected, Abandoned, Abused, Unattached Poor Older Persons and Persons with Disabilities.

### **3. Administrative Order No. 03 Series of 2005**

Supplemental Guidelines to MC No. 17, Series of 2004 Guidelines in the Pilot Testing of Foster Home program for Neglected, Abandoned, Unattached and Poor Older Persons and Persons with Disabilities.

### **4. PPG Memorandum Circular No. 17 Series of 2004**

Guidelines on the Pilot Testing of Foster Home Program for Neglected, Abandoned, Unattached Older Persons and Persons with Disabilities

### **5. Administrative Order No. 87, Series of 2004**

Guidelines for the Implementation of the Sheltered Workshop for Persons with Disabilities and Older Persons

### **6. Administrative Order No. 71, Series of 2003**

Guidelines in the Implementation of the Day care for children with Autism

### **7. Administrative Order No.59 , Series of 2003**

Guidelines for the implementation of the Auxiliary Services for Persons with Disabilities.

## 8. Administrative Order No. 61, Series of 2003

Guidelines for the implementation of the Tuloy Aral Walang Sagabal Project

## 9. Administrative Order No. 85 Series of 2003

Guidelines on the Implementation of the Community Based Social Laboratory for Children and Youth with Disabilities (SOCLAB)

### III. Definition of Terms

- A. **Prevention** - Refers to keep something from happening through the implementation of services responsive to an emerging need.
- B. **Impairment** – is any loss, diminution or aberration of psychological, physiological or anatomical structure or function.
- C. **Disability** – shall mean a physical or mental impairment that substantially limits one or more psychological, physiological or anatomical function of an individual or activities of such individual.
- D. **Handicap** – refers to a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the function or activity that is considered normal given the age and sex of the handicapped individual.
- E. **Rehabilitation** – a process / integrated approach to physical, psychosocial, cultural, spiritual, educational, or vocational measures that create conditions for the individual to attain the highest possible level of functional ability.
- F. **Persons with Disabilities (PWDs)** – include those who have long – term physical, mental , intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
- G. **Marginalized Persons with Disability** – refer to disabled persons who lacks access to rehabilitative services and opportunities to be able to participate fully in socio – economic activities and have no means of livelihood or whose incomes fall below the poverty threshold.
- H. **Physically Disabled**
  - **Visually Impaired** – one who has a visual impairment ranging from partial to total loss of vision..
  - **Hearing Impaired** – those with auditory disabilities ranging from mild to profound hearing loss.



- **Speech Impaired** – a person who has speech difficulty ranging from inability to speak to ability to speak but not sufficiently clear.
- **Orthopedically Handicapped** –an individual whose impairment interferes either permanently or temporarily, the normal functioning of the joints, muscles or limbs.
- **Post-polio** – residue of polio myelitis.
- **Fracture** – break in the bones or cartilage.
- **Dislocation** – displacement of a part of the body from its place involving the bones due to accident or surgical intervention.
- **Amputation** – loss of one or both upper or lower limbs of the body
- **Potts disease** – a chronic disease, tuberculosis in nature caused crippling or contractor of the spine and characterized by a serious bend that bump in the middle portion of the backbone (back to back).
- **Congenital disease** – deformities existing before, or acquire birth involving the bones and muscles and joint.
- **Hemeplegia** – paralysis of one side of the body.
- **Paraplegia** – paralysis of both lower extremities.
- **Cerebral Palsy** – paralysis due to brain damage characterized either by muscle stiffness, poor balance, or slow, wringly or quick movement of the feet, arms, hands and face muscle.
- **Osteomyelitis** – inflammation of the bones some accompanied by deformities.
- **Ankylosis** – stiffness and permanent adhesion of joints.
- **Arthritis** – a progressive disease of the joints results contracted deformities.
- **Claw hand** – paralysis of the muscles of the hand in contraction
- **Club foot** – a condition where one or both feet are deformed usually where toes and feet are turned inward and some outward; others with heels down and toes upward; accompanied by webbed toes or fingers and absence of toes fingers.
- **Other Handicap** – shall refer to other circumstances that may give vice to a disadvantaged e.g., harelip and problem with the cleft palate.

**I. Mental Disability** – disability resulting from organic brain syndromes (example: mental retardation, acquired lesions of the central nervous system, dementia) and mental illness (psychotic and non psychotic disorders).

**J. Mentally Challenged** – also known as an individual with mental retardation, a person who have significantly sub-average intellectual functioning resulting to or associated with concurrent adaptive behavior, in coming with any demand of daily life manifested through their sensory motor, communication, self-help, socialization, academic and vocational skill.

- **Persons with Autism** – a person who has autism, a lifelong developmental; disability which typically appears during the first three years of life resulting from a neurobiological disorder that affects the functioning of the brain and interferes with the normal development in the areas of reasoning, social interaction and communication skills.

- **Person with Attention Deficit Hyperactive Disorder**

- a condition of the brain that makes it difficult to control their behavior
- one of the **most** common chronic conditions of childhood

- **Learning Disabled**

- person who although has sensory, emotional and intellectual abilities exhibits disorders in perception, listening and thinking, reading, writing, spelling and arithmetic.

- **Learner with Special Needs**

- a person who differs significantly from the average learner in mental characteristics; sensory abilities; neuromuscular or physical characteristics; psychosocial characteristics; or has multiple handicaps or has chronic illness; or has a developmental lag to such an extent that he requires modified or specialized instructions and services in order to develop to his / her maximum capacity.

- **Improved Mental patients** – released from any mental hospital and has been diagnosed and certified by a psychiatrist as an improved mental patient.

**K. Person with Behavioral Problems** – those who cannot adjust to the socially accepted norms of behavior and, consequently, disrupt their academic progress, the learning efforts of their classmates, and interpersonal relations. Their emotional and social developments so seriously impaired that they cannot benefit from instruction in an ordinary class.

- L. Multi-Disability** – shall refer to a person with more than one disability such as those with mental retardation – blindness, mental retardation-orthopedic handicap, deafness-blindness and others.
- M. Congenital Diseases** – diseases existing at and usually before birth may have a hereditary or non-hereditary cause.
- N. Rehabilitation Plan** – refers to the specific activities which the worker and the rehabilitation team formulate together with the clients family to help achieve rehabilitation.
- O. Rehabilitation Team** – refers to the multidisciplinary team who closely plan, implement, monitor and evaluate the rehabilitation plan.
- P. Self-Help Groups of PWDs**
- Voluntary association of persons with disabilities which functions democratically and accountably to attain a collective/common goal and interest to become self-motivated and self reliant.
  - Should be registered with the DSWD, Local Government Unit, DOLE, DTI to access funding and increase support and assistance.
  - Shall be implemented nationwide from the municipal, provincial, regional and national levels.( please refer to AO 13 Series of 2008)
- Q. Community** – refers to the residents of the barangay, municipality or city which includes persons with disabilities (children and youth) volunteers and caregivers.
- R. Community-based** – a planned program of action which has its given origin and its primary focus of services and resources within the community in which it is operational. One not imposed from the outside and is recognized by the community at large as necessary and desirable for them.
- S. Center-based** – provision of a twenty four (24) hours facility that provides temporary multidisciplinary care to Youth/Children with Special Needs who have no suitable care.
- T. Social Integration** – shall refer to the individual's ability to participate in and maintain customary social relationship.
- U. Department** – means Department of Social Welfare and Development.
- V. Local Government Unit** – shall refer to the Social Welfare Office of the Local Government Unit where the project will be implemented.
- W. Physical Independence** – shall refer to the individuals' ability to live and move freely with minimal assistance from others depending upon his/her degree of disability.



- X. Social Worker** – is a social work practitioner who by accepted academic training and experiences, possesses the skill to achieve the objectives as defined and set by the social work profession and is duly registered with the Philippines Regulation Commission after having passed the licensing examination.
- Y. Focal Person** – a person assigned at the SWD Office to handle / manage implement / monitor programs and services for PWDs.
- Z. Communication** – includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain language, human reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology
- AA. Language** – includes spoken and signed languages and other forms of non spoken languages.
- BB. Discrimination on the basis of disability** – means any distinction, exclusion or restriction on the basis of disability.
- CC. Reasonable accommodation** – means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with the disabilities the enjoyment and exercise on an equal basis with others of all human rights and fundamental freedoms. This includes improvement of existing facilities used by employees in order to render these readily accessible to and usable by persons with disabilities; modification of work schedules, reassignment to a vacant position; acquisition or modification of equipments or devices; appropriate adjustments or modifications of examinations, training materials or company policies, rules and regulations, provision of auxiliary aides and services and other similar accommodations for persons with disabilities.
- DD. Universal design** – means the design of products, environments, programmes and services to be **used** by all people to the greatest extent possible without the need for adaptation or specialized design. This shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.
- EE. Inclusive Education** – refers to general education system of government must have the capacity to provide quality, accessible, affordable, feasible to provide learning opportunity to PWDs.

#### **IV. Description:**

The Comprehensive Program for Children /Persons with Disabilities aims to promote services to all types of C/PWDs whose ages is 0-59 years of age

regardless of sex and status. The self help group of persons with disability that will be organized or already organized shall serve as the vehicle in the implementation / delivery of the comprehensive program. This is to enhance PWDs capacity to attain a more meaningful, productive and satisfying way of life and ultimately become self reliant, productive and contributing members of society.

This program is a combination of the devolved services of the Local Government Units (LGUs), currently completed social technology projects as well as the auxiliary services stipulated in the Magna Carta for PWDs.

This is further divided into the nature of services, areas on prevention, restoration and rehabilitation. Primarily this should be implemented by the LGUs and other stakeholders utilizing the 1% allocation as provided in Sec. 29 and 31 of the General Appropriations Act.

## **V. Project Goals:**

### ***General Objective:***

The guidelines seek to ensure the proper implementation of the Comprehensive Program for Children / Persons with Disabilities to improve their quality of life .

### ***Specifically, it aims to:***

1. Guide the course of actions of PWD program implementers and service providers from the pre-implementation to post - implementation in terms of:
  - identification of beneficiaries
  - services to be provided to qualified C/PWDs
  - program implementation procedure
  - accomplishments to achieve the program's objectives
  - roles and responsibilities to be carried out
2. Increase public awareness on the rights of PWDs and the availability of programs and services for PWDs
  - a. Equal rights of C/PWDs and equal access to all aspects of life including:
    - productivity and employment
    - education and training
    - housing
    - health
    - socio – recreational activities
    - accessibility to political and civil life
  - b. residual capacities of the C/PWDs to contribute to the workplace and labor market

- c. that the handicapping condition of a C/PWDs can be reduced and the progression of an impairment can be arrested provided appropriate interventions are delivered.
3. Strengthen PWD self help groups and PWD institutional support and coordination.
4. Encourage active involvement and participation in the upliftment of the morale, efficiency and productiveness of C/PWDs.

## **VI. Target Clientele:**

Persons with Disabilities are those suffering from restrictions or different abilities, as a result of a mental, physical or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being, 0-59 years of age regardless of sex, status and economic standing

Specifically, hereunder are the types of PWDs:

### *1. Physical Disabilities*

- Visual/ seeing impairment
- Communication deficit / speech impairment
- Orthopedically / moving disabilities
- Hearing impairment
- Disabilities due to chronic illness

### *2. Mental Disabilities*

- Improved Mental Patients
- Mentally Retarded
- Autistic
- Attention Deficit Disorder
- Attention Deficit Hyperactive Disorder
- Learning / cognitive Disability

### *3. Psychosocial and behavioral disabilities*

The stigma attach to the person makes him a person with disability, such as negative hansenites, arrested TB patients, recovered drug addicts /alcoholic, released prisoners and mendicants.

## **VII. Implementing Procedures**

### **A. Pre-Implementation Phase**

Very vital in this phase is to have the roster of organized self help groups of PWDs in every barangay, city/municipality and province by utilizing



existing records of the C/MSWDOs. Also to acquire sufficient information about PWDs in respective areas of responsibilities or localities; population of children and persons with disability in every barangays, nature/types of PWDs, existing support groups – government and non-government agencies This organized Self Help Groups would serve as a vehicle in accessing and delivery of services to the sector.

## 1. Social Preparation

This involves a series of consultation meetings with local government organizations, and Self-Help Groups of PWDs, who will be involved in this project implementation.

- a. The C/MSWDOs together with the FO Focal person shall prepare for an initial meeting with the Municipal or City Mayor and Sangguniang Bayan Officials to brief them on the project. Therefore the following must be looked into:
  - 1) Briefing Paper prepared
  - 2) Schedule a meeting with concerned Mayor and Official
  - 3) Conduct orientation on the opportunities and resources available in the community.
  - 4) Clearly define the provisions of the different legislation such as:
    - RA 7277 – Magna Carta for Persons with Disabilities
    - BP 344 – Accessibility Law
    - Proc. 240 – Philippine Decade of Persons with Disabilities
    - EO 417 – Economic Independence
    - RA 9442 – An Act amending RA 7277, otherwise Known as the Magna Carta for Disabled Persons and for Other Purposes
    - UN Convention on the Rights of Persons with Disabilities
- b. Coordinate community residents, volunteers, leaders and heads of NGOs in target areas.
  - 1) Meet with the recognized local leaders and heads of NGOs, explore their ideas, options and feelings about their situation and problems.
  - 2) Conduct initial field visits/ocular visits and contacts with potential partners
  - 3) Attend community assemblies and meetings of associations, clubs, groups of persons with disabilities, senior citizens and other organizations in the community. Introduce project, identify roles of potential partners and importance of community residents' participation to generate their interest in the implementation of the program.
  - 4) Contact/coordinate with workers of existing NGOs to foster a harmonious working relations/partnership.

- c. Creation of the *Persons with Disability Affairs Office* ( PDAO) in every province, city, and municipality whose functions are to:
- 1) Formulate and implement policies, plans and programs for the promotion of the welfare of the c/pwds in coordination with the concerned national and local government agencies;
  - 2) Coordinate the implementation of RA 7277, RA 9442 and RA 10070, Batas Pambansa 344, and other related laws at the local level;
  - 3) Represent PWDs in meetings in local development councils and other special bodies;
  - 4) Recommend and enjoin the participation of non government organizations (NGOs) and peoples organizations ( POs) in the implementation of all disability- related laws and policies;
  - 5) Gather and compile relevant data on PWDs in their localities;
  - 6) Disseminate information including, but not limited to programs and activities for PWDs, including children with disability, training and employment opportunities for PWDs;
  - 7) Submit reports to the office of the Local Chief Executive on the implementation of programs and services for the promotion of the welfare of PWDs in their respective areas of jurisdiction;
  - 8) Ensure that the policies, plans, and programs for the promotion of the welfare of the PWDs are funded by both the national and local government;
  - 9) Monitor fund raising activities being conducted for the benefit of the PWDs;
  - 10) Seek donations in cash or in kind from local or foreign donors to implement an approved workplan for PWDs in accordance with existing laws and regulations; and
  - 11) Perform other such other functions as may be necessary for the promotion and protection of the welfare of the PWDs.
- d. Establishing a Functional Committee on Disability Affairs at the local level – provincial and city, whose membership shall be the same as that of the regional committee on disability affairs. This is to ensure the implementation of the programs and services for the PWDs by the different member agencies.

## **B. Implementation Phase**

### **1. Capability Building**

As part of the Department's mandate, thrusts and directions, continuous training activities shall be provided to LGU implementers. This is to equip them with the appropriate skills and knowledge in the management of children / persons with disabilities, hence ensure effective performance of their roles and functions relative to program implementation.

This includes:

- a. Sensitivity training
- b. Understanding the dynamics of C/PWDs
- c. Group work skills in working with C/PWDs
- d. Case Management of C/PWDs
- e. Other specialized skills which may be needed by the implementers such as:
  - Sign language
  - Braille reading/writing
  - Total communication skills/ Sign Language
  - Orientation and Mobility
  - Activities of Daily living
- f. Education of Parents, siblings and other interested family members on the care and management of children / persons with disabilities, specially the mentally challenged individuals, children with autism, ADHD, ADD etc. This will enable them to actively participate in the rehabilitation of C/PWDs.
- g. Advocacy activities on the rights of PWDs

## 2. Delivery of Comprehensive Services

To avail of the preventive, restorative and rehabilitative services, the PWD or a representative preferably a family member as the case may be has to go to the nearest social welfare office of the local governmental unit where the client is permanently residing.

The City/Municipal Social Worker shall undertake the following:

- a. Intake Interview - process to determine service eligibility as well as needs and problems of C/PWDs. This include profile of the PWD, onset of disability, medical interventions and family's caring capacity, resources available and other vital informations regarding the client.
- b. Assessment – involves evaluation of the personal, family history, skills and vocational interest, level of aspiration and inventory of client's resources (strength or weaknesses) in terms of awareness of the problem ability, willingness and readiness to do something about the problem and available external resources from the family and community.
  - Psycho-social History of the PWD should form part of this assessment through homevisit and collateral information.



- c. Rehabilitation Planning – done to enable the client and his family to come up with rehabilitation goals/objectives timeframe, available resources and responsible persons.
- d. Refer Clients (C/PWDs) if the needed intervention is not available or is beyond the capacity of the LGU.
- e. Mobilize resources of the family, community and coordinate with government and non-government agencies involved in the program implementation.
- f. Whenever necessary, transportation assistance shall be provided to enable the PWDs to travel and avail of other services outside of the LGU.
- g. Client with psycho-social barriers and in need of counseling/casework service should be provided by the C/MSWDO  
Conduct periodically to evaluate and determine if the need / problems are responded through the provision of the needed services.
- h. Case Closure – when client needs are met and there are no other needs/problems which should be attended to based on the rehabilitation plan.

The Comprehensive Program shall include the following Services to respond to the needs of the PWDs:

**a. Community Based Services**

**1) Prevention Services**

- **Disability Prevention Service** – implemented by way of information dissemination on disability prevention, through the provision of services or the conduct of activities designed to raise the level of awareness of individuals and families at risk on the cause and effects of disabling conditions, awareness program for pregnant women on the avoidable risks during conception and to encourage the practice of disability prevention.

This will be done through the conduct of symposia/fora and use of the tri-media, radio, TV and print media and through internet.

- **Early Detection, Prevention and Intervention of Disability (EDPID) among 0-6 year-old children** – assessing possible disability among 0-6 years old children by using an EDPID tool to determine signs and symptoms or disability or those with apparent disability; new born screening and regular pre-natal check up of pregnant women.

## **b. Restorative Services**

### **1) Assistance for Physical Restoration Services:**

A service designed to help the PWD who lacks financial resources to attain maximum improvement of their physical residual capacities to facilitate integration to family and community life through the following:

- Provision of assistive devices either prosthetic/technical devices such as wheelchair, crutches, canes, and hearing aids, eyeglasses and also prosthetic devices such as artificial leg and arm.
- Referral for medical intervention like surgery for cataract patients, those with problems on their cleft palate, harelip, club foot/feet, cowhands, etc.
- Provision of counseling services to resolve psychological barriers or misconceptions about disability restorative procedures and assistive devices.
- Mobilization of community resources like the Department of Health, NGOs and other POs.

## **c. Rehabilitative Services**

### **1) Self and Social Enhancement Services:**

A service designed to assist persons with disability develop self-acceptance and positive image through:

- Counseling
- Orientation and mobility training for the visual impaired
- Sign language or survival communication
- skills development for the hearing impaired
- Daily living capabilities training to participate fully in family and community life.

### **2) Self and Social Enhancement - also provides activities / opportunities to a person with disability to establish social relationships as follows:**

- Attendance to Conventions for PWDs – an opportunity whereby
  - PWDs come together to express their views / opinions and to bring their needs and concerns to the attention of the government, non-government organizations or civic organizations
  - Participation to skills enhancement training, seminars, group dynamic activities to share a better understanding of oneself and improve social

relationship; and other undertaking to help manage their organizations.

- Membership to Self-Help Groups of PWDs – an association run by self-motivated PWDs to enable their disabled peers become similarly self-motivated, productive, self-reliant and contributing members of society.
- Membership to Organization of Women with Disabilities - This is to ensure that the concerns of women with Disabilities are represented at the national, regional and local levels.
- Participation to socialization and recreational, physical fitness and sports activities.
- Participation to competitions to Abilympics (i.e. Olympics of work skills abilities of PWDs).

#### ▪ **Training and Employment Support Services**

Services designed to prepare persons with disabilities acquire social and vocational skills in their home or in the community to enable them maintain a suitable job along open, self and sheltered self employment through the following:

- Assessment of PWDs' potentials, identification of available employment opportunities, vocational, counseling, vocational trainings or retraining of apprenticeship; on the job training and referral for employment.
- Attendance to vocational skills training offered by Area Vocational Rehabilitation Center (AVRC).
- Provision of Capital Assistance through the SEA-Kaunlaran (SEA-K)
- Employment through Sheltered Workshop
- Limited Financial Assistance while the PWD is applying for a job.

#### ▪ **Access to Information Communication Technology**

- A community-based services that offers computer and life skills to enable them to become productive and contributing members of society.
- Adaptive technology in teaching visually- impaired persons.



- Advanced technology course in teaching visually – impaired persons (VIPs) the use of advanced computing concepts and application with screen reader focusing on electronic spreadsheet, internet fundamentals and basic job-access with speech (JAWS) shooting.
- Sharing Computer Access Locally / Abroad

### 3) **Alternative Family Support Services:**

Designed to meet the needs of abandoned, neglected, abused, homeless, detached persons with disability who may be incapable or with limited capability of self care and whose families are unable to cope with the situation.

- a) **Foster Care Service** – provision of a planned temporary substitute family care for persons with disabilities, who are abandoned, neglected, unattached, homeless and those on custodial care in residential care facilities; which extends financial support for a period of three consecutive months to cover the wages of the caregiver. It could either be a subsidized or voluntary foster care.
- b) **Adoption** – is a socio-legal process which enables a child with disability, who cannot be reared by his biological parents acquire legal status wherein Adoption establishes a parent-child relation resulting in the same mutual rights and obligations that exist between children and their biological parents.
- c) **Kinship Family Care** – is the provision of planned substitute parental care to a child on a temporary basis by a relative when his/her biological parents are unable to care for him/her for a certain period of time. The child maybe placed on a short term (6 months) or long term (1 year or more) placement depending on the child's needs.
- d) **Legal Guardianship** – socio-legal process of providing substitute parental care through the appointment of a legal guardian of a child until he/she reaches the age of majority.
- e) **Group Home Service**

A community-based alternative living arrangement to institutional care which provides home life environment, designed to provide opportunity for self-care, self-direction and effective social relationship with fellow residents and members of the community in preparation for their eventual full integration in the community.

**4) TAWAG – Tuloy Aral Walang Sagabal for Children with Disabilities**

Is the mainstreaming of 3-6 year old children with Disabilities into Day Care Center/TAWAG Resource Center, children of school age into regular school or SPED Centers, to respond to their educational needs.

**5) Family Counseling Services**

The C/MSWDO shall provide counseling sessions either individual or family counseling depending on the needs of the PWDs. Involvement of family members is encouraged for them to take responsibility of their decisions. More difficult cases of the PWDs are referred to other multidisciplinary professionals e.g., physical therapist, psychiatrist, psychologist, developmental pediatrician, occupational therapist, etc.

**6) Parent Effectiveness Service (PES)**

To further enhance the skills and knowledge of a PWD in responsible parenthood despite his disability, he/she shall be encouraged to attend sessions on PES.

**7) Empowerment Reaffirmation of Paternal Abilities for PWD Fathers**

To promote and enhance the attitude, knowledge of skills of PWD of others in performing their potential roles and responsibilities and access to support services.

**8) Pre- Marriage Counseling**

Service which aims to provide would- be couples with a basis for making an informed and responsible decision about whether to marry or not.

**9) Marriage Counseling Service**

Refers to the professionally guiding / assisting couples; a) contemplating marriage towards an informed and responsible decision about contracting marriage; b. enrich the marital relationship; c) resolve marital conflicts; and d) who filed a petition for legal separation to arrive at a decision for the best interests of their children and each other.

## 10) After- Care Services

A rehabilitation service designed to facilitate integration into family and community life of persons with disabilities who are released from treatment and rehabilitation.

Provision of this service is for the continued rehabilitation on a community- based setting of PWDs who were released from residential care or rehabilitation centers. The social worker shall assist the PWDs in the integration process into his family and community with the goal of enabling him to start and become productive, self - reliant and a contributing member of society.

This is implemented through family counseling, therapy, school placemen, job placement, referral and provision of opportunities for participation in community activities.

## 11) Referral Services

This includes accessing PWDs to other support services and sustenance from government/non-government agencies with related rehabilitation services physical therapy, occupational therapy, surgical intervention and accessibility to public transport, business establishments and non-hazardous environment.

## 12) Center- Based Services (Residential)

Provision of 24-hour residential group care to children on a temporary basis whose needs cannot, at the time, be adequately met by their families and other alternative family care arrangement.

Services extended in a residential care facility are:

- **Social Services** – assist the PWDs adjust and participate in a therapeutic community through a case management plan and provision of appropriate services to maximize the full potential of residents in a residential institution (e.g. counseling, group dynamics and group sessions);
- **Homelife / Group Living Services** – attends to the physical needs of the residents in terms of providing a maximum home atmosphere through meeting their basic needs such as food, clothing, and shelter, with a well-balanced and organized activities approximating a wholesome family experience to meet their physical emotional mental and social needs.
- **Psychological Services** – provides activities/intervention which aims to assist persons with disabilities cope with



emotional and mental needs (e.g. psychological assessment, therapeutic intervention, rehabilitation team meeting);

- **Educational Services** – the provision of opportunities for the continuing education of the PWD through formal or non-formal education in cooperation with the DepEd / NGOs. Vocational and skills training are provided in preparation for their reintegration to the community for independent living.
- **Recreational, Sports and other Socio-Cultural activities-** the provision of a wide ranged of both indoor and outdoor activities to encourage and motivate the need to participate on the basis of their interests and needs, as much as possible community facilities shall be used.
- **Dietary Services** – include the proper appropriate preparation of menu for residents to promote proper nutrition.

### 3. **Networking and Resource Generation**

These involves tapping and maximizing internal and external resources for GOs, NGOs, NGAs, international agencies to ensure that appropriate needs are responded to.

### 4. **Information and Advocacy Development**

This shall focus on making the public be aware on the C/PWDs rights; residual capacities; needs and concerns and the several legislations in support to the PWDs.

### 5. **Institutional Strengthening**

Refers to the strengthening of organized self –help groups, local / regional committees on disability affairs and the Persons with Disability Office.

## C. **Post –Implementation Phase**

### 1. **Monitoring and Technical Assistance and Documentation, Data Banking and Research**

a. **Technical Assistance** - provided in terms of conducting capability building activities at least bi-annual and holding quarterly consultation, meetings on program implementation and demonstration to be conducted during the monitoring visits.

g. **Monitoring** – involves quarterly field visits and records review.

- h. **Reporting** – submission of a monthly narrative and statistical accomplishment report and quarterly report; every last week of the last quarter.
- i. **Evaluation** – mid-year and year-end evaluation is done to review progress, identify problems encountered during the implementation period and assess the activities and results as against impacts of the project, among others with the PWDs involvement.
- j. **Documentation** – this involves program documentation to record project accomplishment, benefits, good practices and success stories in the DSWD-Field Offices as basis for replication and policy enhancement.
  - The LGU in coordination with the Field Offices and Self help Groups shall document their experiences/success stories, best practices in the implementation of the project. A compendium of successful cases shall be maintained and forwarded to the Central Office for data banking and sharing of strategies and approaches in the implementation of the project.

DSWD Guidelines - MC 34 Series of 2004, shall be followed in the documentation process.

k. **Data Banking**

A data bank shall be installed both at the central office and field office to have a central data on persons with disabilities served which shall cover the following:

- # of PWDs served
  - # of SHGs organized involved
  - profile of PWDs
  - social welfare intervention/services extended
  - network, linkages and support system established
  - resources generated
- l. **Research** – this involves conduct of an evaluative research which can be conducted by the Social Technology Bureau in coordination with the DSWD-Field Office at the end of the third year to determine the effectiveness of the project.

### VIII. Expected Outcomes

With the unified and comprehensive services and with a more concrete local PWD situationer, plan of action of the group and with a set of monitoring tool and mechanism, the expected outputs are as follows:

- Increase in incidence of disability among normal persons will be minimized.
- Disability conditions among PWDs will be reduced.
- Residual capacity among PWDs will be maximized through equitable access and their active participation in community affairs.
- Persons with disability will be partners in community development rather than liabilities in society.
- Involvement of stakeholders contributed to the rehabilitation of PWDs.
- Strong working relationship among stakeholders fostered.

## **IX. Institutional Arrangement**

### **A. Department of Social Welfare and Development**

#### **1. Social Technology Bureau**

- a. Develop guidelines, policies and other program materials on the program in consultation with key program partners;
- b. Conduct capability building activities for implementers (staff and volunteers) in collaboration with the Social Welfare and Institutional Development Bureau;
- c. Coordinate with the Program Management Bureau relative to their involvement in the program implementation to ensure continuity for the eventual turnover of the program;
- d. Provide technical assistance as resource person in trainings relative to the program implementation even if the program has already been institutionalized.
- e. Provide Social Welfare Development Bureau copies of the knowledge products (Program manuals/guidelines) developed by this Bureau.

#### **2. Program Management Bureau**

- a. Conduct continuous monitoring and technical assistance to the program implementation in coordination with the Social Technology Bureau.
- b. Advocate for the expansion of the program in other areas based on need and provide augmentation support for its implementation.
- c. Conduct periodic monitoring and bi-annual evaluation of the program;
- d. Provide regular technical assistance to program implementers including the local government unit and DSWD Field Office involved in the program implementation;



- e. Document the program implementation and prepare quarterly reports and updates on the program;

**3. Social Welfare Institutional Development Bureau**

Develop and implement capability building programs for the intermediaries and stakeholders in the protection sector.

**4. Social Marketing Service**

Institutionalize the goal on marketing the program for institutionalization.

**5. Policy Development and Planning Bureau**

Provision of technical assistance in the conduct of research, monitoring and evaluation of PWD plans and programs.

**6. Field Office**

- a. Work closely with the Social Technology Bureau for any needed technical assistance;
- b. Assist in the training of implementers and volunteers;
- c. Develop and maintain linkages with local officials, NGOs, GOs and other stakeholders relative to project implementation;
- d. Provide technical assistance to implementers and stakeholders after its pilot implementation;
- e. Assist in the evaluation and documentation of the project.

**7. Centers**

- a. Identify and recruits clients and volunteers;
- b. Manage the day-to-day operation of the center;
- c. Implement the project to the identified beneficiaries;
- d. Establish network with LGU other GOs and NGOs for possible support;
- e. Submit status report on the project;
- f. Assist in the evaluation and documentation of the project;

- g. Maintain the facility and protect office properties from theft, trespassers and other bad elements through inspection and closing the building and premises.
- h. Maintain peace and order inside the center.

## **B. National Council on Disability Affairs**

Central authority of the government mandated by law to formulate policies on disability and to act as an over-all coordinating and monitoring body to rationalize the functions of government agencies and private entities and the enforcement of laws related to the prevention of the causes of disability, rehabilitation and equalization of opportunities for persons with disabilities.

Specific Functions are:

1. Formulates policies and proposes legislations concerning the rights and well being of persons with disability, and leads in the implementation of programs and services concerning the same;
2. Conducts consultative meetings and prepares symposia with all the all the stakeholders, and undertakes program evaluation and monitoring to ensure that comprehensive, relevant and timely programs and services are adequate and accessible to persons with disabilities;
3. Conducts researches and study relevant to formulated policies to promote and enhance at all levels the rights of persons with disabilities;
4. Establishes, develops and maintains a data bank on disability in partnership with concerned government agencies and non government organizations and strengthens the referral services to ensure availability of data to stakeholders and services to persons with disabilities including provision of assistive devices;
5. Establishes and maintains linkages and networking with local and international organizations, including organizations of and for persons with disabilities to generate resources and to maximize utilization of existing resources and for purposes of convergence;
6. Serves as a national working body to promote and monitor implementation of national laws and international commitments;
7. Assist in the establishment of self help groups/organizations and the setting up of specific projects through the provision of technical and financial assistance to draw out the active participation of persons with disabilities in the social and economic development of the country.

**C. Local Government Units**


1. Assign the Offices of Person with Disabilities Affairs and City Municipal Social Welfare and Development to take the lead in the implementation of the program.
2. Assist in the identification and recruitment of clients and volunteers;
3. Coordinate with local officials and other sectors to access needed services;
4. Provide administrative and other logistical support in the implementation of the program;
5. Assist in the monitoring of the progress of the project;
6. Work closely with DSWD relative to the implementation and management of the program necessary to improve their technical knowledge and skills in project development and management once program is absorbed by the local government.

**D. Licensed Social Welfare Agencies** – duly registered, licensed, accredited non-government organizations to continuously provide services for the best interest and welfare of the Children and Persons with disabilities.


**X. Effectivity:**

This Administrative Order shall take effect immediately and rescind orders which may be contrary to it.

Issued in Quezon City this 30th day of December 2010

  
**CORAZON JULIANO – SOLIMAN** .  
Secretary  
Department of Social Welfare and Development

Certified Copy:

  
**MYRNA H. REYES**  
Officer In-Charge  
Records Unit