Empowering Children with Disabilities: Tubigon’s Stimulation and Therapeutic Activity Center
HIGHLIGHTS

Tubigon's projects on children used to be limited to the provision of education services. It was the UNICEF-funded workshop for children’s rights in 2002 that brought the LGU's attention to the needs of children. Since then, projects and programs for children became an established component of Tubigon's municipal agenda with the full support of institution bodies for children like the Municipal Council for the Protection of Children MCPC), Barangay Council for the Protection of Children (BCPC), Local School Board, and Local Health Board. Support for child development projects was guaranteed through budget appropriations: in 2011 appropriations for child welfare and development programs totaled P26 million and 2014 event got bigger appropriations at P36 million.

Tubigon has gone above and beyond in ensuring the survival, development, protection, and participation of children through its multi-sector programs. Tubigon was able to build on the existing projects of the National Government to effectively deliver services to children and their families.

Among the municipality's child-friendly initiatives are as follows:

1. Day Care Centers -- to provide daycare facilities providing holistic activities for children 2-6 years old
2. Barangay Health Stations -- to provide accessible health services at the barangay level
3. Camp Ubojan -- to provide shelter to 83 earthquake-displaced families
4. Tubigon's Stimulation and Therapeutic Activity Center -- to address the needs of a substantial number of children with disabilities who used to be neglected by government and the community. Previous monitoring surveys conducted by Tubigon using Poverty Database Monitoring System did not reflect data on these children, thus they were not included in Tubigon’s programs for the indigent sector.

Introduction

Once a 3rd class municipality, Tubigon has developed into one of Bohol's urban centers housing 44,902 Boholanos. For the past years, Tubigon has been consistently performing well on the five Local Governance Performance indicators of the Department of Interior and Local Government. Tubigon has also been awarded Most Outstanding Child Friendly Municipality in 2008, 2009, 2011, and 2012. Tubigon's performance peaked just recently when they won two national awards: the Presidential Award for Child-friendly Municipality in 2012 and the Nutrition Honor Award in 2013.

Projects and programs for children weren't always the priority in Tubigon. Municipal Coordinator Engr. Noel Mendaña recalled how projects on children were limited to the provision of education services. It was the UNICEF-funded workshop for children’s rights in 2002 that brought their attention to the needs of children. Since then, projects and programs for children became an established component of Tubigon's municipal agenda with the full support of institution bodies for children like the Municipal Council for the Protection of Children MCPC), Barangay Council for the Protection of Children (BCPC), Local School Board, and Local Health Board. The result of Tubigon’s plight to uphold the welfare of children is evident on the marked improvement on child health indicators as presented in Table 1. Support for child development projects was guaranteed through budget appropriations: in 2011 appropriations for child welfare and development programs totaled P26 million and 2014 event got bigger appropriations at P36 million.

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1 Census data as of 2010.
2 See Annex 1 for scores on the Local Governance Performance Management System.
<table>
<thead>
<tr>
<th>Poverty Category</th>
<th>2007 %</th>
<th>2007 #</th>
<th>2010 %</th>
<th>2010 #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malnourished children</td>
<td>11.32%</td>
<td>589</td>
<td>0.44%</td>
<td>20</td>
</tr>
<tr>
<td>Households with child mortality</td>
<td>0.28%</td>
<td>23</td>
<td>0.10%</td>
<td>8</td>
</tr>
<tr>
<td>School dropouts</td>
<td>5.19%</td>
<td>489</td>
<td>9.06%</td>
<td>803</td>
</tr>
<tr>
<td>Households living below food threshold</td>
<td>9.56%</td>
<td>780</td>
<td>13.58%</td>
<td>1093</td>
</tr>
<tr>
<td>Households living below meal threshold</td>
<td>0.12%</td>
<td>10</td>
<td>0.06%</td>
<td>5</td>
</tr>
<tr>
<td>Households with no access to potable water</td>
<td>10.97%</td>
<td>895</td>
<td>9.68%</td>
<td>779</td>
</tr>
<tr>
<td>Households living in makeshift housing materials</td>
<td>2.39%</td>
<td>195</td>
<td>0.34%</td>
<td>27</td>
</tr>
<tr>
<td>Households with unsanitary toilets</td>
<td>30.92%</td>
<td>2522</td>
<td>26.41%</td>
<td>2125</td>
</tr>
<tr>
<td>Households with crime incidence</td>
<td>0.50%</td>
<td>41</td>
<td>0.32%</td>
<td>26</td>
</tr>
</tbody>
</table>

In 2013, children 0 to 17 years old totaled 15,331. At this time there were still four cases of child mortality among children 0 to 5 years old. Moreover, 136 children under six years old were below normal weights. The Municipal Nutrition Council (MNC) and the Barangay Nutrition Committees (BNC) constantly monitored these cases to ensure that these numbers continuously declined. High participation rates were achieved both in elementary and high schools. On education, the year 2013 participation and completion rates in the elementary reached 94% and 93%, respectively and 94% high school completion rate in Tubigon’s East and West district schools. Tubigon found no cases of child trafficking and child labor in 2013. However, one case of sexual abuse and two cases of children in conflict with the law were reported on the same year.

In order to further protect children and abolish acts of violence against them, a Violence Against Women and their Children (VAWC) Desk was established in the Offices of the Municipal Social Welfare and Development, the Philippine National Police and in 34 barangays of Tubigon. Advocacy initiatives on the VAWC Act including the Anti-Trafficking in Persons Act were also conducted during barangay assemblies, barangay sessions, and MCPC and BCPC meetings to spread awareness on social protection of children.

There are still improvements to be made in Tubigon but the earthquake that hit Bohol in October 2013 left a lasting impact in the municipality, shifting all of the LGU’s attention to rebuilding the town. Plans of the LGU got derailed but now that they are slowly recovering, Mayor Marlon Amila vows to preserve Tubigon’s name as a Child-Friendly Municipality.

**Tubigon’s Child-friendly Initiatives**

Tubigon has gone above and beyond in ensuring the survival, development, protection, and participation of children through its multi-sector programs. Tubigon was able to build on the existing projects of the National Government to effectively deliver services to children and their families.

1. **Day Care Centers**

Republic Act 6972 mandates all cities and municipalities to establish a day care center for each barangay. Tubigon has 34 day care centers catering to their 34 barangays. The centers were constructed using funds from the LGU or from the Barangay if their budget can accommodate. The Barangay Council for the Protection of Children (BCPC) ensures appropriations for the maintenance of the centers while non-government organizations (NGO) also provide support by providing toys and sponsoring feeding programs.
Each center has a designated day care worker (DCW) tasked to design activities for the children and to conduct these activities. They are supervised by the day care officer of the MSWDO. An Early Childhood Care and Development Checklist is filled out by the parents and DCW which includes information about the child’s family composition, home condition, child development, and health record. This checklist serves as the child’s evaluation at the end of the year to be used as data in designing activities in the center. Although activities are already set for the week, the day care workers are flexible, taking into consideration the varying needs of the children.

Parents also play a vital role in the operations of the center. Each barangay has an organized parent association that assists the day care worker in cleaning the center, preparing activity materials, preparing meals for the children, and organizing parent activities. In Barangay Cawayanan, for instance, the parents built the children a play house which is used for structured play activities in the center. Under Tubigon’s Parent Effectiveness Program, parents are trained on effective parenting, duties and responsibilities to children, and children’s rights.

All children 2 to 6 years old are enjoined to come to the centers through barangay assembly meetings. Tubigon even has a brochure of the activities and services being offered in the centers to encourage families to attend.

The day care offers the following activities for Tubigon residents free of charge:

1. Day care sessions involving holistic activities for children aimed to stimulate their gross and motor skills, cognitive skills, social-emotional development, self-help development, and expressive and receptive language development
2. Supplemental feeding program
3. Socialization activities for the families including celebration of Children’s Month, recognition rites, Christmas, and fund raising activities
4. Parent-effectiveness Services
In Barangay Cawayanan alone, a total of 38 children regularly attend day care sessions. For one of the parents of these children, the day care center helped her child to become more confident and disciplined. Her son’s social skills also improved because of his constant interaction with peers. Because of the free services of the day care center, she now has peace of mind that her child will be ready for primary school.

2. Barangay Health Stations

The creation of the Barangay Health Station is also an initiative from the National Government to assist with the health needs of barangays with large populations. Tubigon has 17 health stations, which puts the ratio of BHS to barangay at one for every two barangays. The LGU is responsible for appropriating funds for the operational expenses of the stations including payment for the honoraria of the barangay nutrition scholar (BNS), barangay health workers (BHW), nurse, midwife, and doctor, who form the team that runs the health stations in Tubigon.

Health stations cater to ordinary health care needs of the barangay with focus on care for mothers and their children. Services to the target beneficiaries are all free of charge for Tubigon residents.

Below are the services of the BHS:

1. Child health care:
   a. Immunization
   b. Deworming
   c. Feeding program for malnourished children
   d. Provision of micro nutrients supplements for children under five years old
2. Maternal health care:
   a. Pre-natal immunization
   b. Birthing
3. Family planning
4. National TB control program
5. Control of diarrhea disease
6. Environment sanitation program
7. Dengue program
8. Leprosy program

Key players in the effective implementation of these services are the commitment and hard work of Tubigon’s health care practitioners. The nurses, midwives, BNS and BHW are the ones who go house-to-house to monitor the health status of the mothers and children. The two doctors of Tubigon also have a lot on their plate with the consultations and trainings they attend to. Fortunately, all these efforts helped Tubigon become a 3-time awardee of the Consistent Regional Outstanding Winner in Nutrition and then finally the recipient of the Nutrition Honor Award in 2013.
3. Camp Ubojan

With the help of the International Organization for Migration, Department of Social Welfare and Development, and the Humanitarian Aid and Civil Protection, 83 families displaced by the earthquake are given temporary homes in Barangay Ubojan. Unlike any other evacuation site, Camp Ubojan provides one nipa hut for each family. And like a real community, an organization of residents is established to give them a voice during negotiations with the LGU. Similarly, a youth organization is also present in the camp ensuring the participation of the children. Most of the activities from the youth organization involve recreational activities like fun runs and sports fest to keep the children off the streets.

In order to keep Camp Ubojan a child-friendly space, comfort rooms for boys and girls are separate. Water dispensers for potable water and mosquito nets are also provided to protect the residents from illnesses. The camp also has a record of all the names and ages of children in each house to make sure that each child is accounted for. Residents also undergo awareness seminars on Violence Against Women and Children and stress debriefings. All these contribute to providing hope to these families as they recover from the tragic event.
The government of Tubigon believes that promotion of child development and protection should be all inclusive, covering the most vulnerable and indigent members of the community, part of which are children with disabilities (CWD).

The Katipunan ng Maykapansanan sa Pilipinas, Inc. (KAMPI) and the Danish Society of Polio and Accident Victims (PTU) jointly established the Breaking Barriers for Children project (BBC) with the intention of bringing quality education and rehabilitation closer to indigent families of CWDs. The project was designed to empower CWDs to become contributing members of society. The main component of the project was the creation of Stimulation and Therapeutic Activity Center (STAC) to provide free comprehensive rehabilitation services including free physical therapy, occupational therapy, pre-school training, and school placement for children with disabilities, aged 0 to 14. They partnered with LGUs to fund and co-implement STACs in their towns, which KAMPI will turn over to the LGU for full ownership after 18 months.

In 2007, Tubigon was one of four municipalities who were recommended by the provincial government of Bohol to receive aid from the BBC project. Getting a recommendation from the provincial government of Bohol did not happen out of sheer luck. At that time, Tubigon was already on its way to being reclassified as a 1st class municipality (jumping from a 3rd class municipality). Tubigon’s performance in the 2009 LGPMS showed excellent scores (score of 5.0) on resource allocation and utilization, frontline services for civil application, and on most environmental governance indicators (see Figure 1). A major contributor in the growth of Tubigon was the Tubigon Port, Bohol’s second largest port with numerous daily trips to Cebu. The KAMPI and the provincial government recognized Tubigon’s financial and technical capacity to implement and sustain the STAC. Tubigon’s strategic location, being just 54 kilometers away from Tagbilaran City and 45 minutes away from Cebu City, made the STAC accessible to more CWDs not only to the Boholano but also to neighboring towns in the region.

Figure 1. Scores of the 2009 Local Governance Performance Monitoring System of Tubigon
**Objectives**

The motivation to pursue the project was brought about by the realization that there was a substantial number of CWDs in Tubigon who were neglected by government and the community. Previous monitoring surveys conducted by Tubigon using Poverty Database Monitoring System did not reflect such data, thus Tubigon’s programs were not targeted to this indigent sector. Nevertheless the municipal government was quick to respond to the needs of its people by agreeing to fund and sustain the STAC.

The partnership between KAMPI and Tubigon’s municipal government were clearly defined in the Memorandum of Agreement (MOA, see Annex 2). The KAMPI, as a rehabilitation and therapy institution, were in charge of training the parents of CWDs, day care workers, and barangay health workers, augmenting operational expenses of the STAC, and transferring knowledge and skills to the LGU to effectively operate the STAC. The LGU was tasked to look for a permanent location for the STAC, personnel, equipment, counterpart funding, and ensure the sustainability of the STAC.

**Key Implementation Steps**

*Summary of key implementation steps is presented below:*

<table>
<thead>
<tr>
<th>Implementation steps</th>
<th>Outputs</th>
<th>Key implementers</th>
<th>Timeframe</th>
<th>Budget and resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishing target beneficiaries and their corresponding profiles</td>
<td>List of CWDs and their demographics</td>
<td>Municipal Social Welfare and Development Office (MSWDO) of Tubigon, barangay officials, and BBC</td>
<td>2 months (December 2007 to January 2008)</td>
<td></td>
</tr>
<tr>
<td>Implementation steps</td>
<td>Outputs</td>
<td>Key implementers</td>
<td>Timeframe</td>
<td>Budget and resources</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------</td>
<td>------------------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
</tbody>
</table>
| 3. Establishment of STAC at the temporary location | 1. STAC location  
2. Equipment, facilities, and center appurtenances and STAC staff | Former mayor Atty. Luna Piezas, former vice mayor Alfredo Batausa, Municipal Planning and Development Coordinator (MPDC) Engr. Noel Mendaña, Municipal Social Welfare and Development Officer (MSWDO) Victoria Simbajon, the LCPC, and BBC. | 1.5 years (2008 to 2009) | 2008  
BBC: P 1,422,000  
LGU: P 416,000  
WB: P 38,400  
2009  
BBC: P 735,000  
LGU: P164,000  
WB: P 116,000 |
| 4. Capacity building | Trained physical and occupational therapists and SPED teachers | STAC staff and volunteers and BBC for the conduct of the training. | 2 months (2009) | LGU shouldered per diem during training: P 520.00 |
| 5. Official turnover of STAC | 1. Permanent location for the STAC  
2. Equipment, facilities, and center appurtenances and STAC staff | Former mayor Atty. Luna Piezas, former vice mayor Alfredo Batausa, Municipal Planning and Development Coordinator (MPDC) Engr. Noel Mendaña, former congressman Edgar Chatto, Municipal Social Welfare and Development Officer (MSWDO) Victoria Simbajon, the LCPC, and BBC. | 1 year (2010 to 2011 to build the STAC) | 1.5 million from Congressman Edgar Chatto  
2010, LGU: P 850,000  
2011, LGU: P 943,160  
2012, LGU: P 974,800  
2013, LGU: P 970,840  
2014, LGU: P 975,000 |
| 6. Monitoring and evaluation | Accomplishment reports | STAC Social Worker Frances Salitrero and other STAC personnel. | Yearly |
1. Establishing target beneficiaries and their corresponding profiles

The BBC with the help of the Municipal Social Welfare and Development Office (MSWDO) of Tubigon and the barangays conducted a house-to-house survey in Tubigon to identify the number of CWDs in the municipality. The initial survey was able to gather information from 105 children with disabilities. The identified CWDs were encouraged to avail of the free preliminary pediatric evaluation conducted by a physiatrist in order to determine proper management and treatment. Another part of the initial evaluation was the profiling of CWDs with information on family composition, observed problems of the CWDs, and recommendation of the Social Worker (see Annex 3 for a sample Intake Form for CWDs).

2. Orientation of STAC implementers

Prior the establishment of STAC, the BBC invited designated key implementers of STAC to a conference to serve as an orientation about the programs and services offered by the BBC. Attendees were former Mayor Atty. Luna Piezas, former Vice Mayor Alfredo Batausa, Municipal Planning and Development Coordinator (MPDC) Engr. Noel Mendaña, Municipal Social Welfare and Development Officer (MSWDO) Victoria Simbajon, Municipal Health Officer (MHO) Dr. Bob Bernabe, Social Worker Frances Saliterro, and other members of the Local Council for the Protection of Children (LCPC).

3. Establishment of STAC

Although the BBC allocated funding for their engagement with Tubigon, counterpart funding was expected from the LGU. Appropriating budget for the facilities and activities of the project rested on the shoulders of the key LGU implementers.

a. STAC location

The first order of business was to look for a permanent child-friendly space for the STAC and the corresponding budget to finance the construction of the facility. During the early stages of the project the only available space accessible to the LGU was a small room at the Tubigon Community Hospital. It became a temporary clinic for STAC for 18 months. In 2009 (at the time when the STAC was already turned over to the LGU) the STAC was moved to the Tubigon Crisis Center beside the MSWD Office.

It was not until 2011 that the LGU was able to establish a permanent structure solely for STAC. The funding for the building came from then Congressman Edgar Chatto (now governor of Bohol) through a proposal from Engr. Mendaña. The proposal was approved and a budget of P1.5 million was granted to the project for the construction of the center and purchase of equipment.

As prescribed in the BBC guidelines (see Annex 4 and 5) the space for a satellite center must have a minimum floor area requirement of 36 square meters. The building should also be “well ventilated with ample space for treatment and layout of rehabilitation and office equipment. It must have accessibility features such as accessible toilet and wash area especially for training of CWDs on self-care and
activities of daily living”. The Satellite STAC building in Tubigon provided sufficient space for each of the therapeutic treatment services they offer – physical therapy, occupational therapy, and SPED. There were separate comfort rooms for boys and girls and were big enough to accommodate wheelchairs. The center was also equipped with standing aids, walker, training ball, training stairs, and educational toys.

b. STAC personnel and operational requirements
For the first 18 months, operational expenses were also shared between the KAMPI and the LGU. On one hand KAMPI budgeted P1,422,000 while on the other, the LGU contributed P416,000 for STAC operational expenses for January to December 2008. This also includes transportation allowance for the volunteers amounting to P1,000 per month and honoraria of the STAC staff as shown in table 2.

<table>
<thead>
<tr>
<th>Staff</th>
<th>Salary rate</th>
<th>Source of fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social worker</td>
<td>P8,000</td>
<td>LGU Bohol</td>
</tr>
<tr>
<td>Physical therapist</td>
<td>P8,000</td>
<td>KAMPI</td>
</tr>
<tr>
<td>Physical therapist trained for occupational therapy</td>
<td>P8,000</td>
<td>KAMPI</td>
</tr>
<tr>
<td>Special education teacher</td>
<td>P8,000</td>
<td>KAMPI</td>
</tr>
</tbody>
</table>

After the turnover in June 2009, all the operational expenses were shouldered by the LGU of Tubigon. Through the Municipal Ordinance No. 2009-06-300 (see Annex 6), the STAC was institutionalized under the regular health and social services program of Tubigon with corresponding appropriations to its operations. Since the turnover, an annual budget of P850,000 for operational expenses was appropriated under the Gender and Development Fund (GAD). Additional expenses were budgeted for repairs or purchase of equipment when necessary. Table 3 lists the budget allocated per year and corresponding sources of fund.

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget</th>
<th>Source of fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>P 1,422,000</td>
<td>BBC</td>
</tr>
<tr>
<td></td>
<td>P 416,000</td>
<td>LGU</td>
</tr>
<tr>
<td></td>
<td>P 38,400</td>
<td>World Bank</td>
</tr>
<tr>
<td>2009</td>
<td>P 735,000</td>
<td>BBC</td>
</tr>
<tr>
<td></td>
<td>P 164,000</td>
<td>LGU</td>
</tr>
<tr>
<td></td>
<td>P 116,000</td>
<td>World Bank</td>
</tr>
<tr>
<td>2010</td>
<td>P 850,000</td>
<td>LGU</td>
</tr>
<tr>
<td>2011</td>
<td>P 943,160</td>
<td>LGU</td>
</tr>
<tr>
<td>2012</td>
<td>P 974,800</td>
<td>LGU</td>
</tr>
<tr>
<td>2013</td>
<td>P 970,840</td>
<td>LGU</td>
</tr>
<tr>
<td>2014</td>
<td>P 975,000</td>
<td>LGU</td>
</tr>
</tbody>
</table>

4. Capacity building
In preparation for the eventual turnover of the STAC, capacity building activities were conducted to barangay health workers (BHW), day care workers (DCW), and regular receiving teachers. Table 4 lists the trainings conducted for the aforementioned stakeholders.
Table 4. Stakeholder capacity building activities in preparation for STAC turnover

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Training/Workshop</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barangay health workers</td>
<td>Lectures and intensive hands on training on basic rehabilitation techniques</td>
<td>To be able to work as rehabilitation assistants in the STAC under the supervision of licensed physical or occupational therapist</td>
</tr>
<tr>
<td>Day care workers and teachers</td>
<td>Training on Special Needs Education</td>
<td>To increase awareness on disabilities and basic rehabilitation of CWDs.</td>
</tr>
</tbody>
</table>

5. Implementation of services and activities

Ideally, treatments like physical therapy, occupational therapy and SPED sessions are conducted thrice a week for one to two hours per session. Regular services and activities of the STAC are described below:

a. Doctor evaluation - Entails initial evaluation by a physiatrist or neurologist of the CWDs to identify his or her specific treatments. Subsequent evaluations are conducted, ideally every quarter, to check on the status of the CWDs after treatment. Physiatrists may also recommend CWDs for surgery or medical treatment in hospitals.

b. Physical therapy - Activities designed to maintain, restore, and improve general physical conditioning of CWDs.

c. Occupational therapy - Activities designed to attain the highest level of functioning for daily activities like eating, dressing up, and correct speech.

d. SPED sessions - Activities designed to attain the highest level of cognitive skills like writing and identifying numbers, shapes, color, body parts, etc.

e. Supplemental feeding - Activities are complemented with balanced snacks or meals.

f. Socialization activities - Monthly activities for the CWDs and their families. Annual socialization activities include celebration of Children’s month, National Disability Prevention and Rehabilitation week, and Christmas.

g. STAC Parents’ Association (STAC-PA) - Activities include group counseling; socialization; and planning, implementation, and evaluation of STAC-PA activities, which are aimed to empower peer support and self-help groups.

h. Parents’ Training Program - Parents are trained on basic exercises that may be done at home to ensure continuity in rehabilitation.

i. Other activities - Hydrotherapy; fund raising for additional expenses of the STAC, e.g. transportation allowance of parents; and enjoining NGOs to partner with Tubigon STAC to augment budget for operations and assistive equipment for CWDs.
The budget allotted for regular STAC activities are presented below:

<table>
<thead>
<tr>
<th>Program/Activities</th>
<th>Annual budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiatrist consultations with CWDs</td>
<td>P 24,000</td>
</tr>
<tr>
<td>Neurologist consultations with CWDs</td>
<td>P 24,000</td>
</tr>
<tr>
<td>Observance of National Disability Prevention and Rehabilitation Week</td>
<td>P 10,000</td>
</tr>
<tr>
<td>Year-end evaluation and socialization</td>
<td>P 15,350</td>
</tr>
<tr>
<td>Celebration of Children's month</td>
<td>P 13,000</td>
</tr>
<tr>
<td>Hydrotherapy session for CWDs</td>
<td>P 5,000</td>
</tr>
<tr>
<td>Christmas celebration</td>
<td>P 11,000</td>
</tr>
<tr>
<td>Monthly socialization</td>
<td>P 3,000</td>
</tr>
<tr>
<td>Supplemental feeding</td>
<td>P 29,000</td>
</tr>
<tr>
<td>Home visit/ School visit</td>
<td>P 6,000</td>
</tr>
<tr>
<td>Trainings/workshops</td>
<td>P 160,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>P 300,350</strong></td>
</tr>
</tbody>
</table>

6. Monitoring and evaluation

The STAC submitted annual accomplishment reports to the municipal government which detailed the number of beneficiaries assisted as well as services and activities conducted for the year. The progress of the CWDs was also monitored by the attending therapist/teacher/staff through short reports of the activities done per session. Regular consultations with physiatrists were also carried out to ensure that the management and treatment of CWDs were still appropriate.

Challenges in implementing and sustaining STAC

Although guidelines set by the BBC were followed, effective implementation was not an assurance. In the early stages of operation, some of the families of the CWD were not inclined to bring their children to the STAC even though services were free of charge. When the STAC staff visited these houses, they learned that some could not attend the sessions because they did not have extra money for transportation costs. The solution: hold a fund raiser to support transportation expenses of beneficiaries. Fortunately, residents of Tubigon and neighboring towns were supportive of the cause, thus they were able to collect enough money to augment their funds. Because of this, current operations incorporate fund raising activities.

On the other hand, some parents whose children couldn’t walk; do not have the capacity to travel while carrying their children. The STAC remedied this problem by doing home visits. But when their schedules could no longer accommodate home visits, they provided the families with wheelchairs for his or her easier mobility.

Another challenge was the quick turnover of staff, which they attribute to the nature of employment available in the STAC. Because this initiative was considered a special project, the LGU cannot designate plantilla positions for its operation. This, in turn, made the staff more inclined to look for better employment opportunities. High turnover rate in the STAC meant constant training of new ones, which disrupted its normal operation, not to mention incurred additional training costs.
Unfortunately, the LGU has yet to designate an item budget solely for the STAC. Until then, the LGU is working hard to sustain funding to support the needs of CWDs.

**Key gains and benefits**

Prior to the STAC, no center in Tubigon provided services for CWDs. The results of the presence of the STAC are shown in Table 4.

<table>
<thead>
<tr>
<th>Program/Activities</th>
<th>2008</th>
<th>2010</th>
<th>2011</th>
<th>2013</th>
<th>2014*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiatrist consultations with CWDs</td>
<td>24</td>
<td>35</td>
<td>20</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Neurologist consultations with CWDs</td>
<td>40</td>
<td>35</td>
<td>18</td>
<td>20</td>
<td>21</td>
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<tr>
<td>Observance of National Disability Prevention and Rehabilitation Week</td>
<td>50*</td>
<td>80*</td>
<td>80*</td>
<td>100*</td>
<td>25*</td>
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<tr>
<td>Year-end evaluation and socialization</td>
<td>60*</td>
<td>120*</td>
<td>120*</td>
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<td>Celebration of Children's month</td>
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<td>120*</td>
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<td>Hydrotherapy session for CWDs</td>
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<td>Christmas celebration</td>
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<td>Monthly socialization</td>
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<td>50</td>
<td>50*</td>
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<td>Supplemental feeding</td>
<td>-</td>
<td>10/day</td>
<td>10/day</td>
<td>10/day</td>
<td>10/day</td>
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<td>Relief distribution</td>
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<td>-</td>
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<td>Home visit</td>
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<td>40</td>
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<td>School visit</td>
<td>5</td>
<td>12</td>
<td>10</td>
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<table>
<thead>
<tr>
<th>Trainings/workshops</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Training on improved caring capacity of nurturers of CWDs</td>
<td>-</td>
<td>10**</td>
<td>10**</td>
<td>-</td>
<td>No record</td>
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<tr>
<td>Teacher training on inclusive education</td>
<td>9</td>
<td>-</td>
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<td>No record</td>
</tr>
<tr>
<td>Day care workers training on inclusive education</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No record</td>
</tr>
<tr>
<td>Training on handling and maintenance of wheelchairs</td>
<td>-</td>
<td>16**</td>
<td>-</td>
<td>-</td>
<td>No record</td>
</tr>
<tr>
<td>Symposium on Autism (staff)</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>No record</td>
</tr>
<tr>
<td>Awareness training on rights of CWDs (staff)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>No record</td>
</tr>
</tbody>
</table>

**Total # of CWD served at the STAC**

|                  | 89   | 120  | 126  | 138  | 154   |

*CWDs and parents; **parents and staff

Parent beneficiaries of STAC all agree that the wellbeing of their children improved as they were receiving treatments. The children come to STAC with very limited ability on functional mobility and are dependent to others on activities of daily living (ADL). In some cases, children cannot maintain eye contact and have short attention spans. But after just 5 continuous sessions in the STAC, some of the children already showed improved social and cognitive skills (children can already identify colors and shapes). After more than 10 sessions, children are now able to write and follow instructions. Some parents even mentioned that their children can now be asked to perform chores around the house. The Parents' Association also helped the parents of the CWDs to socialize with other parents and facilitated support groups.

---

*Data as of June 2014.
Lessons Learned

Tubigon’s child-friendly initiatives were sustained because of the commitment and hard work of its stakeholders. Specifically, their experience on the road to becoming a Child-Friendly Municipality provided the following key lessons:

1. Participation of all stakeholders. The ardent participation of the provincial government, local chief executive, municipal department heads, MPDC, barangays, beneficiaries, and civil service organizations is important in addressing issues of financial sustainability. Tapping all available resources of the LGU provides safety nets for the project. Involving them is beneficial as it provides them with a sense of ownership and accountability over the results of the project.

   a. Department heads of Tubigon and the MPDC support one another and ensure that projects are complementary.

   b. Historically, the Mayors of Tubigon have been supportive of the MPDC and the municipal department, giving them authority to implement projects as long as it produces good results.

   c. Conduct of barangay-level contests for the Search for Healthy Barangay or Search for the Most Child-Friendly Barangay that incentivize participation of barangays.

   d. Creation of parents’ organizations and youth organizations and involving them in decision making and implementation of projects.

   e. Getting the support of the provincial government and congressmen to augment budget constraints.

   f. Partnering with civil society organizations or private sector like KAMPI and Feed the Children for their innovative project design and technical assistance.

2. Institutionalized process of turning over existing projects to the upcoming administration. In Tubigon, attaining results for its people are more important than partisan politics. Projects of the LGU do not end with the term of the local chief executive. One of the things that facilitate this environment is the conduct of transition briefings to the upcoming Mayors to present the accomplishments of previous administration. This ensures the sustainability of the programs regardless of the current administration.
### BOTTLENECK ANALYSIS

<table>
<thead>
<tr>
<th>Bottleneck Description</th>
<th>Enabling Environment</th>
<th>Supply</th>
<th>Demand</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty Database</td>
<td>Tubigon’s programs for children do not cater the special needs of children with disabilities.</td>
<td>Based on the survey conducted by the KAMPI and BBC there was a substantial number of CWDs in Tubigon who did not have access to basic healthcare and education.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring System did not reflect data of children with disabilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tubigon’s programs for children do not cater the special needs of children with disabilities.</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy/ Programme Intervention</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence of the Municipal Council for the Protection of Children (MCPC) and the Barangay Council for the Protection of Children (BCPC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for child development projects was guaranteed through budget appropriations: in 2011 appropriations for child welfare and development programs totaled P26 million and 2014 event got bigger appropriations at P36 million.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services and facilities from Tubigon's Stimulation and Therapeutic Activity Center.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic treatment categories under STAC: physical therapy, occupational therapy, and SPED.</td>
<td>a. Services include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Doctor evaluation</td>
<td>c. Physical therapy activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Occupational therapy activities</td>
<td>e. SPED sessions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| f. Supplemental feeding | }
<table>
<thead>
<tr>
<th>Indicators for Monitoring</th>
<th>% of CWDs who consulted with doctor</th>
<th>Improved functional mobility of CWDs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of families of CWDs who participate in STAC activities e.g. socialization, National Disability Prevention and Rehabilitation Week, children’s month, Christmas celebration, etc.</td>
<td>Less dependence of CWDs to parents when doing activities of daily living, i.e. grooming, taking a bath, putting on clothes, etc.</td>
</tr>
<tr>
<td></td>
<td>% of parents of CWDs, therapists, day care workers, social workers trained</td>
<td>Improved social and cognitive skills (children can already identify colors and shapes, can follow instructions, ability to write)</td>
</tr>
<tr>
<td></td>
<td>% of CWDs regularly attending therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of CWDs visited at home or in school</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of CWDs who underwent hydrotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of CWDs included in the</td>
<td></td>
</tr>
<tr>
<td>supplemental feeding program</td>
<td>% of CWDs served by the STAC</td>
<td></td>
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</tbody>
</table>
References


Focus-group discussions with:
Members of the Local Council for the Protection of Children, September 1, 2014
Staff of Barangay Cawayanan Day Care Center, September 2, 2014
Staff of Barangay Cawayanan Barangay Health Station, September 2, 2014
Parents of the children with beneficiaries of STAC, September 3, 2014

Interviews with:
Tubigon Social Worker, September 1, 2014
Tubigon Mayor, September 1, 2014
Tubigon Municipal Local Government Officer, September 1, 2014
Tubigon Municipal Planning and Development Coordinator, September 2, 2014
Tubigon Camp Ubojan Leader, September 2, 2014
Tubigon Camp Ubojan Youth Organization President, September 2, 2014
### ANNEX A: Tubigon’s performance on the Local Governance Performance Monitoring System from 2009 to 2010

<table>
<thead>
<tr>
<th>LGPMS Indicators</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<td><strong>Administrative indicators</strong></td>
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<tr>
<td>local legislation</td>
<td>4.14</td>
<td>4.81</td>
<td>3.64</td>
<td>4.81</td>
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<td>development planning</td>
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<td>4.89</td>
<td>4.95</td>
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<td>revenue generation</td>
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<td>4.11</td>
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<td>resource allocation and utilization</td>
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<td>5</td>
<td>4.5</td>
<td>4.92</td>
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<td>customer service civil application</td>
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<td>5</td>
<td>4.8</td>
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<td>human resources management and development</td>
<td>3</td>
<td>5</td>
<td>4.2</td>
<td>3.8</td>
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<tr>
<td><strong>Social governance indicators</strong></td>
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<tr>
<td>health services</td>
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<td>support to education services</td>
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<td>support to housing and basic utilities</td>
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<td>peace, security, and disaster risk management</td>
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<td>4.17</td>
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<td><strong>Economic governance</strong></td>
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<tr>
<td>support to agricultural sector</td>
<td>4.71</td>
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<td>4.67</td>
<td>4.71</td>
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<td>support to fishery services</td>
<td>4.48</td>
<td>4.8</td>
<td>4.25</td>
<td>4.85</td>
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<tr>
<td>entrepreneurship, business, and industry promotion</td>
<td>2.94</td>
<td>4.27</td>
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<td><strong>Environmental governance</strong></td>
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<td>forest ecosystems management</td>
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<td>freshwater ecosystems management</td>
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<td>coastal marine ecosystems management</td>
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<td>urban ecosystems management</td>
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<td>4.05</td>
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<td>4.1</td>
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<td><strong>Valuing good governance</strong></td>
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*Data from the Bureau of Local Government Supervision at [www.blgs.gov.ph](http://www.blgs.gov.ph)*
<table>
<thead>
<tr>
<th></th>
<th>4</th>
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<td>Participation</td>
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<td>4.07</td>
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<td>financial accountability</td>
<td>3.56</td>
<td>4.6</td>
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<td>4.85</td>
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</table>
ANNEX B: Memorandum of Agreement on Satellite STAC in Tubigon

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This agreement is made and entered into this ___ day of __________ 2008, by and between:

The KATRINAN NG MAWAKANSAN SA PILIPINAS, INC. (KAMP), a non-profit organization duly organized and existing under and by virtue of the laws of the Republic of the Philippines with office and postal address at Unit 701 Merchants Square Condominium, E. Rodriguez Avenue, Corner Makati Avenue, Makati City, Philippines, represented herein by the first party as the FIRST PARTY;

The MUNICIPAL GOVERNMENT OF TUBIGON, BOHOL with office and postal address at Tubigon, Tubigon, Province of Bohol represented in this agreement by its Municipal Mayor, ATTY. LUNIA C. PIZAZ, herein referred to as the SECOND PARTY.

WHEREAS, the FIRST PARTY is implementing the Burok Bagisia for Children 4 Project to benefit indigent children with disabilities in the Municipality of Tubigon, Bohol.

WHEREAS, the FIRST PARTY, through the BDC4 Project, in accordance with its mission provides a program that involves the mutual and collective interest and involvement of the community, local government unit and other cooperating agencies.

WHEREAS, the SECOND PARTY has an available space located at the Tubigon Community Hospital, Brgy. Pagsanjan, Municipality of Tubigon, Province of Bohol which can accommodate the needs for space of the FIRST PARTY for its rehabilitation and non-formal education training center for children with disabilities.

WHEREAS, the FIRST PARTY desires to utilize the aforementioned vacant space to implement its rehabilitation and non-formal education program for its beneficiaries through the establishment of a Stimulation and Therapeutic Activity Center-Satellite.

WHEREAS, the SECOND PARTY does not have adequate program to address the needs of children with disabilities identified through its Early Detection, Prevention and Intervention of Disabilities under its Social Mobilization Program as well as children with disabilities identified by the Municipal Social Welfare and Development Office.

NOW THEREFORE, for and in consideration of the concerns and purposes of both parties, they voluntarily agree and stipulate the following terms and conditions:

1. The FIRST PARTY is a designated rehabilitation and therapy institution through its Stimulation and Therapeutic Activity Center (STAC), duly licensed with license no. SB-2003 L-650 to operate as such by the Department of Social Welfare and Development (DSWD).

2. The SECOND PARTY shall act as a cooperating partner of the FIRST PARTY in its provision of free comprehensive rehabilitation and therapy of the Municipality of
Tubigon and its proximity and in accordance with the attached project document shall undertake the following:

a. Provide for a permanent space, renovation for improvement and accessibility of the STAC Satellite.

b. Provide for the basic equipment of Satellite Center.

c. Provide for the operational budget of STAC Satellite as indicated in the approved budget proposal.

d. Provide for the utilities (electricity and water) of the STAC Satellite.

e. Ensure that the proper legal and appropriate program development are undertaken to sustain the STAC after the project period.

f. Make available the necessary LGU and agency personnel to be trained on how to operate the STAC Satellite.

3. That the SECOND PARTY through its Municipal Social Welfare and Development and Municipal Health Office shall assist in the identification and referral of beneficiaries to the STAC Center-Satellite.

4. That the SECOND PARTY through the concerned LGU agencies led by the Office of the Mayor, SI, MHO, MSWD, MPDC, MLGOO, DepEd, LIGA, Parents’ Association leader, Local Persons with Disability leader, NGO’s and etc. shall serve as the advisory committee in the operation of the STAC-Satellite.

5. The FIRST PARTY shall undertake the following:

a. Provide free comprehensive rehabilitation services to poor children with disabilities in Tubigon, Bohol and its neighboring municipalities.

b. Provide manpower and technical assistance needed for the operation of the STAC Satellite.

c. Provide training for Parents of Children with Disabilities, Day Care Workers, Regular Receiving Teachers and Organization of PWDs.

d. With funding from the SECOND PARTY, conduct training of Barangay Health Workers.

e. It shall provide some special school support to visually impaired children integrated to school.

f. Provide resources for caretakers and office expenses of the STAC Satellite.

g. Effectively transfer knowledge and increase the capacity of the SECOND PARTY to operate the STAC Center.

4. That the FIRST PARTY will implement the project for a period of 18 months after which the facility will be handed over to the SECOND PARTY for operational funding.

7. That in agreement of the foregoing the FIRST PARTY shall involuntarily the project and occupy the space from the period of January 2008 to June 2009.
IN WITNESS WHEREOF, the parties hereto, being duly sworn in the Municipality of Tubigon, Province of Bohol, Philippines this ___________ day of February 2008.

RATIFICATION NG MAYKARANGANAN NA PILIPINAS INC. (RAMFI)

Venus M. Ilagan
BBC National Project Director

Ferdie Milla
PTU Coordinator

Ratification of the above instrument

MUNICIPAL GOVERNMENT OF TUBIGON, BOHOL

Atty. Luna C. Piezas
Mayor, Municipality of Tubigon

Hon. Alfredo R. Batausa
Vice-Mayor

Hon. Florlan A. Cosgaba
S/En Health and Social Services

Hon. Alred M. Uy
S/En on Children and Women

Dr. Rob Bernabe Batausa
Municipal Health Officer

Victoria Sim Fach
Municipal Social Welfare & Development Officer

(REPUBLIC OF THE PHILIPPINES
PROVINCE OF BOHOL)

BEFORE ME, this ___________ day of February 2008, personally appeared Atty. Luna C. Piezas with Residence Certificate No. 11265759 issued at Tubigon, Bohol on January 06, 2008 and Venus M. Ilagan with Residence Certificate No. 5008723 issued at Tubigon, Bohol on January 06, 2008 known to me to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their own free and voluntary act and deed.

WITNESS MY HAND AND NOTARIAL SEAL, this ___________ day of February 2008 at Tubigon, Bohol, Philippines.

Doc. No. 322
Page No. 1
Book No. W
Series of 2008

ATTY. LUNA C. PIEZAS
NOTARY PUBLIC

Position of the notary public

Notary Public Seal

Position of the notary public seal
ANEX C: Intake Form for Children with Disabilities (Sample)

**INTAKE FORM FOR CHILDREN WITH DISABILITIES**

- **Identification No.:** 14100052
- **Date:** 10-10-2000

### I. IDENTIFYING DATA

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Date of Birth</th>
<th>Age (yr)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Height:** cm
- **Weight:** kilograms
- **Educational Attainment:**
  - Out of school
  - In school
  - SPED
  - Regular
  - Day Care
- **Address:**
- **Contact Number:**

### Family Composition

<table>
<thead>
<tr>
<th>Name of family members</th>
<th>Age</th>
<th>Sex</th>
<th>CS</th>
<th>Relation to Client</th>
<th>Educational Attainment</th>
<th>Occupation/Monthly Income</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
<td>M</td>
<td>M</td>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>M</td>
<td>M</td>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>M</td>
<td>M</td>
<td>Brother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>M</td>
<td>M</td>
<td>Sister</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>M</td>
<td>M</td>
<td>Cousin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>M</td>
<td>M</td>
<td>Relative</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### II. PROBLEMS PRESENTED

Age has difficulty in grasping concepts and he reads like a new reader.

### III. BACKGROUND INFORMATION

- Spent his whole period grades 1 to 2
- Teacher in the special needs program for whom he showed himself as gifted student. The performance is strictly monitored.

### IV. RECOMMENDATION

- Age is recommended for SPED levels

Prepared by: [Signature]

CONFORME:

I am agreeable to the conditions explained to me and hereby bind myself to do my share in pursing home instructions to hasten my child's rehabilitation for his/her eventual integration into the community.

Parent

Date
ANNEX D: Implementing Rules and Regulations Stimulation and Therapeutic Activity Center

IMPLEMENTING RULES AND REGULATIONS Stimulation and Therapeutic Activity Center (STAC)

*A disabled child has the right to special care, education and training to help him or her enjoy a full and decent life in dignity and achieve the greatest degree of self-reliance and social integration possible.* [UN Convention on the Rights of the Child]

BACKGROUND/RATIONALE
About 10% of every population has some form of disability (World Health Organization). Out of the said number, 35% are children with disabilities. Poverty characterizes the condition of many persons with disabilities in the Philippines. Hence, it is a sad fact that many children with disabilities (CWD) have not received rehabilitation services due to the high costs of services, transportation and other incidental expenses. With this, the Breaking Barriers for Children (BBC) project was conceptualized.

The Katipunan ng Maykapansang sa Pilipinas, Inc. (KAMI) and the Danish National Society of Polio and Accident Victims (PNVU) implemented the project Breaking Barriers for Children (BBC) in the Philippines since November 1995. It has established Stimulation Therapeutic Activity Centers or popularly known as STAC which provides free comprehensive rehabilitation to children with disabilities aged 0-14 years and relevant services that will facilitate their development.

The STACenters have proven to be cost-effective in the provision of rehabilitation and related services to CWDs. Its provision of early intervention and rehabilitation has been recognized as one of the most effective measures to address the development of children with disabilities. Furthermore, its component program community based-rehabilitation (CBR) has been widely acknowledged as an effective measure for disability interventions in developing countries.

OBJECTIVES
- To make available an accessible, sustainable and low-cost rehabilitation facility.
- To provide free comprehensive physical rehabilitation, pre-school special education and related social services to poor children with disabilities aged 0-14 years.
- To increase the awareness and caring capacity of LGUs, agencies, parents, disability organizations and others in the community towards children with disabilities.
- To improve the capacity and practice of organizations of PWs and parents of children with disabilities for advocacy and lobbying for rights, programs and services for the disability sector.
- To mainstream and socially integrate children with disabilities to become productive and valuable members of the community.
- To increase the number of children with disabilities attending school.

SERVICES
1. Rehabilitation
   a. Physiatrist conducts preliminary pediatric evaluation which form part of the initial evaluation. This procedure determines the proper management and treatment provided to each beneficiary.
b. Physical Therapy conducted by Physical Therapists who design activities which aim to maintain, restore and improve general physical condition of CWDs. Treatment sessions are usually conducted three times a week lasting from one to two hours per session.

c. Occupational Therapy with SPED sessions provides modified activities that aim to attain the highest level of functioning particularly Activities of Daily Living (ADL) and cognitive skills.

2. Supplemental Feeding – Rigorous physical exercises at the STACs and Satellites is supplemented with proper diet. STAC staff look for sources from LGU, NGOs and interest groups to provide beneficiaries with nutritious and energy-giving food which is given to beneficiaries as they undergo treatment sessions. The parents and BHWs assist in the preparation of the food, and in some cases they themselves solicit resources for the supplemental feeding program.

3. Socialization Activities – Beneficiaries’ socialization are organized in STAC for a regular get-together of CWDs and their parents. Program and food are prepared in the spirit of fun and social interaction among parents, children, staff and other caregivers. STAC also organize outdoor Hydrotherapy activities, NDPR Week Medical & Dental Missions and Christmas parties, among others in collaboration with other GOs/NGOs.

4. Related Services
STAC provides Assistive devices to its beneficiaries through the Physiatrist’s recommendation. However, provision of these devices are subject to their availability. Assistive devices include wheelchairs, crutches and hearing aids, among others. Aids and appliances like prams, walkers and modified or special chairs are also made available to children who need them.

Upon recommendation of the Physical Therapist or Occupational Therapist, STAC beneficiaries may be referred to hospitals for medical or surgical procedure. Further, CWDs who have successfully availed of the rehabilitation and therapy services given by the STAC are usually referred to regular schools for their education.

If available, medications needed by STAC beneficiaries are provided. If the medications needed are not available, beneficiaries are usually referred to proper agency.

PROGRAMS

1. STAC Parents’ Association (STAC-PA) – establish and support the association of parents of CWDs
   • Provide training for leadership and advocacy, organizational management and resource mobilization
   • Organize and empower peer support and self-help groups
   • Activities include recruitment of members, group intake, group counseling, socialization, activity planning, implementation and evaluation

2. Parents’ Training Program (PTP)
   The Parents’ Training Program is one of STAC’s unique components. PTP facilitates the rehabilitation process of the children with disabilities through the active participation of the parents.
In PTP, parents of CWDs are trained on basic exercises that are easily carried out in their homes. This ensures the continuous rehabilitation and therapy of their children outside of the center.

3. Barangay Health Workers' (BHW) Training on Basic Rehabilitation of CWDs

4. Training of Regular/Receiving Teachers on Special Needs Education

5. Day Care Workers’ Training

D. Advisory Committee for STACenter

The Advisory Committee will be composed of heads and designated personnel from:

1. BBC project
2. PPO
3. PSWDO/CSWDO/HSWDO
4. PHO/CHO/MHO/Chief of Hospital
5. Dep. Ed.
6. LGU Officials (Governor, Mayor, Vice Gov., Vice Mayor, SP/SB)
7. LGU Department Heads (Budget Officer, Treasurer, HR, MPDC, etc.)
8. DILG
9. ABC/SK
10. STAC-PA Representative
11. POs/NGOs

- Shall conduct regular meetings to know about the status of the project
- Coordinate on possible collaboration and resource mobilization in facilitating effective implementation of components of the BBC not funded by the Project Management Office (PMO)
- Ensure the successful achievement of BBC goals especially in eliciting the commitment and support from concerned agencies and local communities.
- Coordinate with local government authorities and other NGOs in sustaining the services provided by the BBC. The Advisory Committee will ensure that resources to this effect are provided for.

E. Office of the Provincial Population

- Responsible for coordinating provincial level activities, resource mobilization and secretariat services (meetings/documentation).
- Support services (family planning services and livelihood assistance to STAC-PA)
- Provide technical assistance for training of parents of children with disabilities.

F. Office of the Provincial Social Welfare and Development

- Responsible for the consolidation of validated BBC CWD proforma forms
- Identification of Children with disabilities
- Provision of relevant social services for CWDs through referrals to concerned GOs/NGO (medical/surgical procedures, assistive devices and medicines, among others)
- Provide technical assistance for training of parents of children with disabilities (Responsible Parenthood, Capacity Development and livelihood trainings)
- Plan and coordinate activities with the CSWDO and STAC - Social Workers for CWD empowerment.
G. Office of the Provincial Health
   • Provide space at District/Provincial Hospitals for STAC establishment
   • Incorporate STACenter as one of the sites for the implementation of other relevant health programs (Vaccination, ‘Oplan Patak’ and other monthly health programs)
   • Provide technical assistance to STAC for seminars/training (such as Nutrition, Maternal Care, Dental Hygiene and other relevant health matters)
   • Support services (Vitamins/Medicines, Medical/Surgical procedures)

H. Office of the Department of Education
   • Educational support and placement of STAC CWDs
   • Provide technical assistance for training of regular/receiving Teachers on Special Needs Education

I. Office of the City/Municipal Social Welfare and Development
   • Direct coordinating agency of STACenter for the social services aspect of the project.
   • Overseer and monitor operations of STACenter.
   • Responsible for the consolidation of validated CWD profile forms and baseline data gathering
   • Identification of children with disabilities in the city level and in far-flung Barangays.
   • Provision of relevant social services for CWDs through referrals to concerned GOs/HGOs (medical/surgical procedures, assistive devices and medicines, among others) and grant financial support to vulnerable CWDs
   • Provide technical assistance for training of parents of children with disabilities (Responsible Parenthood, Capacity Development and livelihood trainings)
   • Plan and coordinate activities with the PSWDO and STAC Social Workers for CWD empowerment.
   • Utilization of Day Care Workers and other support personnel for the STAC rehabilitation and social services.

J. Office of the City / Municipal Health
   • Direct coordinating agency of STACenter for the rehabilitation services aspect of the project. Overseer and monitor operations of STACenter.
   • Provide technical assistance to STAC for seminars/training (such as Nutrition, Maternal Care, Dental Hygiene and other relevant health matters)
   • Support services (Vitamins/Medicines and referral for Medical/Surgical procedures)
   • Utilization of support personnel (Barangay Health Workers and Nutritionists, among others) for the STAC rehabilitation and social services.

K. Chief of Hospital
   • Direct coordinating agency of STACenter to the provincial level.
   • Overseer and monitor the over-all operations and activities of the STACenter in the hospital.
   • Incorporate STAC services and programs in the operations of the hospital.
   • Referral of CWDs needing rehabilitation and relevant social services to STACenter and vice versa.
• Utilization of hospital facilities for STACenter activities and functions (trainings, socialization and medical/dental missions, among others)

L. LGU
• Act as cooperating partner in the implementation of BBC project
• Provide counterpart resources in the establishment of STAC
• Assume responsibility for the operation and management of STAC after turnover
• Ensure sustainability of STAC programs and services

M. DILG (C/MLGOOs)
• Enjoin LGUs to support STAC and adopt a community-based program for children with disabilities
• Provide technical assistance for the ensured sustainability of STAC programs and services
• Advocate to members of the League of Barangays to allocate some resources within the Local Council for the Protection of Children and to the Sangguniang Kabataan from their SK fund to support the operation of STAC and its programs and services

N. ABC / SK
• Support agency /council in the implementation and sustainability of STAC programs and services
• Contribute resources in support to STAC initiatives

O. STAC-Parents’ Association (STAC-PA)
• As BBC project partner, the members are organized as a group to lobby and advocate for the rights of children with disabilities
• As stakeholder, the association will actively participate with the key actors comprising the social system.
• As change agent, the association will influence the LGU for the formulation of policies and programs on disability-related agenda.

P. POs/NGOs
• Support STAC through participation and funding to STAC initiatives
• Provide services not provided by the project such as medical, assistive devices, scholarship, etc.

LINKAGES-Satellite Centers
Satellite Centers are ‘mini-STACenterS’ which will be established in different municipalities to reach out for beneficiaries who live in far-flung areas. This is geared towards making the rehabilitation services as cost-effective as possible.

The STAC main center will serve as the resource center for children with disabilities from STAC Satellite centers located in different municipalities. Initial evaluation and treatment of the beneficiaries by the physiatrist, physical and occupational therapists take place in the STACenterS after which they are transferred to the satellites for their continued rehabilitation. Technical assistance and other referral services are likewise available in the STACenterS.

• Satellite centers operate at least 2X a week from 8:00 Am to 5:00 Pm.
• CWDs are scheduled for Physiatrist evaluation at STACenterS. Treatment sessions lasts from one to two hours per session.
FLOW OF SERVICES

STACenter
CWD → Social Worker → Psychiatrist/Other Allied Medical Professionals →
Referred to either Physical Therapist or Occupational Therapist for
rehabilitation → SPED for educational training and integration

STAC Staff (Roles and Responsibilities)

Social Worker
- Identify and assess children with disabilities in communities,
- Plan and initiate parent-child counseling, home visitation, referrals and
  linkages with inter-agencies and other relevant activities for social
  rehabilitation,
- Prepare social/family case study and progress reports
- Plan livelihood interventions for economically marginalized families
- Coordinate with LGU Officials for the welfare of clientele group
- Initiate dialogues with parents and residents to generate support for
  the project, motivate parents involvement in problem-solving process
  to improve their children’s well-being.
- Initiate the conduct of Social Impact Assessment
- Plan in detail the implementation of various interventions for families
  of children with disabilities
- Plan and coordinate with PSWDO/CSWDO and UDH Medical Social
  Worker for relevant social services for CWDs

Physiatrist
- Responsible in pediatric initial and re-evaluation and medical
  assessment to determine the diagnosis and proper management of
  and treatment for each child-beneficiary.
- Refer CWDs to other allied medical professionals for further evaluation
  and management when needed.
- Prescribe appropriate assistive devices needed by beneficiaries.
- Refer CWDs to PT, OT or SPED Coordinator for patient management to
  be carried out.

Center Physical Therapist
- Assist the Physiatrist in the evaluation of CWDs
- Manage the operations of STACenter
- Render and provide appropriate treatment management to CWDs such as
  Neurodevelopmental Techniques, various postural and
  strengthening exercises including application of physical modalities
  (heat and cold packs, muscle and nerve stimulators).
- Conduct parents’ training program on the basic rehabilitation of CWDs
  that are easily carried out in their homes.
- Conduct trainings to Barangay Health and Day Care Workers
- Works together with the OT, SPED Coordinator and Social Worker for
  appropriate referral needed for the CWDs and organize major activities
  such as outdoor hydrotherapy activity, medical/dental mission during
  National Disability Week and Patients' socialization, among others.
- Submit monthly narrative report to the Advisory Committee
  regarding STAC activities and beneficiaries.

Satellite Physical Therapist
- Manage the operations of STAC Satellite centers.
- Render and provide appropriate treatment management to CWDs such as
  Neurodevelopmental Techniques, various postural and
strengthening exercises including application of physical modalities
(heat and cold packs, muscle and nerve stimulators).
- Conduct parents' training program on the basic rehabilitation of CWs
  that are easily carried out in their homes.
- Conduct trainings to Barangay Health and Day Care Workers.
- Works together with the OT, SPED Coordinator and Social Worker for
  appropriate referral needed for the CWs and organize major activities
  such as outdoor hydrotherapy activity, medical/dental mission during
  National Disability Week and Patients' socialization, among others.
- Submit monthly narrative report to the MHO and the NSWDH
  regarding STAC activities and beneficiaries.

Occupational Therapist
- Provides activities that aim to attain highest level of functioning
  particularly Activities of Daily Living (ADL).
- Provide Cognitive stimulation activities using various Sensory
  Integrative Technique.
- Conducts socialization activities to CWs that will boost up their
  confidence and encourage independent living.
- Works together with PT and SPED Coordinator in providing Parents
  training and Barangay Health Workers training on community based
  rehabilitation of CWs.

SPED Coordinator
- Train teachers of CWs in regular and SPED schools.
- Share the task for program planning and scheduling with the
  classroom teachers, principal, guidance counselor and school
  personnel.
- Interpret the child's educational needs to the receiving teacher and
  school personnel who will be working with the child.
- Maintain record information about the child on a regular basis to
  monitor the child's progress in school.
- Interpret to the classroom teachers the practices and procedures to
  make learning task easier for the child.
- Prepare and procure appropriate materials needed by CWs for
  integration.
- Conduct home visits to monitor parents' responsibilities to their
  special children under the Inclusion program.

Utility Worker
- Maintain cleanliness and orderliness inside and outside the premises
  of STACenter.
- Serve as messenger whenever necessary.

TURN-OVER of STACenter
One of the major considerations in the implementation of BBC is to ensure
the sustainability of efforts in providing services to CWs after the project is
terminated. As in any foreign-funded initiative, BBC can be implemented in
the project areas within a specific period of time only, after which local
government and other partners are expected to assume operation of the
rehabilitation centers and continue the provision of services to the
beneficiaries. In BBC, the assumption is that all STACenters (after 2 and ½
years) and satellites (after 1 and ½ years) will be absorbed by local
partners. While parent organizations or NGOs who have the capacity to
operate the centers may also absorb these facilities, LGUs are often
preferred as they have more resources, manpower and stable infrastructures
to ensure the sustainability of the initiative.
As part of preparations for an effective turnover, Barangay Health Workers (BHWs) in the STAC and Satellite centers are provided lectures and intensive hands-on training on basic rehabilitation techniques. The BHWs, some of whom are also involved in other community-based initiatives of national and local government programs, work as rehabilitation assistants in the STACenters and satellites under the supervision of a licensed Physical/Occupational Therapist. Parents are likewise trained in basic exercises and activities to be performed at home so they can play an active role in the rehabilitation of their children. Increased awareness, knowledge, and a better understanding of disability is also provided to regular receiving teachers and Day Care Workers in the STAC and satellite centers through training-workshops on Special Needs Education by SPED teacher-coordinators employed by the project. This particular component of BBP is intended to facilitate the integration of CWDs in regular schools.
<table>
<thead>
<tr>
<th>Roles</th>
<th>Parents/ Parents Associations</th>
<th>LGU</th>
<th>Staff</th>
<th>PWD Organizations</th>
<th>Community/School</th>
</tr>
</thead>
<tbody>
<tr>
<td>DWODs</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Ensure the regular attendance of children and parents in STAC activities</td>
<td>Provide resources for the children with disabilities' needs</td>
<td>Provide high standard of services for the GWOD</td>
<td>Advocate for the rights of GWODs</td>
<td>Provide services not provided by the project such as medical services</td>
</tr>
<tr>
<td></td>
<td>Ensure that home programs are implemented</td>
<td>Ensure that the STAC is sustained</td>
<td>Identify other needs and refer to appropriate services</td>
<td>Do role models for GWODs</td>
<td>Help sustain STAC</td>
</tr>
<tr>
<td></td>
<td>Ensure the proper nutrition, health and hygiene of the CWD</td>
<td>Provide support for further development of GWODs</td>
<td>Properly document the progress of the CWD</td>
<td>Support advocacy for the issues of GWODs</td>
<td>Support STAC through participation and funding of initiatives</td>
</tr>
</tbody>
</table>

*Parents Associations

- Sustain PA (municipal to national level)
- Collaborate with the staff to lobby with the LGU and other local partners.
- Increase PA membership.
- Mobilize resources.
- Widens and strengthens networks.
- Assist in STAC management.
- Identify children with disabilities in their communities
- Plan and implement activities for organizational development
- Provide emotional support to new parents

*Community/School

- Initiate awareness raising activities
- Advocate for the GWOD's rights
- Seek support for programs and services
- Share information on GWOD's needs and conditions
- Provide volunteer services to

- Endorse and support all the program components especially education
- Provide resources in support of educating GWODs and training of teachers
- Prepare GWODs for schooling
- Provide technical assistance to receiving teachers
- Document STAC and PA activities to keep up interest of partners and community
- Advocate for the rights of GWODs and other services.
- Be link of STAC to LGU
<table>
<thead>
<tr>
<th>LGU</th>
<th>School activities</th>
<th>NGOs and PAAs in mainstream activities</th>
<th>NGOs and PAAs in mainstream activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Create and strengthen networks</td>
<td>o Ensure that the new government officials or employees are oriented on the STAC program</td>
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</tr>
<tr>
<td></td>
<td>Provide updates on the activities of the STAC</td>
<td>o Properly document CWD and PA activities</td>
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</tr>
<tr>
<td></td>
<td>Maintain close collaboration and LGU involvement in STAC and PA activities</td>
<td>o Regularly submit reports to LGU</td>
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</tr>
<tr>
<td></td>
<td>Provide updates to LGU</td>
<td>o Keep the LGU up to date on the issues of persons with disabilities</td>
<td>o Work with LGUs in supporting the STAC</td>
</tr>
</tbody>
</table>
OPERATIONS AND MANAGEMENT OF A STAC

A. GENERAL PROVISIONS
   1. Space
      a. Provision of a permanent/long term use on space
   2. Utilities
      a. Electricity
      b. Water
   3. Office Operations
      a. Communications
      b. Office supplies
      c. Parents Training Program
      c. Repair Equipment, accessories and materials for treatment

B. PROGRAMS AND SERVICES
   1. Parents Training Program
   2. Socialization Activities
      a. NDDPR/Week Celebration
      b. Christmas Party
   3. Physiatrist evaluation
   4. Physical Therapy services
   5. Occupational Therapy Services
   6. SPED sessions
   7. Social Rehabilitation services
   8. Supplemental Feeding
   9. Referrals
      i. Medical services
      ii. Surgical services
      iii. Social services
      iv. Assistive devices
   10. Supplemental Feeding

C. STAFF

1. Social Worker
   - Identify and assess children with disabilities in communities.
   - Plan and initiate parent-child counseling, home visitation, referrals and linkages
     with inter-agencies and other relevant activities for social rehabilitation.
   - Prepare social family case study and progress reports.
   - Plan livelihood interventions for economically marginalized families.
   - Coordinate with LGU Officials for the welfare of clientele group.
   - Initiate dialogues with parents and residents to generate support for the project.
   - Motivate parents involvement in problem-solving process to improve their
     children's well-being.
   - Initiate the conduct of Social Impact Assessment.
   - Plan in detail the implementation of various interventions for families of children
     with disabilities.

2. Physiatrist
   - Responsible in pediatric initial and re-evaluation and medical assessment to
certain the diagnosis and proper management of and treatment for each child-
beneficiary.
- Refer CWDs to other allied medical professionals for further evaluation and management when needed.
- Prescribe appropriate assistive devices needed by beneficiaries.
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- Assist the Physiatrist in the evaluation of CWDs
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- Submit monthly narrative report to the MHO and the MSWDO regarding STAC activities and beneficiaries.

5. Occupational Therapist
- Provides activities that aim to attain highest level of functioning particularly Activities of Daily Living (ADL).
- Provide Cognitive stimulation activities using various Sensory Integrative Technique.
- Conducts socialization activities to CWDs that will boost up their confidence and encourage independent living.
- Works together with PT and SPED Coordinator in providing Parents training and Barangay Health Workers training on community based rehabilitation of CWDs

6. SPED Coordinator
- Train teachers of CWD's in regular and SPED schools.
- Share the task for program planning and scheduling with the classroom teachers, principal, guidance counselor and school personnel.
- Interpret the child's educational needs to the receiving teacher and school personnel who will be working with the child.
- Maintain record information about the child on a regular basis to monitor the child's progress in school.
BREAKING BARRIERS FOR CHILDREN
AND THE WORK WITH PARENTS ASSOCIATION

Parents of children with disabilities share common concerns and are considered stakeholders in the rehabilitation of their children. They play a crucial role in ushering holistic development to their children. To realize this, the Breaking Barriers for Children project strengthens and empowers the parents to enable them to work together to address common needs, issues and problems such as:

1. Low awareness on the needs, rights and development potentials of their children with disabilities.
2. Low awareness on disability interventions and legislations.
3. Parents have inadequate capacity to care for their children due to:
   - Lack of awareness in handling their child because of his/her disability
   - Negative attitudes towards children with disability
   - Lack of time and resources for the child with disability
4. Poor socio-economic condition of families.
5. Unorganized parents of CWDs.
6. Lack of support system from government agencies and non-government agencies.

These are some of the factors that confront and harpper the parents in achieving the total development of the CWDs. Parents lack the necessary knowledge and skills in handling and managing the needs of their children. The CWDs are most often not given equal love, care, attention and resources from the other siblings. CWDs are given limited opportunities for education, socialization and other exposures to improve their social skills. Further, there are many parents who are ignorant on disability interventions and legislations which consequently lead them to remain passive to advocate and lobby for the rights and needs of children with disabilities. The poor living conditions of CWDs and their families is aggravated by the lack of support both from the government and non-government agencies as manifested in the limited services provided for disabled people.

Premised on these problems and the common interest of having children with disabilities, parents are organized as independent groups and as Parents Associations in the municipal, district, provincial, regional and national levels. The parents are provided with the necessary training on disability, leadership, organizational management and development, advocacy, and lobbying to strengthen and empower them as independent organization. These efforts are in line with the achievement of the following objectives:

1. Raise awareness on the needs, potentials and rights of CWDs.
2. Provide venue for parents seeking emotional, psychological and social support.
3. Organize Parents associations and provision of organizational development support.
5. Develop skills in leadership, advocacy and lobbying.
6. Increase caring capacity towards CWD and family.
B. Process and Output-Oriented

The current project is more conscious on the process of organizing the PAs. The project has set some specific responsibilities for the PA as partners of the project. The PAs are organized and guided with the module on how to organize STAC PAs. The parents are given at least six months to prepare before electing their officers and formalizing their association. They are also given six months preparation for the turn over of the center to the LOU.

The staff and parents are guided with the following steps in organizing PA:

1. **Phase 1 - Social Preparation**
   1.1. Activities in Social Preparation
   1.2. Community Entry
   1.3. Community Integration
   1.4. Social Investigation
   1.6. Ways of Gathering Data
   1.6. Contact Building

2. **Phase 2 - Leadership and Capacity Building**
   2.1. Leadership Styles
   2.2. Core Group Formation
   2.3. Leadership Development
   2.4. Structuring the Group

3. **Phase 3 - Organizational Development and Management**
   3.1. Setting up the Organization
   3.2. Creating a Constituency
   3.3. Creating Federation of STAC Parents Associations
   3.4. Building Self-managing Group
   3.5. Community Capacity Building
   3.6. Reviving Existing Organizations
   3.7. Organizational Diagnosis

4. **Phase 4 - Consolidation and Sustaining an Organization**
   4.1. Strategies for Organizational Consolidation
   4.2. Institutionalizing Organizational Mechanisms
   4.3. Expansion Works

**Lessons Learned**

The PAs can best realize their importance in the project implementation if they are given responsibilities which can instill in them the sense of ownership for the project. They also need to feel that they are stakeholders where their opinions and decisions are heard. They must be involved from identification of their needs until the end of the helping process which is the evaluation. In this sense, their active involvement in almost all STAC related activities are elicited.

It is also noteworthy that PAs in the current project are effective in mobilizing resources with their own initiative. In fact, significant numbers of PAs especially in Pangasian are now implementing parental activities with funds they have raised. They have started to operate
Livelihood projects and proceeds of these projects were directed to the needs of the CWDs such as transportation for their travel.

It is also important to note that parents now are pre-conditioned for the turn-over of the center to the LGU. Six months prior to the turn-over, the parents are already prepared for the transition period from the BDC management to LGU management. Parents were given several activities such as emotional preparation for the turn-over.

Adequate activities and training were given to parents to develop them to become independent organizations, however, the given time frame for the project implementation (18 months for the satellite and 30 months for the STAC main) is not enough for PA to mature as totally independent organizations.

Roles of Parents Association

1. Sustain PA (municipal to national level).
2. Collaborate with the staff to lobby with the LGU and other local partners.
3. Increase PA membership.
4. Mobilize resources.
5. Widen and strengthen networks.
6. Assist in STAC management.
7. Identify children with disabilities in their communities.
8. Plan and implement activities for organizational development.
BREAKING BARRIERS FOR CHILDREN
SPECIAL EDUCATION COMPONENT

In the Philippines, approximately fifty percent (50%) of the total population comprising children and youth from 0-20 years of age. Based on statistics, ten percent (10%) or 8.5 million may be categorized as disabled. There are more than 4 million children and youth with educational needs. Out of the 4 million, 97.5% or 390,000 children are either out of school or in school but not identified, hence un served.

Based on this premise, Breaking Barriers for Children through its Stimulation and Therapeutic Activity Center advocates for Children with Disabilities to quality education through Inclusive Education. The objective is achieved through the following services:

Coordination with the Department of Education
- SPED coordinators coordinate with DepEd to seek assistance in integrating CWDs in regular schools (if needed) and for training of receiving teachers.

Training of Teachers on Inclusive Education
- For receiving teachers handling CWDs in regular classes.
- Participants are from schools close to the established (and soon-to-be established) STACenters
- Teachers are encouraged to consult SPEDC for specific strategies which they can apply to help the CWD

Training of Day Care Workers
- Day Care Workers are given orientation on the early identification and intervention of children with disabilities.

Orientation for Awareness Raising
- To raise the awareness level of the members of the community, including LGU officials, Dep. Ed. Officials, parents and others, about the project and of the needs of CWDs

Pre-School Activities/ SPED sessions
- These are activities that will prepare the CWDs for school (SPED/ regular)
- SPED will work hand-in-hand with PT/OT
- SPED sessions are also to supplement CWDs’ learnings in school

School visits
- To monitor progress and problems of CWDs in school
• To assist receiving teachers in handling CWDs
• To follow up on receiving teachers who attended the trainings

Home Visits
• Follow up on CWDs who have stopped going to STACenters for treatment; of special concern are those who are in school

Educational Assistance
• Braille stylus and slate are provided to in-school beneficiaries with visual impairment

Parents' Training Program
• Parents are informed of their children's condition, educational program, and other necessary interventions.

SIW Training
• Trainings are done with the rest of the staff of STAC
• Trainings are to equip them with skills on handling STAC clients

Assessment
• An initial assessment is done on the client together with the PT/OT
• As the child’s program is implemented, CWD’s progress is monitored and mastery of skill/s is assessed after a given time period
• Assessment is especially important for children who are of school age

Referral
• CWDs who are in need of other services are referred to the network of specialists that the project has, including educational institutions
• For new clients who have not been properly diagnosed, they are referred to medical professionals.

Remarkable Outputs
• Creation of SPED class in Altau
• 100 CWDs avail of scholarship grants
• CWDs are enrolled either in SPED class/center or in regular school
• 2000 teachers are trained
Lessons Learned

- MOA with DepEd
- DepEd Division Office. District Supervisors and LGUs participate in activities for STAC beneficiaries
- Representatives from the DepEd Office and LGUs are part of the advisory council which meets quarterly
- Symposia on the BBC, collaboration and Inclusive Education
- Day Care Workers included in the training in Inclusive Education led to the deeper involvement in the operation, management and sustainability of STAC. DCWs become trained SPED teachers, DCWs assist in the home visit of inactive CWDs, DCWs participate during SPED sessions
BREAKING BARRIERS FOR CHILDREN
AND THE WORK WITH LOCAL GOVERNMENT UNITS

One of the major strategies in implementing the Breaking Barriers for Children was to work with the Local Governments. LGUs play a key role in ensuring the sustainability of the STAC program. The aim was to bridge the gap between the need for free rehabilitation services for poor children with disabilities and the lack of available services caused in part by the LGUs’ lack of knowledge and resources. BBC established the STACs as low-cost rehabilitation facilities and trained the LGUs to run them.

The Municipal Health Office and Municipal Social Welfare and Development Office were identified as the direct partners next to the municipal Mayor. BHWs were utilized as advocates of the project and mainly as Rehabilitation Assistants. Additional honorarium was given by the project. Municipal Nutrition Action Office, Municipal Planning and Development Coordinator, POPCC-POPulation commission among the agencies that provided services for CWOs. The need for permanent space was learned basing from the experiences.

Based on lessons learned from the previous project, new strategies were opened to attain systematic implementation of BBC 3 project. Coordination was based mainly on the dynamics of Local Government Units in different municipalities. Data gathering was conducted before the project implementation. Data including the area profile, land area, resources, population, political set-up and programs were studied which were made bases for the decision to set-up STACs.

At the later part of the BBC 3 implementation, new project strategy was discovered with the involvement of the Department of Interior and Local Government and the Liliw ng mga Barangay. The DILG provincial office in Pangasinan mandated members of the League of Barangay Captains to allocate some resources within the Local Council for the Protection of Children (LOPC) to support initiatives for children with disabilities especially in sustaining the turn-over STAC and satellites. The Barangay Council for the Protection of Children is a program of barangay captains or village leaders to ensure the well-being and protection of children, including those with disabilities.

Further, the DILG Regional Director of Region 6 issued a memorandum directing all concerned CWOs in LGUs to provide technical assistance and advocate for the ensured sustainability of the STACs and satellites in Aklan and Capiz.

PRE-IMPLEMENTATION PHASE:

Composed of area coordinator, roving social worker, physical therapist, occupational therapist and special education teacher. Initial coordination on identified targets were conducted. It was made clear for all LGUs regarding the terms, responsibilities and counterpart of both parties. Such counterparts are: permanent space, equipment utilities and counterpart in trainings. Ordinances and resolutions were also obtained and was observed as part of the standard operating procedure. To legalize the entry of BBC project, a MOA has been signed by the 2 parties.

IMPLEMENTATION

18 months is the time allotted for the implementation in satellite areas and 30 months for the main center. Main center were established first followed by the 4-Satellite areas every 2 months. Selection of satellite areas were based on congressional districts. During this phase, lobbying for sustainability is worked-out. Long-term commitment and institutionalizing STAC programs was the main aim. Local partners were regularly encouraged to participate in all activities.

Advisory committees were organized to plan and help in the implementation, operations and resource mobilization for the STAC. There were many possible sources identified
from where the budget can be obtained. These are the GAD fund, 1% allocation from the
IRA for PWDS and Senior Citizens, development fund to name a few.

6 months prior to turn-over, training for staff hired by the LGU is required. Most of the
time, the social component of the project is endorsed to the MSWDG and the health
program to the MHO. However, multi-sectoral cooperation is encouraged.

To legalize all transfer of responsibilities, a Memorandum of Agreement between KAMPi
and the LGU were drawn and signed.

MONITORING

After turn over, technical assistance for the turned over areas is given. Areas are
regularly monitored to ensure smooth flow of operation. To address this, trainings were
provided specifically for parents, staff and LGU’s.
BREAKING BARRIERS FOR CHILDREN
AND THE WORK WITH CHILDREN WITH DISABILITIES

The services for children with disabilities (CWD) in our society are given less priority especially on providing physical and social rehabilitation aspect. Breaking Barriers for Children (BBC) Project provides the necessary needs of children with disabilities through its free comprehensive rehabilitation services to optimize their development potentials. To address the needs of children with disabilities, the goals of BBC are the following:

1. To provide holistic development of the child through free comprehensive rehabilitation, this includes Physical and Occupational Therapy, Special Education (SPED) and Social Rehabilitation.
2. To optimize development potentials of children with disabilities by providing goal directed activities to develop their maximum capacities, talents and skills.
3. To improve social skills- Aside from the physical rehabilitation, BBC also provides activities for social rehabilitation such as socialization, hydrotherapy, and exposure to the community, schools among others, to express one's feelings, needs and mingles to other people.
4. To prepare for inclusion in regular schools- The SPED component provides the opportunity for CWDs to be in schools after undertaking SPED sessions and assessment for inclusion in regular and SPED centers.
5. To increase sense of self through various activities provided by the rehab team where each CWD realizes their potentials making themselves worthy, having dignity and respect.
6. To increase independence in performing activities of daily living (ADL) such as feeding, dressing, grooming, toileting, among others through purposeful activities.
7. To increase awareness of one's community- CWDs and their families become aware on their roles in the community, their rights and privileges and the legislations provided by the government through proper orientation.

A. Services Rendered:

1. Rehabilitation
   - Provision of rehabilitation for children with disabilities, which included Physical Therapy, Occupational Therapy and Special Education Services.

2. Social Rehabilitation
   - This component of the project helps to develop the capacity of each CWD through a series of interventions such as socialization, among others.

3. Medical Services
   - The provision of medical assistant helped in addressing the evaluation and management of each CWDs.

4. Others: Provision of Assistive Devices
   - Supplemental Feeding
   - Socialization

Lessons Learned:

1. Fewer satellites
The ideal number of satellites provides closer monitoring of treatment sessions to CWDs that shows significant improvement.

2. Assistant Satellite Physical Therapist per area

   The project provided the opportunity for Assistant PT per area to be trained as additional manpower to assist at the center.

3. Regular positions were lobbied for LGU-hired STAC staff

   To ensure sustainability of the project to LGU, regular position such as PT, OT, SPED and SW must be lobbied to cater the needs of CWDs.

4. LGU and hired STAC staff must be trained before turnover

   As part of the BBC program design, the LGU and hired staff must be trained months prior to turnover to hand responsibilities in providing rehabilitation to CWDs and technicalities in operating the center independently.

Strengths to build upon:

1. Well documented progress of CWDs

   Documentation on the progress of CWDs was provided to monitor how the children improve on their daily or scheduled treatment sessions

2. Parents involvement in treatment sessions

   The project provided training for parents to involve in handling and rehabilitation of their children on home settings to ensure continuity of the treatment session.

3. Consultation with Psychiatrist/ Developmental Pediatrician

   The need for Psychiatrist/ Developmental Pediatrician evaluation plays an important role in the development of CWDs to assess their conditions and prescribe appropriate management.

4. Social issues of CWDs should be addressed

5. Comprehensive services can significantly improve the condition of CWDs

   The provision of a complete rehabilitation team is an evidence of significant improvement to the condition of CWDs

6. Appropriate satellite-manpower ratio mean quality services
ANNEX E: A Guide to LGU Hired Staff Orientation on STAC Operation and Management

Breaking Barriers for Children (BBC) – 4

A Guide to LGU Hired Staff Orientation on STAC Operation and Management

One of the major considerations in the implementation of BBC Project is to ensure the sustainability of programs and services to CWDS after the project is turned over. As per design of the BBC Project, STAC and Satellites are run by BBC for a specific period (2 ½ years for the main center and 1 ½ years for the satellite center) only. The BBC will then turn over the STACs to partner LGUs to assume the operation and to continue the provision of services to the beneficiaries.

As part of mechanisms for effective turn over of STAC, LGU-hired staff are provided with orientation on operation and management of STAC. Aside from the orientation, they are provided with series of trainings which include lecture discussion, hands-on demonstration and practical exercises on rehabilitation and management of specific disabilities. By this way, the project stakeholders are assured that STAC staff are properly oriented in managing the STAC and are fully equipped with skills for efficient delivery of programs and services to CWDS after the turn over.

This material has been developed as a tool that will guide the BBC staff in providing orientation to LGU Hired staff on the operation and management of STAC. This captures pertinent topics on the how tos of managing the STAC and facilitates easy access of information needed during the orientation. It is highly recommended that the formal orientation will be conducted to all LGU hired staff at least 1 month prior to the scheduled turn over of the STAC Center.

OBJECTIVES:
- To ensure that LGU hired staff are provided with proper orientation and training on STAC operation and management
- To ensure that LGU hired staff are able to effectively manage STAC and efficiently deliver STAC programs and services after the turn over
- To orient LGU hired staff on the fundamentals of effective coordination, lobbying, networking, reporting and documentation

VENUE:
Stimulation and Therapeutic Activity Center / Satellite Center

TIME FRAME/DURATION:
- Formal Orientation is conducted at least 1 month prior to the scheduled turn over
- One (1) day orientation

CONTENT/OVERSE OF TOPICS:
- Orientation on BBC Project
- STAC Operation and Management
- Roles of STAC staff
- Networking
- Reporting and Documentation

METHODOLOGY:
Lecture discussion

TRAINING MATERIALS AND REFERENCES:
Please see attached document/handouts
ORIENTATION ON BBC PROJECT

Introduction

The Breaking Barriers for Children (BBC) is a joint project of the Katipunan ang Maykapansaran sa Pilipinas, Inc. (KAMPI) and the Danish Society of Polio and Accident Victims (PTU) with funding support from the Danish International Development Assistance (DANIDA). The project is designed with the goal to promote the rights and improve the living conditions of children with disabilities as its beneficiaries. The project is implemented in collaboration with Local Government Units (LGUs) and other partners.

Background

The Breaking Barriers Philippines (BBP) as the forerunner of BBC was implemented from 1995 to 1999. The success of the first initiative was followed by an expanded project known as the Breaking Barriers for Children (BBC)-2 implemented from 1999 to 2003. To further build on the model developed in the earlier phases of the project and to cover other areas of the country where the need for rehabilitation services is apparent, BBC-3 was launched in 2003 and culminated in 2007.

The overwhelming achievements and accomplishments of the project had inspired the funding partners to bring the project to the next level and to widen its services to include young adults with disabilities. In October 2007, the Breaking Barriers for Children and Young Adults with Disabilities (BBCY) Project commenced and will be implemented until September 2011.

BBCY is divided into two component projects, BBC which caters to the needs of children with disabilities through Stimulation and Therapeutic Activity Centers (STACs) and BBY that addresses the needs of young adults with disabilities through Training and Development Centers (TDCs).

Stimulation and Therapeutic Activity Center (STAC)

The BBC project through the Stimulation and Therapeutic Activity provides free comprehensive rehabilitation services to children with disabilities 0-14 years old. The STAC (Center) operates as a training resource for Physical Therapy, Occupational Therapy, Social Services, Pre-School Training and Inclusive Education. It also serves as an informal venue for socialization among CWDs and their families. Furthermore, STACs are designed and equipped to function as resource centers for CWDS from the Satellite Centers.

The STAC main center has smaller versions known as Satellites which were established to make rehabilitation services accessible to beneficiaries from far-flung areas and cluster municipalities.

STAC OPERATION AND MANAGEMENT

General Provisions

- **Space**
  - The STAC should be situated in a strategic and accessible location. There must be a MOA that states on the long-term use of the space or building for STAC. The ideal center must have a permanent space with a minimum floor area requirement of 100 sq. m for main center and 36 sq. m for satellite center. It must be well-ventilated with ample space for treatment and layout of rehabilitation and office equipment. It must have accessibility features such as accessible toilet and wash area especially for training of CWDs on self-care and Activities of Daily Living (ADLS).
  - Equipment and accessories for treatment
The STAC should be equipped with basic rehabilitation equipment that will cater to rehabilitation needs of CWDs. Provision of budget for maintenance and repair of rehabilitation equipment as well as office fixtures and replenishment of accessories for treatment must be ensured. (Attachment – list or inventory of rehabilitation and office equipment and accessories for treatment)

- **Utilities**
  - Budget allocation for monthly utilities of the center such as electricity, water and/or telephone must be provided by the LGU to ensure continuity of STAC operation.
- **Office operations**
  - The center must have continuous provision of communication and office supplies. (Attachment – list of office supplies)

**Programs and Services**

- **Physical Rehabilitation**
  
  a. **Physiatrist evaluation**
  The Rehabilitation Doctor conducts preliminary pediatric evaluation which forms part of the initial evaluation. This procedure determines the proper management and treatment provided to each beneficiary.

  b. **Physical Therapy**
  Several activities such as range of motion, stretching, conditioning and muscle strengthening, neuro developmental techniques and application of modalities are designed by Physical Therapist to each CWD with the goal to maintain, restore and improve general physical condition. Treatment sessions are conducted at the STACCenter usually three times a week lasting from one to two hours per session.

  c. **Occupational Therapy**
  Activities designed to address specific needs and disabilities are provided by Occupational Therapist to CWDs in order to train them of becoming independent and to attain their highest level of function especially on Activities of Daily Living (ADL). Behavioral Modification Techniques are applied to modify age-inappropriate and socially-inappropriate behaviors of CWDs. Basic concepts and ideas are introduced to develop their cognitive skills.

  d. **Supplemental feeding**
  Rigorous physical exercises of CWDs at the STACs and Satellites are supplemented with proper diet. STAC staff coordinate with LGUs, NGOs and interest groups for provision of nutritious and energy-giving food to beneficiaries as they undergo treatment sessions. The parents, BHWs and volunteers assist in the preparation of the food, and in some cases they themselves initiate activities to gather resources for the supplemental feeding program.

- **Social Rehabilitation**
  
  a. **Social Enhancement activities**
  Socialization activities are organized in STAC for a regular get-together of CWDs and their parents. Programs that showcase talents of CWDs are conducted and meals are prepared in the spirit of fun and social interaction among parents, children, caregivers, staff and volunteers. STAC also organize outdoor activities such as Hydrotherapy, NDFR Week Celebration, Summer Olympics, Medical & Dental Missions, Christmas parties and among others in collaboration with other GOs/NGOs. These activities aimed to develop social skills and enhance community participation of beneficiaries and their families.
h. After care services
STAC staff conduct home visits to assess and monitor the progress of CWDs. Parents are informed of upcoming activities, STAC related developments and new information about disability.

c. Counseling
Social Workers provide counseling services to parents and other family members with the goal to foster responsible parenthood and to provide assistance in addressing issues and concerns related to raising a CWD. This approach is integral to increase the capacities of parents to care for their children with disabilities.

d. Livelihood assistance
Staff coordinate with different agencies of government and non-government organizations for the conduct of livelihood skills training and in some cases for provision of seed capital for the parents. This is to augment the income and resources of the family in order for them to better take care of their children with disabilities.

- Special Education Component

a. Inclusive Education
This is the preferred option of the BHC in promoting the education of children with disabilities. This approach enables CWDs to be integrated in regular classroom set ups where they can freely interact with non-disabled children.

b. Individualized Assessment
Each child in the STACenter is individually assessed upon intake to the project. The result of the assessment will serve as basis of the Special Education Teacher for designing the individualized educational program of the CWD.

c. SPED Sessions
SPED sessions in individual or group are conducted at the STACenter to prepare CWDS for regular school. SPED sessions and remedial classes are also given to in-school beneficiaries to help them cope with the demands of regular school.

d. Home and School Visits
Beneficiaries who are in-school are visited in their classrooms and at home to monitor their academic performance.

e. Educational Assistance
Staff coordinate with different agencies of government, NGOs, other interest groups and benevolent individuals to lobby for provision of educational assistance such as scholarships, school supplies and educational materials for CWDS.

f. Teachers and DCW Orientation Workshop
Teachers and Day Care Workers are provided an orientation-workshop on Inclusive Education. It aims to equip educators with knowledge on learning characteristics of CWDS and orient them of different teaching strategies in handling CWDs in regular classes and day care centers.

- Training Programs

a. Parents Training Program
Parents of CWDs are trained on basic therapeutic exercises that are easily carried out at home. This ensures continuous rehabilitation of CWDs
outside of the STACenter. The PTP aims to facilitate the rehabilitation process of CWDs through active participation of the parents.

The training comes in two approaches: 1. Informal Training - parents are involved during therapy sessions wherein basic exercises for CWDs are taught to them and 2. Formal Training - parents are provided with two-day training inclusive of lecture discussion on disability related topics and hands on demonstration of different techniques in rehabilitation of CWDs.

b. Barangay Health Workers Training
Barangay Health Workers are trained on identification and rehabilitation of CWDs. The training is conducted for two days comprised of lecture discussion on disability related topics and actual demonstration of intervention and management to specific disabilities.

BHWs play an important role when STACenters are turned over to local partners. They augment to the limited manpower of STAC as they serve as Rehabilitation Assistants to Physical and Occupational Therapists in providing services to CWDs.

c. Teachers and DCEs Training on Inclusive Education
Trainings on Inclusive Education are provided by BBC so that regular teachers and Daycare Workers who receive CWDs in their classes will have knowledge on inclusion of CWDs. The training sensitizes educators to the special educational needs of CWDs and encourages them to raise the level of awareness about disability among non-disabled pupils or students.

d. Symposium on Disability and Inclusive Education
Symposia are conducted to raise the awareness of parents, teachers, students, LGU officials and the community on the various issues and concerns confronting children with disabilities and their families.

- Parents' Association
Parents of CWDs are organized into Parents Association. This is in recognition of their importance as one of the primary stakeholders of the project. Parents play a vital role not only in the rehabilitation of CWDs but also in the sustainability of the STACenters and their satellites.

There are smaller groups within the associations known as peer support groups and advocacy groups. Peer support groups are composed of parents who share similar interests and have built rapport among themselves. They are trained to be advisers and peer counselors to fellow parents. While the advocacy groups are composed of parents who are responsible for raising the awareness of parents and community on disability issues. Their activities are focused on changing negative attitude and perception of the community towards CWDs and PWDs. Also, they engage on activities that lobby for legislation promoting the rights of CWDs and negotiate for the needs of their children and their association.

Parents are provided with several trainings which include organizational development, advocacy and resource mobilization in order to equip them with skills necessary to manage their organization. Leaders are further given trainings on leadership and lobbying for them to be effective advocates of the rights of their children.

- Networking
Network and linkage with other agencies, GOs and NGOs are established by the project in order for the CWDs to avail for possible assistance and support services not provided by the project.
STAC staff coordinate with different agencies of government and non-government organisations for referrals of CWDs. Referrals can be in the form of medical, surgical and social services; educational and financial assistance; and provision of adaptive and assistive devices.

**STAC ADVISORY COMMITTEE**

The STAC Advisory Committee is organized at the onset of the project to involve project partners in the planning and implementation of programs and services of STAC. Moreover, they play a crucial role as a policy making and recommending body in the sustainability of STAC. The committee is composed of heads and designated personnel from the LGU, BEC and project partners. The members of the committee conduct regular meetings to keep abreast of the status of operation and activities of STAC.

**FLOW OF SERVICES**

**STAC and Satellites**

CWD ➔ Social Worker for intake assessment ➔ Physiatrist/Other Allied Medical Professionals for initial evaluation ➔ Referral to Physical Therapist or Occupational Therapist for rehabilitation ➔ SP5D for educational training and integration

**STAC STAFF**

A. General roles of staff

The LGU employs staff who are responsible to oversee the day-to-day operation and management of STAC. In line with their duties and responsibilities is the crucial role played by staff towards the CWDs, parents association, school, community, LGUs and other stakeholders of the project.

Here are the general roles which the STAC staff are expected to perform in relation to:

- **CWDs**
  - Provide high standards of services for the beneficiaries
  - Identify other needs of CWDs and refer to appropriate services
  - Properly document the progress of CWDs

- **Parents Association**
  - Coordinate and monitor activities of PA
  - Collaborate in the planning and implementation of STAC programs and PA activities
  - Assist parents in sustaining PA

- **School and Educational System**
  - Prepare CWDs for schooling
  - Provide technical assistance to receiving teachers and daycare workers
  - Monitor CWDs attending school and document their academic performance

- **Community**
  - Conduct advocacy activities to increase awareness on disability issues
  - Document STAC and PA accomplishments to maintain interest of partners and community

- **LGU**
  - Collaborate in the planning, implementation, sustainability and institutionalization of STAC programs and services
  - Properly document CWDs and PA activities
  - Regularly submit reports to LGU
B. Specific Functions

Social Worker
- Identify and assess children with disabilities in communities
- Prepare social/family case study and progress reports of beneficiaries
- Plan for interventions for families of children with disabilities (e.g., skills training and livelihood projects for parents)
- Provide after care services and initiate parent-child counseling, home visitation and referrals of CWDs
- Coordinate with partners in the planning of relevant activities for social rehabilitation and establishing network with potential partners
- Conduct advocacy activities to raise awareness of the community on disability issues
- Initiate dialogues with parents and project partners to generate support for the project
- Plan and coordinate with project partners for relevant social services for CWDs
- Organize monthly socialization activities for CWDs and parents
- Monitor parents’ peer group, literacy groups and support PA activities
- Properly document the accomplishments on the social component of the project

Physical Therapist
- Manage the daily operation of STAC
- Assist the Physiatrist during evaluation of CWDs
- Conduct initial evaluation and regular re-evaluation of CWDs
- Provide appropriate treatment management to CWDs
- Maintain proper documentation on the progress of CWDs and accomplishments on the rehabilitation component of the project
- Responsible for regular inventory of rehabilitation and office equipment of STAC
- Conduct formal and informal Parents Training Program on basic rehabilitation of CWDs
- Conduct trainings on basic rehabilitation of CWDs to Barangay Health and Day Care Workers
- Coordinate with all other staff in planning and organizing activities for social enhancement of CWDs as well as their families (e.g., outdoor hydrotherapy activity, medical/dental mission, National Disability Week celebration, socialization, etc.)
- Plan and discuss with other staff the appropriate referral needed for CWDs
- Submit monthly narrative report to the LCU and STAC Advisory Committee regarding STAC accomplishments, activities and progress of beneficiaries.
- Conduct advocacy activities to increase awareness of the community on disability concerns and issues
- Coordinate with potential partners to establish network of referrals

Occupational Therapist
- Manage or assist in overseeing the daily operation of STAC
- Assist the Developmental Doctor during evaluation of CWDs (if applicable)
- Conduct initial evaluation and regular re-evaluation of CWDs
- Provide appropriate treatment management to CWDs
- Maintain proper documentation on the progress of CWDs and accomplishments on the rehabilitation component of the project
- Assist in regular inventory of rehabilitation and office equipment of STAC
- Conduct informal parents training and assist in providing training on basic rehabilitation to Barangay Health Workers, Day Care Workers and parents during formal PTP
- Coordinate with other staff in planning and organizing activities for social enhancement of CWDs as well as their families (e.g., outdoor therapy, activity, medical/dental mission, National Disability Week celebration, socialization, etc.)
- Plan and discuss with other staff the appropriate referral needed for CWDs.
- Submit monthly narrative report to the LGU and STAC Advisory Committee regarding STAC accomplishments, activities, and progress of beneficiaries.
- Conduct advocacy activities to increase awareness of the community on disability concerns and issues.
- Coordinate with potential partners to establish network of referrals.

**SPED Coordinator**
- Manage or assist in overseeing the daily operation of STAC.
- Conduct educational assessment on CWDs.
- Develop Individualized educational programs and implement appropriate educational intervention for CWDs.
- Facilitate school placement of CWDs and interpret the CWDs educational needs to Day Care Teacher, receiving teacher, and school personnel.
- Conduct home and school visits to follow up the progress of CWDs.
- Maintain proper documentation on the academic performance of CWDs and accomplishments on the SPED component of the project.
- Conduct informal parent's training and assist in providing training on basic rehabilitation to Barangay Health Workers, Day Care Workers, and parents during formal FTP.
- Provide technical assistance to Regular Receiving Teachers and Day Care Workers.
- Coordinate with potential partners to establish network of referrals.

**BHWs / DCWs**
- Assist in identifying CWDs in the community.
- Act as rehabilitation assistants for BHWs and SPED assistants for DCW assisting the staff during therapy sessions.
- Assist in organizing related activities of STAC and PA.
- Assist in regular inventory of rehabilitation and office equipment.
- Assist in conducting home visits to monitor progress of CWDs.

**Utility Worker**
- Maintain cleanliness and orderliness of the inside and outside premises of STAC.
- Act as assistant in regular inventory and maintenance of rehabilitation and office equipment.
- Act as liaison or messenger whenever necessary.

**REPORTING AND DOCUMENTATION**

A. Reporting
Regular reporting to project partners on the status of operation, accomplishments, and activities of STAC as well as success stories of CWDs must be observed. It is recommended that STAC staff have to furnish the LGU, Advisory Committee, and other partners with a regular monthly report to keep them abreast of the operation and activities of the center. This is a good practice in order to keep up the interest of stakeholders on STAC.

B. Forms
BBC has developed several forms per component (rehabilitation, social, and SPED) that should be used for documentation purposes. A manual for accomplishing forms has been likewise developed to guide the staff in using the said forms. Please refer below on the list of BBC forms.
Forms to be accomplished by PT:
- Initial Evaluation Form - should be used for new intake
- Progress Notes - should be filled up by the therapist every after 12 therapy sessions or whenever remarkable progress is observed with the beneficiary
- PT Notes - should be filled up by the therapist every after therapy session of the CWD
- Informal PTP Form

Forms to be accomplished by OT:
- Initial Evaluation Form - should be used for new intake
- Gessel's Motor Performance and Abstract Concept Test Series
- Functional Independence Measure (FIM)
- Progress Notes - should be filled up by the therapist every after 12 therapy sessions or whenever remarkable progress is observed with the beneficiary
- PT Notes - should be filled up by the therapist every after therapy session of the CWD
- Informal PTP Form

Forms to be accomplished by SPED:
- Educational Assessment tool
- Individualized Education Plan
- After Care Monitoring Form (Home and School Visit)
- Checklist on Inclusion
- SPED Progress Report
- Informal PTP

Forms to be accomplished by SW:
- Intake Form
- Social Case Study
- Home Visitation Form
- Individual Plan of Action
- Case Conference Form

C. Check list of documents
Maintaining a complete and updated documentation in the STACenter has been proven to be very useful. It has facilitated easy access of data and information whenever needed.

The following files should be maintained in the STACenter:
- Individual portfolio of CWDs (comprehensive)
- Treatment Chart (PT, OT, SPED)
- Book of legacy
- Administrative/financial files
  - Legal documents (e.g. MOA, Resolution, Ordinance)
  - Reports (e.g. monthly, annual, accomplishments, financial)
  - Project proposals, budget requests, communication letters
  - Inventory of rehabilitation and office equipment
  - Logbook for staff and CWD attendance
  - List of project partners
- PA files
ANNEX F: Municipal Ordinance No. 2009-06-300

MUNICIPAL ORDINANCE NO. 2009-06-300

AN ORDINANCE INSTITUTIONALIZING THE STIMULATION AND THERAPEUTIC PROGRAM ACTIVITY CENTER (STAC-BOILOC) AND INCLUDING ITS OPERATION IN THE REGULAR HEALTH AND SOCIAL SERVICES PROGRAM OF THE MUNICIPALITY AND APPROPRIATING FUNDS THEREFOR.

Sponsored by: Hon. Aldrin M. Uy
(Chairman, 35 Committee on Welfare, Family and Social Services)

WHEREAS, Article 13 Section 11 of the Constitution states the inclusion of persons with disabilities as one of the priority sectors who shall be given access to essential goods, health and social services;

WHEREAS, R.A. 7177, known as the "Magna Carta for Disabled Persons", provides that the State shall adopt policies covering the rehabilitation, self-development and self-reliance of persons with disabilities, and their integration into the mainstream of society;

WHEREAS, United Nations Convention on the Rights of Persons With Disabilities (UNCPRD) promotes, protects and ensures full participation and enjoyment of all human rights and fundamental freedom by all persons with disabilities;

WHEREAS, R.A. 7160, known as the Local Government Code of 1991, mandates all local government agencies to provide programs to uplift the plight of persons with disabilities especially in the aspect of rehabilitation;

WHEREAS, the Kapampangan Maykapampuan sa Pilipinas, Inc. (KAMPI) in partnership with the Danish Society of People and Aids Network Victims (PU) with funding support from the Danish International Development Assistance (DANIDA) implemented the Breaking Barriers for Children (BBBC) Project through establishment of Stimulation and Therapeutic Activity Center (STAC) which provides comprehensive rehabilitation services to children with disabilities;
WHEREAS, the Municipality of Tubigon, as Partner of KAMPI in the implementation of BRC Project in the Municipality, has the main thrust to promote the health and welfare of its constituents, especially children with disabilities, and development of programs and services towards providing equal opportunities, full participation and integration in the society;

WHEREAS, as agreed upon by KAMPI and the Municipal Government of Tubigon, the STAC located at the Government Center in Barangay Putuhan, Tubigon, Bohol which commenced operations on February 1, 2008 shall be turned over to the local government in May, 2009 after one year and three months of implementation, as per BRC Project Design;

WHEREAS, STAC-TUBIGON, BOHOL will be turned over to the Municipality of Tubigon, Bohol in order for the local government to continue the project in improving the lives of children with disabilities and to ensure sustainability of STAC operation, program and services,

NOW THEREFORE,

BE IT ORDAINED by the Sangguniang Bayan of Tubigon, Bohol in session duly assembled and by the authority of the same, that:

SECTION 1. The Municipality of Tubigon shall adopt the Breaking Barriers for Children (BRC) Project through a community-based rehabilitation facility known as the Simulation and Therapeutic Activity Center (STAC) and shall include the same in the regular health and social programs of the Municipality.

SECTION 2. The STAC shall provide comprehensive rehabilitation services which are similar to developing full potentials of CWDs for them to become independent, productive citizens of the community. The programs and services of STAC shall include but not be limited to the following:

a. Physiotherapy evaluation
b. Physical and Occupational Therapy
c. Speech and Language Therapy
d. Supplementation Feeding
e. Social Rehabilitation Services:
   a. Social Enhancement Activities (celebration of NDPM Week, Christmas Party, etc.)
   b. After-care services
   c. Counseling
   d. Livelihood assistance
f. Training Programs
   a. Parents Training or Basic Rehabilitation
   b. Barangay Health Workers (BHW) Training
   c. Training of Regular Receiving Teachers and Day-Care Workers on inclusive Education
   d. Training of parents on leadership, advocacy, lobbying and organizational development

g. Strengthening and empowering Parents Association
b. Referrals
   a. Medical Services
   b. Surgical Services
   c. Social Services
   d. Assistive Devices

SECTION 3. The STAC shall be under the operation and management of the Local Government Unit of Talibon, Basilan as an agency with technical support from the KAMPI, the Office of the Municipal Social Welfare and Development, the Municipal Health Office and the Talibon Community Hospital and any other agency deemed necessary for the program.

SECTION 4. The LGU shall maintain close coordination with BCC Project Management Office for monitoring and necessary technical assistance.

SECTION 5. STAC Advisory Committee shall be strengthened and shall act as the policy-making and recommending body in the sustainability of STAC. The committee shall be composed of the heads of designated personnel from:

1. Office of the Mayor
2. Sanggaming Bayan
4. Municipal Health Office/Local Health Board
5. League of Barangay Captains
6. Sanggaming Kaharian
7. Local KAMPI Chapter/Association of persons with Disabilities
8. STAC Parents Association
9. STAC Staff
10. NGOs

SECTION 6. Parents of CWDs, as one of the project stakeholder, shall be invited to STAC staff in coordination with the MHO on basic rehabilitation and teaching techniques for CWDs to ensure continuous rehabilitation at home. For this purpose, STAC Parents Association shall be duly organized and recognized as an integral support group in which their activities shall be monitored under the CMSWDO.

SECTION 7. The Municipal Mayor is hereby authorized to enter into a Memorandum of Agreement for the turn over and institutionalization of STAC under the support of the Local Government of Talibon and technical assistance of KAMPI.

SECTION 8. The Municipal Government of Talibon shall employ qualified personnel and shall assign a Local Person to implement, manage, and oversee respectively the operation of STAC in order to ensure the sustainability of the program.

SECTION 9. This ordinance shall take effect upon its approval.

SO ORDAINED
ENACTED: June 19, 2003, Tugbong, Bohol.

Voting on the foregoing ordinance was as follows:


NEGATIVE: None.

ABSTENTION: None.


Certified Correct:

ANTOHO A. ONFIS
Singly Signed
Temporary Presiding Officer

Attested:

CARLITO C. CUBELA
Secretary to the Sangguniang Bayan

Approved:

ATTY. LUNA C. PIEZAS
Municipal Mayor

Date Signed: June 19, 2003