

# ENABLING the DISABLED

Assessment of Local Mechanisms for Programs and Services for Persons with Disabilities (PWDs) - Focus on the **Persons with Disabilities Affairs Office (PDAO)**

## PROJECT REPORT

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# ACRONYMS

4K	Kilusan Kabalikat ng May Kapansanan para sa Kinabukasan
ABTC	Animal Bite Treatment Center
ACOPDA	Angeles City Office for Persons with Disability Affairs
ADHD	Attention deficit hyperactivity disorder
AIP	Annual Investment Plan
ALS	Alternative Learning System
AMCC	Angeles Multisectoral Consultative Council
AO	Administrative Officer
ASP	Autism Society of the Philippines
AUF	Angeles University Foundation
AUF CAS	AUF College of Arts and Sciences
BAI	Buhay Autismo Inc
BML	Bayan Muna Lagi
BP	Batas Pambansa
BPO	Business Process Outsourcing
BUB	Bottom-Up Budgeting
CALABARZON	Cavite, Laguna, Batangas, Rizal and Quezon
CANVIA	Camarines Norte Visually Impaired Association
CAO	Community Affairs Office
CBID	Community-Based Inclusive Development
CBR	Community-Based Rehabilitation Program
CDC	Clark Development Corporation
CDP	Comprehensive Development Plan
CES	Carmona Elementary School
CESD	City Employment Service Division
CESO	City Educational Services Office
CHED	Commission on Higher Education
CN-PDAO	Camarines Norte Persons with Disabilities Affairs Office
CNSC	Camarines Norte State College
CO	Capital Outlay
COA	Commission on Audit
COS	Contract of Service
CPAD	Cerebral Palsied Association of the Philippines
CPDD	City Planning and Development Department
CPDO	City Planning and Development Office
CRPD	Convention on the Rights of Persons with Disabilities
CSC	Civil Service Commission
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CSU	Cavite State University
CSWDD	City Social Welfare and Development Department
CSWDO	City Social Welfare and Development Office



CWD	Children with Disability
DAO	Disability Affairs Officer
DA-SEP	Department of Agriculture-Social Enterprise Project
DBM	Department of Budget and Management
DENR	Department of Environment and Natural Resources
DepEd	Department of Education
DF	Development Fund
DILG	Department of the Interior and Local Government
DOH	Department of Health
DOLE	Department of Labor and Employment
DOST	Department of Science and Technology
DOTr	Department of Transportation
DPAD	Disabled Persons Affairs Division
DPCO	Disabled Persons Coordinating Office
DPO	Disabled People's Organization
DPWH	Department of Public Works and Highways
DRRM	Disaster Risk Reduction and Management
DRRMO	Municipal Disaster Risk Reduction and Management Office
DSAPI	Down Syndrome Association of the Philippines, Inc.
DSWD	Department of Social Welfare and Development
DTI	Department of Trade and Industries
EO	Executive Order
ERIS	Eulogio Rodriguez Integrated School
FGD	Focus Group Discussion
GA	General Assembly
GAA	General Appropriations Act
GAD	Gender and Development
GDD	Global Development Delay
GFPS	Gender and Development Focal Point System
GOCC	Government-owned and controlled corporation
HR	Human Resource
HRMO	Human Resource Management Office
IBCC	Iskolar ng Bayan ng Carmona Cavite
IOS	Index of Occupational Services, Occupational Groups, Classes and Salary Grade
IRR	Implementing Rules and Regulations
JO	Job Order
JZGMAT	Jacobo Z. Gonzales Memorial School of Arts and Trades
KDF	Kapampangan Development Foundation
KKM	Kababaihang Kakaiba ng Mandaluyong
LCC	Local Council for Children
LCDPFI	Leonard Cheshire Disability PH Foundation Inc.
LCE	Local Chief Executive
LCPC	Local Council for the Protection of Children
LDC	Local Development Council

LDS	Latter-Day Saints
LEIPO	Local Economic and Investment Promotions Office
LG00	Local Government Operations Officer
LGU	Local Government Unit
LHB	Local Health Board
LSB	Local School Board
LSBs	Local Special Bodies
MA	Master of Arts
MC	Memorandum Circular
MCMC	Makati City Medical Center
MDRRMC	Municipal Disaster Risk Reduction and Management Council
MHO	Municipal Health Office
MIRDC	Metals Industry Research and Development Center
MLGU	Municipal Local Government Unit
MMTVC	Mandaluyong Manpower Technical Vocational Center
MOA	Memorandum of Agreement
MOOE	Maintenance and Other Operating Expenses
MPDAO	Municipal Persons with Disabilities Office
MPDC	Municipal Planning and Development Coordinator
MSWDO	Municipal Social Welfare and Development Office
NCDA	National Council for Disability Affairs
NGO	Non-Governmental Organization
OIC	Officer-in-Charge
OJT	On the Job Training
OSCA	Office of Senior Citizen Affairs
OSS	One-stop-shop
OT	Occupational Therapy
PAIDE	Philippine Association of Interpreters for Deaf Empowerment
PAPRAS	Philippine Association of Plastic Reconstructive and Aesthetic Surgery
PBO	Provincial Budget Office
PBU	Philippine Blind Union
PCA	Provincial Accessibility Committee
PCDA	Provincial Council of Disability Affairs
PCSO	Philippine Charity Sweepstakes Office
PCWDP	Provincial Committee for the Welfare of Disabled Persons
PD	Presidential Decree
PDAD	Persons with Disabilities Affairs Division
PDAO	Persons with Disability Affairs Office
PDOCCI	Persons with Disability Organizations in Carmona Cavite
PDRRMO	Provincial Disaster Risk Reduction Management Office
PEKADA	Pederasyon ng mga may Kapansanan ng Daet, Inc.
PESD	Public Employment Services Division
PESO	Public Employment and Service Office
PfP	Physicians for Peace
PFRD	Philippine Foundation for the Rehabilitation of the Disabled, Inc.

**PROJECT FINAL REPORT**

PROJECT: Assessment of Local Mechanisms for Programs and Services for PWDs - Focus on Persons with Disabilities Affairs Office

Disclaimer: This endeavor is produced by the Coalitions for Change Program with support from the Australian Embassy - The Asia Foundation Partnership in the Philippines. The views contained herein do not necessarily reflect the views of the Australian Government or The Asia Foundation.

PG-CEAP	Provincial Government-College Education Assistance Program
PhilHealth	Philippine Health Insurance Corporation
PHRMO	Philippine Human Resource and Management Office
PIA	Philippine Information Agency
PIO	Public Information Office
PO	Provincial Ordinance
POs	People's Organizations
PPDC	Provincial Planning and Development Coordinator
Project TEACH	Therapy Education and Assimilation of Children with Handicap
PS	Personal Services
PSA	Philippine Statistics Authority
PSB	Personnel Selection Board
PSWDO	Provincial Social Welfare and Development Office
PT	Physical Therapy
PTO	Provincial Tourism Office
PWD	Persons with Disabilities
PWDCO	Persons with Disabilities Coordinating Office
RA	Republic Act
RCB	Resource Center for the Blind
RCDA	Regional Committee on Disability Affairs
REACH	Rehabilitation and Empowerment of Adults and Children with Handicap
RO III	Regional Office III
SCAD	Senior Citizens Affairs Division
SEADC	Support and Empower Abused Deaf Children
SEC	Securities and Exchange Commission
SG	Salary Grade
SGLG	Seal of Good Local Governance
SLR	San Lorenzo Ruiz
SPED	Special Education
SPES	Special Program for the Employment of Students
SSF	Shared Service Facilities
TESDA	Technical Education and Skills Development Authority
TWG	Technical Working Group
UN	United Nations
UPPAF	UP Public Administration Research and Extension Services Foundation, Inc.
UST	University of Santo Tomas
WHO	World Health Organization
WWD	Women with Disability
YDO	Youth Development Officer

## i. Executive Summary

The UP Public Administration Research and Extension Foundation (UPPAF) supported by the Coalitions for Change program of the Australian Embassy and The Asia Foundation (TAF) investigated local government implementation of RA 10070 (Institutional Mechanisms for the Magna Carta for Disabled Persons). RA 10070 provided for the creation of Persons with Disabilities Affairs Office (PDAO) in every province, city and municipality, or the designation of a focal person who shall perform the functions of a PDAO in fourth, fifth and sixth class municipalities.

The project, “Assessment of local mechanisms for programs and services for persons with disabilities (PWDs) – Focus on PDAO” was undertaken for five months (January to May 2018). The study involved a qualitative assessment through case studies and cross-validated with some round table discussions and interviews. It had three components: 1) a literature review, secondary (LGPMs, SGLG) and survey data (non-randomized awareness survey mainly with local legislators), 2) case studies of seven LGUs, 3) and interviews with non-PDAO sites. The LGU cases are Iloilo Province, Camarines Norte Province, Angeles City, Mandaluyong City, Valenzuela City, Carmona Municipality (Cavite), and San Lorenzo Ruiz Municipality (Camarines Norte).

The project was extended until June 2018 to accommodate the contract amendment for the organization of a PWD Policy Forum that served as the dissemination event for the presentation of the findings. There were 47 attendees aside from the 17-member CLRG/case writer/TAF team members. Two sign language interpreters were hired. Rappler wrote an article about the event (“PH still far from being PWD-inclusive, says UP study”) and CLRG uploaded videos of the event in youtube ([www.youtube.com/watch?v=NLUFbD1SF84](http://www.youtube.com/watch?v=NLUFbD1SF84)).

Based on previous studies, PWDs in the Philippines experience reduced access to health services, employment opportunities, rehabilitation services and assistive devices, education, and disaster management. The causes are related to poverty and lack of proper understanding and awareness of needs. Thus, the creation of a PDAO among local government units (LGUs) was envisioned to help improve the situation and even promote community-based rehabilitation and assistance efforts.

Eight years after the RA10070 was passed, only six of every 10 local government units had PDAOs. This was consistent with DILG’s 2017 own profiling data. Through a non-randomized survey, CLRG found low awareness among local legislators on the requirements of RA 10070. More than half of the provinces (58%) and higher income municipalities (63%) are non-compliant with RA 10070.

CLRG found that non-compliance comes in different forms such as the assignment of PWD focal persons with other concurrent positions in the LGU, placement of the PWD unit under the social welfare office, or the non-observance of the general assembly process that was stipulated in the IRR. Non-compliance is partly explained by the weakness of the law and its IRR. The use of PWD “Focal Person” for 4<sup>th</sup> to 6<sup>th</sup> class municipalities was sometimes treated the same way as how GAD focal persons were treated, which justified their concurrent appointments. The six-year lag in the IRR release already created a de facto system on PDAO and Focal Person appointments and in the management of PDAO affairs by the SWDO. Among the reasons cited for non-compliance are LGU personnel ceiling, challenge of recruiting qualified PWDs, and/or non-prioritization in cases where ordinances are already in place but are not acted upon.

Nonetheless, the enactment of RA 10070 and its IRR has been instrumental in introducing the concerns of the disability sector to the local government actors. Prior to the law, the LGU SWDOs have been serving as the PWD unit, with the assignment of a social welfare officer as the PWD focal person. The LGUs cannot be said to be remiss in their efforts to include the concerns of PWDs and address them accordingly. But as NCDA stressed, SWDO's mandate does not reach other PWD concerns such as employment, accessibility features monitoring, formation of support groups/federations, etc.

The findings from the seven LGU cases show that RA 10070 and NCDA's efforts since late 1990s in pushing for PDAO creation have not been futile. LGUs which created PDAOs have been able to offer a range of services for their clientele, much, much more than those which only appointed Focal persons, and those which only enacted ordinances which were never implemented. This though has to be nuanced by the context of the LGUs and their ability to fund PWD programs and services.

Five of the LGU cases offer stories that inspire while two chronicled the challenges besetting PDAOs. All LGU PDAOs have shown resourcefulness in tapping their networks for support for their good, even unique initiatives. The range of good programs from the LGUs is varied – education and scholarship quotas, PWD association establishment, advocacy, planning, alert app/tagging for emergency situations, databanking, livelihood, assistive device customization, music and dance PWD groups, rehabilitation, and awards giving. While each case is not meant to be compared, they nonetheless raise issues, questions, and provide lessons, operational and policy recommendations that may help improve the implementation of RA 10070 and promote disability-inclusive development.

Major findings and recommendations can be outlined into three areas. The first is stronger monitoring of RA 10070 implementation and provision of incentives for compliance. Forty percent of the LGUs do not have PDAOs, and awareness to RA 10070 is low. There is general unfamiliarity with and non-observance of the requirement for a general assembly in the nomination of PDAO Head. PWD preference for the Head is not universally observed, nor do the LGU cases displayed consensus on the PWD appointment preference. The weaknesses in the law and the delay in the release of the IRR made room for concurrent appointments and turfing/tension problems with the SWDO. Strategies for addressing these include temporary appointments, which would still be consistent with the spirit of the law, that would allow people in the office to fully comply with the requirements (e.g. civil service eligibilities). Some LGUs enact ordinances that do not have specifics for budget, office space, plantilla positions. This entails stronger information and education campaigns to LGUs, for them to comply with this process.

Therefore, monitoring should not focus only on the presence of an office, but nuance the presence of ordinances, structure, office space and dedicated budget. Implementation could be incentivized by linking this to higher SGLG standards associated with PWD accessibility/inclusivity. Awareness of local government actors could be raised by working with DILG-LGA, by including discussion of disability-inclusive policies and programs in their basic courses for newly-elected officials. For LGUs which have yet to create PDAOs, the transition from SWDO to a PDAO unit needs to be planned so that the division will not eventually lead to turfing. DILG's Local Government Operations Officers in each LGU may help facilitate the transition.



The second recommendation is to standardize data reporting of PWD information that can be linked to a national PWD registry. LGUs provide the PWD IDs and the information are kept as a PWD database. The IDs are important not only for providing services, but also for providing needed baseline data on the sector. There is however no uniform system or architecture for PWD database. The data from the seven LGUs have showed disparity in level and quality of information. There is a need to agree on standard PWD data that eventually link to a national PWD registry. Basic standards would include definition/types of PWDs; naming/labeling of common services; etc. A common-PWD data dictionary needs to be developed.

The third recommendation is the institutionalization of direct PWD representation/ participation in the LGUs. Among the cases studied, there is limited direct participation among PWDs. Based on the law, it is the PDAO Head who represents the sector in the LDC. Participation of the head in other local special bodies is encouraged but optional, since there is no devoted slot for a PWD representative. Representation is particularly relevant for local health boards and local school boards, considering more so that many of the programs and inclusivity concerns mentioned in the cases involve health and education. Note that not all PDAO focal persons are PWDs. To establish direct PWD representation then requires two things: organization of active federations/PWD associations, and expansion of membership of local special bodies to include PWD representatives.

## ii. About the Project

The UP Public Administration Research and Extension Foundation (UPPAF) supported by the Coalitions for Change program of the Australian Embassy and The Asia Foundation (TAF) investigated local government implementation of RA 10070 (Institutional Mechanisms for the Magna Carta for Disabled Persons). RA 10070 provided for the creation of Persons with Disabilities Affairs Office (PDAO) in every province, city and municipality, or the designation of a focal person who shall perform the functions of a PDAO in fourth, fifth and sixth class municipalities.

The project, “Assessment of local mechanisms for programs and services for PWDs – Focus on PDAO” (PDAO Research) was undertaken for five months (8 January 2018 to 31 May 2018). The project was led by Dr. Erwin Gaspar Alampay, Director of the Center for Local and Regional Governance, University of the Philippines National College of Public Administration and Governance. The study involved a qualitative assessment through case studies and cross-validated with some round table discussions and interviews. It had three components: literature review and secondary and survey data, case studies of six LGUs (7 undertaken), and interviews with non-PDAO sites. Specifically, these are:

*Component 1 (Literature and Data):* review of literature and policies, mining of DILG PDAO profiling data, conduct of PDAO awareness survey of CLRG course participants and online respondents (elective LGU officials), and interview with NCDA.

*Component 2 (Case Studies):* fieldwork on seven (originally six) selected sites, two from each LGU level (province, city, municipality). Fieldwork activities include interviews, focus group discussions (FGDs), and the collection of relevant documents such as local policies, programs, activities, budget, and project reports.

*Component 3 (non-PDAO Sites):* conduct of key informant interviews (KII) with pre-identified municipal focal persons (LGUs with no PDAOs) in the two selected case provinces and review of responses in the roundtable discussion (as part of interview questions pilot-testing).

The selection of the LGU cases was guided by three main considerations.

- (1) certainty or verified information that the LGU has a functional PDAO / active focal person;
- (2) representation by LGU levels (province, city, municipality) and income class - one case would come from 1<sup>st</sup>-3<sup>rd</sup> income class municipalities, another from 4<sup>th</sup>-6<sup>th</sup> class municipalities;
- (3) at least 1 of the 6 sites has a non-PWD PDAO unit head or focal person;

The determination of the sites was made in consultation with TAF based on the initial list of attendees of a December 2017 PWD workshop organized by the National Council on Disability Affairs (NCDA). The sites were Camarines Norte and Iloilo provinces, Angeles and Mandaluyong cities (+ Valenzuela city), and Carmona, Cavite and San Lorenzo Ruiz, Camarines Norte (5<sup>th</sup> class). Non-PWD PDAO Heads are from Mandaluyong and Valenzuela.

The interview questions were pilot-tested through a roundtable discussion with PDAO officers of the National Capital Region on 26 February 2018. PDAO officers of the cities of Mandaluyong,

Taguig, Valenzuela, Manila, Quezon City, Malabon, and Pateros Municipality attended. Fieldwork visits were undertaken from March to April 2018.

The UPPAF/NCPAG researchers and extension specialists who served as case writers and documenters for the LGU cases were:

- Camarines Norte: Prejean Prieto and Raphael Montes, Jr.
- Iloilo: Celenia Jamig and Patricia Patdu
- Angeles City: Patricia Patdu and Eula Marie Mangaoang
- Mandaluyong City: Elyzabeth Cureg and Don Jeffery Quebral
- Valenzuela City: Maricris delos Santos and Lourdes Villar- Santos
- Carmona, Cavite: Lourdes Villar- Santos and Eleangel Dawn Cortel
- San Lorenzo Ruiz, Camarines Norte: Raphael Montes, Jr. and Prejean Prieto

The non-randomized awareness surveys were held on various dates during the different course offerings of CLRG. Course attendees were composed largely of local legislators. The first survey run was on January 25 and January 30 for the participants of the Strategic Leadership for Local Legislators (SL3). Participants of partner-commissioned programs were likewise surveyed. These were with the Lady Local Legislators League of the Philippines on January 31 and the Vice Mayors League of the Philippines on February 28. The survey questionnaire was also uploaded online (googleform) with requests for former CLRG course participants to answer. The online survey accepted responses from February 15 to March 27. A total 230 responses were generated.

At the end of the PDAO Research Project, findings on the following areas were discussed:

- (1) profile of PDAO officers/focal persons on the LGU cases;
- (2) functionality of PDAOs/focal persons and their specific programs and projects;
- (3) gaps, problem areas and factors that affect the establishment of PDAOs / Focal persons; and
- (4) recommendations in policy, structures and processes to help improve RA 10070 implementation.

The contract for the PDAO research project was amended with the inclusion of a dissemination event. Designed as a policy forum, the event took place on 19 June 2018 at Sequoia Hotel Quezon City. Case writers were given time to present their cases followed by a synthesis presentation by the Project Leader. A session for panelists from NCDA and DILG was allotted for their feedback on the findings. NCDA OIC-Director Carmen Reyes-Zubiaga and DILG-LGPMS OIC-Chief Melanie Qiton represented the said agencies.

The forum aimed to gather stakeholders from the media, local government league officers, representatives from disabled people's organizations, representatives from the other national government agencies, and the PDAO heads of the seven LGU sites. There were 47 attendees aside from the 17-member CLRG/case writer/TAF team members. Nine of the attendees came from the six LGUs featured (San Lorenzo Ruiz not represented), 3 from other LGUs, 12 from national government agencies (NCDA, DILG, TESDA, DOLE, DOST), 7 education and health service providers, 13 from CSOs/NGOs and 3 from the media. Two sign language interpreters were hired for the event. Rappler wrote an article about the event ("PH still far from being PWD-inclusive, says UP study") and CLRG uploaded videos of the event in youtube ([www.youtube.com/watch?v=NLUFbD1SF84](http://www.youtube.com/watch?v=NLUFbD1SF84)).

### iii. Disability Literature Review

This section reviews the different subjects of disability research and discusses the policies and specific practices in the Philippines.

**Research areas.** Systematic literature search was done through Google Scholar to identify relevant disability literature. Search terms used were persons with disability (PWDs), political representation, government office, accessibility, public services, empowerment, and affairs office were utilized in selecting articles. The following emerged as relevant research themes:

✓ *Disability as a development agenda.* The disability agenda was not prominent until the enactment of the United Nations (UN) Convention on the Rights of PWDs (CRPD) on 13 December 2006. SDGs 2015 - 2030 included disability dimensions unlike the MDGs which regrettably overlooked the sector mainly due to scarcity of disability data, especially in many development countries, and absence of internationally accepted measures for identifying PWDs. (Brolan et al. 2015)

✓ *Disability definitions.* The definition of disability is in itself an object of research and discourse (Brandt et al. 2014; Brzuzy, 1997; Hahn, 1984; Halfon, 2012; Jeffrey & Singal, 2008; Reynolds, 2017; Tierney, 2001; Waldschmidt et a. 2017). The range of perception models include the traditionalist (disability as a punishment or curse), medical (disability as a health concern), economic (disability in relation to employment), socio-political (disability as a “function of social, economic, and political forces working together.” The prevailing model sponsored by UN CRPD and WHO is a combination of the medical and the socio-political models. UN CRPD defined PWDs as “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” (Article 1).

✓ *Barriers to inclusion.* Majority of the literature explores social, economic, physical, and environmental barriers that contribute to the exclusion of PWDs from mainstream society. A popular research focus is to consider PWDs’ access to health services, inclusion to health policies, and health-related expenditures (Choi et al, 2016; Ishaque, Rahim, & Hussain 2016; Eide et al. 2015; Amin et al. 2011; Rice & LaPlante, 1992). A number of studies also focus on mobile disability and accessibility of physical structures (Aldred & Woodcock, 2008; Herrera-Saray et al. 2013; Meshur, 2013; Sasu et al. 2016; Vujakovic & Matthews, 1994). Sasu et al. (2016) investigated compliance of compound houses in Kumasi with the accessibility provisions under Ghana’s PWDs Act 2006. They found that opportunity costs, low awareness, multiple ownership, and reluctance of landowners are reasons for low compliance. Vujakovic and Matthews (1994) emphasize the importance of properly understanding and incorporating persons’ experiences of the environment when producing maps to address the needs of this specific user group. They studied the Coventry Access and mobility Mapping Project that manifested the benefits of collaboration between PWDs and local institutions, such as empowerment and better map designs (Vujakovic & Matthews, 1994).

Marella et al. (2015) found that higher disability occurrence is linked with old age and lower levels of education. In sum, the most common barriers are poverty, high cost, and lack of awareness, disability data, communication, and support. Studies show, however, that disability is interrelated

with several factors. For instance, others focus on marginalization of PWDs from the labor market in relation with other factors such as physical barriers (Barnes & Mercer, 2005; Bellemare et al. 2017). Bellemare et al. (2017) found that wheelchair users are still subject to employment discrimination and there is no significant reduction of these discrimination effects in firms with premises that are accessible. Kitchin (1999) points out the interplay between socio-economic and political factors, with spatial configuration, providing a more complete picture of how PWDs are excluded. “The spatial manifestations of inaccessible public transport reproduces unemployment and underemployment amongst disabled people, and restricts their social activities. This, in turn, restricts the ability to earn, and thus confines them to poor, cheap and inadequate housing and welfarist lifestyles” (Kitchin, 1999, p.349).

✓ *Mechanisms for inclusion.* Other studies looked at mechanisms which could promote inclusion such as technology, political participation, and inclusive policies. Technology has a potential to facilitate the inclusion of PWDs by given alternative ways of accessing services, participating in processes, and so on. There are studies that evaluate technology-based programs aimed to facilitate accessibility of PWDs (Lancioni et al. 2013; Hasan et al. 2017; Agangiba & Salah, 2016; Arbelaitz et al., 2016; Kuzma, Yen, & Oestreicher, 2009; Lancioni et al. 2013) In a different perspective, others investigate the access of PWDs to e-technology or their ICT capacities (Agangiba & Salah, 2016; Yang and Chen, 2015; Osman, 2015).

Other studies focus on analyzing political participation of PWDs (Gayle & Palmer, 2005; Oliver & Zarb, 1989; Shakespeare, 1993; Thill, 2015). Oliver and Zarb (1989) propose that the disability movement may be an effective tool to influence the state towards political and social change but this is dependent on balancing state engagement (e.g. involvement in special public service) and independence (e.g. political awareness demonstrations) to prevent dependency. Empowerment is an essential feature of the disability movement in its effort to unmask apparently “altruistic benevolence” as “paternalistic domination” (Shakespeare, 1993, p.262). Disability movements, changes in public attitudes towards disability, landmark disability laws, and advances in disability research push for more inclusive disability policies (Shogren et al. 2009). Shogren et al (2009) explains that disability policies, whether are domestic or international level, should address person-centric (e.g. self-determination, empowerment, etc) and system needs (e.g. antidiscrimination) of PWDs. These core principles according to the authors are already incorporated in the UN CRPD.

**Findings from the Philippines.** The 2010 Census of Population and Housing by the Philippine Statistics Authority (PSA) results show that PWDs make up 1.57% or 1,443 thousand of the 92.1 million household population in the country. Men accounted for 50.9 percent of this figure. They were more likely to be ages 5 to 19 years and 45 to 64 years. Most PWDs reside in Region IV-A and in NCR (PSA website).

Several studies noted that PWDs in the country experience reduced access to the following in comparison with their counterparts. These include access to health services (Marella et al. 2016; Brolan et al. 2015; Lee et al. 2015; Muller et al. 2011), employment opportunities (Cruz, 2017; Marella et al. 2016; Mina, 2013; Mina, 2017; Lamichhane & Watanabe, 2015), rehabilitation services and assistive devices (Marella et al. 2016; Lamichhane & Watanabe, 2015; Lee et al. 2015; Olavides-Soriano, Ampo, & Escorpizo, 2011), education (Marella et al. 2016; Agbon & Mina, 2017; Cruz, 2017), social welfare services (Marella et al. 2016; Lee et al. 2015; Cruz, 2017), and disaster management

(Benigno et al. 2015; Marella et al. 2016). The causes are similar to the ones indicated in the general literature, namely poverty (Albert et al. 2009; Brolan et al. 2015; Agbon & Mina, 2017) and lack of proper understanding and awareness of needs (Agbon & Mina, 2017; Lamichhane & Watanabe, 2015; Lee et al. 2015; Marella et al. 2016; Tabuga, 2010).

Lamichhane and Watanabe (2015) found that PWDs, specifically those with visual impairments, were at a disadvantage in terms of getting employed, regardless of gender. Many of those working in massage and acupuncture job sectors are persons who are blind. Albert et al. (2009) explain that the key factor that explains why PWDs have lower income levels compared to non-PWDs is due their inherited human capital (i.e. length of schooling of parent/s). This points to a vicious cycle of poverty that needs immediate and proper intervention.

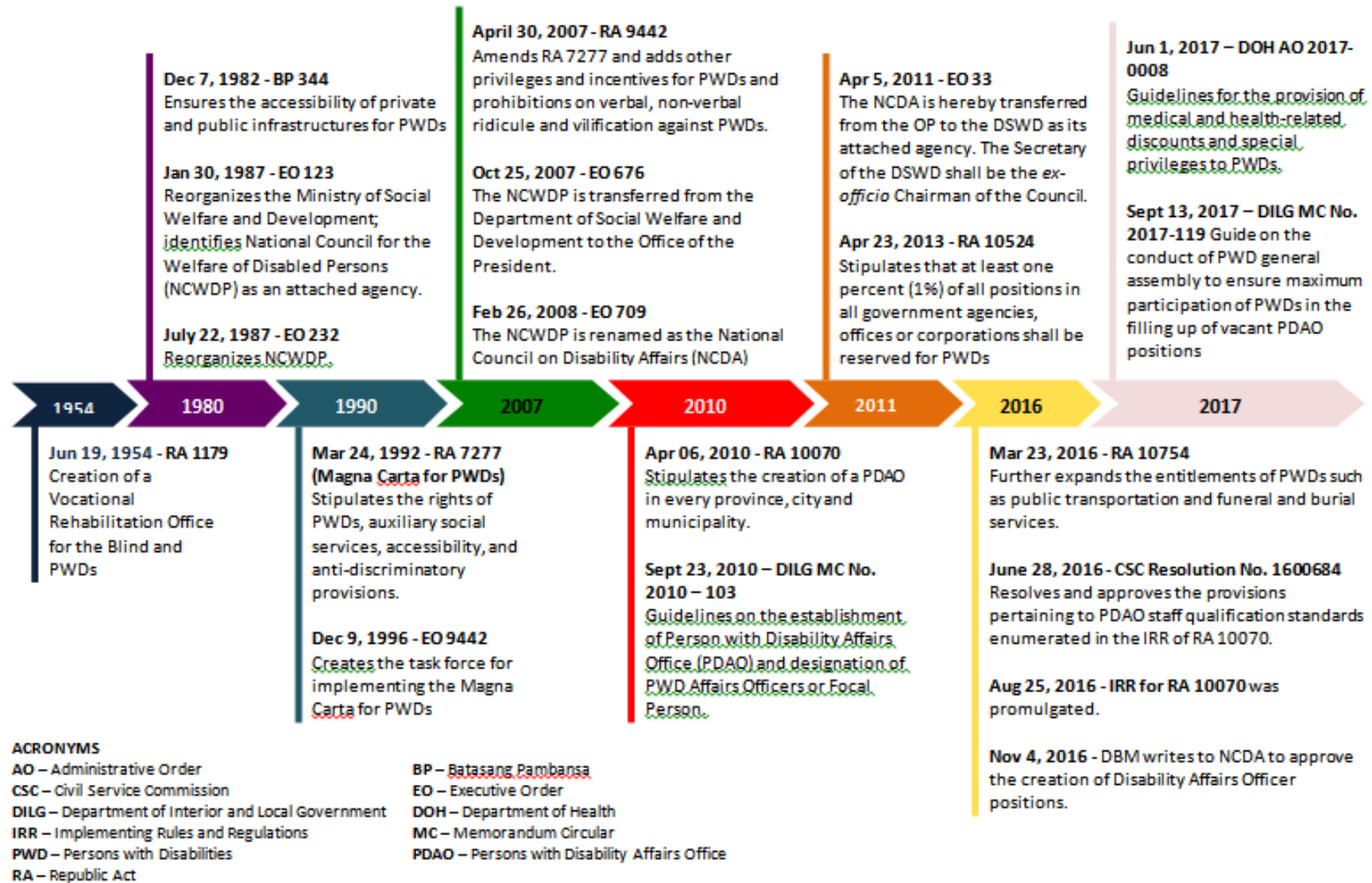
Some of the disabilities studies also include analyzing the role of gender. Women PWDs (WWDs), they assert, have to deal with a double disability. Lee et al. (2015) corrected views of service providers against providing special treatment to WWDs. They explain such perspective does not recognize the fact that women with disabilities confront additional barriers in accessing health services and requires added assistance than non-PWDs. Albert et al. (2009) found that Filipino male PWDs were more likely to receive higher education than WWDs. Yet the study of Marella et al. (2016) noted that disability as an issue was perceived a responsibility of women rather than men.

**Philippine Policies.** Albert et al. (2009) explains that the Philippines have enacted a number of policies and laws relating to disability in comparison with other developing countries. Several disability-related Republic Acts (RA) and other policies have promulgated since the first PWD-related law, Republic Act 1179 entitled “An Act to Provide for the Promotion of Vocational Rehabilitation of the Blind and Other Handicapped Persons and Their Return to Civil Employment” enacted in 1954. The National Commission Concerning Disabled Persons was established in 1978 and is now known as the National Council on Disability Affairs (NCDA). In 1983, the Accessibility Law went into effect, enumerating building requirements for ensuring that premises are inclusive to all sectors.

The most significant law to date is RA 7277 otherwise known as the “Philippine Magna Carta for Disabled Persons”, which was later on expanded by succeeding laws. The most critical of the recent laws are the (i) establishment of PWDs affairs office (PDAO), (ii) provision of discount privileges, and (iii) provision of PWDs identification card.

Republic Act 10070 stipulates the establishment of a PDAO in every province, city, and municipality. Together with the Magna Carta, this provides a key legal support for PWDs. Aragon Jr., (2017) writes, “PDAO offices are established in each municipality usually, under social services. Each office determines its own goals and projects depending on the needs of its constituents” (p.3). Figure 1 on the next page shows the policies LGUs may need to undertake compliance monitoring.

Figure 1. Timeline of Salient PWD Related Laws, Philippines 1954 -2017



Given its nationwide coverage, Olavides-Soriano, Ampo, & Escorpizo (2011) opine this as an important step towards improving community-based rehabilitation because 70% of PWDs reside in rural areas. They argue that LGUs are the “most accessible government machineries” since they are directly in touch with PWDs (Olavides-Soriano, Ampo, & Escorpizo, 2011, p.65).

In his study on employment of PWDs, Mina (2013) recommended that PDAO officers should actively and regularly inform the PWD community of available employment and training opportunities. His study focusing on employment profiles of adult women with disabilities in Cebu, however, reported events when the PDAO officer did not fulfill this role. “PWD affairs officer was said to be not very pro-active in disseminating information to PWDs” when explaining why there were limited PWDs trainees working in a technical vocational school, which can train PWDs (Mina, 2017, p.31).

Aside from disseminating employment and capacity building information, one of the tasks of PDAO is to provide PWD IDs. Benigno et al. (2015) noted that IDs could strengthen useful data on PWDs. This assumes the IDs are associated with a properly maintained database on them. In their study of post-typhoon Haiyan rehabilitation efforts for PWDs, for instance, they emphasize that having data profiles in communities can help in responding to the needs of PWDs. Tabuga’s study (2013a) found that possession of identification is influenced by three factors: age, education attainment, and type of impairment. As senior citizens, PWDs are already entitled to receive discounts and therefore have less incentive to obtain an ID. Tabuga (2013a) added that senior PWDs are doubly vulnerable and thus needs more assistance.

RA 10754 expanded the benefits and privileges offers (discount privileges on transportation fares, health services, and hotel accommodations) to PWDs. But majority of the members of the sector themselves are not aware of the disability laws, whether the old or the new amendments (Tabuga 2010). More alarming is the low participation rate in the discount privileges. “In the discount on land transport fares for instance, only 59 percent of the PWDs have actually availed and benefited from this discount privilege. Meanwhile, only a third of the respondents have ever availed of the medical discounts. Also, even for PWDs who are eligible and aware, a considerable portion has never availed of the discounts” (Tabuga, 2010, p.2). In a later study, Tabuga (2013b) found that the main constraints faced by PWDs for accessing discount privileges are lack of awareness and no PWD ID.

**RA 10070 and IRR in Focus.** The Republic Act was enacted in 2010 and the Implementing Rules jointly prepared by DSWD, DILG, and CSC was released in 2016. Here are UPPAF’s insights on the RA and IRR select provisions, which may have affected its enforcement.

- ✓ The IRR says that there should be a separate office or a dedicated plantilla item (disability affairs officer) for the Focal Person. But the IRR used the words “designate or appoint a Focal person” for 4<sup>th</sup> to 6<sup>th</sup> class LGUs. This may lead to confusion on whether the Focal Person should have a plantilla post or may concurrently be held by another employee. Furthermore, the R.A.’s provision on the focal persons states that “in consideration of budget restraints, local chief executives of 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> class municipalities may...designate a focal person.”
- ✓ The IRR provided that the PDAO be established under the office of the chief executive. But all LGU departments are under the office of the chief executive. The IRR could have stipulated that the



PDAO would be “directly” under the said office to avoid occasions where it is created as a section or division of a regular department that is also under the chief executive.

- ✓ The provision for the consultation requirement with NCD or the conduct of a general assembly (GA) of PWDs for the nomination of the PDAO Head is unique.
- ✓ The role of PDAO to Representation of PWDs in LDC and LSBs is not clear. Should this be automatically the PDAO officer, or should PDAO, instead, encourage the participation of the PWD representatives from the sector in the LSBs.

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## iv. PDAO Situationer

This section describes the general situation regarding the implementation of RA 10070. It is composed of five parts. It starts with the feedback from NCDCA on their role, the LGUs' role, and the specific requirements in implementing RA 10070. The section proceeds with the results of the awareness survey for CLRG course participants from January to March of 2018. Part three and four deal with RA 10070 compliance figures based on the Local Governance Performance Management System (LGPMS) data and Seal of Good Local Governance (SGLG) ratings. The last part culls lessons from non-PDAO LGUs from Camarines Norte and Iloilo, and NCR LGUs during roundtable discussions held last February.

**NCDCA Perspective.** According to Executive Director Carmen Reyes-Zubiaga, NCDCA's primary role in implementing RA 10070 is to monitor its implementation through submissions to DILG of LGU ordinances creating PDAOs. However, NCDCA does not have a regularly updated tally of the number of LGUs with ordinances establishing PDAOs and whether the offices were created as departments, divisions, or sections, as provided in the law. The measure of compliance though is not limited to the presence of an ordinance but the presence of five other components like a dedicated budget, clearly distinct office space, permanent plantilla (at least for the Head, and that the Head is not holding another position in the LGU), programs and projects included in the Annual Investment Plan (AIP), and organization of a PWD Federation or of accredited PWD organizations active in the local development council (LDC).

Director Reyes-Zubiaga explained the logic behind provision to place PDAO under the Office of the Governor or Mayor. Before RA 10070, NCDCA observed that services for PWDs were provided by the Social Welfare and Development Office (SWDO). Instead of maintaining status quo, during the deliberations for the provisions of RA 10070, NCDCA insisted that PDAO be put under the chief executive's office, supervised by the Office of the Administrator. According to NCDCA, SWDO's mandate does not capture the other needs of PWDs like training, employment, and accessibility monitoring.

Based on the law, the PDAO Head represents the sector to the LDC and other local special bodies (LSBs). But only PDAO's participation in LDC is secure, whereas membership in the other LSBs was only "encouraged" and mainly a result of the Head's "advocacy efforts" and his/her "time management" skills. NCDCA-recommended LSBs include the School Board, Health Board, and Disaster Risk Reduction Management Council DRRMC.

NCDCA likewise recognized that the provision for NCDCA consultations for PDAO creation and the nomination of the Head was more "advisory" in nature, in cases where violations are apparent. NCDCA does not have enough manpower or reach to be able to communicate directly with all the LGUs. NCDCA needs to communicate, for example, how the general assembly requirement is recommended to play out. The IRR only states that the general assembly "shall nominate at least three qualified applicants." Yet, based on the interview, Director Reyes-Zubiaga details the assembly

nomination process as the period when the nominees are required to introduce themselves and explain their proposed platform of action prior to a secret ballot. The ballot results would determine the names of the three nominees. NCDCA admits that the general assembly is a “new” personnel requirement distinct to PDAO Heads. NCDCA hopes to reach 100% compliance on this requirement in three to five years (from 2016 IRR issuance).

Here are the other observations NCDCA’S Executive Director on RA 10070’s implementation. One, NCDCA has observed that the GAD Fund is used to support PWD programs. Two, the use of the term “Focal Persons” for DAO officers for 4<sup>th</sup> to 6<sup>th</sup> income class municipalities may have contributed in the practice of assigning a regular LGU employee with the PWD service functions, similar to the approach for the GAD Focal Persons. Three, the scheduled review of RA 10070’s implementation has long passed (in 2013) and the absence of concrete data or information monitoring its implementation impedes the conduct of the review. Lastly, there is a window of opportunity for the PWD sector to capitalize on the LGPMS and SGLG, with the partnership of DILG and NCDCA in defining disability sector-relevant indicators in these measurement systems.

## How much do LGU officials know of RA 10070?

The UPPAF research team ran a non-randomized survey that assessed the awareness of LGU officials and staff on key provisions of RA 10070 and the PDAO or PWD focal person in their LGU. Convenient, paper-based surveys were held on various dates among 197 participants of the Center for Local and Regional Governance’s (CLRG) training programs. An online survey, made available for former participants of the center’s programs, drew additional 33 respondents. Combined, a total of 230 responses were generated.

Local legislators (vice governor, board member, vice mayor and councilor) formed bulk of the total number of respondents, at 146 or 63%. A little above one fifth were legislative or administrative staff (23%) and only 2% were employed outside the LGU. The remaining 12% did not indicate their designation. The respondents’ length of service in the LGU ranges from less than 1 year to 57 years. Almost half have been with the LGU for one to four years (26%) and five to nine years (22%). Male (56%) outnumber females. In terms of distribution by island group, 44% were from Luzon, 34% from Visayas, and 22% from Mindanao.

The survey included questions on the establishment of PDAO or designation of a PWD focal person, the nature of appointment of the PDAO Head or the focal person, and PWD representation and data. The discussion below highlights the important findings of the survey. As the selection of respondents was not randomized, the findings of the survey are not generalizable. Nonetheless, they can provide a tentative picture of PDAO status across the country.

**PDAO Creation.** Of the 230 respondents, 93 or 40% reported that their LGU already had a PDAO. Not all respondents provided their LGU information. Only 165 identified their LGUs, 109 of those were supposed to already have a PDAO (not 4<sup>th</sup> to 6<sup>th</sup> class municipalities). Of the 109, 71 or only 65% signified the presence of a PDAO.

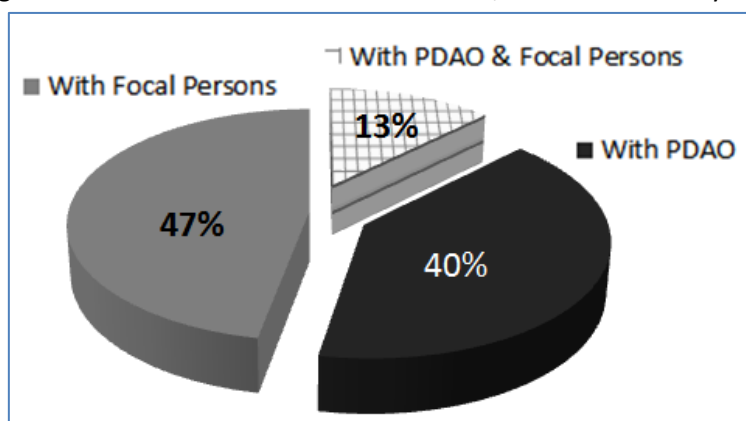
The 165 respondents' responses were cross-checked with their LGU's LGPMS PDAO profile. Only 52% were consistent with LGPMS. Of the 48% whose answers were not consistent, 31% reported presence while 69% reported absence of PDAO. This means that either national monitoring needs to be improved (respondents said PDAO was present but national data says otherwise) or LGU officials have low awareness on the existence of PDAO in their LGU (respondents said there is no PDAO but national data says otherwise).

Additionally, out of the 230 total respondents, only 62 or 27 % answered that a local ordinance supports PDAO's creation. Less than 20% reported creation through an executive order. This suggests that the creation of some PDAOs were not supported by legislation and is therefore not secure.

Asked whether their LGU's PDAO has its own department or belongs under another office, 4.8% said their PDAO is a separate department while 5.7% and 7% reported that theirs is a division or section, respectively. The local social welfare office was the most commonly cited mother unit. One issue this may raise is the lack of independence of PDAO from other LGU offices or units.

Another indication of low awareness of LGU officials and staff on RA 10070 was the confusion between PDAO and a focal person. Twenty-nine of the total respondents (13%) checked for both presence of PDAO and Focal Person but review of responses to succeeding questions increase the figure to 78 "confused" respondents (34%). Meaning, some have shown inconsistency in answering the survey; some respondents were unsure whether they indeed have a Focal Person or a PDAO.

Figure 2. Presence of PDAO or Focal Person, Awareness Survey 2018



**PWD Focal Person Designation.** Less than half of the 230 total number of respondents reported knowing that a focal person was assigned to function as PDAO (108 or 47%). Of the 165 respondents who identified their LGU, only 56 were from 4<sup>th</sup> to 6<sup>th</sup> class municipalities, far lower than the 79 respondents who reported presence of a focal person. Meaning, 23 respondents come from LGUs which should have PDAOs instead of a Focal Person.

Of those who reported presence of a focal person, 20% cited local ordinance, and 31% cited executive order as the bases for the appointments. Further, 70% recounted that the focal person had a concurrent post, mostly in the social work department. A few relayed that their focal persons are employed as accounting or PESO staff, or executive assistants. This shows that a majority of focal persons were not fully dedicated to PWD affairs only.

**Preference for PWDs.** RA 10070 points out the priority appointment for qualified PWDs (Section 1). The provision specifically states, “...Priority shall be given to qualified PWDs to head and man the said office in carrying out the (functions of the office).” The survey showed that more than two-fifths observe this provision. Specifically, 101 or 44% of the respondents were aware that their PDAO head or focal person is a PWD. The most common form of disability pertained to mobility (72), speech (4), hearing (2) and vision (2).

**PWD Representation and Data.** More than two-thirds of the respondents conveyed that PWD associations were present in their LGU (156 or 68%). More than half also reported the existence of a PWD database (130 or 57%). This would suggest the ease in reaching the PWD population and the viability of convening them for a general assembly or other avenues for mobilization.

On PWD representation in local special bodies, the survey, however showed low participation of PWDs. Only 33% had representation in the Local Development Council (LDC), 17% in the Local Health Board (LHB), 12 % in the Local School Board (LSB), and 10% in the Peace and Order Council (POC). There were also very few who were represented in Gender and Development (GAD), Local Disaster Risk Reduction and Management Council (LDRRMC), and other special bodies.

## How prevalent is non-compliance to PDAO creation requirement?

DILG, through the Bureau of Local Government Supervision (BLGS) shared their PDAO ‘profiling’ data based on the LGU Local Governance Performance Management System (LGPMS). LGPMS is a self-assessment system and DILG does not verify the LGU responses.

BLGS shared that the inclusion of a PWD indicator in the LGPMS profile first started in 2017 as a response to persistent requests from NCDA. In the LGPMS, LGUs were asked whether they have established PDAOs or not. This meant that even 4<sup>th</sup> to 6<sup>th</sup> class municipalities were asked the same question and not offered an alternative question consistent with RA 10070 – designation of a focal person. A tally of the DILG LGPMS data on the PWD indicator is provided on Table 1.

**Table 1. Number of LGUs with/without PDAOs, by LGU level and income class, 2017**

LGU LEVEL & INCOME CLASS	With PDAO	No PDAO	No Data	TOTAL
<b>PROVINCE (ALL)</b>	47 (58%)	33 (41%)	1 (1%)	81
1st	27	16	1	44

2nd	9	7	0	16			
3 <sup>rd</sup>	5	7	0	12			
4 <sup>th</sup>	3	3	0	6			
5th	3	0	0	3			
<b>CITY (ALL)</b>	<b>117 (82%)</b>	<b>25 (17%)</b>	<b>1 (0.6%)</b>	<b>143</b>			
1st	49	5	0	54			
2nd	13	0	0	13			
3 <sup>rd</sup>	26	7	0	33			
4 <sup>th</sup>	16	11	1	28			
5th	8	2	0	10			
6 <sup>th</sup>	5	0	0	5			
<b>MUNICIPALITY (ALL)</b>	<b>With PDAO</b>	<b>%</b>	<b>No PDAO</b>	<b>%</b>	<b>No Data</b>	<b>%</b>	<b>TOTAL</b>
<b>MUNICIPALITY (ALL)</b>	<b>841</b>	<b>56%</b>	<b>630</b>	<b>42%</b>	<b>20</b>	<b>1%</b>	<b>1491</b>
1st	238	71%	96	29%	0	0%	334
2nd	114	62%	67	37%	2	1%	183
3 <sup>rd</sup>	144	54%	119	45%	4	1%	267
1 <sup>st</sup> to 3 <sup>rd</sup> combined	496	63%	282	36%			784
4 <sup>th</sup>	205	52%	180	46%	9	2%	394
5th	127	46%	146	53%	3	1%	276
6 <sup>th</sup>	13	35%	22	59%	2	5%	37
4 <sup>th</sup> to sixth combined	345	49%	348	49%			707

Table 1 shows that across LGU levels, cities are the most compliant with 82% of the 143 cities having a PDAO. Municipalities comes second with 63% of the required LGUs (1<sup>st</sup> to 3<sup>rd</sup> income class) reported to having created PDAOs. All municipalities combined though would bring down the percentage to 56%, closer to the performance of provinces at 58%. Income class does not seem to affect province and city LGU's decision to establish offices. For municipalities, the effect of income and the corresponding income-based requirement of PDAO or focal person designate seem to affect LGU establishment of a PDAO. More than eight years after the enactment of the RA 10070, many LGUs have yet to comply. That translates to 33 provinces, 25 cities and 630 municipalities.

## SGLG as a mainstreaming approach?

The DILG's Seal of Good Local Governance (SGLG) has PWD-relevant provisions under one of the core areas - social protection. NCDA is capitalizing on the reach and incentives of SGLG to improve compliance to the accessibility law and possibly use SGLG in ensuring PDAO creation in all LGUs.

DILG provided UPPAF with SGLG "passers" data for 2014 (2015 awarding), 2016 and 2017. Except for provinces, the number of SGLG passers show an increasing trend for the last three years. The numbers range from 30 to 40 provinces (out of 80), 6 to 15 highly urbanized cities (out of 34), 23 to 50 cities (out of 110), and 184 to 369 municipalities (out of 1490). In total, SGLG passers in 2017

### PROJECT FINAL REPORT

PROJECT: Assessment of Local Mechanisms for Programs and Services for PWDs - Focus on Persons with Disabilities Affairs Office

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represented only 27% of all LGUs from province to municipal levels. (Table 2) By location, Regions I, III, IVA, and VI were among the SGLG frontrunners. Except for 1<sup>st</sup> and 6<sup>th</sup> class municipalities, LGU income class does not determine the receipt of an SGLG award. (Table 3)

**Table 2. Number of SGLG Passers, 2014, 2016, 2017**

	2014	2016	2017
Province	42	43	30
Highly urbanized cities	6	12	15
Cities, incldg indep & component cities	23	39	50
Municipalities	184	212	369
Total	255	306	464

**Table 3. Number of Municipal SGLG Passers (2014, 2016, 2017) by Income Class**

	2014	%	2016	%	2017	%
1 <sup>ST</sup> (347 LGUS)	60	17.3%	72	20.7%	124	35.7%
2 <sup>ND</sup> (184 LGUS)	21	11.4%	25	13.6%	40	21.7%
3 <sup>RD</sup> (266 LGUS)	36	13.5%	35	13.2%	55	20.7%
4 <sup>TH</sup> (394 LGUS)	44	11.2%	54	13.7%	107	27.2%
5 <sup>TH</sup> (274 LGUS)	25	9.1%	29	10.6%	47	17.2%
6 <sup>TH</sup> (24 LGUS)	1	4.2%	2	8.3%	2	8.3%

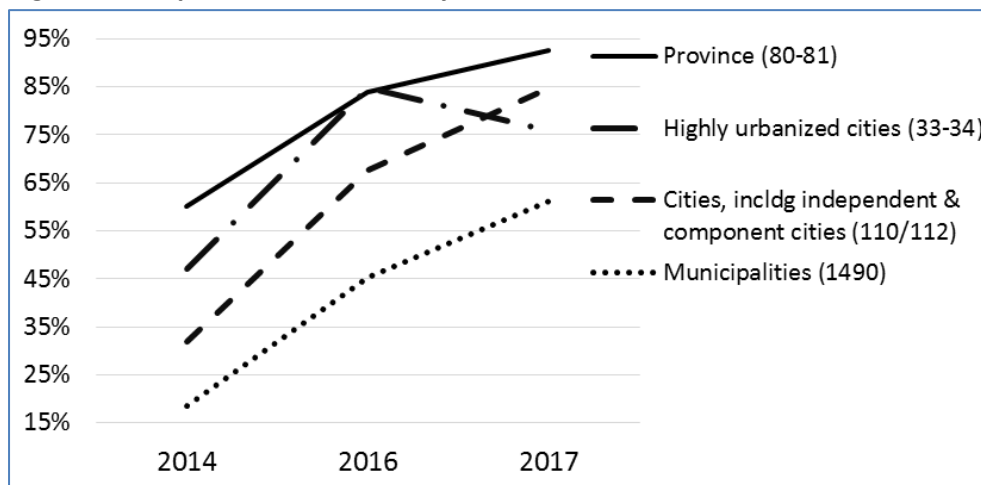
The disability indicators under social protection have evolved across the years. Indicators were phrased in binary form (presence or absence) for easier scoring. The focus then was compliance to the accessibility law. Basically, SGLG assessed the “adherence to structural features of LGU buildings, specifically the LGU hall and main hospital or health facility” (Rural Health Unit). Features examined were for entrance and exit access and PWD-friendly toilets. The 2014 indicators were maintained but additional features were sought for the succeeding years. (Table 4)

**Table 4. Evolution of SGLG Accessibility Indicators (2014, 2016, 2017)**

2014	2016	2017
- Presence of access ramp at LGU hall entrance or exit	- 2014 indicators but access ramps must have 2-level handrails on both sides and passed the ramp gradient finder test; and toilets must have L-shaped grab bars	- 2016 indicators, with more specifications for toilets: wheelchair-accessible; with wheelchair turning space (90m door entrance width clearance)
- Presence of access ramp at LGU hospital or RHU entrance or exit	- DILG made exemptions/considerations for historical buildings, those under construction (but with provisions for a facility for PWD-related services), have ground level entrance or exit, with dropped curb at the entrance or exit, with provision of special assistance or other forms of special support or conditions, with special lift or elevator	
- Toilets for PWDs with grab bars at LGU hall		
- Toilets for PWDs with grab bars at LGU hospital or RHU		

More detailed, even demanding SGLG PWD-relevant indicators did not hinder LGUs from complying, except for highly urbanized cities which registered a performance drop in 2017. (Figure 2)

**Figure 2. Compliance to Accessibility Law, SGLG 2014, 2016, 2017**



	2014	%	2016	%	2017	%
Province	48/80	60.0%	68/81	84.0%	75/81	92.6%
Highly urbanized cities	16/34	47.1%	28/33	84.8%	25/33	75.8%
Cities, incldg indep & component cities	35/110	31.8%	75/111	67.6%	95/112	84.8%
Municipalities	277/1490	18.6%	675/1490	45.3%	911/1489	61.2%

Similar to the findings from Table 3, the LGU's income class did not affect level of compliance to the accessibility law. (Table 5)

**Table 5. No. of Municipalities compliant to Accessibility Law by Income Class, 2016 & 2017**

Municipalities	2016	%	2017	%
1 <sup>ST</sup> (331 LGUS)	213	64.2%	250	75.5%
2 <sup>ND</sup> (184 LGUS)	90	48.9%	110	59.8%
3 <sup>RD</sup> (266 LGUS)	130	49.1%	156	94.0%
4 <sup>TH</sup> (394 LGUS)	189	47.8%	235	59.6%
5 <sup>TH</sup> (274 LGUS)	109	39.8%	148	54.0%
6 <sup>TH</sup> (24 LGUS)	7	29.2%	10	41.7%

DILG requires core areas to be met for an LGU to be eligible for an SGLG award. PWD indicators belong to the social protection core area. NCPAG has been trying to convince DILG to include PDAO establishment as a new indicator for SGLG 2018. DILG regularly reviews SGLG indicators and has in fact delisted some indicators which already achieved high compliance. Examples include the provision of express lanes for senior citizens, PWDs, and pregnant women, and alignment of Local School Board Plan with the School Improvement Plan. For the existing SGLG PWD indicators, provinces and cities have already reached high compliance rates (93% and 85% respectively). The

PDAO establishment indicator can be introduced in these LGU levels to target the remaining 33 provinces and 25 cities which do not yet have PDAOs, based on 2017 LGPMS.

## Reasons for Non-compliance

LGUs from province to municipal levels were required to create offices for PWD concerns (PDAOs) and only 4<sup>th</sup> to 6<sup>th</sup> class municipalities were allowed to appoint Focal Persons given their budget limitations. Based on the survey results and the LGU cases, some LGUs placed their PDAO units under the SWDO instead of the Mayor or Administrator's Offices, as provided in Rule IV(5) of RA 10070's IRR. Also based on the survey and LGU cases, some LGUs assign a permanent employee concurrently as PWD Focal person, inconsistent with the IRR.

Per LGPMS information, compliance for provinces and municipalities has room to improve. A range of reasons can be raised for the non-establishment of PDAOs. Four possible reasons can be deduced. These are budget constraints, non-prioritization, challenge of recruiting qualified PWDs, and/or absence of willing candidates for PDAO Head.

In the roundtable discussion with NCR PDAOs and Focal Persons organized last February, the cities of Manila and Malabon as well as the Municipality of Pateros were among the "non-compliant" LGUs. In both Manila and Malabon cities, the PDAO was created as a unit under the Social Welfare and Development Office, with the SWDO Head managing the funds (Manila) and the unit not having a dedicated office space yet (Malabon). In Pateros, the social worker who was already managing programs and services for PWDs was concurrently assigned as the PWD Focal Person. The representative from Pateros (1<sup>st</sup> class municipality) explained that the high Salary Grade requirement for the Disability Affairs Officer (SG 18) hinders them from creating a plantilla position because that would cause them to exceed the personnel ceiling.

Iloilo Province has enacted two ordinances (2007; 2017) creating a PWD Office in the local government. However, both ordinances have yet to be enforced. The ongoing discussions are leaning towards the enforcement of the 2017 ordinance but decisionmakers were proposing to create a unit under the SWDO instead of the Office of the Governor. The PWD participants in the organized focus group discussion raised another concern, the "problem on qualification requirements." PWD community members share the difficulty of observing the "PWD preference" for the PDAO head because of the limited education many PWDs have. Some are supposedly not even able to secure a civil service eligibility, making entry in government service difficult.

The challenge of recruiting a qualified PWD PDAO Head was echoed in the experience of the Municipality of Mercedes (Camarines Norte). Pursuant to an enacted ordinance creating a PDAO unit, the 2<sup>nd</sup> income class municipality has sought candidates for the PDAO post among PWD organization members since the ordinance specifically noted the priority for a PWD. Almost a year had passed but the position is still vacant. The municipality is already considering the appointment of a non-PWD PDAO head. In another town in Camarines Norte, the 5<sup>th</sup> class Municipality of San Vicente, a PWD Focal Person was being sought from among the current pool of LGU employees.

In these examples, requisite local policies were enacted. Non-compliance was not because of the absence of an enacted ordinance. In some cases, the policy to create a PDAO stays on paper for some time before the policy is acted upon. The actual establishment of an office, dedicated space, creation of plantilla positions, appointment of personnel, allocation of a budget takes place a number of years after the enactment; in some cases, not at all.

## v. Findings from the 7 LGU Cases

The seven local government PDAO cases reflected both the gains and the challenges in promoting the concerns of the PWD community. Of the seven, four have been given recognition by a PWD foundation with the Apolinario Mabini Award (Carmona, Mandaluyong City, Camarines Norte, Iloilo). Five of the cases offer stories that inspire while two chronicled the challenges besetting PDAOs. The cases provide indicative details and lessons for other PDAOs to learn about programming, monitoring, and networking.

### a) THE LGU CASES, IN SUMMARY

The case titles tried to capture the individual LGU PDAO narratives. Case summaries are provided below. Complete case articles are part of the Annex at the end of this report.



*A whole new world for the PWDs of **Carmona, Cavite**: paving the way towards PWD empowerment, inclusion and self-sufficiency*

The story of Carmona's Persons with Disabilities Affairs Office (PDAO) creation dates back to 2000 when the Center for Disabled was established through an executive order. Since then, through a series of municipal ordinances, the center has evolved and was eventually organized as a department in 2017 with a budget of P10.7 million. Of its 33-staff complement, six are PWDs and 10 hold permanent positions.

Using the LGU's Service Framework of Educational and Rehabilitation Program developed in 2004, PDAO was able to offer a comprehensive education and livelihood program to PWDs, from disability mapping of children with disabilities to evaluation and diagnosis, and referral to specific programs (i.e. Early Intervention, SPED Tutorials, Normalization, Bridging, Adaptive Skills, and Entrepreneurship) based on their needs.

The municipality assigned building utility workers as PWD assistants, provided a wheelchair at the lobby of the municipal hall, and had least one employee in each office/department trained in sign language. Currently, there are three PWD organizations organized to act as representatives of the sector.



*From zero to hero: Small victories in an uphill battle to inclusiveness  
(**San Lorenzo Ruiz, Camarines Norte**)*

San Lorenzo Ruiz's experience shows the difficulty faced by fourth to sixth class municipalities in carrying out an unfunded mandate. PWD concerns are particularly financially demanding given the diversity of disabilities and their respective needs. PWD inclusive public infrastructure may be

challenging in mountainous or sloping areas where many poor municipalities like San Lorenzo Ruiz are located. They would have to follow standards as well as the natural terrain in ensuring accessibility and safety for PWDs. Add to that the general context of limited funds for infrastructure and other development projects.

San Lorenzo Ruiz, a largely rural and agricultural municipality, faced an uphill battle in mainstreaming PWD-inclusiveness—possibly the most challenging situation in the entire province of Camarines Norte. Despite this, it has been able to implement programs along the lines of community organizing, capacity building, livelihood, education, assistive devices and accessibility improvement. Its small successes highlight the crucial role of Provincial PDAO in persuading and supporting local governments in setting up their PDAO and the need for a diligent PDAO Head in pushing for PDAO's projects even with limited resources.



*Walk the talk: Implementation gaps in **Angeles City** programs and services for PWD*

Angeles City Office for Persons with Disability (ACOPDA) was created in 2012 through an ordinance. Budgetary constraints and limitations imposed by the LGC hindered its institutionalization, particularly the creation of plantilla positions. The city hopes to address the problem with another ordinance amending and expanding the previous ordinance including the creation of new plantilla positions, added qualification standards, and increase in ACOPDA budget.

Twenty-one staff are employed in ACOPDA, including one social welfare assistant from the City Social Welfare and Development Office, on detail assignment. Most staff are orthopedic-impaired and were only able to finish high school. ACOPDA is led by an officer-in-charge (OIC), aged 68 years old and a teacher by profession.

The annual ACOPDA allocation is supposed to be Php7 million but the actual program budget was only Php2 million. The amended ordinance provides for a higher budget - Php10 million. It is yet to be seen whether this would be enforced. The lack of reliable funding did not hinder ACOPDA in implementing a variety of programs and projects.



*A second home: **Mandaluyong City's** Persons with Disabilities Affairs Division*

Mandaluyong is a pioneer in the implementation of programs for PWDs. The Disabled Persons Affairs Division (DPAD) was established in 1998, more than a decade early than RA 10070. Later DPAD was renamed Persons with Disabilities Affairs Division (PDAD). Its current Chief has been with the city government for 16 years. Though not a PWD, her engagement in the sector is reflected in her background (Special Education graduate degree, member of the Society of Wheelchair Professionals, sign language interpreter). PDAD has 9 other employees, four of whom are PWDs. Only five hold permanent appointments (SG 1 to 3) though the division supposedly has 19 plantilla positions.

Nevertheless, PDAD is able to carry out programs in six areas - education, employment and livelihood, research, advocacy, sports and sociocultural, and community-based engagement. Some of these programs have earned citations from different local and international institutions. Among some of its notable programs are the summer sports clinic for children with disabilities (CWD), CWD Drum and Lyre, CWD Angels or Mandaluyong Silence Movers, wheelchair customization, and job-matching/referral system.



**Roadworks ahead: Valenzuela City and its journey to PWD Empowerment**

With over 20,000 PWDs in 2017, Valenzuela City's PDAO faces the daunting task of assisting a big, vulnerable PWD population. A typical PWD client in the city would most likely be female, within 46 to 60 years old and with orthopedic or visual disabilities.

PDAO was officially created in 2013 and was lodged in the CSWDO. In 2016, it was placed under the Office of the Mayor. During the period of transition, Coun. Cora Cortez was instrumental in the provision of assistance. But as the PWD Unit in CSWDO transitioned to PDAO, there were drastic changes. Currently, the re-construction of the PWD data occupy much of PDAO's resources (32 contractual staff). PDAO does not have an employee holding a permanent position.

Despite the current situation, VC PDAO continues its programs with the help of other LGU departments such as for programs on awareness raising, Federation general assemblies, assistive device provision, job fairs, and monitoring of infrastructure. The city has other PWD-inclusive initiatives like the City's Special Education Center (ValSPED) "ALERT" button, and house tagging for emergency purposes. These initiatives are managed by other offices in the LGU.



**For people with ~~disability~~ dignity: The Camarines Norte PDAO**

The Camarines Norte's attention to persons with disability dates back to the creation of its Social Welfare Services Office, and has been enhanced through various mechanisms like the Provincial Committee for the Welfare of Disabled Persons (PCWDP, 2002) and PCWDP's reorganization to the Provincial Council of Disability Affairs (PCDA, 2012). It was only in 2015 when the CN-PDAO was created and operated under the PSWDO. CN-PDAO officially became a separate office (under the Office of the Governor) in 2017. Currently, CN-PDAO has its own dedicated budget. After the two-year transition period, CN-PDAO's separation from the PSWDO has indicated signs of awkwardness between the two offices, although both are open to collaborative engagements in the future.

Appointment of the PDAO Head has gone through a complex yet interesting process. The current Head receives an SG 18 salary, lower than what the law provides. CN-PDAO is composed of four employees, but it has only one plantilla position (Head). The major initiatives of the CN-PDAO in the last two years include municipal awareness orientation, organization of PWD associations/federations, advocacy radio program, accessibility audit with DPWH, wheelchair lift, retrofitting of provincial government access facilities, and securing scholarship slots for PWDs.



*Looking back to move forward: Tracing and igniting the pathways towards the establishment of a PDAO in the **Province of Iloilo***

Iloilo has around 15,246 PWDs (0.79% of province population). Three PWD organizations have been organized. As accredited NGOs of the province, their respective presidents/representatives sit as members of the provincial development council (PDC) and other local special bodies.

Eight years after the enactment of RA 10070, the province has yet to organize its PDAO. However, the province has enacted two previous ordinances (2007, 2017) creating a PWD office, but these legislations have not been enforced and did not contain provisions on structure and plantilla items. In the absence of a PDAO, a technical coordinator was appointed and served from 2015 to 2017 under contract of service. The former coordinator resigned and at present, a PWD focal person from the Social Welfare and Development Office (SWDO) undertakes the functions. For 2018, Iloilo is planning to finally put up a PDAO in line with the Seal of Good Local Governance (SGLG) indicators. The structure will be placed under the SWDO instead of the office of the Governor.

Among the major programs and services of the province for PWDs are the Scholarship Program, Wheelchair Distribution Project with the Latter Day Saints Charities, Electronic Manpower Skills Registry System (eMSRS), and the annual Search for the Most PWD-Friendly Municipality/City.

## **b) BEFORE OR AFTER RA 10070**

Three LGUs created offices on PWD affairs prior to RA 10070 of 2010. Mandaluyong City started early in 1998, having had four Division Chiefs since then. Carmona's Centre for the Disabled (with the Department of Education) was created through an Executive Order in 2000, and was later converted into a coordinating office through a 2002 ordinance. Iloilo Province enacted an unenforced ordinance creating an office in 2007, and enacted another one in 2017, which has yet to be observed.

In 2012, both Angeles City and San Lorenzo Ruiz passed ordinances establishing their PWD offices without including provisions for personnel. The offices existed only on paper until another ordinance was passed in San Lorenzo Ruiz (2016) and Angeles (2018) which was partially implemented in the first and fully honoured in the latter. In Valenzuela, a PWD unit lodged in the CSWDO was created via local legislation in 2013, and amended in 2016. While in Camarines Norte, the PDAO was created in 2014.

## **c) IS PWD A PRIORITY AGENDA?**

The period of creation of PDAOs gives a hint on the level of commitment of each of the seven LGUs on the disability sector. However, there are a number of other elements that could better reveal whether disability is in the LGU agenda.

First is the **policy instrument** used to create the office and the provisions included in the document.



In most of the LGUs, an ordinance was enacted to create the PDAO or its precursor. Only Carmona and Camarines Norte started with Executive Orders (EOs) – Carmona for the centre for the disabled and Camarines Norte for the Provincial Council on Disability Affairs. But enactment does not necessarily lead to implementation, especially in EOs or ordinances which are not very specific.

Carmona and Iloilo joins San Lorenzo Ruiz and Angeles in having legislated PDAOs that do not have **personnel provisions**. This was purportedly due to budget constraints imposed by the LGU personnel ceiling. The IRR of RA 10070 recommends the provision for four personnel. Valenzuela's (2016) and Angeles' (2018) ordinances had provisions for only one. Carmona, after running the PWD unit under different offices (DepEd, Office of the Mayor, CSWDO) for 16 years (2000 to 2016), finally decided to create a department with 10 permanent staff in 2017. Iloilo, in spite of requirement for provinces to create a PDAO, maintained its practice of appointing a Focal Person concurrently holding another permanent post in the LGU, as if it were a poor municipality like San Lorenzo Ruiz. In Mandaluyong, only five of the 19 plantilla items were filled.

**Management structure** is a related concern. The PDAO is supposed to report directly to the local chief executive and is managed by a section/division/department head. Of the seven cases, Carmona created a department, Mandaluyong City a Division, San Lorenzo Ruiz appointed a Focal Person and the rest legislated for "offices" or program units but the actual office creation and appointment of personnel may depict a different story.

In Valenzuela City, the office is being managed by a "triple leadership" arrangement. Valenzuela's case illustrated the need for clear delineation of functions and authority of the three positions (OIC PDAO, PDAO Coordinator, Focal Person for CSWDO), even in as basic a service as ID issuance. San Lorenzo Ruiz's arrangement is also complicated with the Focal Person still stationed in the Agriculture Office because of his original appointment as AgriTechnologist. He directly reports to the Mayor for the approval and updates on programs and activities, but needs to secure the documents and records for ID issuance and report financially to the MSWDO, where the budget is accounted.

*Second is the **budget*** which sends a clear prioritization message.

Carmona offers a positive story with its 2017 budget representing 1.4% of the LGUs expenditure. This almost triples the recommended 0.5% share. San Lorenzo Ruiz likewise offers a bright spot with disability affairs included in the AIP for the first time in 2017, receiving the equivalent 0.5% share. San Lorenzo Ruiz debunked the notion that limited budget can be used as an excuse.

The same cannot be said for the other cases. Valenzuela City PDAO had zero budget since its creation in 2016. All of its expenses, including salaries and wages, were charged and required the approval of the Office of the Mayor. In Iloilo, items for PWD services were lumped with the PSWDO budget. In Camarines Norte, budget ironically declined since the PDAO became fully independent of the PSWDO. The allocated compensation schedule for the only plantilla item in Camarines Norte PDAO is likewise below the recommended salary grade (SG 18 instead of 22). In Angeles, program budgets for 2016 to 2018 were inconsistent with those indicated in the ordinance. The ordinance recommended budget was P7 million but the allocation was only P2 million.

Third are *dedicated and functional office spaces*.

People working for the Carmona PWD unit transferred to different offices as supervision shifted from DepEd, to MSWDO, and to the Office of the Mayor. In Camarines Norte, PSWDO housed the unit for two years since the ordinance was enacted before it gained “full independence.” Angeles PWD association members recounted how the PDAO staff started with a bare office, without tables, computers, electric fans.

Select policies in Mandaluyong City demonstrate how much of a priority the disability sector is versus other sectors like that of the elderly. The city observes its commitment to the localization of the Expanded Senior Citizen Act in the form of mortuary assistance and honoraria/allowance to association chapter officers. The City Council initially resolved to localize the Magna Carta for PWDs as well, but the ordinance got recalled. The Council likewise inked an ordinance asking Mandaluyong-based manufacturing, marketing, and manpower service companies to employ PWDs to the level of 5% of their workforce without applying the same percentage to the city government staff complement. The present proportion was at 1.3%.

#### **d) THE NEED FOR SMOOTH TRANSITION**

Common in three cases is the resulting “awkwardness” of relations between the newly created PDAO and its mother unit, SWDO. Aside from establishing a clear delineation of tasks between the two, there emerged a need to plan the healthy transition of PDAO as a service and unit under SWDO to a standalone unit working with SWDO as a peer.

The Camarines Norte PDAO took two year before it gained full independence. Meaning, it finally had its own office space and own AIP budget item. But the PDAO Head shared that the separation caused unavoidable “pagtatampo” from SWDO.

In Valenzuela, the CSWDO offered services to PDAOs from 2001 to 2016 yet the researchers were unable to interview them to gather information on their accomplishments. The “awkwardness” was made obvious by the glaring absence of stories and details and the entry of an all new PDAO “cast,” from the OIC with casual appointment to the 37 other contractual employees. The same can be inferred from the statement of the CSWDO Head that PDAO should not be an implementer but must remain a “technical monitoring office,” referring PWD clients to CSWDO for assessment and service provision. The CSWDO Head seems to resent PDAO’s efforts to manage ID issuance alone, no longer “passing by” their office. Since PDAO are only supposed to monitor, they need “no budget for implementation,” the CSWDO added.

In Angeles City, the PDAO would rather work with an outside entity (University) than the CSWDO for psych assessments, partially due to the three-month requirement before any PDAO requests gets approved by CSWDO. PDAO is also required to submit its proposals to the CSWDO for it to tap the GAD Fund for its programs. The CSWDO feels that their programs can at times be “redundant” and that there needs to be a clear delineation of tasks. PDAO and partners claim that the “sector’s advocacy work” made separation with the CSWDO possible.

### e) PDAO TEAM COMPOSITION

The number of PDAO employees range from one (concurrent) to 38. Number of permanent staff range from one to 10. The **non-tenured staff** (contractuals, casual, job order) outnumber plantilla item holders. Not all offices subscribe to the priority for PWD appointees, with the exception of Angeles. Specifics are provided in table below.

<i>LGU</i>	<i>Total no. of staff</i>	<i>No. of permanent</i>	<i>No. of PWDs</i>
Valenzuela	32	0	0
Carmona	33	10	6
Angeles	21	1	19
Mandaluyong	10	6 (19 on paper)	4
Camarines Norte	3	1	1
Iloilo	1 Focal concurrent	0	0
San Lorenzo Ruiz	1 Focal concurrent	0	1

### f) PROCESS AND PRINCIPLE CONSIDERATIONS FOR APPOINTMENT

Some raised the issue of **qualification requirements** as a barrier to security of tenure. For the Angeles PWD Federation and Valenzuela PDAO OIC, the IRR minimums for the PDAO Head is “too high.” Given the low educational attainment of many PWDs based on anecdotal evidence and supported by the statistics from select cases, the PWD community calls for the reconsideration of the minimum qualifications, keeping in mind the principles of inclusion and equal opportunity.

Instead, the minimums should include the requirement for “passion” or “heart” for the sector. But how will this be operationalized? Angeles offers an answer. In their 2018 ordinance, the PDAO Head must meet these qualifications: at least 5 experience in disability affairs, sufficient knowledge about disability laws and disability-related issues and concerns, and leadership positions in PWD organizations in Angeles City.

Still, some (Camarines Norte, San Lorenzo Ruiz, Angeles) claim that this “heart” naturally comes from fellow PWDs since “only a PWD can understand the needs and sensitivities of the sector.” Others (Carmona, Valenzuela, and Mandaluyong) do not feel that being a PWD is a prerequisite. There is a disagreement on the provision for **PWD preference** in RA 10070. An employee engaged in the sector even said, “if all are PWDs, it will be difficult.” Another commented, “next Head should not have a mobility problem” because of the numerous networking requirements of the job.

It is evident from the disagreement over the PWD preference that some have not fully understood why it is important that PWDs work for PWDs. In some cases, they look at it as an inefficiency (or burden) to hire PWDs, and do not get the ‘empowering’ and liberating aspect of it. This illustrates the advantage of getting a PWD to work for the PDAO. The case of wheelchair-user Camarines Norte PDAO Head and his perseverance to visit all the municipalities to improve their building’s accessibility and advocate for PDAO creation nullifies the inefficiency or difficulty perception.

**Has the PWD preference for PDAO Head been observed in the 7 cases?** Not in three. Those who believed that being a PWD is not a prerequisite are Carmona, Mandaluyong, and Valenzuela. Though Angeles City subscribed to the preference principle, their ordinance did not explicitly include this provision in the PDAO head selection. Only Camarines Norte stipulated this in their ordinance. In San Lorenzo Ruiz, the observance of the **general assembly (GA)** requirement dictates the LGU’s priority preference for PWD. The only other LGU that undertook a GA was Camarines Norte based on a DILG guideline, for an administrative position vacancy in 2015 receiving similar compensation as the DAO position intended to be created. At that time, it was not yet possible to appoint the PDAO Head as DAO since the IRR for RA 10070 was yet to be released the year after, with the corresponding inclusion of DAO in the DBM classification index of government positions on the same year. Interestingly, when the DAO position finally opened, Camarines Norte did away with the GA.

The GA requirement is moot in the case of Mandaluyong since the Division Chief’s appointment came three years prior. It is however applicable to the remaining four other LGUs. It was not undertaken in Angeles since the appointee is already 68 years old and would be holding an OIC post. Plus, the LGU’s non-familiarity with the requirement may have contributed to the decision. In Valenzuela, the current OIC is not CSC-eligible and is under a casual appointment. In Iloilo, only a Focal person was assigned. For these three, the law is unclear whether non-tenured appointments are required to undergo the GA process. Carmona, which converted PDAO into a department in 2017 should have undergone the GA process but the appointed Head was the most obvious choice given her engagement in the LGU’s disability programs since it started in 2000.

GA’s were not held even if **PWD Federation were present and active**. Only Mandaluyong and Camarines Norte have not established Federations. In the other LGUs, Federations had been formed as early as 2006 (Valenzuela) and 2012 (Carmona). Even if the Federations were inactive, all LGUs have active DPOs and even barangay-level associations (San Lorenzo Ruiz, Angeles, Iloilo).

## g) PROFILE OF PDAO HEADS

The four PDAO Heads who have very concrete plans and visions for the PWD community in their LGUs are all educators. The other three have been working on local governance for a minimum 15 years.

The PDAO OIC in Angeles City is a retired social science high school teacher who has visual impairment. The Camarines Norte PDAO Head is a PhD holder, taught business management subjects in college, and served as officer in different DPOs. He is mobility impaired. The PDAO Heads in Carmona and Mandaluyong are both SpEd graduate degree holders, and have been with their respective LGUs for no less than 16 years. They are both non-PWDs. Working as Agricultural

Technologist and concurrently holding the PWD Focal post, San Lorenzo Focal person has been with the LGU for 25 years. He is mobility impaired. Valenzuela PDAO OIC and Iloilo Focal Person are both non-PWDs, college degree holders, and had previously engaged in politics. The first worked as Chief of Staff of her City Councilor mother while the latter had served as barangay kagawad for 15 years, holding positions in different DPOs as well.

Aside from having the heart to serve and knowing how to manage people and resources, the LGU cases surfaced **three critical characteristics of an effective PDAO Head**. Firstly, the ability to empower or transform the people around them. Angeles City OIC boosted the confidence of staff who doubted their capacity to manage a bloodletting activity because of their “limitations” due to their disability. The OIC showed them that it can be done. In Camarines Norte and Carmona, capacity building of staff is included in the programmed activities. They also find regular avenues to share knowledge and new information on the disability sector. In Mandaluyong, the staff and support group members can clearly articulate the vision of the PDAO Head for the PWD community because she was able to convince them that it is possible.

Secondly, initiative or the willingness to go out to other offices to request for support or the community for engagement. Carmona includes house visits in their regular functions. Camarines Norte PDAO visits not only LGU offices but also municipalities to undertake orientation on disability. Mandaluyong makes use of meetings as avenues for advocacy and solicitation of support.

Lastly, resourceful and networking. Except for Carmona which enjoys a relatively large budget compared to the other LGUs, the PDAO Team had to source out resources in the form of computers, fans, desks (Angeles), customizable assistive devices (Mandaluyong), and staff augmentation through internships (Camarines Norte).

## **h) ROLE OF PDAO**

RA 10070 described PDAO’s roles as **implementer, coordinator, and monitor**. The cases showed that depending on the support of the LGU leadership and the ability of the PDAO head to empower, initiate, and network, PDAO can perform these three roles in varying intensity. Carmona with P10.7 billion can hire 33 people and manage its own SpEd program. Angeles, with a budget that just about covers its personnel expenditures, needs to solicit external sponsors for its own programs. The common situation of inadequate funding leaves most PDAOs to perform largely coordinative or facilitative functions. Monitoring is however, often ignored.

Based on the seven cases, these are the range of tasks performed by PDAOs in connection with their **implementer and coordinator roles**:

- disability databanking and ID issuance
- education: secure scholarship slots or quotas; offer or referrals to SpEd classes; offer or referrals to technical vocational/skill development courses
- employment and livelihood: secure employment and SPES slots with PESO; directly contact companies which observe RA 10524 for job-matching referrals; solicit funding from DOLE for seed capital for livelihood activities
- health: referrals for lab tests, hospital consults, surgery/treatment, medicines
- welfare: financial assistance for emergencies; secure Philhealth subscription

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- assistive device: referrals to donors or solicitation of device; corresponding customization and maintenance checks
- donor assistance management: transparent management of donations and fast referrals or donor recipients based on a reliable PWD profile
- organization: facilitate the creation of support groups, PWD associations, Federation, relevant Councils; develop mechanisms to involve organizations in program implementation, advocacy and monitoring
- advocacy: conduct LGU office orientations; awareness raising activities to lower level LGUs (municipality to barangays, provinces to municipalities).

For monitoring, PDAOs are supposed to examine two things. One, the **implementation of relevant laws**: accessibility, discounts, 1% PWD employee complement, 10% PWD cooperative procurement transactions, PDAO creation and ordinance enactment in lower level LGUs. Two, **monitor the programs it directly implemented or coordinated**, the list for which was provided in the preceding section.

The seven cases illustrated PDAO's **weakness in monitoring**. Except for Camarines Norte, the LGUs were mainly not involved in accessibility audits and transferred the responsibility to the Engineering Office. Fortunately for Carmona PWDs, the municipal hall has an elevator and have available wheelchairs in the lobby. In Camarines Norte, the province has installed a wheelchair lift aside from meeting the SGLG access requirements (ramps, railings, and toilet). PWD employees in Angeles City complained of their non-compliant building. Even the newly built sheltered workshop for PWD was not PWD-friendly with narrow doorways and designed with a second floor. In Mandaluyong City, the new building is compliant but the old ones have staircase entrance and elevated front steps. PWD-friendly features in the PDAO office were likewise overlooked such as the absence of L-shape grab bars in the rest room and narrow width of the doorway, making it difficult for wheelchair-user PWDs to transact in the office.

The inability to measure observance to RA 10524 and the discount privileges stems from the failure to collect data. To check for 1% employment compliance, PDAO could start with the LGU's HRMO. None of the LGUs consciously monitors and lobbies for the 1% PWD employment in their LGUs. For the private sector, incentive to collect data include CSR Awards explored by Angeles City. For employment referral activities, PDAO should regularly check if trainees were able to land jobs or for how long have the DOLE-referred PWDs been with the respective companies.

Members of organized PWD associations and Federation could help in monitoring the performance of livelihood grantees. They are also in a better position to monitor the LGU budget allocation such as the P7 million to P10 million enacted allocation for Angeles City PDAO. They could monitor and advocate for the observance of the 0.5% share, equivalent to the budget share of the senior citizens. They need to be capacitated though on how to monitor and subsequently advocate. Similar monthly meetings and sharing sessions organized in Mandaluyong City and Carmona Municipality could be replicated.

## i) SECTORAL REPRESENTATION

RA 10070 states that the PDAO Head represents PWDs in local special bodies (LSBs), especially the Local Development Council. Findings of this study show that except for Carmona, the other six **LGU PDAOs do not participate in most of the LSBs**. Most of them only participate in the Local Development Council.

**Participation of the PWD association/organization representatives** would have been better. Membership in the Local School Board can be vital in improving PWD SPED classes provision and possible PWD access to higher education. Other LGUs should replicate the practice in Carmona and provide guidelines for PWD representatives to be included in the membership list. Carmona included representatives of PWD associations (mainly LGU-organized) in the other LSBs like the Local Council for the Protection of Children (LCPC), Local Health Board (LHB), Disaster Risk Reduction and Management Council (DRRMC), Gender and Development Focal Point System (GFPS), Elderly and Person with Disability Council, STI Council, and Community Eye Health Team. PWD associations should also advocate for the enforcement of RA 10070/IRR provision on the PWD employee member of the Personnel Selection Board for PDAO position appointments. Membership in LSBs could offer the organization opportunities for advocacy and networking so these should not be missed.

## j) EVIDENCE-BASED PROGRAMMING

The seven LGUs keep an **electronic databank** of their PWD community members through the information submitted during PWD ID applications. Valenzuela City even undertook a disability census as a way to clean their database and reconstruct the city's dataset. A reliable and detailed databank would be useful for the LGU in designing relevant programs for its PWD clientele.

Mandaluyong shared that based on their 2003 baseline data, visually impaired PWDs have the biggest population. Thus, the PDAO designed community rehabilitation programs for persons who are blind. Yet in 2009 and up to present, the statistics showed that those with orthopedic disabilities comprise almost half of the PWD population. A different set of programs were accordingly offered.

Available **disability information** from the seven LGUs were not standard. Prevalence rates, sex, age, disability categories were available but additional information like educational attainment, employment, health insurance, age of onset of disability were not. The range of prevalence rates fall between 0.95% (Iloilo) to 3.3% (Valenzuela). Some LGUs are capable of providing data on location such as the concentration of PWD population in select barangays (Mandaluyong; Carmona).

A **standard reporting system** is needed that outlines the minimum set of data that should be reported, how it is reported, including a uniform categorization of disabilities. In other words, a data architecture for disabilities that can be consolidated in a national data registry for PWDs. Camarines Norte for example used seven categories: hearing, learning, mental, orthopedic, psycho-social, speech, and visual impairment. San Lorenzo Ruiz added multiple disabilities to make it eight categories. Valenzuela used nine categories by adding one more – chronic illnesses. Carmona used the most expanded version with at least five more categories like intellectual (global developmental

delay), autism spectrum disorder, epilepsy, cerebral palsy, AND ADHD. Carmona PDAO Head admitted that the unclear delineation between disabilities poses a challenge.

The issue of **standardizing the classification** of disabilities is a global concern. This prompted WHO to promote ICF as the “basis for standardization of data on human functioning and disability.” Countries which adopted the International Classification of Functioning Disability and Health (ICF) report high disability prevalence rates because of the application of medical and socio-political approach to the measurement. Supposedly high rates fall around 10-15%. The low rates reflected in the LGU disability prevalence is prescriptive of the employment of **measures focused solely on impairments**, a practice predominantly observed in developing countries. The non-standard typology of diseases used by the LGUs as well as the narrow attention on impairment may partly explain the resulting low prevalence rates, and the variance seen in the cases. Even PSA only used six functional difficulty categories in their 2017 survey. These are difficulty - in seeing, even if wearing eyeglasses; in hearing, even if using a hearing aid; in walking or climbing steps; in remembering or concentrating; in self-caring (bathing or dressing); and in communicating.

Three other reasons may explain the **low prevalence rates**. The first is low or “vague” awareness about disabilities and the rights and privileges of PWDs (Angeles; Camarines Norte). Second, the stigma or shame of being tagged as a PWD, opting some to deny their disability (Mandaluyong, Angeles). Last, difficulty of reaching the clientele. According to Tabuga (2013), PWD ID possession is “influenced” by level of education, age, and disability type.

Aside from ensuring comprehensive reach, databanking faces other challenges like: i) regular updating through barangay visits and including additional useful information (nicknames neighbors are familiar with, contact details of immediate family members), ii) monitoring ID validity; iii) clarifying PWD-Senior ID double issuance policy; and iv) data records security through backup drives or online drives to safeguard information even in instances of fire or facility destruction. These can be potentially addressed if data from the local level are linked and automatically updated in an online national registry.

#### **k) PARTNERSHIP PROGRAMS AND POLICIES**

The LGU cases exhibit common practices on the conduct and participation in monthly commemoration activities, use of GAD Fund and DRRM Fund for PWD programs, and designing initiatives that offer extended support to PWD family members. The more empowered the PDAOs are, the more they subscribe to enabling (not dole-out) approach to programs that cover the range of needs of the PWDs from early intervention to entrepreneurial or livelihood services. All the LGUs needed to partner with other institutions (NGAs, private sector, barangay) to source funds and material support for their activities. All of them likewise persuaded barangays to set up PWD desks for facilitation of ID issuance, database updating, house visits, and monitoring activities.

Some of the good, even unique initiatives from the seven LGUs include:

- center-based education program (Carmona, Valenzuela’s ValSPED)
- LGU-led DPO organizations (Carmona)



- PWD orientation per office / disability rights awareness orientation (Camarines Norte)
- radio program (Camarines Norte)
- participatory PWD provincial Planning (Camarines Norte)
- 5% PWD slots in the College Education Assistance Program (Camarines Norte)
- proposed PWD house tagging for emergency purpose (Camarines Norte, Valenzuela, Mandaluyong)
- disability census (Valenzuela, though this hindered PDAO from performing other services)
- alert app (Valenzuela's DRRMO)
- barangay PWD desks (legislated in Valenzuela, practiced in other LGUs)
- agriculture-based PWD livelihood program (San Lorenzo Ruiz)
- wheelchair customization (Mandaluyong)
- sharing sessions of support group/association members (Mandaluyong)
- drum and lyre band; dancers/ silence movers (Mandaluyong)
- Project TEACH; Lingap Kabataan (Mandaluyong Office of the Mayor & CSWDO)
- Corporate Social Responsibility Awards (Angeles)

The seven LGUs were only able to offer these wide ranges of services because of the presence of partner institutions. Here are the common partnership engagements by organization types.

#### ***Among and within LGUs***

- LGU SWDO: livelihood assistance, loans, medical and burial assistance, assistive device provision, home visits and conduct of assessments
- LGU PESO: tech-voc training opportunities, employment referrals, summer employment (SPES)
- LGU Health: medical checkups, rehabilitation, dental care, provision of assistive devices
- LGU Educ/ Community affairs: scholarships
- LGU Engg: accessibility law compliant restrooms and entryways, accessibility audits
- LGU DRRM: capacity building, house tagging, app development
- LGU GAD: capacity building on inclusive DRR, funding for sheltered workshop
- LGU Planning: mapping of disabled population
- LGU EIPO: product marketing, microenterprise production
- Higher LGU: Provincial and municipal PDAO engagements / Municipal/City and barangay PDAO engagements for monthly activities, orientation sessions, referrals on assistive device, medical missions
- Barangay PWD Desk Officers: facilitate/track recipient of PWD IDs, identify program beneficiaries, coordinate house visits

### **With NGAs**

- CHED: accessibility audits, scholarships
- DA: social enterprise project like hogs dispersal or vegetable planting
- DENR: environmental awareness programs (rare)
- DepEd: special education classes, school-based ID issuance, organizing parent groups, School Board partner, participation in monthly commemorations
- DPWH: accessibility audits
- DOH: capacity building on PhilHealth
- DOLE: financial assistance or livelihood grant (in partnership with PESO)
- DOST: product development, packaging development
- DTI: seed capital, provision of equipment or facility
- TESDA: skills training

### **Private Sector and CSO Partners** (location specific, partial listing)

Partnership engagements may include event celebrations, financial support, assistance in service provision such as through medical missions or assessments, livelihood grants, employment slots, etc. Academic organizations offer partnerships on business mentoring, researches, library facilities, and avenues for discussion of inclusive education.

- Angeles: Clark Development Corporation, Kapampangan Development Foundation, Angeles University Foundation
- Camarines Norte: Physicians for Peace, Camarines Norte State College
- Carmona: Rotary Club, University, Water District, Ministop
- Mandaluyong: Philippine Band of Mercy, McDonalds, Bench, All Around Services and Merchandising Corp.
- Valenzuela: Rotary Club International

Five of the seven LGUs have PWD Federations and all have numerous DPOs. However, only the Municipality of Carmona was able to **leverage partnerships with these Federation/associations**. Carmona helped established three organizations including the Federation to serve as its implementing partner. One association helps in managing the livelihood initiatives of the PDAO, another works with PDAO on its centre-based educations since they are family members and guards of ASD individuals. The Federation represents the PWD organizations in the different LSBs.

The experiences of the seven LGUs showed that organizational partners are willing to invest and work with PDAOs as long as PDAOs are brave enough to ask for help.

## vi. Conclusion & Recommendations

The enactment of RA 10070 and its IRR has been instrumental in introducing the concerns of the disability sector to the local government actors. Prior to the law, the LGU SWDOs have been serving as the PWD unit, with the assignment of a social welfare officer as the PWD focal person. The LGUs cannot be said to be remiss in their efforts to include the concerns of PWDs and address them accordingly. But as NCDA stressed, SWDO's mandate does not reach other PWD concerns such as employment, accessibility features monitoring, formation of support groups/federations, etc. The findings from the seven LGU cases show that RA 10070 and NCDA's efforts since late 1990s in pushing for PDAO creation has not been futile. LGUs which created PDAOs have been able to offer a range of services for their clientele, much much more than those which only appointed Focal persons, and those which only enacted ordinances which were never implemented.

This paper does not use a comparative approach. The focus is to raise the issues, questions, and possible operational and policy recommendations that may help improve the implementation of RA 10070 and in promoting disability-inclusive development.

This section is divided into three parts. Part 1 briefly outlines the requirements and weaknesses of RA 10070 and its IRR. Part 2 summarizes the level of LGU compliance through the lessons and practices of the seven PDAO cases and findings of the awareness surveys, SGLG and LGPMS data, and literature review. The section also offers some recommendations to address the identified concerns. Part 3 outlines other emerging policy issues based on the literature and the cases.

### **PART 1. REQUIREMENTS & WEAKNESSES OF RA 10070 & IRR**

RA 10070 of 2010 required all provinces, cities, and 1<sup>st</sup> to 3<sup>rd</sup> income class municipalities to create PDAOs. Lower income municipalities were mandated to appoint PWD Focal Persons, in light of their budget constraints. Per 2016 IRR, PDAOs were expected to form a section, division, or department depending on the financial capacity of the LGU. In terms of personnel appointment, this meant the creation of between one to four plantilla positions, with guidelines on the PDAO Head's Salary Grade not falling below SG 18 (Disability Affairs Officer III & corresponding qualification requirements). The recommended salary grades of the PDAO Staff positions ranged from SG 8 to 22. On the other hand, PWD Focal Persons were expected to work solo and, per IRR, receive a salary equivalent to SG 15.

Breaking away from status quo, the PDAO will be lodged under the Office of the Chief Executive instead of the SWDO. For lower income municipalities, the Focal Person's direct supervisor is the Local Chief Executive. Provision for annual appropriation was likewise stated. These should be enacted in an ordinance that creates the PDAO structure, staff complement, and budget.

The IRR also had a specific provision for consultations with the PWD community and/or the NCDA on the appointment of the PDAO Head or Focal person. PWDs were explicitly preferred for appointments to PDAO leadership posts. The nominees for Heads/Focal Persons were supposed to attend a General Assembly of local PWD associations/ federations, primarily organized by DILG and

its SWDO. The General Assembly shall decide who are the nominees endorsed to the Personnel Selection Board, where a PWD employee acts as a PWD representative. The shortlisted list eventually reaches the Mayor who shall appoint the PDAO Head or Focal person. The whole recruitment to selection process must observe regular civil service human resource rules and guidelines such as on publication, interviews, announcement posting, among others.

PDAOs and Focal Persons were expected to perform planning, implementing, coordinating, and monitoring functions. They will represent the sector in meetings of local special bodies (LSB) like the Local Development Council (LDC). They were tasked to gather disability data and maintain an updated database of PWDs in their respective localities.

Overall, RA 10070 and its IRR stipulated specific provisions on the creation of an office or the appointment of a Focal person based on LGU income class, the required policy instrument to enact the office creation and the corresponding LGU commitments on annual appropriations and staffing. The law introduced a unique nomination process that involved PWD organizations and their representatives in the nomination. General and specific functions were of the office and Focal Person were also outlined.

But the law has a few weaknesses, further intensified by the six-year delay in the issuance of the IRR. First, the use of “PWD Focal Person” may be considered a misnomer given a prevailing common understanding and arrangement for the GAD Focal Person. For the latter, current employees of the agency or local government are appointed concurrently as GAD Focal Person. There need not be a dedicated plantilla item for the GAD Focal Person. So in the case of PWDs, without the IRR, it is understandable to expect LGUs to appoint a PWD Focal Person who concurrently holds another plantilla position in the local government. The use of the line “in consideration of budget restraints” of 4<sup>th</sup> to 6<sup>th</sup> class municipalities further supports this practice.

Another cause for confusion and non-compliance was the ambiguity of the requirement for PDAOs to be placed directly under the supervision and control of the Office of the Chief Executive. Prior to PDAO’s creation, the SWDO was the office that addressed concerns of PWD constituency. It was the practice of SWDO to assign at least one focal person per vulnerable group. Therefore, some SWDO had a PWD “focal person” already. But Section 5 of the IRR moved supervisory jurisdiction to the Chief Executive, without stating the justification behind it. The resulting “awkward” separation of the PDAO unit with the SWDO in three of the LGU cases illustrates the failure to institutionalize the spirit of the law.

The six-year lag in the IRR release already created a de facto system on PDAO and Focal Person appointments and in the management of PDAO affairs by the SWDO. This explains the confusion among local legislators over PDAO versus Focal Persons. SWDO was the most commonly identified concurrent PWD Focal Person, according to survey participants.

## PART 2. LGU COMPLIANCE & OPTIONS TO CONSIDER TO IMPROVE RA 10070 IMPLEMENTATION

- ☉ Many LGUs (40%) still do not have PDAOs.

*Incentivize PDAO creation by using SGLG for PDAO mainstreaming. Findings of the SGLG data showed that converting PWD-relevant indicators into more demanding ones did not hinder LGUs from complying. Compliance to the accessibility law indicators are trending up, across all income levels. Additional disability indicators like PDAO establishment could be introduced.*

- ☉ There is low awareness on RA 10070 among local legislators. This is based on the results of the non-randomized awareness surveys mainly for local legislators and legislative staff. The respondents were found to have low awareness on the difference between PDAOs and PWD Focal Persons. Forty percent of the respondents reported having PDAOs while 47% were from areas with PWD Focal Persons. Juxtaposed with the LGPMS PDAO data, almost half were inconsistent with the LGU self-reported LGPMS responses.

*NCDA to work with DILG and LGA to include disability inclusive policies and development in their basic courses for newly elected local officials*

- ☉ Based on the LGU cases, some LGUs were faced with the challenge of recruiting qualified PWDs for the PDAO Head position. This can be traced to the low educational attainment of many PWDs based on anecdotal evidence, statistics from select cases, and findings of Albert et al. (2009) about the “vicious cycle of poverty” among PWD families. This is a stumbling block to the preference for appointing a PWD in the position. This raises general concerns over inclusivity and equal opportunity.

*Revisit qualifications requirements or relax the rule because the PWD population is generally undereducated making the recruitment pool very small. Relaxation of the rule is recommended so long as there is strong PWD-general assembly or Federation endorsement. Hiring of immediate family members (parent, partner, sibling) who offer “support” to the PWD family members and who are qualified, may also be explored.*

- ☉ No apparent consensus on the PWD preference for PDAO Head. The PDAO team members and Focal Persons from the seven cases were ironically not unanimous over the PWD preference. Some have not fully understood why it is important that PWDs work for PWDs. In some cases, they look at it as an inefficiency to hire PWDs.

*Explore Angeles City’s Ordinance outlining qualification requirements for PDAO Head: at least 5 yrs experience in disability affairs, familiar with disability laws and issues, leadership position in local PWD organizations.*

- ☉ Unfamiliarity and non-observance of general assembly requirement. LGUs were mostly non-compliant with the General Assembly process. Some LGUs skirted the GA nomination through the appointment of OIC-Heads or even “Focal Persons” for those which were required by law to create

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PDAOs. Only in two of the cases did LGUs not have PWD Federations. However, nobody made a fuss over the GA violation. Others did not deliberately ignore the GA but there is a general unfamiliarity with the process and requirement.

*Capacitate and remind DPOs / Federation & LGU HRM officers on the GA policy*

☉ Problems with concurrent Focal Person posts. The Case of San Lorenzo Ruiz illustrated the trouble brought about by concurrent management of two positions – Agri-Technologist and PWD Focal Person. The Focal Person admitted his inability to devote 100% of his time to PWD duties. There is another challenge to securing financial approval from the MSWDO for the use of PWD funds.

*Explore personnel arrangements that would allow Focal Person to be “accorded” a “department head level” position, which would allow him to reap non-monetary benefits (i.e. attend execom meetings). Option is to be “detailed” to the LCE’s office.*

☉ Tensions/turfing between PDAO and related offices like the SWDO. Findings on the seven cases show that all LGUs complied with the enactment of an ordinance to create their PDAOs or provide for the Focal Persons. In fact, three of the seven LGUs already enacted ordinances prior to RA 10070. However, the presence of an ordinance did not necessarily lead to implementation. There were problems on the creation of plantilla positions, SWDO reporting requirements, non-observance of the legislated annual appropriations amount, and the difficulty of securing a dedicated and functional office space for PDAOs/Focal Persons. The resulting uneasy relations or “turfing” between the newly created PDAO and the SWDO “mother unit” may have contributed to the existence of these problems.

*Plan the transition from SWDO to PDAO. There is a need to clarify the difference in the mandates of the two offices for PWD services. DILG Local Government Operations Officers may help facilitate a smoother transition from SWDO to PDAO.*

☉ Not all LGUs have PWD Federations, barangay PWD desks/associations. The ideal party to conduct the RA 10070 monitoring is the direct stakeholder – the PWD organizations and associations. They are in the best position to monitor the LGU’s overall commitment – budget, space, localized policies, personnel complement. But this necessitates the establishment of vigilant and aggressive DPOs, Federation, and barangay level associations.

*Make the organizing of Federations/PWD associations a clear PDAO function. But in the absence of PDAO, SWDO should be tasked with the role of organizing these groups, to form part of the transition from SWDO to PDAO. For newly installed PDAOs, familiarize the unit with other services (see list of implementer & coordinator roles in Section V). The range of services include early intervention to entrepreneurial/livelihood.*

#### PROJECT FINAL REPORT

PROJECT: Assessment of Local Mechanisms for Programs and Services for PWDs - Focus on Persons with Disabilities Affairs Office

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☉ No direct PWD representation in LSBs. LSBs should make room for at least one PWD organization representative from the local federation. The PDAO Head/Focal person must not be the sole voice for the sector especially in the LSBs which value free direct participation of citizen groups in planning.

*Target key LSBs if participation in all would be difficult.  
Prioritize LDC, LSB, DRRMC & LHB. Advocate for  
expansion of LSB membership to specifically identify PWD members.*

☉ PDAOs are manned by non-tenured staff, a typical LGU situation. In some LGUs, even the OIC-post holders were working based on a casual contract.

*Explore volunteer work arrangements aside from internships  
as a means to augment personnel. For 1<sup>st</sup> to 3<sup>rd</sup> class LGUs (province to municipalities),  
Federations/PWD associations should push for at least one permanent Disability Affairs Officer.*

☉ General weakness in monitoring. The availability of funds was a factor in determining how PDAOs function. LGUs that had sufficient funds often concentrate on service delivery, while LGUs that had funding constraints focused their work on coordination and synergies. Monitoring received the least attention. Even the accessibility features of the buildings pointed out by PDAO staff and Focal persons, tend to be ignored.

*Promote the codification of local PWD laws  
to serve as a monitoring checklist for PDAOs/Focal Persons.  
Set specific indicators to measure what is being monitored (i.e. employment, discounts).  
Also, convince the composite team of fire and building inspectors to include  
accessibility law compliance check in their building visits.  
Review possible window/s for LGU income generation for violating accessibility law.*

☉ Challenges in different disability definitions/classifications adopted. There is no uniform system or architecture for PWD database. This has corresponding consequences on PWD databanking. Each PDAO endeavoured to have a complete profile of the PWD population, since the data is useful in their planning and programming. They missed out on including the profile of PWD families, in order to design programs for families supporting dependent PWDs requiring long term care. Overall, the information would also be useful as input in the already delayed review of RA 10070 implementation.

*Develop a common PWD data-dictionary.  
Assign one staff to update and secure database. Capacitate employee on relevant MS applications.  
Link the LGU database to a national registry (now under DOH) and tap other government agencies  
for the PWD data. Such agencies include DOH, DepEd, DILG-CBMS, PCW for GAD reporting, among  
others. If national ID should be passed, it should include an item that records if individuals are  
PWDs and what kind of disability they have. Ensure data redundancy through back-upped copies  
in hard and online drives to safeguard from loss as a result of fire or facility destruction.*

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● Possibility of ortho-domination of policies and services. The Philippine Statistics Authority does not offer official information on the distribution of PWDs by type of disability. Data from the seven LGUs show that orthopaedic disability make-up 22% to 46% of the LGU’s PWD population. This may incline policies and programs to be “ortho-dominated.” PDAOs and Focal Person must be conscious in practicing inclusivity. Feedback from private sector partners of some of the LGU cases point towards the absence of employment opportunities for the visually impaired, for example.

*Review programs for possible “ortho-dominance” tendencies. For example, review accessibility features of buildings highlights and disability of program recipients. Or adopt Carmona’s goal of having at least 1 employee versed with sign language per LGU office*

### PART 3. OTHER EMERGING POLICY ISSUES

***On disability definition and classification adopted.*** The low national disability prevalence rate similar to the ranges in the seven LGUs is reflective of the use of an impairment approach to disability measurement. If the Philippines were serious on “Making It Right” for PWDs, then ICF model which marries the medical with the socio-political approaches to disability classification should be considered. Though it need not necessarily be ICF, as long as a common definition would be used to lessen the variance in reporting between LGUs.

***Mainstreaming PWD-inclusivity in other LGU offices.*** The seven LGUs work with a particular set of agencies and LGU offices for the range of services they offer. In the LGU for example, they mostly transact with the SWDO, PESO, CESO, DRRMC, and rarely with Engineering. LGUs usually have at least 20 departments. The challenge is for the PDAO/Focal Person to orient and partner with these other department by finding common interests or grounds for collaboration. The key insight in the partnership strategies of the seven LGU cases still applies, “being brave enough to ask for help.”

***Incentivizing barangay PWD Desk Officers.*** All the seven LGUs are gearing for the full establishment of village-level PWD desk officers without clearly articulating how to incentivize the “volunteer” desk officers. Not all barangays have wide fiscal space to accommodate the release of minimal rice allowance or honoraria to desk officers. Non-monetary incentives can also be devised. PDAO/PWD Focal Person-hosted flag ceremonies can recognize diligent PWD Desk Officers with the PWD stakeholders thanking them for their volunteer work.

***Rescue over Privacy Considerations on House Tagging.*** Three LGUs are working on a program that enables their local government to track the location and easily spot the house of a PWD resident. How did these local governments secure “informed consent” and how did they solicit the possible privacy issues the residents may have?

***Clarifying the 1% Senior citizen-PWD sharing.*** It is hard to find the exact document that details the 1% sharing between the two sectors. The initial provision for the sharing was specified in a GAA



document and succeeding enforcement requires reintroduction or restatement of the said requirement. It is not even explicit whether the sharing should even be split in half.

***Value of a PWD Federation in an amorphous group.*** The PWD sector is treated as an “aggregate” term but it is actually non-homogenous. It is composed of members with different categories of disabilities (and their family members and support groups) experiencing varying levels of difficulties in participating in social life, performing daily activities, and dealing with their impairments. What would be the necessary conditions for a PWD Federation to successfully unify the diverse members and prompt them to participate actively in spite and despite their conditions.