Community Based Rehabilitation: Community Building Relations?

Narratives of Perceptions of Health of Persons with Disabilities (PWDs) in Barangay Singkamas Using The Lens of Social Integration

A Full Seminar Paper Submitted to University of the Philippines-Manila College of Arts and Sciences Department of Social Sciences in Partial Fulfillment of the Requirements for the Degree of BA Political Science

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10 April 2014
This undergraduate thesis entitled "Community Based Rehabilitation: Community Building Relations? Narratives of Perceptions of Health of Persons with Disabilities (PWDs) in Barangay Singkamas Using The Lens of Social Integration" written by Sam Marc M. Manila, in partial fulfillment of the requirements for Political Science 198 of the degree in BA Political Science, is hereby presented for approval.

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This thesis is hereby accepted and approved as partial fulfillment for the requirements for the Degree of Bachelor of Arts in Political Science.

Prof. Sharon A. Caringal
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ACKNOWLEDGMENT

This thesis would not be possible without the help of my parents. They have witnessed my hardships and struggles, my joys and the laughters of studying in the country's premiere university. For without their unconditional love, I had stopped in the middle of this long yet fulfilling journey of my undergraduate years. Mom, thank you for being my warrior and a friend. Dad, thank you for being the good provider of every thing I need.

For my first “home”, the College of Allied Medical Professions, thank you for culturing me for what I am today. I am the personified version of the college, with their perseverance unmatched, with their dedication unparalleled. Thank you to the titans of the college: Sir EJ and Ma'am Mia. Ma'am Mar, I am very gratified for being my mother in this University. I would like to thank you that when I listen to your insights on how to face the life struggles, you lend me your Kleenex to wipe away the tears on my face and believing in my strengths and capabilities when the world tells me to stop. Without you, my success in Political Science would not be possible.

Thank you for being my cradle, College of Arts and Sciences. You have opened a spectrum of possibilities and myriad of perspectives in life. For opening my eyes what is really meant to be a “Iskolar ng Bayan”, to serve the people with my utmost might, I really owe it to you. Sir Carl and Ma'am Tim, thank you for letting me to be adopted in the course. At first, I felt unease finishing this course because it is very remote to my goals but thank you for harnessing a belief that there is a political dimension and every struggle. Now, I am considering what is political in every decision that I make in a sweet yet long struggle called life.

To the people that grow close to my heart during my college years, I would like to thank you. Cindy, thank you for being there almost immaculately and for understanding every tides and turns that I make in life. CAMP friends, Karina, Michiko, Geleng, RA, Cathy, Camille, thank you for encouraging me in my lowest and being happy for me in my newfound home. To the Tres Marias that are so dear to my heart in CAS, Inna, Marione and Pat, cheers for letting me in your circle. You did not mind the age gap and differences amongst us yet you girls embraced me and become the closest in the batch. Ina and Lee, thank you for the contagious vibrance of youth that I almost forget that I still have. Raff, thank you for the nonsensical and senseful arguments that would make me believe that you really are in the makings of a good political analyst than I do. Gabriel, Paolo, Jason, Mariel and AP, thank you for being the best listeners around town and making the friendship outside UP and as far as you can imagine possible. To Atty. Regie, soon-to-be Dr. Ben, Sir Mong and Erica, thank you for making my extended stay the coolest I can ever imagine.

To the One above, thank you for finding me when I seeking you, for opening the door whenever I knock and receiving everytime I asked. You made an unbreakable promise of hope and a future, and still holding on that after the sweet success of this endeavor, I know you will lead me to the right path. All the glory belongs to You, Jesus!
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Diagram 1. Respondents’ Perception on the Variables of Social Integration To Health ..........................56
Community-based rehabilitation (CBR) is a strategy promoted by the World Health Organization, governments worldwide and non-government organizations to provide the needs and check if the rights and privileges of Persons with Disabilities (PWDs). It has an objective of sustainable and inclusive development of PWDs. One of the programs under the CBR strategy, the rehabilitation/medical programs, is implemented particularly in Barangay Singkamas, Makati City, under the tutelage of University of Santo Tomas-College of Rehabilitation Sciences in partnership with the barangay local government unit. The objective of this study is to check whether social integration, through the variables of a.) Social influence or how the people affect PWDs in making health-related decision; b.) Social support or how the people extend help to them by instrumental or informational means and c.) Social participation or the level of engagement of PWDs in community activities; and if social integration has an effect on the health condition of PWDs. This would be done through the perception of PWDs. There are evidences that point us that social variables have an effect in health conditions and it was being furthered by the Durkheim’s theory of Social Integration. 10 respondents were selected through non-convenience sampling and were interviewed. Key informant interviews from a social worker, barangay health worker, representative from the community’s PWD chapter and barangay kagawad and key expert interviews from two professors that have an experience in handling CBR was conducted. Findings of the study say that among the three variables of social integration, only social support and social participation were perceived that has an effect on health condition of PWDs. Experts and informants mentioned that empowerment and education among the community is still needed for the community to mobilize themselves for the health conditions of PWDs.

Keywords: Community Based Rehabilitation (CBR), social participation, social influence, social support, Persons with Disability (PWDs)
CHAPTER 1: INTRODUCTION

“Man’s characteristic privilege is that the bond he accepts.. is social. He is governed not by a material environment brutally imposed on him, but by a conscience superior to his own, the superiority of which he feels. Because the greater, better part of his existence transcends the body, he escapes the body’s yoke, but is subject to that of society.”

-Emile Durkheim

What have Emile Durkheim mentioned above is an antithesis of what is happening in the Philippine society. The stratification of the populace is a manifestation of how the Philippine society operates: gratification of power, prestige and position. Material essence has transcended over moral superiority that Durkheim had expressed and sadly it is embedded in the society today.

Persons with Disabilities (PWDs) are the ones below the rungs of social ladder that is deprived materially with goods and services that are necessary for their welfare. Aside from the anatomical and physiological deficiencies that they possess, they are injured severely with what the society has tagged them: “abnormal and disabled” people dependent of others and incapable of meeting their needs. Subservient to this idea born this criterion imposed tailor-fit for PWDs that if they meet such, they will have the material resources that they have needed. With this act of social exclusion, PWDs feel secluded in their own enclave, feeling inferior and useless.

Community-based rehabilitation (CBR) is seen as one of an answer of some organizations that heed to the call of advancing PWDs’ rights and privileges through providing their health needs. In this study, CBR is tapped by an educational institution and an NGO in Barangay Singkamas, Makati City that not only advocates the physical improvement of PWDs
but also trains the people around them to know their needs and become fully aware of their conditions, through programs directed in education, social and empowerment aspects. While the CBR programs in the community is honed through medical, livelihood, social, educational and empowerment aspects, the program also ensures that PWDs are included in the community, fostering a welcoming atmosphere from the members of the community that are “not disabled”.

In the Philippines, CBR was encouraged to be implemented country-wide under the Executive Order 437 signed by then President Gloria Macapagal Arroyo in 2005. But prior to such presidential declaration, there are non-governmental organizations (NGOs) and some educational institutions that implemented CBR in communities with PWDs. The CBR strategies implemented by these institutions relies on the WHO guideline on CBR as their framework but devises the how-to’s of implementing CBR in such areas, preferably the rural ones because of the deprivation or scarcity of material resources in these areas.

The researcher discovered that there are urban communities in Metro Manila that are serviced by CBR. For this study, Barangay Singkamas in Makati City will be the case in point to be studied in this research.

This study will see if CBR mirrors what Durkheim would have imagined for PWDs: his/her nourishment comes from his consciousness that he/she is a member of the society.

**RESEARCH QUESTIONS:**

A. **GENERAL:** Does health through social integration is presented to persons with disabilities (PWDs) in the community through community based rehabilitation?
B. *SPECIFIC:*

1.) What is the status of the PWDs in the community? Does their status in the community affect their health conditions?

2.) What are the activities of CBR in the community?

3.) What are the needs and expectations of PWDs in a community with CBR?

4.) Relying on the perception of PWDs' relatives and caregivers, does the existence of CBR help create support, influence in shaping PWD's decision making and engaging the PWDs in the activities in the community among the community members?

5.) Do PWDs perceive that support, influence and engagement given by the community relate to the health condition that they have presently?

*RESEARCH OBJECTIVES:*

A. *GENERAL:*

1.) To know the conditions of PWDs in a community and if their stature in the community affects their health condition

2.) To highlight the theoretical relationship presented between social integration and health through asking the perception of PWDs’ caregivers/relatives about the community and if such is given by CBR

3.) To stir awareness to the readers of this research study the rights, privileges, roles and insights of PWDs about their welfare
B. SPECIFIC:

1.) To examine if PWDs' caregivers/relatives perceived that social support is provided by the community to PWDs, especially in informing the PWDs about their conditions and discussion of issues that encompass disability and if such support coexist with health, when CBR is introduced in the community.

2.) To verify if PWDs' caregivers/relatives perceived that social influence is given by the community through decision-making and if this could be related to health of the PWDs, when CBR/PWD-related barangay program is introduced in the community.

3.) To see if PWDs' caregivers/relatives perceived that, when CBR is introduced in the community, social engagement, or the participation of PWDs in the activities, is observed within the community and if it influences the health condition of the PWDs.

4.) To ask whether CBR helped create consciousness in the community with regards to disability.

SIGNIFICANCE OF THE STUDY:

This study is directed to the stakeholders and the people working with/associated to PWDs and CBR. The general significance of this research is to ensure that the rights and principles of PWDs are properly observed and maintained by every individual, not only with medical professionals, other professionals involved in the CBR, academicians, community, non-governmental organizations and government. After all, Durkheim's principle of social integration
generalizes that interconnectedness exist among individuals and groups in the society, as we are part of one large social group.

Specifically, for the community, the results of study is directed to help foster a conducive environment for the marginalized PWDs through developing community/barangay orders that will help the PWDs heighten social participation in the community because it is not uncommon in the society that they are treated with discrimination. The clear set of guidelines that the barangay/community will serve as a stimulus of positively influencing the PWDs to react on whatever activities that will be beneficial to them.

For the PWDs, this study is significant because they are suppressed to exhibit their rights and privileges that they are “free” to obtain, but the society restricts them through giving them different labels and roles. This study, at least, will encourage them to interact with the society through Freire’s principles of being “informed” and building conscience about the issues hounding them, particularly discrimination.

For the organizations wanting to collaborate with the communities to conduct CBR, this study is significant because the practice of CBR is not rampant in the whole country in contrast to EO 437 which calls for widespread implementation of CBR in the country.

For the government, this study is one with them in advancing the rights and privileges of PWDs but this study will remind them to have clear and direct guidelines in CBR implementation in communities in the Philippines since it is still not included in the health and education aspect of the Magna Carta for Disabled Persons and its two amended versions, thus communities and organizations affiliated with persons with disabilities varies on how to implement CBR.
For the student/academician/expert in the social sciences, this study aims to develop awareness about the interrelation of the social sciences to the medical world. Social sciences can help medical experts who are microscopically detecting studies about impact and risk assessment, particularly on the social aspect, on health through lending social science theories to which the medical experts are not well-versed. This study is challenge for a social science expert on how he/she will reconcile differences and merge thoughts from the social sciences that will be coherent to the study of health.

For the student/academician/expert in the medical sciences, this study aims to broaden their horizon of looking about pathogenesis. It is now recognized that the medical model is not only the contributing factor of why disease develop and the social model, with the emphasis of social determinants of health that would be discussed on the review of related literature part, also constitutes the rationale of generation of the disease. If the medical expert knows that a system, among them are cultural aspect or how an individual value his health through his customs; economic aspect or how does the market ensure equal distribution of health resources; and social aspect or how does stature in the society of an individual affects health, affects the general health condition of an individual, the expert will have a grasp on how he/she will extend health care to individuals.

**RATIONALE OF THE STUDY:**

The study had set its eyes on the urban communities in Metro Manila for several reasons. For one, knowing that there is plenitude of government services situated in the city, PWDs will be easily facilitated in accessing these services. This study will verify if logic exists in this assumption. Second, community based rehabilitation is “accustomed” to be implemented in the rural areas of the Philippines, making it as an alternative solution for the thin concentration of government services in the said areas. The existence of CBR in a Metro Manila community
veers away to such suggestion and there lies somewhere a reason for the institution of CBR in an urban community. This study is interested to know if the accustomed tradition of putting up CBR in the suburbs is likewise applicable within the periphery of the metropolitan areas.

**SCOPE AND LIMITATIONS:**

This study covers PWDs in the barangay that have been a recipient of the program of CBR, regardless of age. The study, possessing characters of a qualitative research, do not have a sample size as a representation of the PWDs in the community. This is study is also not focused on economic and cultural factors that may encompass the scholarly definition of the word social, due to the short period of time allotted for this study to finish. This study is also limited because, due to ethical considerations, only the relatives of the persons with disabilities are being interviewed for this study. This might not reflect the same feeling or perception the PWDs are experiencing according to CBR but the relatives' perception might only serve as a representative for the PWDs.

**SITUATIONER:**

Community-based rehabilitation is a spin-off strategy that dates back from the post-World War II era, when the then-recent technique called rehabilitation enabled injured and disabled military men to “re-integrate” in the society because of the advanced medical procedures it had been produced that time. United Nations, via its Rehabilitation Unit founded in 1951, have tapped this technique to be developed thru researches and to be incorporated in the developing countries worldwide and since then, medical professionals were pooled in the health centers located in cities that are trained for rehabilitation.

The center-based rehabilitation approach was not an adequate answer to minimize the number of medical cases needed to be attended by the said approach due to accessibility issues then. Community-based rehabilitation was an answer in the equation provided by the
Alma Ata Declaration of the World Health Organization in 1978, which deemed the said approach as a shift to the outskirts of the city.

While CBR boasts itself as a provider of medical services to the rural communities in the developing countries, CBR innovates as time passes because of the diversified socioeconomic status spread over the world, particular in those poverty-laden areas, on which poverty disables the person and disability causes poverty (CBM, n.d). Considering the uniqueness of needs in each area, CBR honed a matrix that follows their guiding principles of participation, inclusion, sustainability, equal opportunities, accessibility and self-advocacy.

This matrix consists of five agendas, namely: health, education, livelihood, social and empowerment. CBR’s health agenda includes promotion, prevention, medical care, rehabilitation and assistive devices. Under the education agenda of the CBR, it delivers learning from early childhood up to tertiary education, including the non-formal or atypical learning styles being conducted in a classroom. The livelihood agenda composes of skills development, self-employment, financial services and social protection. The social agenda of the CBR states nourishment of a PWDs relationship in his/her family, personal assistance, culture and the arts, leisure and sports and observance of justice. The empowerment agenda is the core of the other agendas mentioned above, because this agenda is entailed in the other 4 through the means of communication, social mobilization and political participation. This is the developed CBR matrix by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) convened in 2006. This matrix highlights the importance of community in the term community-based rehabilitation, thus to ensure that the holistic programs of CBR is observed, the community is encouraged to participate in such programs, true to its principle of inclusion, for everyone, in the community.
Status of CBR in the Philippines

According to the report of Philippines National CBR Training and Development Committee (2012), CBR is either already implemented or institutionalized in over 260 municipalities nationwide. A “specialized” category of non-government organization (LGU) called disabled people’s organization (DPOs) is partnering with local government units in these municipalities in order for them to mobilize resources in their locality.

DPOs immersion in the communities is to help the locales form a value-based organization, which is anchored by a two-pronged role. One is to become an active partner of the government in rallying for the needs of the PWDs in the community and the second is to become self-reliant through the maximization of the existing programs and competencies in the community. DPOs have been teaching the community how the bureaucracy works, how to identify the needs of PWDs, how to consensually form solutions with the local’s value based organization and the disability affairs office of the LGU for the needs of the PWDs in the community and how to develop programs and tap budget allocations for such programs. These DPOs are also the midpoint of the referral network for other DPOs, other groups in the civil society and communities who wanted to have collaborative programs with each other.

The first community in the Philippines that conducted CBR with no known DPO working alongside the LGU is in San Jose de Buenavista, Antique. It was cited two times: first by the World Health Organization as a community with sustainable inclusive development, because of its encompassing program not only the PWDs but the women, children and elderly as well and second by Handicap International, for being the first municipality that included the sector of the PWDs in their disaster risk reduction management (DRRM) program. Since then, many other LGUs followed San Jose de Buenavista’s suit by the provision of National CBR Training and Development Committee through the efforts of League of Municipalities. This is a partnership
between the said league and Cristofel Blinden Mission (CBM), a DPO that facilitated CBR in the country.

The report mentioned that the program have a great impact on persons with disabilities in certain municipalities that has CBR. Exhibition of the right to suffrage by PWDs have been sought through the increased PWD voters registration in the barangays of Cervantes, Ilocos Sur and San Andres Bukid, Manila. Vocational rehabilitation, a part of the strategy of CBR, is evident in the localities of San Jose de Buenavista, Negros Occidental; Bacoor, Cavite; Opol, Misamis Oriental and Aborlan, Palawan through giving them grants from the LGU’s DOLE and training of different programs such as knife sharpening, furniture making, jewelry making and horticulture. The stigma of dependence of PWDs in the “abled” parts of the community is being diminished through the programs provided by the LGUs, in partnership with the local and regional DPOs.

KASAMA KA

KASAMA KA is a DPO founded in 1989 by Barney McGlade and Rita Aquino and originally was an outreach program by the Malate Parish Church. Since its founding, KASAMA KA have served almost 35,000 PWDs and their families, 31 DPOs, 10 LGUs, 13 churches, NGOS and other support organizations, including the DPO in Barangay Singkamas, Makati City.

KASAMA KA follows CBR as a strategy that will ensure inclusive development, particularly the PWDs. The said DPO is grounded by three principles, namely: (1) the family being the primary trainer; (2) the family already possesses the skills; and (3) the community can be mobilized for sustainability and support.

These principles are ensured by KASAMA KA through its burger approach, or simply put, KASAMA KA is in the center of the interaction among the stakeholders, the LGUs and the DPOs. The local DPO counterpart in the community was being groomed by KASAMA KA in
order for the PWDs to have a collective voice in the community. This DPO works with local support group and the LGU ensuring the adequate provision of the needs and proper observance of the rights of the PWDs. On the other end, LGUs work with the DPOs to develop and plan budgets for the inclusive development being advocated by CBR.

The specific programs that they offered are the following: (1) identification, detection, intervention and prevention of a disorder; (2) eye and ear screening and introduction of physical, occupational and speech therapists in the community; (3) sign language and mobility orientation and (4) provision of special assistive devices. This is in lieu of the general programs under their implementation model of CBR: personality development, leadership development, community organizing, participatory project development and management and strengthening of the DPO.

*Barangay Singkamas, Makati City*

Touted as the barangay that hung succulent turnips in a community during feasts in the past as a bunting in the olden times, Barangay Singkamas is the second smallest barangay in Makati City, with a total land area of 12.59 hectares. It is bounded in the north by the City of Manila and a portion of Barangay Tejeros, Makati City; bounded in the south by Barangay La Paz also in Makati; in the east by its mother barangay Tejeros and in the west by the City of Manila. This former tidal flat is inhabited by 6,623 people (2007 census) and its average household size is 5 per house.

Meanwhile, the barangay have provided the researcher a demographic data of 1,554 people, tallying the educational attainment, occupation and monthly income of the said number of residents. It is good to note that some of the respondents did not answer what are their educational attainment, occupation and monthly income. Thus the data presented here will not reflect the total number given by the barangay’s demographic census. The barangay also did not tell why there is a disparity on their conducted census vis-a-vis the National Census Office’s
official count of people living in Barangay Singkamas. It is good to take into consideration that a fire gutted the area in 2011 and many families have relocated. It can be considered a reason why there is a difference in the number in the mentioned tallies.

Table 1 provides the educational attainment of the 1,554 people in the barangay. Notice that 161 persons out of 1,554 persons did not answer this part of the barangay survey.

<table>
<thead>
<tr>
<th>EDUCATIONAL ATTAINMENT</th>
<th>NUMBER OF PERSONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool Level</td>
<td>3</td>
</tr>
<tr>
<td>Elementary Level</td>
<td>63</td>
</tr>
<tr>
<td>Elementary Graduate</td>
<td>38</td>
</tr>
<tr>
<td>High School Level</td>
<td>346</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>333</td>
</tr>
<tr>
<td>College Level</td>
<td>380</td>
</tr>
<tr>
<td>College Graduate</td>
<td>212</td>
</tr>
<tr>
<td>Graduate School Level/Graduate</td>
<td>10</td>
</tr>
<tr>
<td>Vocational Level/Graduate</td>
<td>8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1393</strong></td>
</tr>
</tbody>
</table>

Table 1. Educational Attainment of Barangay Singkamas Residents

The preceding table describes the types of occupation that the 1,554 residents of Barangay Singkamas have. For brevity, the researcher classified these jobs according to the industries they belong to. Notice that only 915 people have answered the barangay-conducted census on which job they are working currently.

<table>
<thead>
<tr>
<th>SECTORS/INDUSTRIES</th>
<th>NUMBER OF PERSONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETAIL AND SALES (Merchandiser, Vendor, Sari-sari store owners, Staff Members in Retail Stores)</td>
<td>126</td>
</tr>
<tr>
<td>BANKING AND FINANCE (Accountants, Bank Officers/Tellers)</td>
<td>8</td>
</tr>
<tr>
<td>BUSINESS, CONSULTING AND MANAGEMENT (Secretary, Assistant Manager, Staff, Call Center Agent, Officer in Charge, Supervisor, Appraiser, Manager, Messenger, Operations Assistants, Analysts)</td>
<td>68</td>
</tr>
<tr>
<td>CONSTRUCTION AND UTILITIES (Construction Workers, Electricians, Metro Aids, Janitors, Aircraft Cleaner, Engineer, Technician)</td>
<td>25</td>
</tr>
<tr>
<td>HEALTH AND BEAUTY (Doctors, Nurses, Caregivers, Manicurists, Masseurs, Therapist, Midwife Staff, Medical Assistant, Assistant Pharmacist)</td>
<td>20</td>
</tr>
<tr>
<td>EDUCATION (Teachers, Principal)</td>
<td>12</td>
</tr>
<tr>
<td>TRANSPORTATION AND SERVICES (Helpers,</td>
<td>63</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Category</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFWs, Security Guards, Drivers, Caretakers, Porters, Warehouse Staff, Receptionist</td>
<td></td>
</tr>
<tr>
<td><strong>MANUFACTURING</strong> (Factory Workers, Operators, Technician, Warranty Inspector, Helmet Maker, Dress Makers)</td>
<td>16</td>
</tr>
<tr>
<td><strong>TV, COMPUTER AND ENTERTAINMENT</strong> (Executive Producer, Graphic Artists, Computer Programmers, Software Developers, Animator, Singer)</td>
<td>9</td>
</tr>
<tr>
<td><strong>PUBLIC SECTOR</strong> (Government Employees, Immigration Officer)</td>
<td>23</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>368</td>
</tr>
<tr>
<td><strong>UNEMPLOYED</strong> (Housewives, Retirees, Students)</td>
<td>547</td>
</tr>
</tbody>
</table>

*Table 2. Number of People Working in Barangay Singkamas*

Also, only few answered on how much income they earn monthly. Table 3 provides a breakdown of how much of the 208 out of 1,554 involved residents earn in a month.

<table>
<thead>
<tr>
<th>INCOME RANGE (in Philippine Peso)</th>
<th>NUMBER OF PERSONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000-3,000</td>
<td>55</td>
</tr>
<tr>
<td>4,000-6,000</td>
<td>60</td>
</tr>
<tr>
<td>7,000-9,000</td>
<td>32</td>
</tr>
<tr>
<td>10,000-12,000</td>
<td>38</td>
</tr>
<tr>
<td>13,000-15,000</td>
<td>15</td>
</tr>
<tr>
<td>16,000-18,000</td>
<td>3</td>
</tr>
<tr>
<td>19,000-21,000</td>
<td>5</td>
</tr>
<tr>
<td>22,000-above</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>208</strong></td>
</tr>
</tbody>
</table>

*Table 3. Income Range of 208 Barangay Singkamas Residents*

The barangay establishments that spur economic growth include sari-sari stores, drugstores, motor repair shops, transport services, bakeries, house rentals, car rentals and beauty parlors. The barangay boasts a health center, an elementary school, a playhouse for early education, a day care center, a police community precinct, a *bantay bayan* that they call MAPSA, a fire substation and a chapel. Makati Coliseum is also near the area that serves as their sport and recreational facility.

**PWDs in Barangay Singkamas**

Barangay Singkamas in Makati City is also a community with proactive PWDs, in terms of representation. The community also has its disability-related organization headed by Marilou
Redillas for 4 years now. The PWD organization in the said community is a stand-alone organization that had trained by KASAMA KA, a DPO that spearheaded the development of programs related to Community Based Rehabilitation in the community. KASAMA KA had “incubated” the Singkamas PWD Association for 5 years and even though the period had lapsed, there is still continuous support and partnership existing between the two organizations.

KASAMA KA is always considering the Barangay Singkamas community as a training ground for therapists, specifically the Occupational Therapy students from the University of Santo Tomas-College of Rehabilitation Sciences, to practice therapeutic skills among the PWDs in the community. The organization also considers the area for immersion of foreigners, Nepalese and Koreans alike, for medical missions and social awareness campaigns. It also conducts training programs for the parents of children that are PWDs on how to treat the disability of the children, sans medical professional help in times of emergency.

KASAMA KA have tapped the services of the University of Santo Tomas-College of Rehabilitation Sciences (UST-CRS) headed by one of its faculty members, Christian Rimando, PTRP to fulfill the medical aspect of the CBR strategy. Student therapist-interns are deployed in the area to give physical and occupational therapy services that the PWDs need. These students are immersed in series. The students will go conduct initial assessment on the conditions of the PWDs and will come back in an interval of time to apply therapeutic exercises to the PWDs. The students also do health prevention and disability awareness training programs to barangay health workers and the families of PWDs.

The barangay officials are also supporting the Singkamas PWDs by providing means of transportation for the PWDs for excursion and meeting purposes and even held parties for PWDs, mostly dominated by children in the said community. While this extended help is
appreciated by the Singkamas PWDs, the representation of PWDs in the barangay office is what they are rallying for because there is no room allotted for PWDs in the barangay hall.

CHAPTER 2: REVIEW OF RELATED LITERATURE

The Fabric of Social Determinants of Health

French (1994) depicted various models that departmentalized disability in and by the society in a discriminative fashion. The medical model is a powerful and emerging definition circulating among disease processes, abnormality and personal tragedy created amongst medical professionals. While the medical model attempts to individualize PWDs into the realm of disability and abnormality, the medical model connotes that medical professionals are the sole answer of PWDs to rehabilitate or restore the function that the latter do not have or lacking of.

The penetration of social dimension in the paradigm of the medical sciences entered the scene when the World Health Organization (WHO) recognized that the status of health of an individual is not circumscribed by the medical principles but instead it also encompasses other components, including what the WHO coined as the social determinants of health. Social determinants of health are a multi-perspective approach that tackled the different factors that affect health.

According to Community Tool Box (n.d), the social determinants of health revolve around income inequality or the extent of difference in wealth; social connectedness or the affiliation of an individual in a social group and sense of personal or collective efficacy or in other terms, the sense of control of an individual or group in his/her lives. There are different models of social determinants of health used by researchers worldwide. The South Australian Council of Social Service (SACOSS) paper (2008) described the Dahlgren and Whitehead
model which depicts an overarching rainbow that traces interconnectedness among: (1) general socioeconomic, cultural and environmental conditions such as food, education, living and working conditions, unemployment, water, healthcare and housing; (2) social and community networks and (3) individual lifestyle factors. Meanwhile, the Mackenbach model analyzed by Valentine and Solar (2011) the social gradient in the society because of the inequality in the socioeconomic hierarchy brought about by political power, economic class and social prestige. The structural social determinants of health, brought about by the inequality in the society is translated into intermediate social determinants of health or the varying differences in exposure to health-compromising conditions, vulnerability in terms of health conditions and availability of material resources and consequences in social and economic factors over health. The models described serve as a guideline for assessing the health outcomes (intermediate social determinants of health) and health inequities (structural social determinants of health) by the health programs and policies.

*Lines between Social Relationships and Health: Blurred or Solid?*

While social connectedness or social affiliation is considered as a social determinant of health, there are studies that took advantage to examine if there is a correlation between social relationships and health and if it can play a major role in affecting one’s general health condition. House et al. (1988) conducted a systematic literature review, particularly on the studies conducted in the Americas and the European continent, using social relationship as a health parameter. It mentioned that rates of incidence of death in living organisms are moderately diminished when an individual has a plethora of social affiliations.

Animals, when subjected to an induced stress experiment on ulcers, hypertension and neurosis, manifested that those with contact with other animals of the same kind had lesser stress as compared with the others. Humans were also experimented in the same fashion and exhibited similar results to animals, checking Bovard’s psychophysiologic theory stated in
House et al. that human growth hormone is activated and secretes hormones that inhibit parasympathetic neural activity thus reducing anxiety and physiological stress. This is also found in harmony with the genetic selection of organisms, favoring those organisms that have social ties and doing collective activity.

In the outskirts of the laboratory, humans are also observed on how social bonds affect health. When subjected to several social ties: marriage, frequency of contacts to kins and friends, church membership, other formal or informal group involvement and even having an animal as a pet, humans can enjoy longer lifespan than those who did not have any of those aforementioned. The progress in a certain area was also utilized as a parameter in terms of social isolation, stating that there is a chance of early mortality if an individual in a rural area secluded himself more considering the density of the population of a rural area.

Meanwhile in Asian setting, there are also studies directed specifically on a certain criteria of a group of individual also traversed the results House et al had presented. Cornman et al in 2002 studied quantitatively whether the Taiwanese elderly enjoys living longer if they have social ties and perceived social support covering the years 1993, 1996 and 1999. *Functional status* or the socially defined roles and activities of daily living; *self-assessed health* or an insight of an individual with regards to his health condition and *mental health* are the parameters that the study provided measuring on four health outcomes, namely functional status, mortality, self-assessed health and depression. The social parameters was given on the research title, namely perceived support or an individual’s insight if his needs are being met and social ties. Perceived support was measured through perceived availability of support and the satisfaction of the aforementioned. Social ties are counted according to marital status, number of and co-residence with children, number of friends and social involvement. These said variables were grounded on temporal factors or was updated on the number of years the
researchers designed the study. The intervention on the model of health status included the social parameters mentioned above, prior health status and socioeconomic and demographic variables.

On all the four variables of social ties, social involvement affects all the four health outcomes measured above only in prior health status but after the study was controlled, only functional limitation and depression were significant. The number of children did not exhibit any relationship with the four health outcomes vis-à-vis co-residency with children that is considered less likely to experience high mortality rates prior and after controlled health status. The number of friends reported to have brevity of living before controlling the health status and occurrence of functional limitations within the controlling period but reported no significant results of the two health outcomes after the controlling period. Meanwhile in terms of perceived support, greater availability of perceived support and satisfaction thereof experienced significant relationship with all the four health outcomes prior to intervention while after health status was controlled, only depression remained significant.

*Not Just Only Health: Community-Based Health-Related Programs Evidences and Critique*

While the studies given above purported that the society has to do with the betterment of health of an individual, some organizations took advantage of these evidences to channel programs to and for the community, which operates under the resource capacity that a community has. Community-based health programs are designed specifically according to a specific health problem or a habit that leads to an eventual health problem and health sickness hence its variation but all are targeted towards a population, which either does not have any health insurance, living in low income range or at high risk of a health condition, that equates to their lack of ability in accessing health care or less probability to seek healthcare. Taylor (2009) expounded further community-based health programs are not just only targeting health but also
provide outreach, health education, case management and wrap-around services such as transportation" by professionals that does not only exhaust their learned skill but also show emotional support to the target population. Community-based health programs are also expected to also shell out support by the community to the target population the community-based health programs are servicing.

Community support has been an aim of some research studies of whether it helped propelled the advancement of an individual’s health condition. Community is a part of a larger macro-unit called the society thus community and society’s influence to health is annexed, with the community serving as a micro-unit to be dissected by aficionados of this overlapped field of medical and social science.

Ahmadian et al in 2012 conducted a quantitative study to explain psycho-social factors such as self-efficacy, social influence, belief and barriers have been a tool to determine how participative women in Tehran, Iran are in community-based breast cancer prevention program. Despite the result of the study that there is limited participation of women in the program, it was seen in this study that one of the psychosocial factors, social influence, catalyzes attitude of participation of the target group because of community’s good perception about the program. Other factors weighed in leading to the reported result such as geography, which limits the reach of the program; socioeconomic status, which enhances the participation of the women to the program if they have jobs given their less socioeconomic dependency; education, which heightened the awareness of women of the benefits of the said program and resistance of some women to the new norms and beliefs, being community-based program is novel to some of the Iranian women.
Van der Veen in 2006 also used social support as one of her variables in her qualitative study of the self-assessed impact of cerebral palsy and its caregivers' perception of community-based rehabilitation program catered for patients with cerebral palsy (CP). Patients were interviewed with depth by Van der Veen and divided into three groups, namely: CP patients that are unable to walk; CP patients that are able to walk but with another impairment and CP patients that are able to walk. Caregivers were interviewed if patients with CP are under 10 years old or do not have any communicative skills. The study revealed that throughout the three groups, the support of family, friends and neighbors have varied support, positively and negatively, to patients with CP. It reported that the program helped propel social integration thru involvement in activities at home but the second group mentioned above cannot participate in community activities because of the presence of other body dysfunctions such as incontinence.

While the two studies above concurred with Taylor’s assessment of community-based health programs’ aim of community support, Merzl and D’ Afflitti (2003) offered a contradicting argument of the effectiveness of community-based programs. While it boasts a strong conceptual framework and design, it is anticipated that the program will still deliver limited change in health behaviors and status outcome due to focus only on information dissemination or health education advocacy part of community-based health programs and the complexity of identifying the factors in the community that will upstart community-wide change.

Implementation of top-down approach or from the individuals up to the community is suggested by this systematic literature review study which tells that there is sense of ownership between the community-recipients, and not only the professionals involved in the program, will be sought to delineate roles in the hierarchy in the program and resolving power, trust and resource allocation issues in the program.

*Community-Based Rehabilitation In Philippines, Guyana, Ghana and Nepal*
There are studies that examined the aftermath of community-based rehabilitation in their perspective countries, particularly one study in the Philippines and a comparative study in Ghana, Guyana and Nepal.

In the Philippines, the study was conducted by Magallona and Datangel in 2011 and studied the same program the researcher is conducting the study, the Community Based Rehabilitation program of the College of Allied Medical Professions in Montalban, Rizal. The study intended to examine the changes brought about by the program in the PWDs, local organizations and the government particularly in the: (1) degree of change in clinical aspects, knowledge, attitude and skills of the selected PWD and (2) has an effect in the community particularly with the barangay captains, government and non-government organizations and CBR workers.

The findings of the data correlated clinical improvement with the change of knowledge, attitude and skills of the PWDs. The authors of the paper reported that the coincidence of the remarkable clinical improvement there is also a significant number of PWD respondents who has an excellent change in their knowledge, attitudes and skills. It was said that with the grasp of what condition the PWDs are experiencing there would be an improved compliance of the PWD and its family and assured of participating in the rehabilitation program longer than those that did not subject under CBR program.

With the barangay officials, it was reported that they were aware of the status of living of PWDs in their respective jurisdictions and the way the CBR works in their communities. They reported to the researchers that the barangay is ready to continue what CBR has started given the time frame UP-CAMP allotted themselves to operate in the barangays of Montalban, Rizal through giving the barangays space for CBR clinic; additional workers and allowances and
heeding the support from the Sangguniang Barangay of Montalban, Rizal to institute CBR services in every community of the said town.

The clinical supervisors of the CBR mentioned that they have been successfully facilitated participatory development and empowered constituents from the barangays covered by the CBR through raising consciousness about disability and encouraging each stakeholder “to address all the challenges in any community for a real transformative development.”

From the side of the local government, they have appreciated CBR as a collaborative tool between the people of the barangay and the government because it resulted to be active in the advocacies of the PWDs. It was also noted that poverty is alleviated in the areas targeted by the CBR because of the benefits it brought to the people. Furthermore, they also agreed of replicating what UP-CAMP done to their area nationally.

Meanwhile, similar results were delivered by the study conducted by the World Health Organization (WHO) and the Swedish Organizations of Disabled Persons International Aid Association (SHIA) in 2002. It boasts as the first qualitative study in the arena of CBR research worldwide by assessing the varying approaches and organizational models of CBR being applied in the countries of Ghana, Guyana and Nepal by compiling and analyzing thereafter the perceptions on improvement in the quality of life and usefulness of different CBR initiatives of PWDs in the given countries.

The three countries were chosen by the researchers of the said study on the basis of the type of institution that initiated the CBR. In Ghana, CBR is a national program spearheaded by their Department of Social Welfare and supported by other disabled people’s organizations (DPO). In Guyana, CBR is initiated by an NGO and directed PWDs that are children. In Nepal,
CBR is also maintained by a national DPO but supported by SHIA and Nepalese’s Ministry of Women, Children and Social Welfare. This is also the country where it has a National CBR Training Center.

In terms of quality of life, CBR programs catalyzed change processes in social norms and values that are necessary for furtherance of quality of life of PWDs. In terms of self-esteem, CBR helped fuel their self-esteem and later on encouraged that they can still contribute to family and community life through maintaining themselves independently, playing an active role in the society and proving their self-worth in school for young PWDs and in finding source of income for the elder PWDs. In terms of gauging empowerment, the study mentioned that it is still weak given that involvement and influence is necessary by PWDs and DPOs and not as beneficiaries of the programs provided by the CBR. PWDs in these three countries say that PWDs experiencing communication problems bear more weight in difficulty in accessing employment and other opportunities. On the other hand, PWDs feel that they are socially included given the heightened visibility in outdoors of the PWDs due to increased awareness of community leaders and members, particularly the government and NGOs, except for parents of a PWD child, where the former think that enrolling their PWD child to the school will humiliate them and be excluded socially although there are several steps being implemented through recommendation to associations to enroll these children by the CBR being implemented in Nepal and Ghana.

In terms of self-reliance, CBR played a key in positively harnessing this aspect by social counseling particularly in daily living skills assistance and skills training and loan schemes. In these countries, they could not boast in the field of physical well-being, where the inference from the findings stated that the low knowledge of health professionals and inaccessibility to medical care are the culprits for the failure of attainment a strong state of physical well-being, although in Nepal, the CBR program pays the bills for hospital treatments and assistive devices but it still
considered by the Nepalese as not a sustainable method for enhancing physical well-being. Societal trust and confidence of PWDs has not been improved by the CBR program, as they mentioned that in practice, there is scarcity in resource allocation of governments and concerned authorities regarding the provision of the PWDs needs, although there is an existent CBR program.

The study recommended that to achieve holistic development of PWDs, there must be an empowerment of PWDs and their families, DPOs and parents’ organizations. The study also mentioned that capabilities of government authorities must be strengthened. It also mentioned that CBR does not live according to its title alone, as the program not only encompasses the community level but the many levels of the society as well and as a goal, it not only focuses on rehabilitation alone but it also envisages the different aspects of life of the PWD.

CHAPTER 3: FRAMEWORKS OF THE STUDY

THEORETICAL FRAMEWORK

The presence of various theories contextualizing social factors, including social structure and social environment, somehow challenge the prevailing medical model of health, or the physiological colloquy of the wellness of an individual, that chiefly magnifies the function of medicine as a primary tool in developing a cure or rehabilitating an individual from a pathological or physiological malfunction or abnormality. The perturbations executed by the medical sciences in determining the contributing factors of a wellness of an individual was visibly noticed when some of the known theories in the social sciences, including Durkheim’s, were adopted to discuss the missing points the medical model of health failed to elucidate. The borrowed theories from the social sciences encouraged medical professionals to enlarge their spectrum by considering that the network and the community an individual has/belongs to are
also contributive to a general well-being of an individual. These contributing factors, in turn, are now considered by the medical professionals that will prevent/alleviate physiological condition when tailoring a health program, in the case of this study, community based rehabilitation (CBR), for individuals belonging to a group that was classified based on their conditions and for the purpose of this study, PWDs or persons with disabilities.

Major Theory of the Study: Berkman’s Cascading Causal Model Influenced by Durkheim’s Social Integration

The study of Berkman, et al. (2000) interestingly found an intimacy between health and the concept of social integration founded by Emile Durkheim through developing dynamic interlinkage between macrosocial and psychobiological factors that consequently forms processes which social integration largely affect health.

Emile Durkheim presented in his seminal work *Suicide* that social facts can serve as an underpinning that will prove that individual pathology is a function of social dynamics. The patterning of social facts sought that amongst social groups around the world, there is a stable increase of suicidal rates which is attributable to social integration. The predicament of suicide incidents can be owed to large scale economically or politically induced crisis with simultaneously catalytic societal change which challenges the society per se because of the sudden loosening of regulatory functions of social integration. The weakened bond of an individual to the society caused by deregulation of social norms fails to guide individual aspirations that one might consider committing suicide.

Barnes and Bott’s social networks theory provided the Berkman study a rationale that the social networks, or the web of social relationships, shape the behavior of an individual through structurally viewing the relationships in the society, maybe existing or *a priori*. The social structure of the network influences of its member’s, the individual, behavior through
tracing the circulation of resources that determine access to opportunities and constraints on behavior. This trait of the Barnes and Bott model is an overlapping characteristic of the aforementioned Durkheim’s social integration concept.

The Berkman study carried the responsibility of developing a conceptual framework that will provide a scientific basis for researchers that the effluence of social relationships has an effect on individual’s health through reconciling Durkheim’s social integration and Barnes and Bott’s social networks. Berkman mentioned that it is crucial to maintain a view of social network as an integral part of a larger social or cultural contexts thus the study birthed the term macrosocial processes. Dynamically related with the psychobiological process, macrosocial process is the vantage point of the upstream factor of Berkman’s cascading causal framework of social network’s impact to health. These macrosocial considerations that shape the social network include culture (norms and values, social cohesion, competition/coordination), socioeconomic factors (conflict, poverty, inequality, and market forces), politics (policy, participation) and social change).

After looking at the macrosocial level, assessment of social networks as the last step in the upstream part of the causal flow follow which checks the network’s structure and characteristic. The structure includes: (a) the range or the number of the members in a social network; (b) density or the extent of connectedness of the members of the network; (c) bounded-ness or the distinctive definition imposed by the network itself based on their norms and (d) homogeneity or the extent of similarity of the network’s members to each other. The network’s characteristic could be checked according to these qualifiers: (a) frequency or the number of face-to-face contact within the network; (b) duration or the length of time each member of the network know each other and (c) reciprocity or the even exchange of transactions amongst its members.
Reserving these aforementioned upstream or macrosocial factors that shape the structure of the social network, the Berkman study logically leads us to the micro or downstream level or the social network itself through four pathways, namely: social support, social influence, social engagement and access to material goods and resources. Berkman study believed that social support influences health via provision of many kinds of social support, but not at all times beneficial to the individual members of the network. Social influence, or the interpersonal influence amongst individuals which are proximal to each other within the network, affects the health of its members when a shared norm or behavior with regards to health practices (ie. smoking, dietary patterns) is reinforced when compared to a reference group or otherwise altered when the compared norm or behavior to the reference group is discrepant. Social engagement is a result of activating the potential ties existing amongst members of a community like getting acquainted with friends or participation in social activities. Social engagement paves the way for social networks to define roles of an individual in the family, workplace or community which heightens the identity and the senses of value, belongingness and attachment of the individual to the network he/she belongs to. Social networks also regulate one’s access to material resources by the virtue of their network’s connectedness to other networks. Social network can be compared to “weak ties”, which a network “may lack intimacy but on the other hand facilitate diffusion of influence and information and provide opportunities for mobility” (Granovetter, 1973 in Berkman et al., 2000). These four downstream considerations in the cascading causal flow of the Berkman study directly influence health behaviors, physiological stress responses and psychological states and traits.

Mesotheory of the Study: Paulo Friere’s Model of Liberation As A Rationale for Community Based Rehabilitation
Sharma (2006) used Paulo Freire’s model of liberation education to explain the essentiality of, particularly, CBR, as a program that will catalyze inclusive health development in the society as envisioned by the World Health Organization.

Dialogue is a cooperative activity which involves authentic exchange among individuals on the real, concrete awareness phenomenologically or how they perceive reality as they experience it, or as Friere aptly coined it, social reality. Dialogue consists of codification or discussion of codes which are helpful to build a structure of the problem that hounds their everyday lives, in the case of the PWDs, social exclusion and inability, or lacking thereof, access to basic social services. These codes are manifested in the community through stories of PWDs with regards to their conditions and even their modalities for rehabilitation. These codes would best extract their emotional and social responses with regards to the problems PWDs are facing. In some of the communities served by CBR, the codification happens through questioning that follows a process. First, they would be asked what they see and feel that consequently will make these observable aspects identify the levels of their problem. After that, other PWDs will be asked about their similar experiences and develop action plans together with other PWDs to know what is the available options for the resolution of a problem. Process-centered questioning does not force its subscribers what would be an acceptable end product but it only suggests what type of approach to address the problem.

The participatory approach in dialogue suggests that individuals must learn among themselves, and not the typical teacher-student scenario in the school where teacher deposit knowledge on their students while the recipients of knowledge mechanically memorize it, but treating each other as co-equals. This will enhance relations of individuals in the community and build social capital. In terms of CBR, these individuals are the educators, health providers, PWDs and their family and friends. The dialogue will be helpful to flourish knowledge on “disabilities and skills in rehabilitation to people with disabilities, families and communities;
community involvement in planning, decision making and evaluation; and utilization of a coordinated, multi-sectoral approach” (Sharma, 2006).

Conscientization, or developing consciousness on how to transform the social reality perceived by the individual, is a way to discover the reasons why oppression is existent in the society. Putting in the scenario of CBR, conscientization can be done by keeping abreast of an individual’s consciousness about the difficulties faced by the PWDs. This would help identify what are the sources of oppression of the PWDs, collective measures to invoke change and the extent of how oppression influences PWDs in the personal level.

Praxis links epistemology and ontology through informed action or active reflection of the social reality. For the CBR, Sharma suggested that praxis can be utilized by “providing a group of persons with disabilities or their family members a joint project to plan, implement and evaluate collectively”.

The next stage of the Freire’s model of learning which can be correlated with CBR is transformation which converts an individual’s naïveté of reality to empowered individuals that have sought the theory behind reality. This social and political consciousness that these individuals possess will help transform the society to a structure which recognizes their “beings as themselves”. Opportunity to self-reflect among individuals involving CBR will best exemplify transformation. From this viewpoint, using CBR as a method for holistic development of PWDs will see if there is a change in perspective of PWDs with regards to disability, change in integration of the PWDs in the community they are interacting with and the collective opinion of the society with regards to PWDs.
1. **CONCEPTUALIZATION:**

*Health* is defined by the World Health Organization (1980) as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” For the purpose of this research, health will be defined according to the social well-being of an individual and will be determined according to the awareness of the PWD of their condition, health-related decisions in life that considered the viewpoints of the people in the community and participation of PWDs in community activities. The researcher will ask subjectively about health if they feel good or if the activities related to CBR ease the condition they are feeling. The
existence of relationship among the three factors in the preceding sentence to health will be asked. **Persons with Disabilities**, is a person with **disability** present in him/her. UNCRPD defined disability as a “result of interaction between persons with **impairments** and attitudinal/environmental barriers” which “hinders full and effective participation in society on an equal basis with others” (KASAMA KA, 2012). **Impairment**, meanwhile, is a loss, deficiency or weakening of functions of physical, mental, intellectual and sensory systems that can also be a long-term impairment. For this study, impairment will be referred to **conditions**. For the reference of the numerical data of conditions of PWDs in Barangay Singkamas, they are classified into: a.) **Orthopedic musculoskeletal** conditions are those conditions affecting their musculoskeletal system, including the joints, ligaments, bones and muscles; b.) **Mental** conditions are classified in this study according to the affectation of their central nervous system, particularly their brain; c.) **Hearing** conditions are classified in this study that has an affectation on their sense of hearing, particularly those individuals that are “hard-hearing”; d.) **Chronic** conditions are those conditions that are classified according to the conditions that are present in the PWDs body since birth; e.) **Psychosocial** conditions are given to PWDs that are diagnosed by a psychological or behavioral problem.

**Social integration** is a quality of the community that allows PWDs to become a part of the community. This quality is dissected into three tenets, namely, **social support, social engagement and social influence**. **Social support** is the type of help that can be extended to the PWDs, may it be instrumental or material support, informational or instructional support and emotional support. **Social influence** is how the community affects the PWDs in the latter’s decision-making process, particularly in availing health services. **Social engagement** is the fulfillment of the PWDs’ roles that they play in the society through participating in programs held in the community.
## 2. OPERATIONALIZATION

<table>
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<th>OPERATIONALIZATION</th>
<th>INDICATORS ON HOW TO MEASURE</th>
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<tr>
<td>Health</td>
<td>PWDs’ relatives/caregivers perception on PWDs’ state of social well-being</td>
<td>Asking subjectively if the activities in the CBR make the PWD feel good and/or if it eases the condition</td>
</tr>
<tr>
<td><strong>Social Integration: Social Support</strong></td>
<td>PWDs’ relatives/caregivers perception on the help extended to the PWDs by the community</td>
<td>Presence (or absence) of assistive devices that help them in their mobility around the community. Presence (or absence) of medical missions. Presence (or absence) of livelihood programs. Presence (or absence) of financial aid.</td>
</tr>
<tr>
<td><strong>Social Integration: Social Influence</strong></td>
<td>Community influencing PWDs in the latter’s decision-making with regards to health</td>
<td>Asking them about if the decisions related to health are being considered by you, their family or the people in the community is also included in weighing such decision</td>
</tr>
<tr>
<td><strong>Social Integration: Social Participation</strong></td>
<td>Community activities of the PWDs as one of the many medium of participation in different social relationships existing in a PWDs’ life</td>
<td>Enumerating the different activities of the barangay for PWDs. Asking the reasons for joining/not joining such activity</td>
</tr>
<tr>
<td>Disability</td>
<td>Affectation of the interaction of PWDs in the community because of the “barriers”</td>
<td>Definition of the community about disability, through the eyes of PWDs’ relatives/caregivers. Expected responses of PWDs’ relatives/caregivers to the barangay (the government unit) and the community for the future when CBR (or health-related barangay activity in the absence of CBR) is subjected to their community</td>
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Table 4. Operationalizing Concepts in the Study
METHODOLOGICAL FRAMEWORK

For this research study, it subscribe to the theory of phenomenology. According to Edmund Husserl, phenomenology gets the perspective of the respondents according to the phenomena that is happening around their surroundings. It emphasizes on the interpretation of the respondent’s perception about a phenomena. This theory also helps to build new conceptions about a conventional wisdom with regards to existing phenomena that the society knows already.

This theory best fit the research study because for one, it focuses mainly on the perceptions of the receivers of the services of CBR, through their caregivers and relatives. Their subjective description about CBR, how the community extends support to the PWDs, how the community influences the PWDs with regards to their decisions related to health and how the community helps the PWDs participate in community activities will be the basis of this research study to explain how the PWDs give meaning in a certain phenomena, in this case, a catalytic social force called CBR and if such force draw the PWDs closer to the community.

RESEARCH DESIGN

1.) Target Population: 10 relatives/caregivers of PWDs of any age from Barangay Singkamas that availed/had availed the CBR services in the community

2.) Population Sample Technique Used: Convenience Sampling, due to absence of official list of PWDs in Barangay Singkamas (fire was burnt the house of the key informant where the official list is stored). Makati City Social Welfare Office does not provide the master list of PWDs for the barangay but the researcher was only provided a statistic of the number of PWDs that has PWD ID card in the barangay.

3.) Unit of Analysis: Households

4.) Type of Research: Qualitative
5.) **General Objective:** To determine if the status of health of PWDs could be influenced by the affluence of social integration in a community

<table>
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<th>DATA COLLECTION TOOL</th>
<th>METHOD USED IN THE STUDY</th>
<th>RESEARCH OBJECTIVE(S)</th>
<th>DATA ANALYSIS TOOL</th>
</tr>
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</table>
| Participant Observation   | Immersion                | a.) To highlight the theoretical relationship presented between social integration and health through asking the perception of PWDs about the community and if such is given by CBR in a community  
 b.) To ask whether CBR helped create consciousness in the community with regards to disability | Conversation/Discourse Analysis           |
| Key informant/Gatekeeper Interviews | Interview                | To highlight the theoretical relationship presented between social integration and health through asking the perception of PWDs' caregivers/relatives about the community and if such is given by CBR |                                                                                           |
| Key expert interviews     | Semi-structured questionnaire; interview | a.) To highlight the theoretical relationship presented between social integration and health through asking the perception of PWDs' caregivers/relatives about the community and if such is given by CBR  
 b.) To emphasize the |                                                                                           |
### Table 5. Sources of Primary Data

<table>
<thead>
<tr>
<th>Method</th>
<th>Interview Type</th>
<th>Roles PWDs are Playing in the Community</th>
</tr>
</thead>
</table>
| In-depth Interviews with Government Officials | Interview         | a.) To highlight the theoretical relationship presented between social integration and health through asking the perception of PWDs’ caregivers/relatives about the community and if such is given by CBR  
                             |                    | b.) To emphasize the roles PWDs are playing in the community  
                             |                    | c.) To ask whether CBR helped create consciousness in the community with regards to disability |
| In-depth Interviews with PWDs   | Interview          | a.) To highlight the theoretical relationship presented between social integration and health through asking the perception of PWDs’ about the community and if such is given by CBR  
                             |                    | b.) To emphasize the importance of the PWDs as a single, basic unit that constitutes a larger social network called the community |

**a.) Participant Observation:** The researcher conducted participant observation to determine if the community shapes the behavior of the PWDs towards the latter’s perception of social integration.
b.) **Key Informant Interviews:** Key informant interviews are necessary because they serve as a gatekeeper between the researcher and the PWDs to be interviewed. These key informant interviews are utilized because they know the lifestyle of each PWD in the barangay and they are also the one of those who have controlling hands in the programs they have been implementing. The researcher also sought permission to interview the president of the PWD chapter of the community also as a key informant.

1.) *Nanay Benia:* Nanay Benia is an “abled” representative of the PWD association in Barangay Singkamas. She helps in the processing the papers for medical needs and PWD IDs for the PWDs in Barangay Singkamas.

c.) **Key expert interviews:** Key expert interviews are necessary because they have been the ones who have trained the key informants and other members in the community when they launched CBR in the community. The researcher also sought expert ideas from a professional within the academe that the researcher of this study belongs to for supplementing the ideas of the key expert who helped built the health paradigm of CBR in the community.

1.) *Christian Rimando, PTRP:* He is a faculty member of University of Santo Tomas-College of Rehabilitation Sciences and at the same time in-charge of the Community Based Rehabilitation programs of the Physical Therapy Department of the said University. He is a licensed Physical Therapist.

2.) *Peñafrancia Ching, OTR, OTRP:* She is an associate professor in University of the Philippines-College of Allied Medical Professions. She is a licensed Occupational Therapist and finished her Masters in Community Development in University of the Philippines-College of Social Work and Development.

d.) **Secondary Data Sources:** Some of the secondary data will come from books and journals, may it be a hard copy or a soft copy retrieved online. Most of the secondary data is written in the related literature review in this research paper. The researcher will
ask demographic data from the key informant interviews and the barangay leader from Barangay Singkamas.

e.) **In-depth interview with Government Officials:** The researcher asked the government officials, one from the barangay and one from the city government about how disability is perceived in the community and the activities they have conducted for the PWDs in their community.

1.) *Marilou Pepaño:* She is a social worker, in-charge of the disability affairs section of Makati City Social Welfare and Development Office

2.) *Kagawad Ricardo Nogoy:* He is a barangay kagawad of Barangay Singkamas, holds the leadership of Social Services Committee of the Barangay

3.) *Barangay Healthworker:* Worked in the barangay health center in Barangay Singkamas for 19 years.

f.) **In-depth interview with the relatives/caregivers of PWDs:** This is the core of the primary data of the research study, where they will be asked about their perception if better health conditions are stimulated by social integration.

**ETHICAL CONSIDERATIONS**

The researcher was reminded that the subjects of the research study are a vulnerable segment of the society. In order to observe such, the researcher was reminded to design and plan the research considering the vulnerability of the PWDs. The research study was designed to accommodate the status of well being of the PWDs. Prior to study implementation, experts were consulted and mentioned that if the PWDs are directly to be interviewed by the researcher, there might be a notion of hope left in them that the research will help them to obtain access for their needs. The experts’ presupposed notion of anticipated help might have an effect on their well-being. However, the research is not aimed towards fulfilling their hope of being helped even
though there is a burning desire in the researcher to help materially to further improve their condition. Hence, it was recommended to the researcher to only survey the relatives and/or guardians of the PWDs and no physical contact nor intervention shall be done to the PWDs in observance of the expert’s viewpoint with regards to the vulnerability of the study.

Prior to interviewing the respondents, the researcher requested the gatekeeper to give to the respondents a free and informed consent form. The participation of respondent in the interview that will be conducted by the researcher is affirmed by signing the free and informed consent form. Participating in the interview entails that interview is voluntary and in any circumstance that the respondent feels suspending the interview, the respondent is free to do so. If the respondent also declines in participating in the study, the respondent is assured that there is no effect in him/her.

To observe the dignity, privacy and anonymity of the respondents, the free and informed consent form also tells the prospective respondents that they are assured that any personal information that might disclose will not be revealed in the study. Also, the researcher was reminded by the experts that in the process of gathering data, personal information with regards to the PWDs will not be asked because it might affect their well-being and dignity. The free and informed consent form also tells the purpose and the objectives of the study. The form also includes that the result that will be yielded by this research study will be given either through KASAMA KA or through the barangay office and they are free to obtain the information given in this study. The researcher also left his contact details if there are queries on the part of the respondents and if they would want to discuss the matters of this research study.

During the interview to the respondents, the researcher will take notice of any gestures that might give misinterpretations to the respondents with regards to the condition of PWDs. The
researcher was given a notice by the experts that the prospective respondents are sensitive, and any unwanted actions could affect their condition, physically, mentally and emotionally. Thus, questions that will be asked by the researcher to the respondents will be free of bias and discrimination and will respect the dignity of PWDs. The researcher will also acclimatize to the environment of the households that will be interviewed and will let the respondents feel that the researcher is also a part of their community, as the study suggests on its title, by using language that they are comfortable to speak and going to a place that they feel safe to be interviewed.

CHAPTER 5: DATA PRESENTATION AND ANALYSIS

DATA PRESENTATION

1.) DESCRIPTIVE DATA: DEMOGRAPHICS

For this study, the researcher gathered 10 relatives/caregivers PWDs to be interviewed. The master list was not provided by the PWD association in the Barangay Singkamas because the president of the PWD association and the gatekeeper lost their own copies. KASAMA KA did not have any copy of the master list of the names of the PWDs while the Makati City Social Welfare Office only provided the researcher the number of persons with disabilities in the said area.

Based on the 2012 statistics (number of PWDs that has PWD IDs in the area) given by the Makati City Social Welfare Office, the number of PWDs in the given area was broken down in the given table below according to type of conditions (Table 6), age range (Table 8) and gender (Table 10). However, the statistic given by the Makati City Social Welfare Office,
according to the gatekeeper, is not updated because some of the PWDs in the area either transferred to other locations or have died. The gatekeeper mentioned that they have to update yet their own list of PWDs living only in the barangay.

<table>
<thead>
<tr>
<th>TYPE OF CONDITION</th>
<th>NUMBER OF PERSONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial</td>
<td>2</td>
</tr>
<tr>
<td>Mental</td>
<td>4</td>
</tr>
<tr>
<td>Hearing</td>
<td>17</td>
</tr>
<tr>
<td>Chronic</td>
<td>11</td>
</tr>
<tr>
<td>Visual</td>
<td>4</td>
</tr>
<tr>
<td>Speech</td>
<td>3</td>
</tr>
<tr>
<td>Learning</td>
<td>5</td>
</tr>
<tr>
<td>Orthopedic Musculoskeletal</td>
<td>17</td>
</tr>
<tr>
<td>Multiple</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>65</strong></td>
</tr>
</tbody>
</table>

Table 6. Number of PWDs in Barangay Singkamas in terms of Conditions

For Barangay Singkamas, the highest prevalence of conditions that gives PWDs disability is shared between orthopedic musculoskeletal and hearing conditions, followed by chronic conditions. The three prevalent conditions that gave disability to the PWDs coincided with the most number of conditions of PWDs that the researcher had interviewed, which is to be provided in Table 8.

<table>
<thead>
<tr>
<th>TYPE OF CONDITIONS</th>
<th>NUMBER OF PWDs INTERVIEWED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial</td>
<td>3</td>
</tr>
<tr>
<td>Mental</td>
<td>1</td>
</tr>
<tr>
<td>Hearing</td>
<td>2</td>
</tr>
<tr>
<td>Chronic</td>
<td>2</td>
</tr>
<tr>
<td>Visual</td>
<td>0</td>
</tr>
<tr>
<td>Speech</td>
<td>0</td>
</tr>
<tr>
<td>Learning</td>
<td>0</td>
</tr>
<tr>
<td>Orthopedic Musculoskeletal</td>
<td>2</td>
</tr>
<tr>
<td>Multiple</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

Table 7. Respondents Interviewed by the Researcher in terms of Conditions

<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th>NUMBER OF PWDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>2</td>
</tr>
<tr>
<td>6-12</td>
<td>8</td>
</tr>
</tbody>
</table>
Shown in Table 8, PWDs aged 25-59 has the largest share of the number of PWDs in Barangay Singkamas, followed by 12-17 years old. For this study, majority of the PWDs considered for this study falls under 0-5, 13-17 and 25-59. For the case of the PWDs aged 0-5, the researcher interviewed the parent of the PWDs. The following number of PWDs interviewed grouped according to age range is provided in Table 9.

<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th>NUMBER OF PWDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>3</td>
</tr>
<tr>
<td>6-12</td>
<td>1</td>
</tr>
<tr>
<td>13-17</td>
<td>2</td>
</tr>
<tr>
<td>18-24</td>
<td>1</td>
</tr>
<tr>
<td>25-59</td>
<td>3</td>
</tr>
<tr>
<td>60-above</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

*Table 9. Age Range of Respondents Interviewed by the Researcher*

For Table 10, the number of PWDs in Barangay Singkamas is tallied according to gender, with the males outnumbering the females by 1 person.

<table>
<thead>
<tr>
<th>GENDER</th>
<th>NUMBER OF PWDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>33</td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>65</strong></td>
</tr>
</tbody>
</table>

*Table 10. Gender Breakdown of PWDs in Barangay Singkamas*

Table 11 provides the number of PWDs according to gender in Barangay Singkamas that the researcher had interviewed. The table shows that there is an equal distribution among male PWDs and female PWDs that had been interviewed by the researcher.

<table>
<thead>
<tr>
<th>GENDER</th>
<th>NUMBER OF PWDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
</tr>
</tbody>
</table>

*Table 11. Gender Breakdown of PWDs Interviewed by the Researcher*
2.) DESCRIPTIVE DATA PROPER:

Views on CBR and Disability

It is interesting to note that before the researcher conducted individual interviews among the respondents in the area, they were all wondered when the researcher mentioned Community Based Rehabilitation and little do they know that the activities that was conducted by UST-CRS and the barangay-sponsored activities of the said program. Even the PWD sector officer, who is also a respondent in this study, forgot CBR and the training for CBR that KASAMA KA conducted for the sectors’ officers and also reduced CBR into a medical mission program. While she recognized during the course of interview that CBR is an encompassing program, the only programs under the CBR strategy that are active are the medical aspect and the livelihood aspect.

It is also good to note that when they hear the word Rehabilitation, attention for the medical needs of the PWDs comes into mind. The respondents associate the word rehabilitation with wheelchairs, assistive devices and therapists. On this note, Professor Ching recognized that the strength of the institutions like UP-CAMP, her organization, and UST-CRS are in rehabilitation. But she mentioned that these organizations cannot do CBR alone and it is necessary for an institution to build up linkages to fulfill the other programs enclosed in the CBR strategy, realizing the objective of inclusive development of CBR. Such steps undertaken by her institution also reflect of what UST-CRS have done in the Barangay Singkamas community, that is why UST-CRS have partnered with KASAMA KA.
This CBR program formally started in the community last November 2013 and the key expert for this study, Professor Christian Rimando, told the researcher that the reception of the PWDs in the community when their program is introduced is mixed, some saying that the programs are beneficial for the welfare of the PWDs especially their health and some have said to the officials of the program that the stay of the program in the community would be temporal, quoting that “ganyan naman kayo eh, magisimula sa bago pagkatapos iiwan nyo lang din naman kami” (You will start anew again and after sometime you will only leave us). Rimando also told the researcher that before them, some NGOs have also conducted CBR in the area and the said outburst can be merited to the experience that person encountered during the first few implementations of CBR in the area. When the researcher asked Barangay Kagawad Nogoy about the history of other NGOs that immersed in the area aside from KASAMA KA, he cannot recount the names of the organizations that had conducted CBR in the area.

It is also good to note that when the researcher asked about the status of the disabled in the community, they are in unison to say that there is no discrimination among the other members in the community in terms of treating the PWDs, even before the CBR programs have started. One respondent told the researcher that the awareness of the whole community of the law against discrimination alarms not to lift a finger on them.

While PWDs are respected in their community, one respondent told the researcher that there is still pity in them about their condition, although these people do not exhibit such feeling to them explicitly. A respondent mentioned that “kapansanan, dahil may kapansanan sila” to emphasize that the community still sees disabled as one that can do limited activities unlike an “abled” man can do.
Social Support

For this variable of social integration, the study finds out that social support is being extended to the community is more of material needs. Professors Rimando and Ching mentioned that prior to implementation of the CBR program, they have conducted situational analysis together with all the members of the barangay government and the concerned stakeholders, the PWDs on what programs would be suited to match the needs of the PWDs. This is the usual protocol followed by the organizations who would like to penetrate the area to deliver the services of CBR. According to personal experience of Professor Ching, the service being provided by the CBR makes the community receptive.

The primary need of the PWDs in their need assessment is reflective on what the PWD respondents have answered, and it is the provision of medical needs. UST-CRS became responsive to provide this need by deploying its therapists-interns in the area to apply therapeutic assessment and treatment for each PWDs in Barangay Singkamas. This was also answered by one respondent who mentioned that the free therapeutic sessions have helped her child to sit upright independently given the child’s condition. He also mentioned that their program is suited also for disease prevention and health education.

Meanwhile, even though KASAMA KA does not overshadow anymore the PWD sector in Barangay Singkamas, it is also responsive to the medical needs that are given by the CBR. The gatekeeper mentioned that she mediates to KASAMA KA to have wheelchairs and assistive devices needed by the PWDs. Three of the respondents, one with an orthopedic musculoskeletal condition and two from the chronic conditions had been KASAMA KA’s
recipients of the said devices. Prior to the expiry of 5-year overshadowing by KASAMA KA to the PWD sector in Barangay Singkamas, it also conducted medical missions for PWDs in the area. KASAMA KA has also deployed doll makers in the past to the community and the gatekeeper was also an instant fan of doll making before.

For the part of the Makati City LGU, CBR is also included in the plethora of programs for Makati PWD residents, which includes case management for PWDs, center-based therapy rehabilitation, advocacy orientation on the rights of PWDs, all out PWD advocacy campaign, lecture for laws, rights and welfare of PWDs referral for special children in private special education (SPED) schools, capacity building seminar for barangay committee for disability affairs members, stakeholder’s forum about PWD census and tagging in organized committees. For these programs, the gatekeeper of this research study have said that the Makati City Hall is active in implementing these programs, but the leaders in Barangay Singkamas have no concrete programs for the PWDs in their community. When the researcher asked Kagawad Nogoy (personal communication, 2014) with regards to their own programs of the barangay, he mentioned that he suggested to give PWDs cash gifts, without any conditions to be given by the PWDs to government in return, twice a year. His suggestion is yet to be deliberated and to be sat down in their consecutive meetings in the City Hall.

Pepaño, the officer-in-charge of the PWD section of the Makati City social welfare department, have mentioned that the PWD federation in Makati City, which the Singkamas chapter is a member of this federation, is proactive group that held conventions once a month. She also mentioned that the budget for these projects is half of the 1% that is prescribed under the General Appropriations Act but she agrees on what Kagawad Nogoy (personal communication, 2014) have told the researcher that budget allocation is insufficient for their projects, also coupled with the fact that they are deliberated on a long period of time. The PWD
section of the social welfare office is a mediator of PWDs needs to Makati City legislators, including Congresswoman Lagdameo of the 1st district of Makati City, where Barangay Singkamas is a constituent unit. Nogoy mentioned that when the issue of the corruption in handling the Priority Development Assistance Funds (PDAF) broke out, the influx of money to provide the needs of PWDs became scarce, to which Pepaño agreed that it adversely affected the need provision of PWDs. It is also been attested by one respondent, by saying that the usual 4 bottles of medicine that they can buy when the city hall gives them money is now reduced to 2 bottles of medicine. Makati City LGU mediated this shortcoming through the provision of PWD IDs.

Aside from the benefit that the PWDs obtain when they have PWD ID, particularly medical discounts and free access to the movies, financial means when the PWD children have parties is the kind of material need that the barangay leaders are extending to the PWDs in the community. All of the respondents have mentioned that these leaders are proactive in handing them pocket money and lending them vehicles when the PWD have excursions. But when the researcher asked the gatekeeper as to what are the specific programs the Barangay have for the PWDs, the gatekeeper mentioned none. It is also attested by a parent-respondent of her PWD child by mentioning that there is no help extended to her, in any means, when she presented her child to the barangay hall. On the other hand, the barangay health worker stressed that she is formerly active in participating for the PWD activities in their community. However, she now only focuses on the barangay health center because, according to her, “Puro (ako) hirap, walang sarap.” (I endured staying [in the PWD activities] but no material comfort given to me.) She mentioned that no financial relief given to her as a means of “blessing” or compensation to the services she had offered for PWDs and the material compensation is only selective.
In terms of accessing the privileges and benefits for the PWD ID, one parent-respondent of a PWD child mentioned that the inappropriateness of the design of having a PWD ID. The parent mentioned that there are other PWDs that cannot avail the free cinema entry because some of them are visually deprived. The parent also said that the excursion trips for PWDs organized by the gatekeeper of this research in sponsorship with the barangay is not conducive for her child, as her child is sensitive to noise.

It is also interesting to note that among the 10 respondents of this study, only two mentioned about the informational drives that the UST-CRS have conducted to the PWDs in the area. The barangay health worker also mentioned that the informational campaign that UST-CRS helped the barangay leaders to classify the disabilities that PWDs in the community have. According to the barangay health worker, the classification of PWDs according to their conditions will be helpful for them once they report in the city hall’s health department for requesting for the medical needs to be availed in Barangay Singkamas’ health center. Rimando had mentioned that their task is to also inform the parents of the disabled on how to handle situations when the condition of the PWD is aggravated and how to prevent the disease. In the opinion of these two respondents, the informational support handed to them by the UST-CRS team had helped other members of the community to be aware of what is disability and how to treat such disability.

On this note, the barangay health worker have emphasized on the laziness of some of the recipients of the informational drives being conducted by the persons affiliated to UST-CRS. She mentioned that while the UST-CRS people are eager to train them, the recipients turn the trainors down by spinning web of alibis such as: “Busy ako, may trabaho eh” (I am busy, I have work.) or if they do not have work, they will say they are tired.
Table 12 below will show the breakdown of how many respondents have agreed that these types of social support had an effect to their health.

<table>
<thead>
<tr>
<th>RESPONSES</th>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>7</td>
</tr>
<tr>
<td>NO</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
</tr>
</tbody>
</table>

*Table 12. Breakdown of Responses of Perception of Association of Social Support to Health*

From the 7 affirmative responses on their perception if social support has an effect on their health, three of those gave additional remarks with regards to their perception. Their remarks can be associated to affordability. The first respondent added that they take advantage of the medical services being free because they do not have enough money to avail such services on health care institutions. Another respondent commented that joining the PWD excursions is the only time that they can afford to go outside. The third respondent also complemented the said remark by saying that if her PWD child socializes with other children, her child feels relieved and there will be no signs of the stress brought about by the conditions that her child is experiencing.

*Social Influence*

In this aspect, the respondents/parent-respondents of child that is a PWD were asked subjectively if the people around them have a bearing on health-related decisions that they make. Health-related decisions in life are codified by the researcher if the respondents/parent-respondents think what their neighbors will say if they undergo themselves/their child therapy or surgery.

It is interesting to note that the gatekeeper is the only “surviving entity” of the few who founded the Singkamas chapter of PWDs. The gatekeeper shared that out of compassion to her PWD neighbors in the community, it influenced her to continue by herself, and with new
colleagues, the mission that was first founded by this Singkamas PWD Chapter, that is, to tag along PWDs in the community’s search for progress and development.

Apparently, those 4 respondents under the age range 18-24 to 25-59 makes their decisions on their own, while those parent respondents that have children that are PWDs are still guided by their parents and also in decision-making.

<table>
<thead>
<tr>
<th>RESPONSES</th>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>4</td>
</tr>
<tr>
<td>NO</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
</tr>
</tbody>
</table>

*Table 13. Breakdown of Responses of Perception of Association of Social Influence to Health*

Table 13 shows the number of people who agreed/did not agree that other people influence their health-related decisions. The cleaved factions have their own opinion why the researcher arrived at this kind of answer. Those who answered no recognize that solely for the betterment of their health, and not for others, is their defense on why they refuse to believe that other people can be considered before arriving in such decision. The other four respondents believed in cooperative decision-making, in which one of the respondents, a parent of a PWD child mentioned that the refusal of that parent to undergo her child a neurosurgical operation is the “moral” thing to do, according to her neighbors, because of the life-risking situation that the child may poses after operation.

Kagawad Nogoy (personal communication, 2014) affirmed with the result given above. He said that even though CBR have influenced PWDs in the community in terms of treating their physical condition, still he is not convinced. He perceived that the cyclical but intermittent pauses of the (medical) programs of the CBR strategy are the cause of why PWDs have lukewarm reception over CBR.
Professor Ching provided an explanation that the culture we accustomed to grow serves as a barrier to continuously influence the PWDs with regards to their health decisions in life. In our society, we have the notion that the PWDs are dependent and individuals to be greatly taken care of. This notion makes the individuals activate the carer role, or the individuals that extend help to PWDs instead of the enabler role, or the individuals that encourage PWDs to do things as a “normal” individual do. The researcher sought in the answers of the individual that the decisions that the relatives/guardians made are leaning towards on how they will maintain their PWD relative’s health condition, which is really expected to be answered but quoting Professor Ching, *bihira ang tough love sa atin* and there are no answers that focus on tapping the capacities of the PWDs to improve their health conditions. Professor Ching mentioned that the economic stature of families of PWDs and power dynamics within the family are considered why carer role for the PWDs is enabled in the society today, instead of the enabler role, because the caregivers has the time in their hands unlike the enabler role which needs time to focus on the PWDs’ enhancement of his innate capabilities. She cited that empowerment on the community level approach on the activities of the rehabilitation segment of the CBR strategy can help to influence the community with decisions geared towards the health of PWDs.

*Social Participation*

Respondents were asked if when CBR is introduced in the community, PWDs are encourage to join other community activities not related to CBR and to interact with other people in the community. Rimando (personal communication, 2014) had assured inclusivity for the PWDs to interact with the other members of the community through targeting also the family members of the PWDs and barangay health workers. This statement is also seconded with the responses of the respondents in this study.
Parent respondents of PWD children told that their children are actively engaging themselves in play outside of their houses even though at times their condition hampers them in continuous play. One respondent told the researcher that when her child encounters older children, he sometimes bully those children and experience tantrums. Another parent respondent also told the researcher that even though her child plays outside, her child needs an omnipresent eye from her parent/guardian because her child suddenly burst because of seizures. But there are some of the parent respondents of PWD children admitted that the condition of their children allows them to be isolated in the four corners of their home, specifically the two cases of a chronic condition.

If those two PWD children are constrained with their conditions to interact with people outside their house, one adolescent PWD and one adult PWD do not mind their condition, regardless of what time of the day they will interact with their friends. The parent of the adolescent PWDs told the researcher that her child is being brought to the cinema by his clique and his child is a frequent cinema goer because he takes advantage of the free cinema passes that a PWD Makati-resident can enjoy. The adult PWD does well with his sideline as a toy assembler, and roams around every time of the day when his sideline requires him to do so. When this respondent is asked if he participate with his friends in acquaintances done outside of the comfort of his home, he gladly says yes because being a part of them makes him feel normal, or in his own words, “nagising kaisa ako sa kanila”.

Meanwhile, two of the respondents that are parents were observed by the researcher that is actively interacting with their neighbors, with the one playing mahjong every afternoon and the one is fond of talking with her neighbors during the afternoon while attending to her mobile sari-sari store.
Kagawad Nogoy (personal communication, 2014) also mentioned that there is a plethora of socializing activities in the Barangay for the PWDs, including funding the excursion expenses for Autism Walk and National Disability Rehabilitation and Prevention Week activities that are held outside of the community and the Talentadong PWD. He mentioned that in this kind of activities the level of participation of the PWDs is high because for one, the majority of the participants for these kinds of activities are the PWD children. According to him, this is also the time for the PWDs to mingle with each other especially the trips conducted outside the community. In terms of the medical programs being conducted by UST-CRS in the community, Kagawad Nogoy mentioned that there is still aloofness among the community people and their team when they conduct the trainings and seminars for the community. Even though the PWDs participate, some from the barangay leaders felt that they were bypassed because “kapag nagpapakilala sila (sa mga programa nila), hindi nila kami (barangay officials) maayos na inaaddress” although they underwent through proper correspondences prior to their immersion in Barangay Singkamas.

What Kagawad Nogoy had told the researcher confirmed what Professor Ching had told the researcher. She cited two reasons why Kagawad perceived low participation among the recipients of the services of the rehabilitation component of the CBR strategy. First, based on her experience, some of the activities were tailor-fit only for the PWDs and not for the community and the turn-out of participation of other members of the community in the activities are low. She noticed that there is a contradiction between participation and service provision, with the latter serving as an impetus to avail CBR. For her, the role of community in the community based rehabilitation only started during the consultation prior to CBR implementation. The community being a co-learner role in CBR is not adequately observed when the community's participation for CBR activities is only low. She mentioned that community and individual level approaches, emphasizing on empowerment for the latter
approach, of CBR shall take place that both targets awareness with regards to disability. For her, this would catalyze participation of all the members of the community in the activities for PWDs.

Second, she told that being the experts in the medical professional field, they were regarded by the community with high credibility. With this said stance, it also creates a demarcation between the community members and the medical professionals because the community members feel that they have inferior. The inferiority comes because medical professionals are said to be more educated than those in the community and when comes a time that the CBR program will be disengaged, their buying-in or ownership with the program, according to her, is insufficient, thus they will also discontinue what the health professionals have exhibited in the community. For her, immersion and relationship building is important to make the community members feel that the medical professionals conducting CBR in the community are really a part of a community and not only an outsider.

While the conditions of the PWDs being a limiting factor for a PWD to interact within the community, the perception of PWDs on whether social participation affects their health condition can be identified in Table 14, with the greatest number tallied for those who believe that social participation can be attributed to health.

<table>
<thead>
<tr>
<th>RESPONSES</th>
<th>NUMBER OF RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Uncertain</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10</td>
</tr>
</tbody>
</table>

*Table 14. Breakdown of Responses of Perception of Association of Social Participation to Health*

The proximity of other people within the presence of the PWDs in the community is the main baseline of the PWDs/parent respondents that are interviewed for this study, but still their conditions halt them to have a continuous link with the people outside their homes. Environment
is also the issue for the PWDs in interacting with other people such as noise for the parent-respondent who has a child with a chronic condition and a presence of a favorable ambiance for a child who has a neurologic condition so that the child cannot be attacked easily by seizures. Their physical condition has also an effect in interacting with other people. Two of the parent-respondents mentioned that if their children are not *pinatulan* by other people because of they are looks, then they will not have tantrums.

On these three variables of social integration, Professor Rimando was asked about his assessment with regards to social integration of PWDs in the community. Citing the UST-CRS’ project in the community as a newly-founded one, he cannot judge on a general scale if all the PWDs are integrated in the community because the effects has to be seen on a longer span of time but he sees that some of the PWDs gained confidence in interacting with other people during the length of his college’s program implementation in the area.

*Expectations of Stakeholders in CBR*

As a parting question, PWDs are asked what are their expectations with regards to CBR and the community, the researcher finds that most of the answers accumulated is all about the continuous provision of medical needs for the PWDs. They see that the program being implemented by UST-CRS in the area helps them to incur less expense when availing medical services. While all of them agrees that they are satisfied with services being offered particularly by the team of UST-CRS, one of them pleaded financial support from the barangay, because of lack of monetary means to buy milk and vitamins for her PWD child. It is interesting to include that one respondent mentioned that “*sana unawain ang kalagayan nila (PWDs)*” or continuous understanding of the condition of disabilities in the community.
On the part of UST-CRS, the expectation of continuous support through medical provisions is assured, even though the visit of student therapists are intermittent, to the researcher because Rimando (personal communication, 2014) said that prior to their program introduction to Barangay Singkamas, the stakeholders are consulted to discuss the sustainability of the program. Rimando mentioned, but not explained further, that they have checking mechanisms that they will apply to verify if what they are doing can be applicable for the future.

On the part of Makati City through its Social Welfare Unit, Pepaño mentioned that private institutions, specifically the educational institutions specializing in health, might help the Makati City for partnership in terms of program development and implementation for the PWDs. For the Barangay Singkamas government, Kagawad Nogoy (personal communication, 2014) have mentioned that the presence of NGOs and institutions practicing CBR in the community shall be continuous to avoid the sudden apparitions of these organizations helping them which makes the PWDs gradually disinterested in these programs.

Professor Ching mentioned that the CBR strategy will go a very long way. For the CBR program to be successful, the stakeholders involve in CBR shall help maximize the capabilities of PWDs for them to be converted as advocates of the CBR strategy. If realized, stakeholders will feel that the task of bringing down attitudinal and cultural barriers, as she said in the social influence and social participation segments of the descriptive data portion, existing in the society with regards to the treatment of PWDs will be easier.

3.) INTERPRETIVE DATA
Dissecting social integration further, perception of PWDs from Barangay Singkamas about social support has influenced health. On the other hand, the perception of PWDs from Barangay Singkamas about social influence’s hand on health is contingent, which is reliance of decisions made is heavily dependent on the benefit of themselves/the family of PWDs and not on other people. In terms of social engagement, they perceived it as a beneficial to the betterment of their health. The diagram below will simplify the relationship among the three factors of social integration and health, according to the cumulative number of responses when they are asked on the relationship on one variable to health.

![Diagram 1. Respondents’ Perception of Association of the Variables of Social Integration to Health](image)

We could also see the community based rehabilitation is still equated with medicine, because of the notion that the word *rehabilitation* gives to the PWDs in the community. With disability, the community in the barangay does not give discriminatory actions against their PWD neighbors it is noted that there is still constrains in the belief of capability of the PWDs in terms of occupation and activities of daily living.

*DATA ANALYSIS*
The data shown above manifests that two out of the three downstream factors of the Durkheim-inspired Berkman Model of Social Integration and Health are important determinants in associating health with social integration. CBR has been an effective medium in introducing social support and social participation in the community.

The data revealed that social support can be classified into instrumental and informational support. Instrumental support is the kind of aid given to an individual in terms of tangible materials, for Barangay Singkamas' case, money, medicines, therapeutic exercises and assistive devices. It is followed by informational support, or the kind of assistance that is given to the PWDs in terms of educating them about health promotion, disease prevention and disability awareness. The majority of the responses direct us to what needs do they feel that the program extends to them, which is instrumental support/material needs.

We see here that local government units, with the help of NGOs and private institutions such as KASAMA KA and UST-CRS, are gradually decentralizing the government services. Decentralization means that there is a transfer of decision-making process in healthcare from the central government to the grassroot level, to which healthcare is included. In the case of Makati City, decentralization occurs when the city government lets the barangay government maintain the CBR services provided by the NGOs and private institutions.

Medical services have been offered in the community which the PWDs see as an efficient way of maintaining time and money economically. We see here that the populace in the community, according to the researcher’s observation, lives within the poverty line. PWDs are satisfied with the health services provided to them by CBR because availing medical services is not listed in their priority of needs and they live within their means. One can attribute that aside from the PWDs condition that makes them accessing public goods and services difficult, it could
be directed to financial difficulties that makes medical services, a supposedly government service, inaccessible. In the scenario of the study, an outsider from the community provided this service.

However, it is ironic to see that a community situated on the heart of the city, where concentration of resources lie, in this study’s case, medical resources, seems to feel that they are in the periphery: resources are hard to reach and seems limited. UST-CRS and KASAMA KA took the supposedly local government’s task of delivering health care right at their doorsteps. The issue of what delineates non-government to local government units in handling responsibilities is another interesting issue to tackle, but it is good to note that without the efforts of NGOs in Barangay Singkamas, the objective of CBR to deliver health needs, an instrumental support from the community, will be doomed to fail. In the case of Barangay Singkamas, decentralization bears positive impact on how the instrumental needs are being extended to our PWDs.

Meanwhile, informational support that the community provides leads us to the analysis of the status of CBR in the community. In the case of Barangay Singkamas, external institutions provide informational support in the community, namely KASAMA KA and UST-CRS. Respondents have mentioned that the community is aware of what disability is all about and the treatment is fair enough in the community, but the researcher thinks that, basing from the respondents’ answers, lack of action from the “abled” members of the community, the word community in community-based rehabilitation defeats its purpose.

It has mentioned that CBR is implemented several times in the community and it is expected that it is in the advance stages stated in Paulo Freire’s pedagogy of the oppressed. Paulo Friere’s theory is applicable in the study of CBR because PWDs are considered
oppressed, given the isolation that they still have in the society. While CBR have been successful in injecting dialogue, the initial stage in Freire’s pedagogy, among the community members through the health promotion and disability awareness programs, those who are “abled” members in the community are still lacking cooperative action on how to empower PWDs. According to Friere, the Singkamas community still behaves “neurotically” or the abled people in the community does not negate the fact that disability lives in the community but there is no critical intervention to act upon, cooperatively, not only with the PWDs, on how they will include the whole community in the course of including the PWDs in the society. In this alone, objectifying the role of the community in the community-based rehabilitation is nowhere to be found because of lack, if not the absence of, collective action coming from the “abled” community members and its continued reliance to outside forces, KASAMA KA and UST-CRS, in bringing the disability in the forum.

If we are talking about maintaining ties among one another, social engagement is an effective tool for determining whether the health conditions of PWDs has improved. The responses mentioned that maintaining relationships among people in the community help them to determine what is their roles that is to be played in their community, whether a kid playing or a wife in-charge of their sari-sari store. But if we are talking about the participation of PWDs in the programs of CBR, the response of the barangay leader opposes what we have seen in the micro level. In this aspect, we found social engagement entangled with social influence.

The gradual disillusionment of PWDs on the services being offered by CBR makes PWDs doubt whether they will avail of those services. The role that PWDs expect to play as recipients of rehabilitative procedures is not realized because of their difficulty to mobilize. Smith (1997) mentioned that participation in such health related activities would be difficult because of the heterogeneity of the community or the disparity of the individuals in the community in
political inequality, illiteracy, poverty, poor communications and physical insecurity, to name a few. For Barangay Singkamas, poverty and political inequality, in terms of the absence of the PDAO office in the Barangay Hall as a hallmark for their representation in the community, is present and that is the reason why mobilization for PWDs are getting difficult, thus, an issue regarding inclusion takes place. These conditions are a presupposed exclusivity of the PWDs taking place, because the community itself makes these conditions that blocked the PWDs in accessing these services.

In terms of social influence, where the contingency lies about the perceived relationship of social integration to health, the study lies on how others can have a bearing on formation of health-related decisions in life. The study purported to study the descriptive norms, which is according to Burger and Shelton (2011), the norm of how people will act given a particular situation according to collective wisdom. Two respondents that have chronic conditions affected their parent’s decision of not to undergo neurosurgical treatment because of what their neighbors is said that is rightful to their thinking. The parents’ decision comes from a collective wisdom that says how the community will usually react in a given situation. This social influence can also be overlapped with the aforementioned informational support. PWDs can be enlightened of the decisions they will make if the action of the community is towards the betterment of their health and not according to the norms. The society itself limits the PWDs to its "disabled" capabilities to make informed choices in life.

Table 15 below summarizes the relationship of concepts being presented in the previous chapter above.

<table>
<thead>
<tr>
<th>MAIN CATEGORIES</th>
<th>Information and patterns of</th>
<th>Information and patterns of</th>
<th>Structural-level analysis</th>
<th>Analytic constructs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>and patterns of</td>
<td>Information and patterns of</td>
<td>Structural-level analysis</td>
<td>Analytic constructs</td>
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<tr>
<td>analysis</td>
<td>Structural-level analysis</td>
<td>Analytic constructs</td>
<td></td>
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</tr>
<tr>
<td>Analytic constructs</td>
<td>Structural-level analysis</td>
<td>Analytic constructs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Material Provision as a Social Support</td>
<td>Persons with Disabilities in Barangay Singkamas perceives that they are supported by the community through handing over to them material goods and resources, particularly those that will affect their health.</td>
<td>Seven out of 10 respondents rely on their perception that the medical goods that they receive on CBR is beneficial to their health conditions. All of the respondents expressed that the continuity of material needs in association with health is expected with the CBR program in the community.</td>
<td>Material needs are the first in line needs of the PWDs in the community. Even though they do perceive that some other means of support is extended to them like informational and emotional support, but what is important like in the case of this study is that they prioritize which is needed, and that is the material sustenance that they needed every day. It is good to take notice of the physical characteristics of Barangay Singkamas, where, relying on the researcher’s observation, poverty is stricken and some of the PWD families live within, or worst, less than, their means. Social support is extended through PWDs through material resources, which the latter appreciates the most.</td>
<td></td>
</tr>
<tr>
<td>Role Identification a Proponent in PWD</td>
<td>The PWD/parent of PWD respondents in Barangay Singkamas identify their role</td>
<td>Five out of 10 respondents believe that the proximity of other</td>
<td>How people maintain relationships with the community is In terms of maintaining relationships among the</td>
<td></td>
</tr>
<tr>
<td>Key experts and barangay leader recognized the PWDs lukewarm attention they are giving to CBR.</td>
<td>Two out of 10 respondents are constrained within the comforts of their home, due to their physical conditions. One respondent opted not to go outside because the respondent cannot stand the noise in the area.</td>
<td>People to them feel their health condition is strengthened. Essential in building the PWD’s function to be played in the community. While it is recognized that physical and environmental conditions can suspend PWD’s social relationships anytime, PWDs still manages to forge into participation in community activities, without minding the notion of “disability” and normalcy, a stigma that society itself created. However, in terms of participating in CBR programs, PWDs are difficult to mobilize because of the heterogeneity in the community that is needed to be addressed.</td>
<td>Different individuals in the community, the community encourages the PWDs to be identify what are their roles and functions shall they play. Social relationships can be suspended temporally due to physical and environmental conditions.</td>
<td>“Self” as a #1 indicator in forming health-related decisions</td>
</tr>
</tbody>
</table>
Inclusivity: Issue of CBR and Disability

Respondents felt that PWDs are not violated and discriminated in the community. Though conscious, there is no action among the community people themselves (without the help of the barangay, UST-CRS) on how to help or provide the needs of their PWD neighbors.

No respondents mentioned the proactive role of the community members not affiliated with the CBR program in the community.

One respondent expressed that disability is disability.

In the case of Barangay Singkamas, the community does not live up with the objectives of community-based rehabilitation, which is, to everyone, not only the barangay government, is expected to have a participation in the affairs of PWDs. In Freire’s stage of education, the community recognized that they are conscious about the matters of disability but it is still not encourages to build a collective action that will help raise PWDs concern in the community.

Including the whole community, not only the barangay government, will objectify the role of community in community based rehabilitation.

| Table 15. Data Analysis of the Perception of Respondents regarding the Variables of Social Integration to Health and the Status of PWDs in the Community |

CHAPTER 6: CONCLUSION AND RECOMMENDATION

CONCLUSION
While it is safe to say that social integration, relying on the perception of the relatives/caregivers of the PWDs, has an effect in building a good health condition of a PWD, one of the variables in the Durkheim-inspired study emerged as the most essential of the three variables this study suggests. Those variables are associated by the respondents by the only known activity of the CBR strategy in the community: the medical/rehabilitation aspect of the CBR strategy. The stature of PWDs in the community was furthered by CBR: that they are individuals that have a need to be respected and included in the community. However, there are still barriers that do not attain to CBR’s objectives, including the lack of empowerment and interest among individuals in the whole community due to desaturated knowledge about disability and the culture of PWDs being dependent; and material provision as a magnetizing force to attract the community to join the CBR forces.

The society is accustomed on what is seen by the naked eye would be the one that will be enjoyed the most, and in this study, it emerged that material support will be the one prioritized by our fellow PWDs. We cannot blame the society for doing such, because of the need of sustenance in their daily activities and the condition that they have in the community, which is mostly poverty-stricken. Taking note of Durkheim’s quote mentioned in the introduction, material support is not the transcendental consciousness that Durkheim would like to see in our society.

The catalyst of changing the condition can be seen if the society will use its bird’s eye perspective of seeing things that is yet to come. To see such things in a wider perspective, one must take advantage of the informational support that the community offers for the community itself. If everyone in the community, not only the PWDs, are empowered to change the socioeconomic disparity, then it fostered everyone to be included in the collective development in the community. In the case of attaining better health conditions, if everyone is informed about
how the society formed disability, the society itself will also make actions, informed actions, in influencing the PWDs on the decisions they make and will engage PWDs in community activities. The role fulfillment and informed decision of the PWDs will eventually facilitate easy access to health programs, health behavior and health related decisions that PWDs will make. It will also help PWDs being proactive in advocating for their rights and privileges in the government.

A community can be a springboard for a healthy environment for the PWDs, only if they are socially integrated. In this study, social integration of PWDs can be seen if the community is educated and conscious about the dynamism of the notion of disability in the community. The community will act transcendentally of material consciousness and will lead them to become proactive in supporting the PWDs, in terms of informational support. An educated community can influence the PWD members of their community if they are empowered to tap their potential and rise above the notion of PWDs being taken care of all the time to observe their health conditions. Participation in the community will be greatly achieved if the community will eliminate their inferiority complex brought about by socioeconomic disparity or knowledge deficiency. Achievement of better health condition of PWDs, through the lens of social integration, can be real if the community, outsiders such as NGOs that are keen to build the CBR strategy in the area also included, will live up to the truest and fullest sense of community- collective action and consensual, united mobility.

RECOMMENDATIONS

The study conducted is not a representative data for a barangay/town/city/municipality that has Community Based Rehabilitation in their area. The study would be greatly improved if
all of the PWD constituents are involved in the knowledge formation about social integration and health, for a qualitative study and a sample PWD population, for a quantitative study. It would also be good if the upstream factors in the social integration-health model such as cultural and economic status of the community will be considered in assessing whether social integration is a component in determining the health condition of the PWDs, if there is a sufficient amount of time given to the researcher, since the practices, beliefs and the intercourse of the community to the market economy needs to be examined on a long period of time.

The researcher recommends that the PWD chapter in Barangay Singkamas shall undergo a refresher course about Community Based Rehabilitation again, to further equip the PWDs in the community the resources and abilities that they have. For the whole community to be involved and to reach the sustainability goal of CBR, KASAMA KA, UST-CRS or other NGOs and DPOs shall undergo intensive capacity-formation seminars (ie. barangay health workers to be taught basic rehabilitation skills) order for the community to be a stand-alone one in cases of unavailability of the outside institutions to provide their needs. For appropriateness of programs, the barangay shall also have a proper assessment of the PWDs’ needs in the barangay according to the health conditions. It is good to notice that the prevalence of the physical conditions is not the same and the needs, according to their physical conditions, will be different. For the fulfillment of the supposed programs that the community wants to implement, it is a cliché to say that the government should allot ample monetary support to finance any PWD-related activity that they would like to implement.
APPENDIX I: GUIDE QUESTIONS FOR INTERVIEWS FOR RESPONDENTS, KEY EXPERTS AND KEY INFORMANTS

Key Expert Interview Guide Questions
1.) Para sa mga eksperto ng kalusugan, ano ang kahulugan ng Community Based Rehabilitation?
2.) Saan-saan na pong lugar ang inyong mga napuntahan para ihatid ang serbisyo ng CBR?
3.) Ano-ano po ang programang inilunsad ng CBR sa mga lugar ng inyong pinuntahan?
4.) Papano po inilulunsad ng inyong institusyong kinabibilangan ang CBR sa mga komunidad ng inyong pinaglilingkuran?
5.) Sinu-sino po ang kabahagi ng CBR sa pagpapalaganap nito sa komunidad? Ano po ang role na ginampanan ng komunidad sa pagpapalaganap nito?
6.) Naisaguro po ba ng CBR na naisasama din ang komunidad sa mga aktibidad na nakapaloob dito?
7.) Sa pangkalahatan ng mga lugar ng inyong pinuntahan, papaano tinanggal ng komunidad ang CBR?
8.) Sa pangkalahatan ng mga lugar ng inyong pinuntahan, ano ang pananaw ng komunidad sa kapansanan? Mayroon bang pagbabago o improve sa mga nakasanayang pananaw sa kapansanan?
9.) Sa inyo pong karanasan ng paghawak ng CBR sa komunidad, ano po ang kalagayan ng social support na binibinigay ng komunidad sa PWDs? Napagtibay po ba ito lalo noong nagkaroon ng CBR?
   (Sa aking pag-aaral ang social support ay ang tipo ng tulong o ayuda na ibinibigay sa mga PWDs, halimbawa material support sa pamamagitan ng medicines, financial aid; informational support o mga medical training; o emotional support)
10.) Sa inyo pong karanasan ng paghawak ng CBR sa komunidad, ano po ang kalagayan ng social participation na binibinigay ng komunidad sa PWDs? Napagtibay po ba ito lalo noong nagkaroon ng CBR?
   (Sa aking pag-aaral ang social participation ay ang paghimok ng komunidad sa PWDs na makilahok sa mga aktibidad sa barangay)
11.) Sa inyo pong karanasan ng paghawak ng CBR sa komunidad, ano po ang kalagayan ng social influence na binibinigay ng komunidad sa PWDs? Napagtibay po ba ito lalo noong nagkaroon ng CBR?
   (Sa aking pag-aaral, ang social influence ay kung naisasabuhay ba ng mga PWDs ang nakikitang paguugali ng mga tao sa paligid ng PWDs. ie. Kung nagsisigarilyo ba ang kanyang kapitbahay ay magsisigarilyo na rin siya)
12.) Sa tatlong aspeto ng social integration na aking nabanggit: social support, social participation at social influence, sa inyo po bang palagay ay magkakaaroon ito ng epekto sa pagbuti ng kalagayan ng kalusugan ng mga PWDs? Bakit/bakit hindi?
13.) Sa palagay ninyo po ba, may kinalaman ang socioeconomic status ng isang indibidual sa pagkakaroon ng magkakaroon ng mabuting kalagayan ng kalusugan? Sa inyong tingin ay natutulungan ng CBR ang mga PWDs upang masalba ang anumang kanilang pagkukulang sa pagkamit ng serbisyoong pangkalusugan? Bakit/bakit hindi?
14.) Ano ang estado ng PWDs, ng komunidad at ng CBR sa hinaharap?
Key Informant and Respondent Guide Questions

General

Nagiging hadlang po ba ang kanilang kondisyon para hindi kunin ang serbisyo ng CBR?

Ano po ang estado/kinalalagyan sa inyong komunidad ng mga kaibigang may kapansanan, bago dumating ang CBR sa komunidad?

Ano po ang estado/kinalalagyan sa inyong komunidad ng mga kaibigang may kapansanan ngayong nandito po ang CBR sa komunidad?

Sa inyo po bang palagay ay karapat-dapat po bang ipalaganap ang CBR sa mga komunidad sa buong bansa? Bakit/bakit hindi?

Sa tingin ninyo po ba ay tuloy-tuloy ang pagbago/pagbuti ng kondisyon ng mga kaibigan ng may kapansanan sa inyong pamilya nang dahil sa CBR? Bakit/bakit hindi?

Sa tingin ninyo po ba ay tuloy-tuloy ang pagbago/pagbuti ng kondisyon ng mga kaibigan ng may kapansanan sa komunidad dahil sa CBR? Bakit/bakit hindi?

Sa tingin ninyo po ba ay natupad ng CBR ang pakay nito sa pagbuti ng kondisyon ng mga kaibigang may kapansanan? Bakit/bakit hindi?

Sa tingin ninyo po ba ay nakinabang ang buong komunidad, hindi lamang ang mga kaibigang may kapansanan, sa pagpapalaganap ng CBR? Bakit/bakit hindi?

Social Influence

Papaano po natin naiimpluwensiyahan ang ating mga kaibigan sa kapansanan sa kanilang mga desisyon, partikular na ang pagkuha nila ng serbisyo ng CBR?

Nakitulong po ba ang CBR sa pagiimpluwensiya ng komunidad sa mga desisyon/hakbang na nais gawin ng ating mga kaibigang may kapansanan? Bakit o bakit hindi?

Mayroon po bang pagbabago o pagbuti sa kanilang estado/kinalalagyan bago at ngayong may CBR na sa inyong komunidad? Anu-ano po ito?

Papaano po nabago/napagbuti ng CBR ang estado/kinalalagyan ng kaibigang may kapansanan sa komunidad?

Social Participation

Anu-ano ang mga gawaing/aktibidad na pinalaganap ng inyong komunidad/barangay para sa mga kaibigang may kapansanan bago pa man dumating ang programa ng CBR sa inyong lugar? Nakatulong ba ang mga ito para sa kanila? Sa papaanong paraan?

Anu-ano ang mga gawaing/aktibidad na pinalaganap ng CBR para sa mga kaibigang may kapansanan? Nakatulong ba ang mga ito para sa kanila? Sa papaanong paraan?

Ano ang pakiramdam ng kaibigang may kapansanan kapag sasali sa mga aktibidad na pinapalaganap ng CBR?

Hinihikayat po ba ng mga gawaing ito na sumali ang mga kaibigang may kapansanan? Bakit/bakit hindi?
**Social Support**

Sa loob ng inyong pamilya, papaano po natin nabibigyan ng suporta ang ating mga kaibigang may kapansanan?

Sa loob ng pamayanan, papaano po natin nabibigyan ng suporta ang ating mga kaibigang may kapansanan?

Sa inyo pong palagay, tanggap po ba ang kaibigang may kapansanan sa inyong komunidad? Bakit o bakit hindi?

Sa inyo pong palagay, tanggap po ba ang kaibigang may kapansanan sa inyong pamilya? Bakit o bakit hindi?

Nakatulong po ba ang CBR para makakuha ng suporta sa buong pamayanan ang mga kaibigang may kapansanan? Bakit o bakit hindi?

Nakatulong po ba ang CBR para makakuha ng suporta sa buong pamilya ang mga kaibigang may kapansanan? Bakit o bakit hindi?

**APPENDIX II: TRANSCRIPTIONS AND NOTES**

(Note: Letter A stands for “Ako”, the Researcher; Letter R stands for the Respondent)

*Respondent Interview #1:*

A: Ako po si Marc Manila po, nagtethesis po ako tungkol sa taong may kapansanan at tungkol sa Community Based Rehabilitation. Ilan taon na po sila?

R: 38.

A: Ano pong trabaho nila?

R: Wala, dito lang sa bahay.

A: Sino pong may kapansanan sila?

R: Anak ko.

A: So una ko pong tanong, ano po yung pananaw ng komunidad tungkol sa taong may kapansanan?

R: Ah, syempre yung pananaw nila. Medyo espesyal yung tingin nila sa taong may kapansanan. Yun nga, kasi may kapansanan kasi.

A: So pag sinabi pong may kapansanan, ano po yung unang bagay na pumapasok sa isip nila?

R: Ano, naawa sila.

A: Naawa sila dahil?

R: Kasi dahil sa kapansanan?

A: Dahil wala silang magawa?
R: Pwedeng ganun, siguro ganun kasi wala silang magawa o kasi di nila alam kung papaano matutulungan.

A: So sa barangay po, ano yung ginagawa nilang activities para sa kanila?

R: Mayroon naman, tulad niyan, nagconduct sila ng seminar tungkol sa kaalaman ng kapansanan. Para maging normal yung tingin nila, parang normal na mga tao.

A: So sa tingin nyo po, yung ginagawa ng barangay naman nakakatulong naman sa...

R: Oo nakakatulong naman.

A: Sa papaanong paraan po?

R: Kasi iba na rin yung pananaw na, compared to, kasi dati before iba na yung kapansanan na ibang mga anak o ano, laging nasa bahay. Ngayon at least, nailalabas sila. aware na yung mga tao sa kapansanan nila.

A: Ano po yung ginagawa sa foundation, sa KASAMA KA?


A: Ah so nakakatulong naman po yung...?

R: Oo, nakakatulong. Yung mga medical mission, minsan nagbibigay sila ng libreng gamot.

A: So yung pakikihalubilo naman po sa mga tao sa barangay, kamusta naman po?

R: Okay naman..

A: Nakikipaglaro naman ba siya?

R: Oo, oo.

A: Pumapasok na ba siya sa iskwelahan?

R: Hindi pa, kasi kaka-4 pa lang niya, pero yun yung problem namin, papaano po siya magiiskul.

A: Bakit po, ano po yung nakikita nyong problema?

R: Kasi nagsiseizure siya e.

A: Every now and then po ba?

R: Oo, biglaan. Walang oras.

A: Kailangan talaga may bantay?

R: Kahit hawak mo siya, bigla siyang tutumba, so hindi talaga pwedeng iwanan.

A: So sa tingin nyo po ba, yung pakikihalubilo nya sa iba makakaapekto sa kalusugan nya?
R: Hindi naman, at ano, para sa akin maganda yung pakikihalubilo nya sa iba kasi nakokontrol nya yung seizure nya. Minsan kasi pag nandyan sa labas, hindi siya madalas magseizure unless na lang pag nahingal siya kakatakbo.

A: Ah ganun po ba, sa mga desisyon nya in life, kayo po yung nag-aano?

R: Oo.

A: So ano po yung isang desisyon na ginawa nya na related sa kalusugan nya?

R: Desisyon na, anong desisyon?

A: Parang kunwari po lapit sa doktor

R: Ayun, syempre nakikita ko na mayroon siyang diperensya, nilalapit ko siya sa doktor para alam namin kung ano ang sakit nya.

A: So yung desisyon na nila na parang mapabuti yung lagay nya, iniisip nyo po ba yung tao sa paligid nila?

R: Hindi, para lang talaga sa sarili nya. Di namin iniisip kung ano yung sasabihin ng iba, basta yung ano ko sa kanya, yung matulungan siya, yung magamot siya.

A: So, ano po ba yung inaasahan nya sa barangay na gagawin pa nila... na hindi pa nagagawa ng barangay na inaasahan niyo?

R: Wala naman, kasi ma-ano naman yung barangay namin, kung ano yung kailangan namin, inaano naman nila. Meron kaming may mga kasamahan na may disability na lumalapit sa barangay na nanghihingi ng walker, stroller. Para, nabibigay naman nila.

A: Kasi may iba akong nainterview na hindi daw.

R: Wala naman, kaya lang kasi naman siyempre..

A: Parang hindi daw ramdam.

R: Siguro. Kasi, pero sa akin naman wala pa naman akong naeexperience na ganun, kahit sino yung hinihingan, kapag lumalapit kami, tinutulungan kami.

A: Sa mga tao sa paligid namin, ano po yung naeexpect na tulong para sa kanya?

R: Wala, nageexpect lang ako na sana intindihin siya, sa kalagayan nya. Kasi ano siya e, hyper, sobrang kulit.

A: Ay, natural naman po sa mga bata... natural naman po sa mga bata yan e.

R: Ayun, kasi meron.

A: Super hyper ba siya?

R: Oo, hindi siya nasasaway na isang ano lang talaga. Sabagay sinabi ng doktor na magiging hyper siya kasi... epektong gamot nya.

A: Ah, ilan po ang gamot nya?
R: Isa lang naman, maintenance nya para sa seizure niya.

A: Kaya naman po yung pambili ng gamot?

R: Sa ngayon, wala kaming pambili kasi di siya nakaka-anom... Kasi mahal ang gamot e, 2,300 isang bote. So ngayon, nagrequest na lang ako na balik na lang siya sa tablet. Kasi before, nakakalalip kami sa city hall, nasusupplyan kami ng 2 bottle every three months.

A: Ah, every three months? Pero ngayon?

R: Ngayon, nawala yung PDAF.

A: Ah sa PDAF po pala.. Sa PDAF po ang dahilan nila?


A: Sa foundation na KASAMA KA, ano pa po yung ineexpect na magagawa?

R: Ah, marami na rin naman e. Ah, siguro yung ineexpect namin eh na wag sana kaming bitawan, wag sana kaming tignan nang pagtulong. Kasi ano naman e, tuloy-tuloy naman yung tulong ng KASAMA KA, nina Mama Benia, lalo na kapag may nakukuha silang mga NGO na pwedeng hanapan ng maisponsor-an, kami kaagad yung naiisip nila.

A: So bukod po ba sa outing sa labas, ano pa po pala yung ginagawa ng KASAMA KA?


A: Nakaavail naman po siya ng services ng OT?

R: Oo.

A: Sige po ate, maraming salamat po.

Respondent Interview #2:

A: Ako po si Marc Manila po, nagtethesis po ako sa UP Manila po, tungkol sa Community Based Rehabilitation, tungkol sa taong may kapansanan. So tanong ko po, kung ano yung pananaw po ng mga tao dito tungkol sa taong may kapansanan?

R: Oo naman, tanggap naman nila. Di katulad nung una na hindi pa kilala. Pero ngayon na alam na nila yun, Di na nila inaano ngayon yun, di na nila nilait-lait kasi alam naman na nilang..

A: Ah dati po ba nilait-lait?

R: Di naman sa totally nilait-lait, yung parang tatawa-tawa sila, yung ganun.

A: Ilan taon na po pala sila?

R: 50.

A: Ano pong trabaho nila?
R: Wala e, housewife lang e.
A: So tingin nyo po ba, ano po yung ginagawa ng barangay para sa taong may kapansanan?
R: Okay naman na, active naman na sila.
A: Ano po yung mga activities nila?
R: Kung ano, may project, nakikicooperate naman sila.
A: Ano po yung mga activities nila?
R: Kung ano, may project, nakikicooperate naman sila.
A: Ano po yung mga activities nila?
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A: Ano po yung mga activities nila?
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A: Ano po yung mga activities nila?
R: Kung ano, may project, nakikicooperate naman sila.
A: Ano po yung mga activities nila?
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A: Ano po yung mga activities nila?
R: Kung ano, may project, nakikicooperate naman sila.
A: Ano po yung mga activities nila?
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A: Ano po yung mga activities nila?
R: Kung ano, may project, nakikicooperate naman sila.
A: Ano po yung mga activities nila?
R: Kung ano, may project, nakikicooperate naman sila.
A: Ano po yung mga activities nila?
R: Kung ano, may project, nakikicooperate naman sila.
A: Ano po yung mga activities nila?

A: So ano po ba yung ginawa ng asawa ninyo na treatment para diyan?

R: Binigyan siya ng hearing aid, dalawa. Pero tinigil niya.

A: Sa tingin nyo po ba, yung pakikihalubilo nyo po so sa iba may epekto sa kalusugan? May epekto? Kunwari nababawasan ba kaibigan nya kasi di siya nakakarinig? O wala lang?

R: Wala naman, basta syempre pag di mo kilala yung nagsasalita, kahintsad di nya naiintindihan, oo na lang siya nang oo kasi nahihiya daw siya. Kasi sa una, naririnig ko sasabihin niya “ano yon”? “Ulitin mo nga?” Eh pag pangatlo pa, oo na lang siya, kasi nahihiya na siya, narinig na niya pala pero kung tutuusin di noon naiintindihan.

A: Ano po ba yung ginagawa ni Ate Benia para sa mga katulad ng asawa ninyo po?

R: Ayan pag may mga ano na mga lakad, sinasama nya kami o kaya may seminar.

A: So ate, tingin nyo nakakatulong yon sa kalusugan nya po?

R: Okay naman.

A: Ano pong inaasahan nyong ayuda para sa barangay sa mga katalud nyo po?

R: Gusto namin yung magkaroon lang kami ng kahit, gamot. O kaya, siguro nagbibigay din sila depende din sa nanghihingi.

A: Ano pa po yung inaasahan nyo mula kay Ate Benia?

R: Ok naman siya, matagal naman na siya e.

A: Last na lang po, ano pa po yung inaasahan nyo mula sa komunidad na tulong para po sa kanila?

R: Mga tulad nilang may kapansanan? Yung, tingnan mo, okay naman na kasi. Alam naman na nila yung organisasyon namin, di na pwedeng lait-laitin yung mga katalud namin kasi may mga batas na yan.

A: Aware po kayo sa mga batas?

R: Ay sa mga ganun, pero di mo maiwasan yung mga ganyang ganyang biro, pero ok naman na sa kanya yun. Hinahayaan ko na lang kapag may nanunukso, kasi mapapaaway pa e.

A: Maraming salamat po.

Respondent Interview #3:

A: Ako po si Sam Marc Manila po, taga-UP Manila po. Gumagawa po ako ng thesis tungkol sa taong may kapansanan at sa Community Based Rehabilitation. So tanong ko po, papaano po yung pagtrato ng komunidad, sa mga taong nakapaligid sa inyo, sa taong may kapansanan?

R: Yung bata?
A: Opo, ano po yung pagtrato nila.
R: Wala tumitingin lang naman sila, tintignan lang nila kapag nilalabas namin e. Nakatitig lang naman sila.
A: Sino po may kapansanan sa pamilya po nila?
R: Yung panganay ko pong anak.
A: Ano po yung karamdaman po nila?
R: Hydrocephalus.
A: So, sa barangay naman po, tingin nyo po ano po yung ginagawa po ng barangay, yung mga aktibidad para sa mga katulad niya?
R: Mayroon naman silang tinutulong na ano, na ano e. May tinutulong po sila, minsan mayroon silang may palaro. Pero di naman siya puwedeng sumali sa palaro ng may kapansanan e, kasi di naman siya naglalakad e.
A: Ilan taon na po ulit yung anak nyo?
R: 14 years old.
A: Sa aspeto po ng parang ayuda, pera. Meron po?
R: Ah wala, puro din naman mga interview yung naano ka, may pinipirmahan ako, pero may inaano ako.
A: Ano po ba yung pinipirmahan sa barangay? Di po ba yun ipinaalam sa inyo?
R: Hindi, di yun sa barangay. Parang nagiinterview din e, yung kung ano ginagawa ng anak ko, kung ano yung sakit nya. Yung mga ano lang din. May mga pinifill up-an akong ano e, parang ano e.
A: Parang forms, waiver?
R: Oo.
A: Estudyante po ba?
R: Parang ganoon.
A: Taga-UST?
R: Siguro nga, marami sila e.
A: So sa tingin nyo po ba, nakakatulong naman yung ginagawa ng barangay para sa anak nyo po? Pero wala nga po diba?
R: Oo, wala nga.
A: So ano po ba yung inaasahan nyong tulong mula sa barangay?
R: Para sa kagaya sa amin?
A: Para sa anak nyo po.
R: Para sa amin pinansiyal talaga, kasi yung anak ko ano e, mga gastos e, diaper. Yung mga pang-araw araw na ano namin. Syempre yung sahod ng asawa ko, hindi naman talaga sapat yun.
A: Ano po ba trabaho po niya?
R: Sa hardware.
A: Kayo po, ate?
R: Dito lang sa bahay, nagbabantay sa mga anak ko.
A: Kamusta naman po yung anak nyo, nakikipaghalubilo po siya sa ibang bata sa labas?
R: Dinadala namin sa labas, may wheelchair siya.
A: Nakikipaglaro naman po siya?
A: So hindi po siya nakikipaglaro sa iba?
R: Hindi, kasi kinakausap lang namin. Yan, kasi parang ano naman siya e, di siya nagrerespond minsan.
A: Napatingin nyo naman po siya sa espesyalista?
A: Sa mga kapatid nya?
R: Oo, sila.
A: Yung pakikihalubilo nya po sa ibang tao, nakabubuti ba sa iyon sa kalagayan niya?
R: Siguro, kasi kapag may ano. Kaso nga lang, ayaw niya nang maingay e. Nasanay lang siya sa music e, radyo at TV lang. Kasi pag nasa labas kami pag sobra kami, naiiyak siya e. Pag sobrang ingay e, tatakip siya ng tenga niya e.
A: Sa mga desisyon nya po sa buhay, sino po gumagawa noon?
R: Ako po. Kaming dalawa (ng asawa) ko minsan.
A: Pero mayroon po kayong nagawang desisyon tungkol sa kalusukan nya?
R: Sa ano nya? Talagang inano namin yan, pinagamot namin siya. Sa PGH siya.
A: PGH po. Sa OPD?
R: Oo, pabalik-balik kami doon, mga 1 year and a half

A: Ah, ano po ba, pagkapanganak po ba niya ganyan na po siya?

R: Hindi, galing kami ng probinsya. Bali, nalaman na namin na may hydrocephalus magwa-one year old pa lang. Di namin nalaman yun galing yan sa Fabella e. Sa Fabella ko yan pinanganak e.

A: Pero pinanganak po siya, normal?

R: Oo normal siya.

A: Tapos nadetect na po, nito na lang?


A: So, ano po ba yung sabi ng doktor sa kalagayan niya?

R: Ayun kasi sa probinsya, wala namang kasing doktor talaga. Pupunta pa kami ng lungsod para ano, kaya lumuwas kami dito.

A: Ano po ba yung probinsya nyo?

R: Sa Negros Oriental.

A: Ah, mayroon naman pong serbisyo doon sa barangay nyo sa Negros Oriental?

R: Meron oo, pero center lang siya. Pero iniluwas namin siya dito, noong nalaman namin na hindi normal siya. Yun nga, naging pasyente siya sa PGH. Inano kami na for operation siya, na-CT Scan na siya, lahat na ano siya. Kaso lang, na-ano siya na sinabihan kami na retarded hydrocephalus na siya. Sinabihan kami ng doktor. Kaya for ano na lang, for every 6 months may check-up lang siya.

A: Check-up lang po? So gamot?

R: Wala, mga vitamins lang dati e.

Asawa: Wala, check-up lang tapos yun

A: May therapist po siya?

Asawa: Meron, dati.

R: Oo, may inoffer yung KASAMA KA Foundation ginagawa ko yun sa kanya.

A: Nakakatulong naman po?


A: Dahil sa therapy po?
R: Oo, palagay ko ganun.

A: So nakatulong po yung desisyon nyong pagtetherapy sa kanya?

R: Siguro, saka yung pag-aalaga siguro sa kanya. Kasi kung di mo siya aalagaan e, talagang higa lang naman siya saka upo e.

A: So ano pa po yung ibang inaasahan nyo pang mangyari sa mga ginagawa ni Ate Benia?

R: Na, basta yung ano na tinulungan naman kami na bigyan ng upuan, ng wheelchair para sa anak ko.

A: So sa komunidad po, ano po yung inaasahan nyo para sa kanila sa kanya?

R: Siguro kasi, hindi naman kasi ano e, pinapaano siya na manood siya ng sine, di naman siya nakakakita.

Asawa: Nagagalit yan

Ako: Oo nga naman

R: Nagagalit din siya, kapag sinusama kami ni Ate Benia na mamasyal siya, isa pa ako lang mag-isa, di ko siya kayang buhatin kasi mabigat din siya.

Asawa: Umiiyak pa yun

A: So sa barangay naman po, ano pong inaasahan nyo mula sa kanila?


A: Sa pangkalahatan po ba, sa tingin nyo yun sa kalusugan nya?

R: Nakatulong po yon.

A: Papaano nyo po nasabi?

R: KAsi kapag nakakalabas-labas siya, iba na din yung parating nandito siya sa loob. Pero minsan hindi ko rin nagagawa parati kasi mabigat nga siya, kasi siya (asawa ko) nasa trabaho e.

A: Ano po yung activities na ginagawa ni Ate Benia?

R: Wala di ako nakaka-attend e.

A: Pero ano po ba yung pagkakaintindi nyo po?

R: Meron din po silang ano e, lumalabas sila, pasyal-pasyal. May mga party yung mga bata, para sa kanila. Minsan pinupuntahan ako pero hindi ako nakakapunta kasi nga ako lang mag-isa di ko nga kayang buhatin. Tapos minsan may sasakyang sila para sa ano, kaso nga lang di ko naman siya maisama kasi ito (sa isang anak) kailangan din isama. Dalawa din ang ano ko. Pero kapag ano, lumalabas kami kapag may pera e.

A: Sige po ate, maraming salamat.
Respondent Interview #4:

A: So ate, ako po si Marc. Taga-UP Manila. Gumagawa po ako ng thesis tungkol sa Community Based Rehabilitation at sa taong may kapansanan. Una ko pong tanong, papaano po yung pagtrato ng bahay nyo sa taong may kapansanan?

R: Okay naman.

A: So wala naman pong pagmaltrato.

R: Tama lang.

A: Ano po yung ginagawa ng barangay tungkol sa taong may kapansanan?

R: Barangay namin? Wala.

A: Wala?


A: Ano ba ate yung gagawin ng barangay para sa katulad niya? Ano po ulit pangalan ng anak nyo?

R: Raven

A: Ano po ulit kondisyon nya?

R: Sana sa barangay, bigyan nilang pansustento, mga gatas, mga vitamins, gamot.

A: Meron po ba siyang PWD ID card?

R: Meron naman po.

A: Naavail naman po ba niya yung serbisyo na nandun sa PWD ID card?

R: Yung discount lang sa PWD, discount sa gamot. May nireseta sa kanya may discount din sa kanya.

A: Sa pakikihalubilo po sa ibang tao dito sa komunidad, kamusta naman po?


A: So sa tingin nyo po sa pakikihalubilo sa ibang tao, nakakatulong yon sa paggaling/pagbuti niya?

R: Ay hindi ko alam.

A: Pero sa palagay nyo po?

R: Sa palagay ko, okay lang. Kasi syempre hindi mo ikinahihiya yung anak mo, kahit ganung may kapansanan.

A: Opo, so sa tingin nyo po yung mga aktibidad sa foundation ni Ate Benia tingin nyo nakakatulong yon sa pagbuti ng kalagayan nya? Palagay nyo lang naman, ate?
R: Ang alam ko lang naman kay Ate Benia, kasi yung binbigay lang naman nya yung higaan nya, Yung binigay niyang solid? binigay niya, pero nasunog.

A: Bakit nasunog?

R: Oo, nasunugan naman kami sa loob e.

A: Ah nasunog, kailan kayo nasunugan?

R: Isang taon na rin

A: So, bago nasunog, ayos naman po tirahan niyo?

R: Ayos lang, wala pa ring bubong.

A: Ayos lang po yan, so sa tingin nyo naman okay lang naman yung kalagayan ng anak nya dito sa barangay?

R: Okay lang naman.

A: So, sabi nyo naman po, hindi naman po parang iba yung pakiramdam ng anak niyo sa barangay?

R: Di ko alam, kasi hindi naman kami nagpupunta sa barangay e. Nung nakita ni kapitan yan, ewan ko kung ano masabi nya dun, parang wala lang e.

A: So sa mga desisyon naman sa buhay kayo naman po yung nag-aano...?

R: Opo, ako lang po.

A: So meron na po kayong nagawang desisyon sa buhay nya, para sa kanya na tungkol sa kalusugan nya?

R: Opo, meron naman

A: Tulad ng?


A: Kasi gusto mo naman gusto mong makasama nang matagal

R: ..Nang matagal, oo. Kaya nga ipapaopera kasi gusto mong mabuhay nang matagal.

A: Pero ano pong ginawa niyo?


A: So di niyo na po tinuloy yung surgery?

R: Hindi po, Kasi syempre..
A: So sa desisyon na ginawa nyo tungkol sa di nyo pagopera, bukod sa gusto nyo, naisip nyo po ang ibang tao sa desisyon nyo?

R: Kasi sinabi ko din sa kanila e, kasi ganito e. Gusto naman din nila, na sumang-ayon din sila sa akin. Na mabuti nga ang ginawa mo, kasi pinili mo anak mo. Kasi pipirma ka pa dun pagka-dami-dami.

A: Ano po yung pipirmahan?


A: Sa tingin nyo po ba, natutulungan nang gobyerno...? Sinubukan nyo pong lumapit?

R: Hindi pa, wala pa. Wala pang natutulong dyan ang gobyerno.

A: Pero ano po bang inaasahan ninyong tulong mula sa kanila?

R: Ay yung ano yung sana maoperahan, para makakain nang maayos

A: Sa komunidad po ba, ano yung inaasahan nya sa mga taong nakapaligid sa kanya?

R: Ganun din, kasi nga para makakain siya ng normal.

A: Ano pa po bang problema niya bukod sa di makakain nang normal?


A: Okay lang po, ano po ba ang trabaho niyo?

R: Dito lang sa bahay.

A: Eh yung asawa nyo po?

R: Nagtatricycle.

A: So Alaska lang?

R: Alaska lang, yung talagang mura lang. Kasi di siya nakakain ng kanin e, gatas lang.

A: Ilan po ba anak nyo, ate?

R: 4.

A: Pang-ilan na po siya?

R: Bunso.

A: Ilang taon na po siya?

R: Yung isa panganay ko, 10. Tapos yung isa, 8, yung isa, 6, yung isa, 4.

A: So sa foundation ni Ate, ano po yung inaasahan niyo para sa ikabubuti niya at para sa kalusugan niya?
R: Yung kay Ate Benia, gusto ko lang sana suportahan siya sa pang-gatas kasi kulang gatas niya, di ba. Tapos vitamins, yun lang.

A: Sige ate, maraming salamat.

Respondent Interview #5:

A: Ako po si Marc Manila po, nagthethesis po ako tungkol sa Taong May Kapansanan po, sa UP Manila po. Sino po may kapansanan sa pamilya nila?

R: Wala naman yun lang anak ko. Sa side ng tatay nya, ano naman yun polio naman yun,

A: Ano po yung kondisyon niya?

R: Ano yun, Ricketts.

A: So, ang unang ko pong tanong, sa komunidad niyo po ba, ano yung pananaw ng komunidad nila sa taong may kapansanan? Ano yung pananaw nila, paano yung pagtrato po nila?

R: Okay naman, mabait naman sila

A: Ah di naman siya minamaltrato, okay naman po. So ano yung ginagawa ng barangay nila sa taong may kapansanan?

R: Ay kasi dito, may foundation dito e. Yung Pilak Foundation.

A: Ano po yung ginagawa ng foundation?

R: Ano yung, binigyan kami ng gamot. Tapos sinasali kami sa mga laro-laro nila, sinasama-sama kami sa mga pasyal

A: So sa barangay po, nakakatulong yung pagsali-Sali nya sa activities, sa mga foundation?

R: Minsan kasi, ayaw niya na rin kasing sumali sa mga barangay.

A: Bakit ayaw niya pong sumali?

R: Kasi madali siyang mapagod. Madali siyang hingalin.

A: Meron naman pong pinoprovide na kotse o sasakyaw para lahat kayo makasama?

R: Oo

A: So sa pinansyal na aspeto, nakakatulong din naman po?

R: Bihira naman e.

A: So mula po sa City Hall? Nakakatulong naman sila.

R: Oo, libre manood ng sine. Pero ngayon wala naman na yata

A: Nakaka-avatar naman po kayo, nakakagamit po kayo?

R: Nakakagamit sa sine, Yung may discount.

A: So sa tingin nyo po ba yung mga aktibidad na ganun nakakatulong sa kalusugan nya?
R: Eh syempre gamot naman yung kailangan niya
A: So sa pakikisalamuha naman sa iba nakakatulong ba..

A: So yung pakikisalamuha niya sa iba, nakakatulong yun sa kalusugan niya?
R: Oo.
A: Papaano nyo po nasabi?
A: So sa mga desisyon sa buhay niya, sino po gumagawa, kayo po?
R: Oo.
A: So yung desisyon tungkol sa kanya, may impluwensiya po ang ibang tao?
R: Hindi naman.
A: So solely, sa kanya lang po?
R: Oo
A: So yung mga desisyon nyo po, nakakatulong sa kalusugan niya?
R: Oo syempre
A: Tulad po ng ano?
A: So ano pa pong inaasahan na mangyayari na ginagawa ni Ate Benia sa susunod pa?
R: Di ko pa anong pero may ano meron naman may ano sa amin ano sa kanila, yung lagi nila kaming nililista.
A: Ano po yung trato niya sa mga tulad niyang taong may kapansanan?
R: Ay okay naman. Okay naman si Ate Benia.
A: So parang pamilya po ba?
R: Oo.
A: Sa barangay po ba, ano yung inaasahan ang magagawa sa mga katulad ng anak nyo po?
R: Di kasi, sa barangay naman, kapag sinabi ni Ate Benia na may lakad na ganyan ganyan, papayag naman sila dun. Bibigyan kami ng ganun, pangmeryenda, pananghalian. Sagot ng barangay namin.

A: Ah sige po ate, maraming salamat.

**Respondent Interview #6**


R: Bale, 16.

A: Ano po ang sakit ng anak nila?

R: Bale, ano siya hard hearing.

A: So sa barangay nyo po ba, kamusta naman po yung pakikitungo ng barangay tungkol sa may taong kapansanan?

R: Okay naman.

A: Hindi naman sila minamaltrato or dinidiscriminate?

R: Hindi naman.

A: So ano po yung mga ginagawa ng barangay para sa taong may kapansanan?

R: Tumtulong din naman kapag na may dumadating na ano...

A: May mga activities po sila?

R: Meron

A: Tulad po ng ano?

R: Halimbawa, yung pagsama-sama sa mga lakaran..

A: Ah sa lakad po. So sa tingin niyo po ba nakakatulong yung activities ng barangay niyo para sa kalusugan ng anak niyo?

R: Oo naman.

A: So kamusta naman yung pakikihalubilo ng komunidad sa taong may kapansanan? Palalabas ba po siya?

R: Oo, palakalye yun e.

A: Di naman po siya inaano?

R: Bugnutin, madaling mag-init ang ulo. Gusto ko siyang i-therapy kasi madali magalit.

A: Sa tingin nyo po ba madaling makaapektu yun sa pakikihalubilo..?

R: Kasi yung ano, madali siyang magalit, nanununtok agad. Kahit pinagsasabihan ko, di niya maintindihan yung pinapaliwanag ko sa kanya, akala nya sya lagi yung api. Hanggang ngayon,
pinapagalitan ko, lumalaban sa akin. Kaya nga nagtataka ako bakit ganun yung batang yun e. Kaya nga gusto ko siya inano ko sana siya, yung ano ba, ipatherapy.

A: So sa eskwelahan naman po ba, paano naman po yung pakikitungo niya?
R: Okay naman siya sa school, minsan oo. dati-rati lagi siyang napapaaway ngayon okay naman na siya sa school.

A: Hindi naman po naging hadlang yung hearing hadlang niya para…
R: Hindi naman.

A: So sa tingin nyo po ba yung pakikipihalubilo nya sa iba, may epekto sa kalusugan niya?
R: Hindi naman siguro.

A: Bakit niyo po nasabi?
R: Okay naman siya e. Di naman lagi siya sakitin e.

A: Sa mga decisions po sa ano nya, sino po yung nag-aano...
R: Ako.

A: Meron na po kayong nagawang desisyon sa kalusugan niya?
R: Meron

A: Ah so sa therapy nga po?
R: Oo

A: Ah so sa therapy po, meron na po kayong nagawang therapy?
R: Wala pa nga e.

A: Sinubukan nyo na pong lumapit sa barangay?
R: Hindi pa

A: Sa tingin nyo po ba, matutulungan kayo ng barangay?
R: Di ko lang alam dahil hindi ko pa nasubukan, kay chairman namin e.

A: Dun lang po siya parang sa mga field trip supportive?
R: Ay hindi, hindi siya sumasama sa mga field trip, ayaw niya.

A: Ayaw niya, pero hindi, yung pinansiyal, di naman siya supportive, kung manghihingi kayo nang ganyan, kasi kailangan?
R: Hindi, di pa kami nanghihingi.

A: So, parang kay Ate Benia lang kayo humihingi ng suporta?
R: Gusto ko siyang i-ano e, itatanong ko nga kay Ate Benia kung may therapy, pwedeng itherapy. Pwedeng baka magbago ugali niya. Kasi yung pagsasalita niya...

A: So sa tingin nyo po ano pa po pa yung inaasahan nyo sa mga ginagawa ni Ate? Yung mga gusto nyo po pa pong mangyari?

R: Gusto kong mangyari yung may magbago naman na, magkaroon na, sana sa ganyang sitwasyon ng anak ko magkaroon ng therapy, yan nga hinahangad ko. Para magbago-bago naman pananaw ng anak ko. Kasi akala nya lagi ko siyang inaapi. Di niya naintindihan yung paliwanag, gusto niya lagi siyang tama.

A: Sa barangay niyo po ba, ano po yung inaasahan yung gagawin nyo sa mga tulad niya?

R: Di natin masabi, siguro gagawin nya kapag nagsabi ako, baka matagalan pa.

A: So sa tingin nyo po ba, sa pangkalahatan, sa pakikisalamuha nya sa ibang tao tingin nyo po may kinalaman sa kalusugan niya?

R: Wala

A: So, sa tingin nyo po, yung talagang kalagayan niya yung nakakapekto sa..

R: Kasi yun nga inaano sa kanya, kasi nga pag sinasaway ko siyang wag siya diyan, pinipilit nya gusto nya. Gusto nya sarili masunod.

A: Sa bahay naman po kaamusta siya?


A: Nasaan po ba siya?

R: Ayun nasa vendo kanina, naglalaro. Kanina nakatayo diyan.

A: Ah, sige po ate, maraming salamat po.

Respondent Interview #7:

A: So ate ano po ang pananaw ng barangay tungkol sa taong may kapansanan?


A: Ah hindi po, tanggap po nila. Ano po yung mga gawain sa komunidad na nakakapagparticipate sa mga taong may kapansanan po?

R1: Siya naman hindi naman siya nakipaghalubilo sa mga bata, ganun.

A: May programa po ba yung barangay tungkol sa mga taong may kapansanan?

R1: Meron.

A: Ano po yun?
R1: Yung, halimbawa, tinuturuan nila yung mga bata na makipaghalubilo sa kapwa din nila yung bata.
A: Papaano po yung ugnayan ng barangay sa taong may kapansanan? Nakakatulong po ba yun sa kalusugan nila?
R1: Eh halimbawa, may mga meeting yung mga magulang ng mga may kapansanan. Inaano din ng barangay.
A: Alam ninyo po ba yung Community Based Rehabilitation?
R1: Hindi e.
A: Sa tingin ninyo po ba nakakatulong po ba yung ginagawa ni Ate Benia?
R1: Oo, nakakatulong siyempre.
A: Papaano po nakakatulong?
R1: Kasi minsan kasi, sinasama kami sa labas sa mga taong may kapansanan.
A: Ano po ba yung sakit ng apo ninyo po.
R1: Palsy.
A: Ah, cerebral palsy. Ilang taon na po kayo sa samahan ni Ate Benia?
R1: Matagal na, simula noong ipinanganak siya.
A: So sa tingin ninyo po, ano po yung maaari pa pong maitulong ng ginagawa ni Ate, sa mga katulad niya?
R1: Ah, marami din.
A: Ano po yung inaasahan ninyo?
R1: Inaano niya kami sa mga paglakad-lakad, halimbawa kung meron kaming gustong anuhin sa mga bata, isasama niya kami.
R2: Isasama niya kami sa mga medical mission, sa UST. May mga nagbibigay ng gamot, ng vitamins.
A: So CBR po ba yung ginagawa nila dito, community based rehabilitation?
R2: Ano kasi sila dito eh, missions.
A: Missions? Parang intern, tapos pumupunta dito, minsanan lang?
R2: Oo.
A: So sa tingin ninyo po ba nakakatulong po ba yun sa kalusugan nya?
R1: Nakakatulong din, kasi kung may ano nagbibigay din naman sila ng libreng gamot.
A: Si ate po supportive po talaga sa ano.
R1: Ay oo.
R2: Siya yung nag-aasikaso e
R1: Siya yung nag-aasikaso sa mga katulad niyang may diperensya.
A: Sipag nga ni ate e, wala siyang kapansanan pero tumutulong pa din siya.
R1: Oo, kasi noong araw pa yan, kasama na siya sa pagtulong sa taong may kapansanan e.
A: Sige po ate, salamat ah.

Respondent Interview #8:

A: Si Sam Marc Manila po, gumagawa po ako ng thesis about CBR po at taong may kapansanan po. So tanong ko po, ano po ang pananaw ng komunidad tungkol sa taong may kapansanan?
R: Okay naman, naano naman. Kagaya nila, may mga foundation silang tinataguyod
A: Ah ganun po ba, so wala naman po kayong nararamdaman na hindi sila maganda?
R: Wala naman
A: Ate tingin niyo po, ano po yung parang role na ginagampanan o yung ginagawa ng komunidad para sa taong may kapansanan. Mga activities?
A: Ano po ba yung sakit ng?
R: Ano siya eh, ADHD, Hyper
A: Ilang taon na po ba anak niyo?
R: 8
A: So sa tingin nyo po sa mga ganung aktibidad may naitutulong, sa kalusugan niya?
A: So kamusta naman po yung pakikitungo ng komunidad nyo sa taong may kapansanan?
R: Okay naman
A: So sa tingin nyo ate, nakakatulong yung pakikisalamuha niya sa iba sa kalusugan nya?
R: Oo
A: Papaano nyo po nasabi?
A: Ay kasi, yung may matanda kasi, may isip na yan e.
A: Sino po yung nagdidisisyon sa mga ginagawa nya sa..
A: Ah, so yung mga pangangailangan naman niya nameet naman po?
R: Minsan, namimeet. Minsan ano, depende sa sitwasyon
A: So sa tingin nyo po yung pagavail sa mga kunwari yan, sa mga medical services?
R: Oo naman
A: Bakit nyo naman po nasabi?
R: Kasi kumbaga, ngayon pa lang siya naggagamot e
A: Papaano? Bakit po, ano po ba ilan na po ba siyang..?
R: Last year pa kami naggagamutan e, eh medyo mahal yung gamot na nireseta sa kanya. Talagang di ko kaya, ngayon, binago ng psychiatrist nya. Mura lang kaso 4 hours lang yung kalma sa katawan kaya yun yung oobserbahan naming ng one month
A: So papaano nyo po nakilala si Ate Benia?
R: Ah, dati ko siyang kapitbahay, sa kabilang eskinita, dun ako dati nakatira
A: So sa tingin nyo po yung mga activities na ginagawa ni Ate Benia nakakatulong sa kalusugan sa anak nyo?
R: Oo
A: So paano po nakakatulong din naman po ba yung aktibidad na ginagawa ni Ate Benia sa komunidad na walang kapansanan?
R: Oo, kasi ano naman siya tumulong sa mga tao
A: Kahit hindi sa may kapansanan?
R: Talagang nagbovolunteer siya
A: So ate, ano pa po yung inaasahan nyo sa ginagawa ni Ate Benia?\nR: Wala naman
A: Eh yung future po, sa mga taong may kapansanan? Ano pa po yung gusto niyong mangyari?
R: Ayun nga, kasi sinasali nya nga anak ko dun sa, yun nga sa ano yung asosasyon sa PWD sinasali nya nga anak ko
A: Sinali nyo naman po?
R: Inano ko na, kaso nung nilakad ko na yung requirements nya, di siya naavail. Kasi yung pinagbasehan nung sa PWD yung IQ test, eh nung IQ test siya April, di pa siya nededetect na
may ADHD kaya ngayon pagbalik namin next month sa psychiatrist manghihingi ako ng ano nya, abstract. Kasi nga sayang nga raw yung mga discount discount ng may taong may kapansanan sa sine, sa pagkain sa pamasah

A: Ah, yung PWD ID card
R: Oo
A: So ate, yung mga barangay po ba sa mga..
R: Oo kasi yung mga lakad-lakad nila sponsor nila
A: So ano pa po yung inaasahan nyo pa sa barangay na makakatulong sa taong may kapansanan?
R: Ayan, sa simbahan ng La Paz nag-aano din sila
A: So ano pa po yung inaasahan nyo sa barangay na di nagagawa sa ngayon para sa kanila?
R: Sa mga bata, wala na siguro kasi naano naman
A: So sa komunidad naman po, okay naman po, wala naman pong..
R: Wala namang diskriminasyon dito sa ano namin e...

Respondent Interview #9:
A: Ilang taon na po sila?
R: 35 na.
A: So ano po yung kapansanan ng asawa niyo po?
R: Mahina lang pandinig niya.
A: So, tanong ko po, sa taong may kapansanan, kamusta naman sila sa komunidad?
R: Okay naman.
A: Ano po yung pagtrato nila sa mga tulad ng asawa po ninyo?
R: Okay naman, ganun naman talad diba?
A: Ano po yung ganun talaga?
R: Yung mga kapansanan, diba ipinanganak sila nang may kapansanan na.. na ganun
A: Pero di naman po kayong tinatratong masama, na parang dinidiskrimina? Walang ganun?
R: Wala
A: So ano po yung ginagawa ng barangay sa mga taong may kapansanan?
R: Di ko alam.
A: Sige ate okay lang. Ano po ginagawa?
R: Ano ginagawa? Di ko alam.
A: Ah, so aware po kayo sa ginagawa ni Ate Benia? Sinasali naman niya po asawa ninyo?
R: Oo.
A: So sa tingin niyo po may kinalaman yung pagsali sa mga aktibidad sa inyong kalusugan?
A: So sa tingin ninyo po iba, yung mga aktibidad ni ate, nakakatulong sa asawa niyo po?
R: Sa tingin ko, di yata maganda yung pagbubuntis nila. Para bang yung ibang nanay tinatamad magpacheckup.
A: Kumpleto naman po yung mga pangangailangan ng asawa ninyo po?
R: Oo.
A: Sila po nabigay?
R: Oo, si Ate Benia.
A: Ano po sa pangkalahatan, ano po yung inaasahan ninyo sa ginagawa ni Ate Benia?
R: Pinupuntahan nya yung may kapansanan, tinutulungan naman niya, lahat ng mga bata dito.
A: So wala naman po kayong mga pangangailangan na di nyo nakukuha?
R: Ah, yan ang di ko alam.
A: Ah di nyo naman po alam mga pangangailangan ng asawa ninyo po?
R: Gamot.
A: Ah kumpleto naman po sa gamot? Hearing device po?
R: Ako kumukuha ako ng gamot sa center e.
A: So yung mga gamot na kinukuha ninyo nakakatulong sa paghalubilo sa iba?
R: Parang ganun, parang...
A: Sige po ate, maraming salamat a
Notes from Respondent Interview #10:

- okay ang treatment
- nagbibigay ng assistance
- hindi hadlang ang kapansanan, nakakapunta siya kahit saan
- walang trabaho sa kasalukuyan
- pagkakaintindihan ng kapansanan
- nakakatulong ang mga aktibidad na iyon sa kalusugan
- naayudahan ng kapitbahay sa tulong ng wheelchair
- City hall, center (therapy); may training ang students (therapy, massage)
- gumanda ang kondisyon, epektibo pag nagtrabaho
- sumama minsan ang mga kabwahay sa mga lakbay-saya
- social support: pag Pasko nakakatanggap ng regalo sa pamilya
- naayudahan ng kapitbahay sa tulong ng wheelchair
- di nagbago ang pagtingin sa kanya ng kanyang pamilya
- suporta sa pamilya: sa komunidad (CBR): wheelchair
- walang ginagawa ang barangay na livelihood programs pero may pinasang proposal ang barangay para maaprubahan sa city hall para magkaroon ng livelihood program
- masaya ang pakiramdam kapag nakikihalubilo sa ibang tao
- hinahihikayat na ma-expose sa labas; expose kahit may kapansanan
- nakakatulong ang suporta, impluwensiya at pakikilahok sa komunidad sa kalusugan

Interview with Government Official #1: Marilou Pepano, Makati City Social Welfare Development

R: although yung center based, di talaga siya for PWDs yun, for CICL yun, kaya lang pag meron kaming nag-ano, dun muna namin nilalagay?

A: Ano po yung CICL?

R: Children In Conflict with the Law.

A: Ate, aware po ba kayo sa CBR?

R: Yes, we are aware of that. That is part of our program...

A: Ano po yung IEC?

R: Information and Education Campaign...

R: Wala pa ngang PDAO, pero lahat naman mga issues and concerns nila eh inaaddress nila dito sa section namin.

A: Bakit po ate wala pang PDAO?

R: Eh wala pang PDAO e. Kumbaga yung thrust kasi namin is palakasin muna sa baba, ang plano namin is to organize the BCDA, the Barangay Committee on Disability Affairs so kung lahat muna, city-wide na. May mga stakeholders forum..

A: Marami po bang nakaaffiliate na Disability Persons Organizations sa LGU?


A: So yung sinasabi nyo po, lahat na dun nakapaloob na sa federation na yun?

R: Oo, halimbawa sa isang barangay may isang pinakaumbrella diyan, na kada chapter meron na. Ano na rin sila dun e..

A: So required po ba ng LGU na magtatag ang chapter kada barangay?

R: Meron kaming organized ano, lahat so far meron. Pero out of 33 barangays, dalawa na lang ang wala, Forbes saka ano.. Basta mga villages na lang, pero yung barangay, lahat meron.

A: So gaano kafrequent po yung paggawa, halimbawa ilang beses yung paggawa ng projects..

R: Depende naman yan kung may client kami na pinadala dun, tapos yung mga nandoon sa barangay may social workers doon sila na ang nagpoprovide nang ano doon. pero yung mga needs nila, kailangan nila ng medical, follow check-up, kami na ang gumagawa noon.

A: So yung mga social workers for CBR kayo po nagtetrain?

R: Part yan nang aming programa, pero ako aminin ko man, hindi din naman ako properly trained diyan kaya kunukuha kami ng speaker na talagang well-trained dyan..

A: Sa mga DPOs po?

R: No.

A: Schools?

R: Hindi, NGO. CPREF, isang NGO na alam na alam nya yung..

A: So dumadaan po nila sa grassroots level?

R: Sa barangay kami nagano niyan?
A: Pero meron mga convention po ang mga PWDs?
R: Oo, may monthly meeting sila. Organized na ang ano dito, sila na ang naginitiate.

A: Pero kasi may isang city dito sa Metro Manila na sila na po ang nagbibigay ng needs para sa PWDs, hindi galing sa LGUs. Gaano rin po ba dito?
R: Kasi nagstrategic planning kami, lahat ng mga program na to, ini-involve naman namin ang PWDs lagi dito, di ibig sabihin na..

A: So before program implementation po, may consultation po?
R: Oo naman.

A: Mayroon din po ba kayong mga tie-up na schools, kunwari mga therapy rehab, sa UST
R: Yeah, ano yung Better Hearing.

A: Sabi po kasi sa Singkamas, madalas po sila doon.
R: Oo.

A: So sino po yung lumalapit?
R: kami nagdadala ng mga PWD doon, sa mga hearing aid.

A: So yung mga therapists po talaga, mga estudyante?
R: Malamang, part of exposure nila yun e.

Notes from the Interview with Government Official #2: Kagawad Nogoy, Barangay Kagawad, Barangay Singkamas
- cash gifts na tinatanggap kada 6 na buwan; walang livelihood programa; medyo malapit na ang cash gift na implement; pagaralan ang kas o
- issue of continuity sa cbr; nahahirapang magencourage sa pwds, walang interest ang pwds pero kahit papaano may matutulungan
- bihirang makisama kapag di pinapakinabangan
- di tuloy tuloy ang CBR; PDAF (mswd - cong. Monique lagdameo)
- walang impluwensiya sa decision making
- partnership ng barangay at komunidad
- batang pwd na nagaaral edukasyon di lahat di alam kung pano pano pinipili
- socializing programs (ndpr week, autism week, talentadong pwds)
-alienated sila sa UST students; climate change

*Notes from the Interview with Government Official #3: Barangay Health Worker*
-barangay health worker -> training

-community based rehabilitation: nakakatulong sa mga may kapansanan, nag-aaassist sa CBR
-puro hirap, walang sarap, makarating ang info through dissemination sa barangay
-masarap maglingkod sa barangay

-vision (#1) na napalaganap sa komunidad pagkatapos iba’t-ibang uri ng kapansanan ang naituro at dahil dito malaki ang naitulong sa kapansanan; report on information sa president; nacategorize ang kapansanan

-city hall; pwds sa seminar; president and secretary sa meeting sa city hall

-iniinform ang city government to health center

-involvement: nabigyan ng assistive device; nakalalabas (iniinform yung kapansanan); malaking bagay para sa kanila

-get-together(pasko); national disablitiy week; ewan ang livelihood (consortia ng livelihood); pero may puppet making before

-tulong-tulong yung pondo mula sa KASAMA KA, local government o barangay

-pa-iba-iba yung mga estudyante; tinitimbang

-nakita ang UST; may libreng therapy; nakaavail ang anak nya; naturuan sa rehabilitation principle

-officer/staff nagbabahay hindi; pwd

-tamad; ayaw umattend para maturuan ng mga basic rehab principles palaging sinusabing walang time kasi may trabaho kung wala namang trabaho sabihin pagod pero kapag gusto naman nila welcome naman yung mga therapists sa bahay nila

-kung hindi dahil sa barangay, hindi magkakaroon ng CBR sa lugar, ipinagpaalam muna ang CBR sa lugar at kung hindi rin dahil sa barangay walang serbisyo para sa kanila

-kuntento sa serbisyo ng barangay; may influence para sa PWDs; 19 years ng naglilingkod bilang BHW

-okay ang pananaw.pagtrato ng komunidad sa kapansanan; sasabihin pa ng may kapansanan “salamat at nakatulong kayo sa amin”

-di matutupad ang CBR sa barangay kung hindi sila magtutulong-tulong
Key Informant Interview #1, Benedicta Asis:

R: Mayroon na ring nagpunta dito eh, yung COMELEC ba na PWD, yung babae.
A: Sa Cagayan po ba?
R: Oo, yung Padaca.
A: Grace Padaca.
R: Nameet ko siya dito, pinasyal naming siya.
A: Ano pala name mo ate?
R: Benedicta Asis pero Benia for short, mahabi kasi e.
A: Saan po yung ano sa mga PWDs?
R: Yung aming barangay hall dyan, yung 4th floor multi purpose hall, yung 3rd floor, barangay hall, 2nd floor barangay health center and ground floor sa mga bantay bayan sa mga rescue.
A: Sino po yung PWDs sa pamilya po nila?
R: Ako? Ah dati hindi ako PWD nagkataon lang na sa sobrang linis ko ng tainga nagkaroon ako ng disability pero hindi pa man ako nagkakaroon ng disability tumutulong na ako sa community.
A: Pero noon po mayroon kayo sa tainga?
R: Wala kasi mahilig lang ako maglinis. Kasi nauumpisahan lang yan noong ako'y tumutulong sa mga nanganganak kumbaga sa alam ko kung saan yung midwife at the same time kung may mga nagkokombulyson na bata alam ko kung papaano ko dadalhin sa Makati Med at the same time sa KASAMA KA.
A: Ano po kayo doon?
R: Nahoom ako doon kasi ikaw, kanya tumutulong ka mag-isa bakit hindi ka makipag-hook sa amin. Sa pagtulong ko sa community nag-ano ako, naging agent ako ng Fortune..
A: Ah yung ano, insurance?
A: Ano po yung estado ng PWDs dito sa Barangay Singkamas?
R: Ah eh, mulat na sila saka may ano na sila sa free movies, discounted 20% sa mga kagaya nila na nag-aavail ng senior citizen, tapos within Makati ditto discounted sa transpo, tapos libreng movie basta mayroon silang ano doon sa 5th floor kasi may PWD section kami doon na
mag-aavail sila kaya lang may mga requirements katulad ng barangay certificate, voters ID tapos yung disability, ah… medical abstract.

A: Ano po yung roles na ginagampanan ng PWDs sa community? Ano po yung madalas nilang ginagawa?

R: Madalas na ginagawa kasi dati yung PWDs naming eh vending. Nagtitinda eh putol yung mga paa. Kadalasan ang hanapbuhay nila dito ay ang pagtitinda?

A: Sari-sari store po?

R: Oo, microfinance. Kadalasan Mekenl hotdog at saka yung rolling store, pedicab pero ngayon nakafocus sila sa microfinance. Dati may show money kami mga 20k, inaano sa microfinance.

A: Ano po ba ang ginagawa ng barangay para sa mga PWDs?

R: Wala.

A: Bakit po wala? Bakit sa tingin ninyo wala?

R: Kasi nakakaavail na sila ng libreng movies. Pero tamad sa paglalakad ng papeles, gusto nila kami pa yung maglakad.

A: Kayo mismo?


A: Dito sa barangay?

R: Coordinator sa social services. Kasi focus siya sa Seniors. Nakikilimos lang ang mga PWDs.

A: Papaano po yung local government sa Makati City?

R: Ay, supportive naman sila. Friendly ano kami, friendly city.

A: Eh ang ugnayan ng buong tao dito sa mga PWDs okay naman po?

R: Okay naman may advocacy na kami aksi may committee na kami sa aming organisasyon yung aming PWD na …. (not clear)

A: Kailan po kayo nagsimula?

R: April 2003.

A: Ah matagal na, so kayo po ba ang unang-unang member ng org?

R: Parang barkada lang, chika-chika lang.

A: Ah tapos nagseryoso na?
R: Nakatulong na yung mga nang-akit sumama sa akin, pero sila nagstop na. Ako na lang yung original na nagpatuloy.

A: Nasaan na po siya ngayon?

R: Wala na, not interested na.

A: Ano ginagawa ng community pagdating sa ugnayan?

R: Nagkaroon kami ng officers sa PWD, nag-anong rin kami ng sa head ng TBTF, parang Task Force Against TB. Nagkaroon kami ng partners para labanan ang sakit na TB.

A: Papaano po nagkaroon ng CBR sa lugar?

R: Ah dahil yan sa KASAMA KA Foundation.

A: Lumapit po kayo?

R: Lumapit kami tapos nagkaroon nang pag mga ganyan, mga bisita.

A: Tulad ko po?

R: Hindi mga foreigners din. Yung mga estudyante namin ng Japan, galing Okinawa, Japan, bilib siya sa mga PWDs. Kahit sa ministry bilib sila sa amin.

A: Papaano po kayo nagkaroon ng pagmamahal sa mga taong may kapansanan?


**Key Informant Interview #2, Singkamas PWD Chapter President:**


R:50

A:50. Ano pong trabaho nila?

R: Wala. Housewife lang.

A: Ah housewife lang. So ano po yung katungkulan nyo po sa PWD Association?

R: Ano.. presidente ako ng organization sa Barangay Singkamas.

A: Ilang taon na po kayong presidente sa..?
R: Ano na ngayon... mag-aano na... mag-aapat na

A: Ah mag-aapat na po? So ate ano po ba yung mga programa na ginagawa ng..?

R: Ano yung.. meron kaming.. pag merong.. anong, nagrereferral. May ano.. may.. merong ano ng cataract, nagrerequest kami sa.. kasama ka na may pasyenteng gustong magpaano ng katarata. Itatawag nila sa doktor. Ngayon, pagsinabi ng doktor.. bibigyan kami ng schedule, oras. Tapos, kung ilan ang kasama naming pasyente. Ayun.. para pagdating dun, alam na nya ang ano... ilan ang ano namin.

A: Ah, so ano po ba yung ginawa ng KASAMA KA?

R: Ano sila, yung.. sila ang parang.. silang parang kumbaga sa ano.. nanay sila, kami mga anak nila.. na pag may kailangan.. pag may kailangan kami, halimbawa, kailangan namin ng tulog nila na kung paano mag ano ng mga.. meron kaming mga para bayaran[? not sure] ang livelihood. Tapos may mga kailangan naming magrequest kami ng mga wheelchair, ng mga, halimbawa, tungkod. Yun, magrerequest kami 'tas gagawa kami ng ano.. anu ba yon.. yung request form. Kuha kami ng request form 'tas gagawa kami 'tas ipapasa namin sa kanila. Kung ano yung.. halimbawa, may available ng pwede ng ibigay, naibibigay namin sa amin.

A: So ano po yung.. so nabanggit nyo po sa pag-uusap natin kanina may community-based rehabilitation. So ano po yung pagkakaalam nyo po sa CBR?


A: So tinuruan po kayo ng KASAMA KA?

R: Oo. May ano.. minsan may training.. pag may training inaano na kami. Tas dito inaano ng actual. Tinuturuan kaming kung paano.

A: Paano po sa livelihood po. May tinuro na rin po?


A: Ah Koreano?! Nagpunta po sila dito?

R: Oo. Tapos minsan may mga foreigner na dumadating. May India.. merong, may India.. may mga, may Hapon, may Amerikano. Iba iba. Marami na, marami ng nag ano ditong mga foreigner.

A: Foreigner po?

R: Oo, tapos pinupuntahan nila mga member. Yung aming pangangailangang medisina. Ayun.

A: So ate yung mga PWDs lang po ba yung kasama nyo sa training sa CBR?
R: Yung mga ano, mga magulang ng PWD.

A: Paano naman po yung mga ano.. sige ate..

R: Kasi, diba ikaw ang caregiver? O diba may mga.. may mga livelihood, kagaya ng.. syempre yung kikitaín mo dun sa natutunan mo sa ano, yun din naman ang isusupport mo dun sa inaalagaan mong PWD.

A: Paano naman po, ate, yung mga walang.. yung mga abled people. Yung mga walang kapansanan, sinasali ba sila sa training din yon?

R: Oo, yung ano..

A: Kahit hindi po yung magulang? Basta, yung wala lang..

R: Ay hindi.. hindi. Ano, kailangan yung ano.. yung caregiver nung ano.. kaya yung mismong miyembro ng PWD. Siyempre diba, kahit nasa bahay lang. Yung livelihood.. gagawa ng kandila, gagawa ng sabon, diba?

A: So, ate, naiapply nyo naman po ba yung natutunan ninyo dito sa barangay nyo?

R: Sa ngayon hindi pa kasi wala kaming budget.

A: Saan po ba nanggagaling ang budget natin?

R: Sa ano, sa barangay. Kasi noon pa, wala pa kaming ano noon. Pero etong last year, nag ano kami ng.. biningyan kami ng DOLE ng pangpuhunan para.. kami PWD kami tsaka yung nanay ng PWD, at yung caregiver. Yun ang ano, para ano, para meron ka isupport sa inaalagaan mong PWD.

A: So sa barangay po ba, ano po ba yung mga tulong na naibigay para sa asosasyon o sa lahat ng PWDs in general po?

R: Ano, pag meron kaming mga activity.. nakakahiram kami ng sasakyan, nakahahingi kami ng budget sa pagkain. Ayun, hatid sundo kami ng sasakyan.

A: So ano po ba yung mga activities na yon, ate?


A: So ano po yung.. kamusto po pala yung kalagayan ng.. ay mali ulitin ko. Ano po ba yung kondisyon ng may kapansanan dito sa barangay ninyo?

R: Ano naman, nasusurportahan naman.. halimbawa, kailangan ng checkup. Magrerequest kami ng saksakyan. Ihahatid sundo kami sa sasakyan.

A: Paano naman po yung mga tao sa paligid ninyo tungkol sa kapansanan, kamusta naman po?
R: Ano naman, ok naman hindi kagaya nung.. hindi pa naano yung mga PWD, diba baliwala pa. Parang ano lang yun.. wala lang sa kanila kaht sa ano lang ng barangay. Mula nung.. naitatag na yung PWD.. ayun na, ano na rin.. parang normal lang din.

A: Paano sila naging mulat sa kalagayan nyo po?

R: Ano. Na.. syempre pinakita rin naman.. hindi kami makapag ano.. wala kaming silbi sa komunidad. Meron kaming maitutulong kaht na ano kami, may kapansanan.

A: Meron po pa ba silang ginawang, parang, training dito sa barangay. Or parang, seminar tungkol sa tulad ninyo para sa mga walang kapansanan?

R: Oo, may nag ano.. may kasama ???. Ano sila, nagconduct sila ng training dito. Yung nga, yung pinaliwanag nila kung ano yung pwede nating itulong sa may ano. Tas, ano naman.. meron namang mga tao na, nag ano sila.. tanggap naman na ano.

A: Sa tingin nyo po ba, nakakatulong yung mga programang ginawa ninyo para maengage or masali mga PWDs sa community?

R: Oo

A: Papaano nyo po nasabi?

R: Ano, kagaya nyan, diba. Nagano kami, nag ha-house to house kami. Tapos, ganyan.. pag may mga PWD na, nagbibigay kami ng mga form. Tapos ok ba sila, eto yung form na 'to, pinapabasa namin... tapos may, gusto ba nilang magpamember.. eto yung kasunduan na magpapamember ka, kung iyong may mga meeting ba.. ok ka ba, aattend ka... tapos kung talagang ano ka, pipirma ka rito. Tapos, ano naman... ano naman sila.

A: So bali yung activities nyo po, parang naeenganyo silang sumali?

R: Oo, tsaka lalo na, ang PWD ngayon meron ng ano rin.. libreng sine.

A: Opo. Meron nga pong nakapagsabi parang hindi po... hindi daw.. meron daw pong may kapansanan na hindi na avail yung programa katulad ng libreng sine. Kasi sabi po sa akin, 'paano naman makakapanood ng libreng sine, eh yung ang anak ko hindi makakita’?

R:Hindi.. ano yon.. ano naman eh.. yung.. hindi lang naman libreng sine yung binibigay. Merong ID kami na discount sa gamot, discount sa mga fast food. Tapos transpo.. syempre pag nagpacheckup yon may ano yon, pamasaehe yon.. oh dinidiscountan yon.

A: Ano po yung mga supportang nabibigay ng mga taong sa paligid[?] ninyo sa mga katulad nyo po?

R: Ano, yung.. hindi kami pinagtatawanan. Hindi kagaya dati noon, may makita lang silang may ??? tatawanan nila. Mamaya, may.. meron ano.. ??? syempre pag nagsalita, diba.. ay ano.. pagtatawanan nila. Ba't ganyan siya magsalita, tatawanan na. Eh bakit may ganun? Ta's eh ba't ganun sya? Ngayon hindi na kasi bawal na yun. May batas na tayo doon. ??? parating dumaraan sya, di ba ngayon hindi na.. hindi na tinawag na mongoloid ba 'yon...

A:Ok po sila na may batas?
A: Dahil po sa inyo, dahil sa programa?
R: Oo
A: Sa tingin nyo po ba nakakatulong sa kalusugan ng mga may kapansanan yung mga suportang naibibigay nila -- yung mga taong walang kapansanan, sa inyo po?
R: Oo
A: Paano nyo po nasabi?
R: Syempre.. ano.. yung merong... hindi alam na.. halimbawa kagaya.. halimbawa may mga anak na may epileptic. Yung iba di ba hindi nila alam kung paano nila bibigyan ng ano... diba yung iba hindi nai-an, pag iaano.. iaano nai-an lang yung... habang buhay nai-an lang syang ganon. Hindi anuhin mo, yung ganun gagawin mo. Imamassage mo sya. Ta's therapy yon para ano.. ayun nakakaano rin.
A: Sa tingin nyo po ba yung mga aktibidad na naibibigay ninyo ay nakakatulong sa kalusugan nila?
R: Oo naman.
A: Paano nyo po nasabi?
A: Sa materyal na bagay po, ano po yung naitutulong ng mga taong nasa paligid ninyo? 
R: Materyal? Ano.. yung.. kasi kami, kaming mga officer pag ganyan.. yung.. gaya ng pag mga Christmas nagsosolicit kami. Tapos, pag na... yung mga nasolicit na memo.. nakasolicit kami ng pera.. ginogrocery namin yan. Tapos bawat mga myembro ng PWD dito sa barangay namin.. inaano namin, lalo na sa mga bata.. binibigyan namin ng konting, ano, gift. Ayun.
A: Ah tuwing Pasko lang po yun?
R: Oo, pero pag minsan din.. pag may ano din.. halimbawa may okasyon. Ayun yon.. inaano namin.. 
A: May mga assistive devices po ba, mga wheelchair, ganyan..?
R: Sa ano, sa city hall..
A: Ah sa city hall? Pero yung mga dito.. mga private individual..
R: Ay wala.. Pero minsan pag yung meron kaming kaibigan na.. halimbawa may, dalawang wheelchair nila.. tapos hindi na nila gagamitin yung isa, hinilingi namin yon. Para pag may myembro na nangangailangan ng wheelchair o kaya tungkod, yun ang ibinibigay namin.

A: Ah so.. ano lang po, talagang barangay lang tsaka..

R: yung foundation

A: foundation, kasama ka..

R: Oo

A: So... mapunta naman ho tayo sa mga impluwensya po. Yun po bang mga desisyong ginagawa ng mga PWDs.. kunwari, mag-aavail ako ng therapy, inisip ba nila yung sasabihin ng ibang tao or talagang desisyon na nila yung na magpatherapy sila?

R: Desisyon nila yon. Kasi, alam mo.. yung pagpapatherapy may bayad din yun eh. Kaya minsan pag ano.. yung, kagaya sa federation.. merong ano.. magrerequest kami. Meron silang ano na.. may libreng therapy.. manggagaling[??] kami sa city hall. Bababa[??..] kami ang magrerequest kami. Baba sila, magbibigay sila ng seminar[??] para therapy para sa mga naistroke...

A: So hindi po ba nila naiisip na, 'ay..'.. magdedecide sila, kunwari magpapatherapy sila.. 'ay.. kasi magpapatherapy ako kasi baka kung ano masabi ng kapitbahay ko..'. Ganyan..

R: Ay hindi naman..

A: Talagang desisyon lang nilang yon para sa sarili nila?

R: Oo

A: Sa tingin nyo po ba nakakatulong yung mga desisyon sa yon sa kalusugan nila?

R:Oo naman. Syempre, para din sa kanila yon.

A: Mapunta po tayo dun sa barangay. So ano po ba yung mga, nasabi nyo po, may ayuda na binibigay -- pera.. suporta -- so sa tingin nyo po ba, ano po ba yung pagkukulang, kung meron man, yung barangay para sa mga katulad po ninyo?

R: Minsan kasi.. pag yung.. hindi naman.. kasi nga.. ganun nga, yung.. kailangan pag may request ka ng sasakyan, three days before... para.. kasi pag yung nagrequest ka nung gusto mo ngayon.. ngayon ka magrerequest, ngayon din... hindi pwede. Kasi minsan, may mga lakad ang ano.. gaganitin, maghahatid sila ng mga senior sa.. dito sa may UMak. Kasi may mga lakad ang mga senior. Hindi available ang sasakyan. Pero minsan din, ginagawan din ni kapitan ng paraan yan, sarili nyang bulsa. Para may pang.. ano kayo ng jeep. Minsan aarkila kami. Minsan papataxi[??] nalang kami para makarating doon sa pupuntahan. Ganon.

A: So nasabi nyo po kanina yung tungkol sa PDAO. ano po ba..? Pakikwento nyo po yun. Base sa[?] gusto nyo pong mangyari.
R: Syempre, yung iba nga.. yung iba di ba, ?? may gagawin may PDAO na yan para sa mga PWD. Kaya ayun. Kaya lang, hindi pa rin na.. hindi pa rin nya na aaksyunan ng ano eh.. parang nagdadalawang ano pa eh..

A:Bakit po nagdadalawang isip?

R: Hindi rin namin alam eh kasi.. yun nga eh, kaya nga pagnamimeeting kami sinusulong namin yung PDAO... parang.. may kumokontra eh. Hindi namin alam kung bakit.. ganon. Pero alam din naman ng presidente ng.. ng federation na kung bakit kumokontra sila sa, ano, sa PDAO.

A: Ah di ba sabi nyo po parang may batas naman na ??? sila? So bakit hindi nila ginagawa yon?

R: Ay hindi ko masasagot yan kasi.. hindi.. hindi pa nga ano.. kasi kami ring mga presidente.. kasi lahat, every second Friday ng buwan, nagmimimimeting ang federation. Lahat ng presidente ng buong Makati, mga PWD... yan.

A: Ta's ano po'ng ginagawa?

R: Ay talagang sinusulong yung PDAO. Kasi nga yung inaano namin na, yung ibang ano nga.. sa Mandaluyong nga may ganito na. Sa ibang lugar meron na..

A: So sa munisipyo naman po... parang DSWD kayo na malapit?

R: Oo..

A: So wala talagang yung para sa inyong opis?

R: Wala pa...

A: Pinaplanuhan pa lang?

R:Oo, inaano pa lang namin..

A: So ano po ba yung mga expectation ninyo na tulong mula sa barangay na gusto nyo pong makamit para sa mga katulad ninyo po?

R: Ano.. yung magkaroon kami ng talaga ng.. ano ng.. sasakyan na kahit anong oras pwede naming gamitin. Kaya lang, parang...

A: Bakit po? Bakit may parang..?

R: Eh syempre..

A: Imposible po ba?

R:Oo.. kasi..

A: Bakit po imposible?
R: Kasi, minsan nga.. hindi, hindi maavailable, hindi pa makaano. Kasi nga, nagkakasabay sabay. Minsan nga may mga Lunes[?] kailangan may gagamit ng mga ano.. ng senior. Tapos mga PWD. Pero.. ano nga yan, kaya nga.. kagaya ng siniklo ko, tatlong araw bago mo iano, makakarequest kami.

A: So bukod po sa sasakyan, meron pa po ba?

R: Yung ano, yung.. livelihood. Gusto nga naming magkaroon ng livelihood dito para sa.. para naman sa may kapansanan. Yung hindi naman sya ano.. yung nakakalakad naman sya.. kaya lang, gusto namin magkaroon ng konting pagkakakitaan. Para may.. kahit pambili ng gamot.. diba..

A: Ano po ba yung kadalasang trabaho ng mga may kapansanan dito sa barangay?

R: Wala nga eh. Wala. Kagaya ng.. may member kami, ano sya.. matandang binata sya. Minsan, para magka ano sya, magkaperya sya.. magbabalot sya ng uling, sa.. sa yung.. kapitbahay nilaang may tindahan, nagbabalot sya ng uling. Syempre, babayaran sya non pagkatapos ng ano. At least kahit papaano, may ano..

A: Sa mga tao po sa paligid ninyo, ano naman po yung mga inaasahan ninyo? Yung pananaw or tulong?

R: Oo na ano.. na unawain nila yung mga, naunawain nila yung mga may kapansanan dito sa barangay.. na yung kahit konting tulong kahit hindi pinansyal.. yung.. halimbawa, kailangan ng.. kailangan nyaang may tulong na makapunta sa ganon kasi hirap syang maglakad. Tulong.. tutulong lang sila...

A: Tulong lang po. So wala.. so parang.. sa sinabi ninyo po para sa kapansanan.. pero yung tulong.. yung alam ng mga kapitbahay.. o kaya sa barangay, pero yung talagang.. talagang.. yung parang tulong na makikita.. wala po talaga?

R: Meron din, konti lang. Kaya hindi naman.. kagaya ng ibang barangay.. syempre malaki ang budget nila eh.. sa amin eh.. ang problema talaga.. pinaka, yung ang.. pinaka ano talaga yung budget.

A: Budget lang po. Pero.. dun po tayo sa mga tao sa paligid po. Yung parang, yung tulong.. yung alam ng mga kapitbahay ninyo na may kapansanan.. pero yung tulong meron po ba? Parang, yun..

R: Hindi rin masabi kasi hindi naman pare-pareho ang mga ugali ng mga kapitbahay. Meron nga, 'hayaan mo yan, ano naman yan eh.. mayaman naman yung magulang nyan, mapera naman'. Ganun ba..

A: Ahh iba-iba yung ugali kaya hindi natin masasabi na tutulungan po kayo..

R: Oo, ganon.. sabihin non may hanapbuhay naman magulang nyan.. ganon.

tanong ko po kasi, parang.. inaalam ko po yung.. kung talagang buong community lang yung
nag-involve dun sa programa para sa inyo? So wala po bang involvement yung mga.. katulad
nila?

R: Ano... naman kasi dito sa lugar naman, pagka may.. may kapansanan, halimbawa hirap
silang pumunta sa isang lugar tapos meron na silang.. halimbawa 'halika, isasakay.. ihahatid na
kita doon'. Yon, nakakasakay sila ng libre...

A: Ah libre po..

R: Oo, may mga tricycle.. 'halika san ka punta? halika na sumakaya ka na hatid kita doon'.
Ganon. Kasi nga hindi pare-pareho ugali noon. Meron diba, kagaya nga sabi ko nga sayo, kahit
ga driver ng tricycle.. pag hindi nila alam yung magkano pamasaha, pagtinanong tinataga ng
singkwenya[??]. Kaya nga bayad ko minsan.. pero meron kaming.. meron kaming ano dito na..
opisyal ng law officer[??] na pag hinatid kami doon, bayaran namin ng sampu.. bente.. hindi na
nagdadagdag yon.. ganon na yung..

A: Ah ganon na sila..

R: Oo.. iba naman, kahit na alam na nilang na PWD ka.. 'hindi, kasi ang layo!'. Ganon diba? ??
Pumunta ako ng ano.. umuwi.. sabi malayo daw yon. Halimbawa yung pag ano naman sa 'kin..

A: Ah, talaga.. so.. kahit tanggap kayo, meron paring pong...

R: Oo.. pagdating sa mga ganyang mga pinansyal.. walang may kapansanan dito, hanap buhay
'to! Diba? Pero minsan, diba.. kaya nga sabi sa amin ng ano.. ng ano nyan pag.. sumakay kayo
g ng jeep hindi kayo disncount. Tapos humaharurot sya, hindi sya.. hindi sya ano na driver..
i tetext nyo sa amin. Kung ano yung ano nya.. ano nyo sa driver. Tapos halimbawa, merong...
sasakay kayo sa jeep na yan.. nagpatulong[??] sya kala mo walang ibang nakasakay dyan.
syempre.. paano.. ireport nyo, itetext nyo sa amin. Sabi ng ano yong.. yung ??? Sanchez?
Yung sa LTO? Yung kukuhanin ng ano yun.. prangkisa. Ano na yun, patatawagin nila yung
operator. Tapos ireport kung anong oras, anong araw, ano yung ginawa ng driver, bakit
ganon. Ganon sasabihin nila sa inyo.. kung ano. Tapos pag tinext ka nila, tatawagan mo sila.

A: Ah.. nagrerespond naman po sila?

R: .. o kaya ibibigay mo yung buong detalye. Ganon yung ano..

A: Meron naman pong napaparusaahan?

R: Oo.. kasi.. meron na kasi doon nangyaring ganyan.. may PWD na nagpara, nakawheelchair..
hindi pinarahan, nilampaasan lang.

A: Kinuha yung number..

R:.. kinuha yung number, tapos non tinawag na ano.. ganon. Tapos merong.. 'ay sasakay ka pa
eh, pagbubuhatin mo pa ako ng wheelchair'. Inano nila yon.. talagang kinunan nila ng prangkisa
yon.. suspinde. Oh, diba? Abala. Abala sa kanila yon. Syempre, yung karapatan ng PWD hindi
na sinunod. Kaya yung karapatan nila na.. kasi bawal na gayon eh na pag may
nakawheelchair at nagaabang ng taxi, nagpara..
A: .. parang yung namimili..

R:.. hindi nila pinag-aano.. namimili.. ano yun, bawal na yun. Hindi kagaya dati na wala lang, wala lang yon. Ngayon may batas na talaga. Kahit ngayon. Diba may establisyamento walang rampahan ng wheelchair?

A: Opo. Yung akyatan?

R:Oo. Inaano yon.. makikita mo lahat ng [?] dito sa Makati? Ang gaganda ng mga rampahan nila...

A: Ah, hindi pa po ako pumupunta don..

R: .. may parking space don, ano non.. ang PWD meron talagang.. Kagaya ngayon, nagpapatagging[???] kami ng ano.. ng komunidad ng.. halimbawa.. ano yan may PWD.. nagtatali kami ng logo. Ibig sabihin may PWD dyan na..

A: Ay, yung mga sticker?

R: Oo. ?? census tapos tagging[??] na..

A: Ah kayo yung gumagawa?

R:Ngayon ipapagawa sa amin yon. Pag nagpatawag pa ng meeting... kasi nung nakaraang taon, nagcensus kami. Kami pinagawa nun na.. bara-barangay..

A: Di ba dapat sila..?

R: Oo nga eh.... tapos..

A: .. kasi trabaho nila yun eh..


A: Eh paano pag di alam?

R: O kaya nga. Tapos.. mag ano kayo.. magrequest kayo sa ano.. hindi naman madali yung magrerequest ka sa barangay nyo na ano.. eh kung..

A: So independent po ba kayo sa barangay?

R: Ano.. independent.

A: Independent.. ah hindi po kayo nakailalim don.. Pero kung may PDAO po, may representative.
R: Oo. Yun nga yung inaano namin ngayon. Kasi nga yung ibang barangay may mga opisina. May lamesa ang PWD. Pero, pero dito naman sa amin, yung sa baba naman.. pwede naman kaming lumapit dyan sa ano eh.. halimbawa, mag-aano kami dyan, may mga member na mag-aapply.. pede naman kaming gumamit ng mga lamesa doon. Di na.. kahit.. eto may meeting kami, pwede gagamit kami ng lamesa doon. Meron bakante doon.. kaya lang hindi.. hindi yung sabihin mo na, inilagay kami doon mismo na pinatawag kami na dito ka kasi barangay captain[??] ng PWD. Pero yun ang inaano ng federation ngayon, bawat PWD merong mesa sa barangay.

A: So sa ngayon wala pa.

R: Wala pa.. pero inilapit na namin kay kap yan..

A: Ano po sabi nya?

R: Wala pa kasing space eh. Inaano pa eh... maliit lang naman kasi barangay namin eh..

A: Pero yung nakita ko.. parang ang daming tao... hindi katulad sa amin..

R: Sa inyo..?

A: Opo. Kasi dun parang.. parang lahat dun kumpleto na

R: Oo.. ano kasi.. iba yon eh[??], may deck logger.. tapos merong mga naglalakad ng mga yellow card, mga PhilHealth.. instead na ano, yung mga.. yung mga senior citizen na pupunta sa city hall magpapaano ng...

A: Dito na..

R: na ano.. dyan na lang ibibigay..

A: Ta's sila nalang ang.. [??]

R: yung mga coordinator ng senior sila ang maglalakad ng ??? for requirements.

A: Sige po ate maraming salamat, kakain na po kayo eh

Key Expert Interview: Prof. Christian Rimando, PTRP; University of Santo Tomas College of Rehabilitation Sciences

A: Ano pong pangalan nila?

R: Christian Rimando

A: Ano po yung katungkulan nila sa UST?

R: Ako yung physical therapy internship supervisor and at the same time i handle community based rehabilitation course sa pt.

A: Paano po kayo nagkaroon ng kaugnayan sa Bgy. Singkamas?
R: Ahm, kasi for the CBR course, requirement kasi ng course na yon na dapat magkaroon sila ng output sa community na partner community ng college namin. One of the partner communities of the college is yung community sa Makati, which is Barangay Singkamas, Barangay Santa Ana which is being handled by the KASAMA KA Foundation. so we conduct CBR in those communities.

A: So ano po yung mga programang ginawa ninyo sa komunidad?

R: Actually, we started with needs assessment, kasi yun naman talaga ang unang ginagawa sa mga community based projects. So we started with needs assessment, we conducted the situational analysis for the community then after doing such we planned for programs na magmamatch sa mga needs na nakita namin. Actually yung needs na yun it is not only our own observation, may input din yung mga taga community. So at least, we tried to settle the views of each one of us para magkaroon ng interactive and comprehensive approach, so dun namin binase ang programs for the community.

A: Ano po yung naging reaction ng PWDs when you conducted such programs in the community?

R: Actually, the first time we went there, may history na sila ng community based programs, hindi kami yung first time na nandoon. Actually mixed feelings yung nakuha namin from them kasi yung iba na nakausap namin excited, yung iba naman hesitant kasi nga sa dating programang nakuha nila sinasabi nila: "Ay, paulit ulit lang naman yan, wala kaming makukuha diyan."

A: Ano po ba yung sinasabi nilang paulit ulit na programa?

R: So sasabihin nila: "Magbibigay na naman kayo ng seminar tapos iiwanan na naman kami ulit." Parang naging mixed response yung nakuha namin from them, yung iba positive yung iba negative in such a way na hesitant sila na dahil sabi nila nandito na naman kami magsisimula lang pero iiwan din nila kami,

A: May duration po ba yung length of stay nila sa Barangay Singkamas?

R: For now, hindi pa kasi siya ganoon karegular pero we see to it that every sem we visit the community. Ngayon, at least two to three times per sem yung pagbisita namin sa community to give at least a preliminary program what is physical therapy, what is occupational therapy. It is not only PT is going there pati OT. So, iniintroduce muna namin kung ano yung PT, ano yung OT pero at some time, maybe we can plan out on how to make things more regular.

A: So for this year, ilang beses na po kayo nakapunta doon?

R: Roughly about 5 times, hindi kasama yung needs assessment doon.

A: Namulat po ba yung kamalayan di lamang ng mga disabled kundi pati na rin yung "well people" tungkol sa pananaw nila tungkol sa kapansanan noong nandoon yung programs ninyo doon?

R: Actually we also do our evaluation in every end of the program. So, part of our eval kung nagkakaroon ba ng changes in terms of view nila tungkol sa course namin, tungkol sa profession namin and even sa CBR and based on our eval, there was a positive response from them na nagkaroong sila ng positive outlook when it comes to CBR and for them nakikita nila ang importance noon, kaya ang clamor nila is to do it regular kasi yun naman talaga ang gusto nila.
A: Yun mga programs ba na yun includes therapy?

R: yes po, mostly therapy siya, rehabilitation aspect. Pero kasi ang pts and ots we are also working towards health promotion and prevention of diseases. So hindi lang kami sa rehab part nasa promotion and prevention din.

A: So tingin niyo po ba yung mga programs nyo po it fosters para makasalamuha ang PWDs in the community?

R: Definitely yes. Ang maganda kasi doon we are not only targeting the PWDs themselves but we are also targeting the families, we also involve the health officials, not only the KASAMA KA Foundation but also the barangay health officials that were actively participating our programs. And we personally saw how enthusiastic they are for all programs in PWDs so naramdaman ng PWDs na welcomed sila noing time na yun.

A: So sa tingin nyo po ba nakatulong sa kanila yung social integration sa kanilang health? Let's don't dwell on the health aspect but on social integration kasi sabi sa WHO, health is a condition of physical, mental and social well being. So am focusing on social.. So you think the programs that you implemented in the area improved in health?

R: siguro for the effect on what we did on them, we saw that some of them improved their confidence in interacting socially, that's one thing we saw though not for all pa kasi bago pa lang.

A: So kailangan po kayo nagsimula?

R: We started the program formally last June, so I think kasi maikli pa kayo para sabihin na socially integrated na agad sila but at least we see the confidence in them to interact with other people, so even the children who are not disabled they are seeing the roles of PWDs community and they are seeing how they should treat PWDs socially kasi usually nagkakaroon tayo ng stigma, kung papaano yung iniisip ng mga tao. At least nasimulan natin sa level ng mga bata pati na rin yung family members and bgy health workers, it changes that stigma now that seeing PWDs is also a part of a community.

A: So proactive po ba ang "well people" in terms of interacting with the PWDs?

R: Oh yes, they are proactive.

A: Sa barangay naman po, kamusta naman po ang pagtingin ninyo sa provision ng needs nila, are they met or inadequate...?

R: Natutuwa pa nga ako sa Makati government kasi they have specific program for PWDs especially the PWD IDs. Kasi the barangay health officers are pushing all their PWDs to apply for PWD IDs. And they are really enjoying the benefits of that. At least through that nakikita ko na supportive sila sa PWDs, initially through that then later on some programs and projects can be done to our PWDs.

A: So sa tingin nyo po ba magiging model ba ang Singkamas for the whole country as a CBR Community?

R: think for urban based communities, it can happen but am not sure with rural communities kasi iba dapat ang magiging approaches kapag ganoon at saka iba ng mindset ng tao when it
comes to rural places and at the same the time the way the government leads in rural areas differ.

A: Yun po bang CBR, kasi nakikita ko sa mga articles accustomed na sa rural areas... Talagang sa rural areas lang po ba talaga ang CBR?

R: That is the usual concept about CBR nga. But when you read the WHO guidelines on CBR it does not only include those in the rural areas, even those in the urban areas can benefit from the services of the CBR, so yun,

A: Mayroon po bang partnership ang LGUs at PWDs kahit wala po kayo? Sa tingin ninyo po ba magwowork sila kahit walang intervention from the outside?

R: Based from my experience, very important talaga ang support from LGUs and even NGOs kasi if there is such a need of an organization for pushes such activity or program, then I seeing it as possible naman siya talaga.

A: Ah kasi when I interviewed some of the PWDs they find it inadequate pa when it comes to provision, lalo na sa medical. Kasi kadalasan sinasabi nila yung mga therapy nila cannot afford tapos yung mga therapists madalang lang talaga. So yun yung nakikita kong issue na pwede kong iraise..

R: I think common naman yata ang problem na yan dito sa Philippines, unang una kasi when it comes to therapist-patient ratio mababa kasi ang konti ng number of therapists sa country at most of the therapists are concentrated in the urban areas, so kaya I think common talaga ang problem na yan dito sa Pilipinas when it comes sa rural areas kasi first, sa rural areas mababa ang ratios kaya wala talaga silang makikitang therapists. No one will give them the professional service that they are seeking for and second, common kasi na nangyayari sa mga CBR lalo na sa mga rural areas is yung sustainable, di siya nagiging ganoon, yan ang nagiging problema. Usually sustainability comes with a well planned program. Pero yung iba gusto lang gumawa ng CBR di masyadong napapagplanuhan kaya walang sustainability...

A: In terms of sustainability, mayroon din po ba kayong parten sa Singkamas?

R: Yes. What is different from what we have done in Singkamas is during the planning stage, pinaguusapan na namin ang sustainability part, so kasama na siya sa pinaplano na namin. So malinaw na between them and between us kung papaano ang gagawin to sustain the program, anong role nila to sustain the program, anong gagawin namin to sustain the program and we have a checking mechanism to continually check if it is leading towards sustainability..

A: Sabi din sa KASAMA KA, inclusivity so included din ba yun sa program?

R: Yes, isa din yun sa pinofocus namin ngayon..

A: Last question na lang po, ano po yung mga recommendations ninyo to further improve CBR?

R: I think from that situation, one best thing to be done is to train the barangay health workers at least the basic rehabilitation principles and techniques that they can use even without the professionals there. That is the one thing na naisip namin ngayon kasi at least nakakatanggap sila ng CBR programs kahit wala pa kami.. And I think constant communication between the health workers should be done para at least maging continuous and kung may problems and concerns sila mabiliis din nilang naaddress yun.
A: Thank you po Sir, pasensya na po sa abala.

R: Walang anuman.

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_**Key Expert #2: Prof. Peñafrancia Ching; University of the Philippines-College of Allied Medical Professions**_

A: Para sa mga eksperto ng kalusugan, ano ang kahulugan ng Community Based Rehabilitation?

R: In our current revised program, CBR is viewed as a program to promote inclusion of persons with disabilities (PWDs). We enter into partnership with the LGU (being an academic program). CBR is carried out through collaborations with the disabled people’s organization (DPO) in the locality for the provision of rehab services, breaking down barriers, and promoting social inclusion of persons with disabilities in communities.

CBR’s capacity is in provision of rehab services as well as targeting awareness and attitudinal change in the community toward persons with disabilities.

Hindi kaya ng isa lang programa ang pagpapatupad ng buong adhikain ng CBR...CBR is a strategy in community development kaya kailangan ng linkages para ang inclusive development ay matamo. Isang aspeto lang ang rehabilitation sa CBR matrix. We are aware of our limitation kaya we understand that our CBR program is on a supportive role that’s why we partner with the organization of PWDs para kahit na mawala kami, sa kanila ang programang CBR.

A: Saan-saan na pong lugar ang inyong mga napuntahan para ihatid ang serbisyo ng CBR?

R: Para sa UPM-CAMP, ito ay nakarating na sa mga sumunod:

1. Bay, Laguna under the CCHP
2. Rodriguez, Rizal (Montalban)
3. San Juan, Batangas under the CHDP
4. Bustos, Bulacan (dito po kami ngayon at dito ako involved)
5. San Mateo, Rizal (dito po kami ngayon at dito ako involved)

A: Anu-ano po ang programang inilunsad ng CBR sa mga lugar ng inyong pinuntahan?

R: Malaking bahagi ang rehabilitation service provision sa mga individuals, capacity building ng mga health workers, may organizing sa bawat barangay ng mga persons with disabilities, participatory planning and implementation of dpo projects (bantay presyon, community activities, vegetable garden), profiling, at disability mapping (sa bagong mga communities).

A: Papaano po inilunsad ng inyong institusyong kinabibilangan ang CBR sa mga komunidad ng inyong pinaglilingkuran?
R: Sa kasalukuyang programa, may pa-unang pag-uusap sa federation ng pwds at mga dpo ng bawat brgy bago pa kami makikipag-MOA sa LGU. Dapat klaro sa kanila na supportive role ang sa amin. We do not want to come across as the experts but as co-learners with them.

A: Sinu-sino po ang kabahagi ng CBR sa pagpapalaganap nito sa komunidad? Ano po ang role na ginampanan ng komunidad sa pagpapalaganap nito?


A: Nasiguro po ba ng CBR na naisasama din ang komunidad sa mga aktibidad na nakapaloob dito?

R: Oo pero kadalasan din hindi gaanong aktibo ang mga miyembro ng persons with disabilities organization sa pag-imbita sa ibang tao sa komunidad. Sa kasalukuyan, inaayon din namin ang mga aktibidad ayon sa kanilang pace. We are also aiming to facilitate empowerment among the pwds. Most pwds have low self-esteem and we are also working on this. On our part, bukod kasi sa individual approach, may community level approaches kami in terms of increasing the level of awareness pero hindi pa gaanon mahikayat ang partisipasyon ng nakararami. Also, engaging health workers and the brgy officials, is a strategy we also employ so that they become involved and encourage others to get involved in our activities as well.

A: Sa pangkalahatan ng mga lugar ng iyong pinuntahan, papaano tinanggal ng komunidad ang CBR?

R: Pag pinag-uusapan ang service provision, tanggap nila ito pero kapag hinihikayat na ang partisipasyon nila, nabibilang lang ang talagang dumadalo sa mga pagpaplanog ng mga gawaing panlipunan.

A: Sa pangkalahatan ng mga lugar ng iyong pinuntahan, ano ang pananaw ng komunidad sa kapansanan? Mayroon bang pagbabago o pag-improve sa mga nakasanayang pananaw sa kapansanan?

R: Maaaring mas nagiging bukas ang komunidad na may mga maaari pang magawa ang mga taong may kapansanan pero marami pa rin ang may kapansanan na kailangang muna ang mabago ang pananaw ng mga may kapansanan tungkol sa kanilang sarili para lumabas at makiha-lo bilo sa iba.

A: Sa inyo pong karanasan ng paghawak ng CBR sa komunidad, ano po ang kalagayan ng social support na binibigay ng komunidad sa PWDs? Napagtibay po ba ito lalo noong nagkaroon ng CBR? (Sa aking pag-aaral ang social support ay ang tipo ng tulong o ayuda na ibinigay sa mga PWDs, halimbawa material support sa pamamagitan ng medicines, financial aid; informational support o mga medical training; o emotional support)

R: Naisulong na may bahagi sila sa development program at may mga privileges sila gaya ng pwd card pati alam na rin ng DPO na sila ay may pondo na maari nilang magamit mula sa pamahalaan. Nalaman din nila na maaaring maka-avail sila ng mga iba pang proyekto sa ibang ahensya (ex. seeds from DA) para sa kanilang proyekto. Ang councilor for health ng bawat barangay ay isa pang resource na maaaring maglunsad ng programa sa komunidad.
A: Sa inyo pong karanasan ng paghawak ng CBR sa komunidad, ano po ang kalagayan ng social participation na binbinigay ng komunidad sa PWDs? Napagtibay po ba ito lalo noong nagkaroon ng CBR? (Sa aking pag-aaral ang social participation ay ang paghimok ng komunidad sa PWDs na makilahok sa mga aktibidad sa barangay)

R: Sa kasalukuyan, may suporta mula sa brgy officials at municipal level pero hindi pa rin masasabing may inclusion in the truest sense kasi ang nangyayari, may sariling mga activities ang pwds na sinusuportahan naman ng mga opisyales pero kanilang activities lang un…hindi kasama ang nakararami sa pamayanan. Sinusubukan naming iyong mga fitness classes namin at sa isang children’s fair na kasama ang lahat pero di ko masasabing hinihimok ng komunidad ang pwds sa pakikilahok…baka masyado pang maaga sa kasalukuyan naming komunidad.

A: Sa inyo pong karanasan ng paghawak ng CBR sa komunidad, ano po ang kalagayan ng social influence na binbinigay ng komunidad sa PWDs? Napagtibay po ba ito lalo noong nagkaroon ng CBR? (Sa aking pag-aaral, ang social influence ay kung naisasabuhay ba ng mga PWDS ang nakikitang paguugali ng mga tao sa paligid ng PWDs. ie. Kung nagsisigarilyo ba ang kanyang kapitbahay ay magisisigarilyo na rin siya)

R: Ito ang sinubukan namin sa vegetable garden, sa bantay presyon, at ngayon sa fitness class…konti pa lang ang talagang sumasali.

A: Sa tatlong aspeto ng social integration na aking nabanggit: social support, social participation at social influence, sa inyo po bang palagay ay magkakaroon ito ng epekto sa pagbuti ng kalagayan ng kalusugan ng mga PWDS? Bakit/bakit hindi?

R: Oo dahil sa paghihikayat namin sa dpo at sa mga health workers na sumama sa amin para matunton ang mga may kapansanan, binabahagi nila ang kanilang mga nalalaman tungkol sa mga privileges at services pangkalusugan na maaaring matanggap ng mga pwds. Hinihikayat din ang pagsali sa mga fitness at programang pangkalusugan.

A: Sa palagay ninyo po ba, may kinalaman ang socioeconomic status ng isang indibidwal sa pagkakaroon ng mabuting kalagayan ng kalusugan? Sa inyong tining ay natutulungan ng CBR ang mga PWDS upang masalba ang anumang kanilang pagkukulang sa pagkamit ng serbisyo pangkalusugan? Bakit/bakit hindi?

R: Malaking misconception ito na hinaharap namin dahil malaking bahagi ng population natin na naniniwala na health is associated with cure which means gamot at dapat may pambili ng gamot. Prevention is still not ingrained in our system na through the food we eat, exercise and promotion of a healthy lifestyle, secondary disabilities may even be prevented. Ito ay isang aspeto pa rin ng awareness raising namin.

A: Ano ang estado ng PWDS, ng komunidad at ng CBR sa hinaharap?

R: Optimistic pa rin naman ako. Mahirap dahil maraming mga binabanggang misconceptions dito at attitudinal barriers. Maraming barriers ang kailangang buwagin na attitudinal or even cultural ang bottomline na dahilan. In a way, we are changing culture and this is not really an easy thing to do but as long as there are pwds who we see na natutulungan marealize at maximize ang kanilang capabilities na they themselves become their own advocates, we will still continue to pursue serving in this capacity.

A: Ano po yung nabanggit ninyong attitudinal or cultural barriers?
R: Kultura na dependent at alagain ang pwds. mahirap mag allot ng time sa pag focus sa pagpapabuti ang capacities nila. caring = nurturing sa atin pero bihira ang tough love. Mas madali sa marami na to take on a carer role than an enabler role sa atin. May economic component pa rin dahil mas mabilis na sila na lang magpakain, magbibis para mas controlled nila ang tym nila as the caregivers. Pwedeng may power dynamics din dyan.

Information dissemination sa amin pero minsan balakid tla na magpakilala na galing sa up o ipakita na "expert" stance rather than learner and facilitator. Sa palagay ko na to be person of influence sa community, need nilang ituring na d ibang tao...immersion and relationship building...Unfortunately, pag nagpakilala ang students syenpre need nila ng sabihin na taga UP ka. To a certain point may credibiility but it immediately sets up a distance na pwedeng pumasok ang hiya (culture) or feelings of inferiority o gagawin nila dahil sabi pero pag wala na, pag nagdisengage na ang programa, kulang ang buy in nila or ownership.

APPENDIX III: TABLE OF REFERENCES


