

## **FINAL REPORT**

# **Rethinking Programs and Services Reform for Persons with Disabilities (PWDs) in National Vocational Rehabilitation Center and Area Vocational Rehabilitation Centers (AVRCs)**



**Policy Development and Planning Bureau  
Department of Social Welfare and Development**

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## Abstract



This study aims to determine the effectiveness of vocational training and placement services for PWDs in DSWD-operated National Vocational Rehabilitation Centers and three (3) Area Vocational Rehabilitation Centers. How these programs can be enhanced to provide better services to PWDs. All Center Service Providers (CSPs) with direct involvement in the rehabilitation of PWDs participated in this study. The Local Social Welfare Development Officers (LSWDOs) and Public Employment Service Officers (PESOs) of

Local Government Units (LGUs) were interviewed to be able to understand how coordination was done in the provision of vocational training and placement services in center base and community based settings. It was very important to get their ideas on how the center services can be realigned with LGUs. The opinions of PWD graduates were also gathered in order to validate the answers of LGUs and CSPs.

The results highlight the following findings:

1. That the vocational training services of the four (4) Vocational rehabilitation Centers contributed to the employment preparedness of PWDs. In spite of the findings that there are few courses offered which were mostly traditional in orientation using outmoded equipments. The vocational instructors expressed the need to upgrade the training modules and the equipment of these courses.
2. Generally, the performance on the provision placement services satisfied most of the respondents. Some felt that they were given the services they needed to get a job. Even with the existence of many barriers to employment, the placement officers were able to place PWDs in job that they can perform. In some there jobs were not related to the courses that they trained on. The problem however, was that most of these job placement are short term in duration.
3. Most of the center staff were qualified to work in the center, based on their educational attainment and years of service. However, they feel a need for more training with regards to proper handling and dealing with PWDs. The Focus Group Discussion showed a need for them to undergo training or retraining on current trends concerning disability issues. For vocational instructors a need to be exposed to modern techniques of teaching. For placement officers develop skills in working with employers in commerce and industry. They also needed to learn how to work with their external environment, there is very limited involvement of government, NGOs and CSOs in the work of the centers.

4. At present there is a working relationship between the CSPs and some local workers. However this usually starts and ends at the referral of clients. There are a few who provide financial and transportation support for clients who are undergoing training. Discussion with LGUs showed that they are willing to be involved in the work for PWDs.
5. The success of the vocational rehabilitation program in the centers will depend on a competent and committed staff; adequate modern equipment for vocational courses that are based on current market/industry demand, particularly on areas of origin of the trainees; the active support and involvement of government, NGOs, CSOs and most specially the PWDs themselves. The services of center should be expanded to also use the Community Based Rehabilitation approach.



## **Introduction**

The main purpose of the United Nation Convention on the Rights of Persons with Disabilities (UNCRPD) is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all PWDs, and to promote respect for their inherent dignity. Article 24 and Article 27 recognize the right of PWDs to education, training, work and employment on an equal basis with others. This includes the right to equal opportunity to gain a living by work freely chosen or accepted in a labor market and work environment that is open, inclusive and accessible to PWDs.

To reach out to the greater number of PWDs, R.A 7277 also known as Magna Carta for Disabled Persons ensures that the vocational rehabilitation services shall benefit the PWDs in the provinces. Meanwhile, the Department of Social Welfare and Development (DSWD) also strengthens the existing four (4) Vocational Rehabilitation Centers for non-residential PWDs namely National Vocational Rehabilitation Center (NVRC) in NCR and Area Vocational Rehabilitation Centers (AVRCs) in Regions I, VII and IX. These centers provide comprehensive and integrated rehabilitation programs and services for the restoration and development of capacities and potentials of PWDs.

Based on the result of the Policy Study Session conducted by the Policy Development and Planning Bureau (PDPB) of the DSWD in Cavite last August 10-12, 2011, it was revealed that the present policies, programs and services for PWDs in the non-residential centers need to be improved and strengthened due to the outdated system of livelihood and skills training for employment. The courses offered at the N/AVRC's as well as the demand for these services need to be reviewed, given the low employment opportunities of PWDs vis-à-vis a competitive industry and the lack of aftercare support and monitoring for its graduates. There is also a need to harmonize and enhance DSWD data-banking and reporting, program and project implementation and inter-bureau/agency cooperation for the PWD sector.

To support this observation, in the conference of the Foundation of These Abled Persons Inc. (FTI) together with the National Council on Disability Affairs (NCDA), the Independent Living Center, Tahanang Walang Hagdanan and the National Federation of Cooperatives of PWDs held last June 7, 2011, issues concerning the functionality of services of the N/AVRCs were discussed. It was raised that services in the centers should be improved and developed, it was also recommended that sheltered employment should be looked into and that training for employment should fit all forms of disabilities. Community-Based Strategy was also recommended for these facilities. Social preparation of PWDs in open-employment and social enterprise should be strengthened. It was also pointed out that LGUs do not prioritize programs and services for PWDs and the support from the Local Chief Executive (LCE) is weak. There is a need to strength the advocacy and partnership with private-enterprises regarding employment and social rehabilitation of PWDs.

Given these issues and concerns, the DSWD conducted this research study. It is important to improved and maximized the implementation of the vocational training and job placement services of these centers.

The four (4) Vocational Rehabilitation Centers were established to provide social and vocational programs and services utilizing a center-based approach to rehabilitation. The centers cater to PWDs and those with special needs who are 16-60 years of age. Their goal is to enable the PWDs become productive and contributing members of society through integration in the workforce. The centers provide integrated services of social adjustment, vocational guidance and counseling, psychological, medical and dental, vocational training, job placement and administrative support.

Person with Disabilities undergo training for a period of one (1) year with financial support for their meals and transportation while undergoing training. Several vocational courses are offered depending on skills needed and job opportunities available. Job placement were in open/wage employment, self and sheltered employment.

These centers continue to provide the most needed rehabilitation services to thousands of PWDs especially those from the urban areas and those whose rehabilitation needs can be met through the multi-disciplinary approach. Their outreach is limited considering that majority of our population reside in the rural areas.

The pattern of policy, planning and programmes for vocational rehabilitation has been gradually undergoing change now the main thrust is on promoting “equality of opportunity “ for PWDs in vocational training and employment among others. It advocates greater access to mainstream services used by the general public. The use of the informal employment sector and more rural and community based services to better meet the needs of all PWDs.

The four (4) centers should be in the forefront of these development in vocational rehabilitation being the only government facilities that provide vocational training and job placement services to a large number of PWDs needing vocational rehabilitation.

However they seem to have been left behind with few vocational courses offered, few active client undergoing training, job placement that are mostly on short term basis and services that are focused mostly in the confines of the center with limited networking with their external environments.

These centers will have to improve their services to meet the needs and requirements of increasing number of PWDs who are now aware of their rights to education, vocational training and employment and those who have the tenacity and will to achieve social and economic independence.

## **Statement of the Problem**

How effective are the vocational training and placement services for PWDs in DSWD-operated NVRC and AVRCs and how can these programs be enhanced to provide better services to PWDs?

The following specific questions are answered in this study:

1. Do the training offered at NVRC and AVRCs contribute to the employment preparedness of PWDs?
2. Do the placement system/mechanism of NVRC and AVRCs effectively address the need of PWDs to be employed?
3. How equipped are the service providers in providing the needs of PWDs?
4. What are the gaps or barriers to successful placement and employment of NVRC and AVRC- trained PWDs?
5. How can NVRC and AVRCs realign its services in the provision of Technical Assistance (TA) to Local Government Units (LGUs)?
6. What are the coordination efforts among the NVRC/AVRCs, LGUs and CSOs in the provision of vocational training programs and placement services?
7. What policy/program reforms can be made or instituted towards viable vocational technology services and job placement for PWDs?

## **Objectives of the Study**

### ***General Objective of the Study***

The main objective of this study is to determine the effectiveness of vocational training services and placement services for PWDs in DSWD- operated NVRC and AVRCs and how these programs can be enhanced to provide better services to PWDs.

### ***Specific Objectives of the Study***

Specifically it aimed to:

1. Determine whether training offered at NVRC/AVRCs contribute to the employment preparedness of PWDs.
2. Determine the effectiveness of the placement system/mechanism of NVRC and AVRCs to address the need of PWDs to be employed.
3. Determine the preparedness of service providers in providing the needs of PWDs.
4. Identify the gaps or barriers to successful placement and employment of NVRC and AVRC- trained PWDs.
5. Determine how NVRC and AVRCs can realign its services in the provision of Technical Assistance (TA) to Local Government Units (LGUs).
6. Identify areas of coordination efforts among the NVRC/AVRCs, LGUs and CSOs in the provisions of vocational training programs and placement services.
7. Identify policy/program reforms that can be made towards viable vocational technology services and job placement for PWDs

## Scope and Limitations of the Study

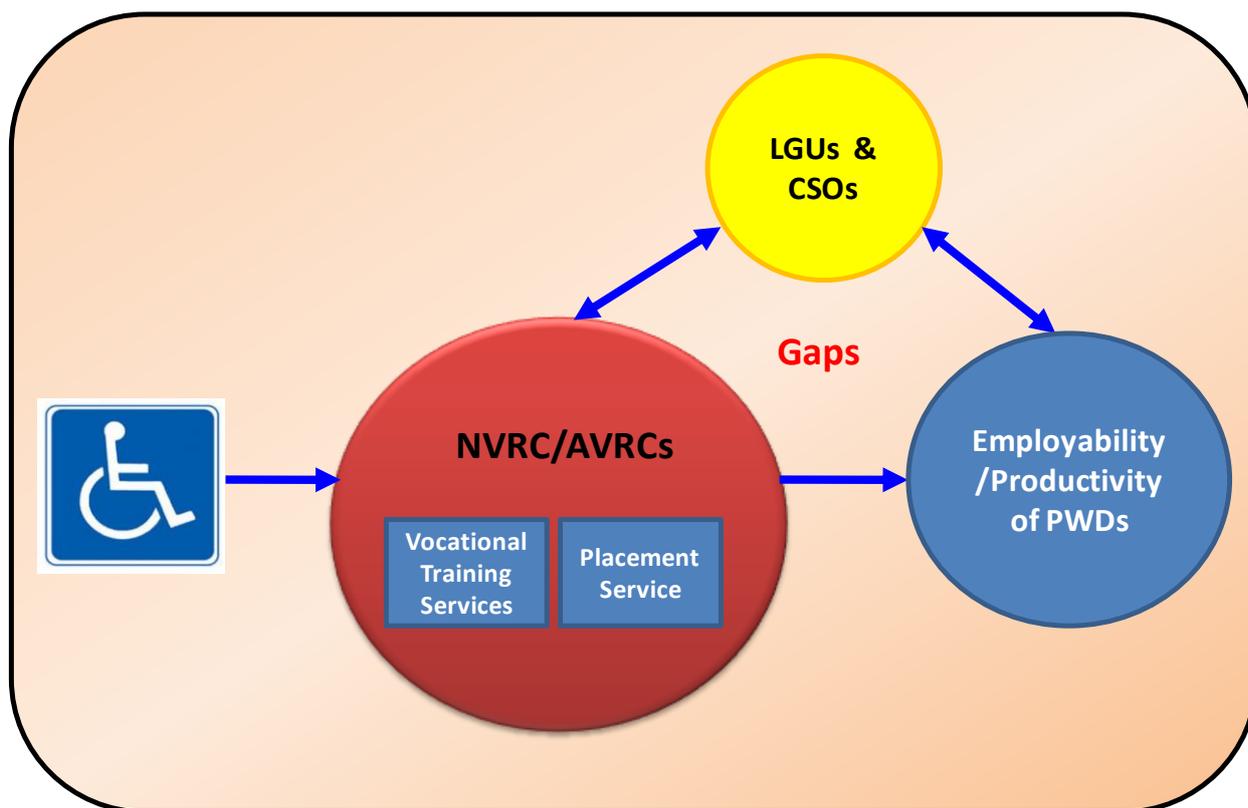
The research focused on the four (4) centers, NVRC in NCR, AVRCs in Region I, Region VII and Region IX. Researchers also considered the participation of LGUs that have respective roles in providing socio-economic productivity of PWDs.

The PWDs also participated in the study especially those that fall under the following criteria (a) have successfully completed their vocational training (b) graduates who are currently employed and unemployed.

In addition, respondents such as Center Heads, Social Welfare Officers, Psychologists, Medical Doctors, Placement Officers and Manpower Development Officers (MDOs), all members of Rehabilitation Team of the Centers were included. The researchers looked at the service providers' preparedness in implementing the program.

The researchers limited the selection of LGUs to those near the location of the centers.

## Conceptual Framework



The diagram above shows the conceptual framework used in the study which focuses on the services provided by N/AVRCs and their link to LGUs and Non-Government Organizations (NGOs).

The N/AVRCs are directed at drawing out and maximizing the utilization of human potentials towards clients' rehabilitation. One of the important functions of the center is to assist PWDs and special groups in developing their vocational skills, determining work readiness and competence as well as identifying and referring them to suitable jobs for their eventual placement in either self/open/sheltered employment. This was done through their vocational training and placement services.

According to Republic Act No. 1179, Section 7, N/AVRCs should maintain public relations especially among the local, civic, religious and other welfare agencies as those abroad. Republic Act No. 7277 also states that rehabilitation of the disabled persons shall be the concern of the Government in order to foster their capacity to attain a more meaningful, productive and satisfying life. To reach out to a greater number of PWDs, the rehabilitation services and benefits shall be expanded beyond the traditional urban-based centers to community-based programs that will ensure full participation of different sectors supported by national and local government agencies (LGUs).

The study also looked at the relationship of centers with LGUs and NGOs vis-a-vis the devolved programs and projects for disabled persons provided by LGUs. The LSWDO has the function to coordinate with government agencies and NGOs which have for their purpose the promotion and protection of all needy, disadvantaged, underprivileged or impoverished groups or individuals, particularly those identified to be vulnerable and high-risk to exploitation, abuse and neglect, (R.A No. 7160, Title V, Article XIII).

As an emerging issue in the social welfare and development sector, a closer look at the employability of PWDs and the services of N/AVRCs is needed. And with the devolution of services, there is a need to review how the center can help with the present mandate of DSWD in providing technical assistance to LGUs.

The training and employment facilitating services of LGUs and the N/AVRCs are important in achieving economic productivity, independence and gainful occupation of PWDs, but the possible gaps can affect the outcomes of these efforts. It is therefore important to identify these gaps in order to be able to address them. This is a step towards policy/program reforms that can be instituted towards viable vocational training services and job placement for PWDs.

## Operational Definition of Terms

- 1. Community Based Rehabilitation-** is plan program of positive action which has its origins and primary focus of service and resources within the community in which it is operational. A community based project is one which is not impose from outside and its recognize by the community at large as necessary and desirable for them (Integration of Disabled People through Vocational rehabilitation at Community Level, Ian F. Taguel).
- 2. Employability-** usually refers to the employment of graduates but this includes self-employment (Harvey, L. 2003).
- 3. Employed-** based on the official definition of International Labour Organization (ILO), a person is considered employed if a person worked for pay of profit for at least an hour during the reference period, provided that he/she is of working age (15-70).
- 4. Medical Model on Disability-** that impairment has such a traumatic physical and psychological effect on a person that he/she cannot ensure a reasonable quality of life by his/her own efforts, in other word, he/she is disabled as a result of his/her individual physical, intellectual or sensory limitation. He/She has to change or be changed by professional through rehab or cure. The medical model assumes that it is up to the individual with the help of the rehabilitation to adopt themselves to learn to fit in and to be as normal as possible.
- 5. Selective Placement-** The process aiming at placing disabled people in employment suited to their age, experience, qualifications and physical and mental capacities. It should make use of all the normal resettlement services and provisions, in the lights of the known and carefully assessed needs of each disabled person. This is the final stage of rehabilitation and includes three (3) distinct processes: 1) Knowing the worker; 2) Knowing the Job; and 3) Matching the worker to the job.
- 6. Social Model on Disability-** the social model shifts the focus away from the individual with impairments towards societies' disabling environment and barriers of attitude. It stresses human rights and equalization of opportunities. The new challenge is for disabled people and policy maker to share their expertise and decide on alternative solutions to the problem of disability based on removing societies' barriers and on full integration allowing disabled people full and equal participation in society.
- 7. Person with Disabilities (PWDs)-** this is defined as a person suffering from restriction or different abilities as a result of a mental, physical, or sensory impairment, to perform an activity in a manner or within the range considered normal for human being. Disability shall mean (1) a physical or mental impairment that substantially limits one or more psychological or anatomical function of an individual or activities of such individual; (2) a record of such an

impairment; or (3) being regarded as having such an impairment (IRR RA No. 9442, Rule III, Definition of Terms).

- 8. Placement Service-** this service is designed towards the clients' entry or re entry into productive life for remunerative work suited to PWDs capacity and making the best use of his available skills. It ensures economic sufficiency of the trained PWDs through selective placement on the right jobs suitable to PWDs skills and capacities in order to achieve gainful occupation. Placement Service has three (3) kinds of employment outlets: a) Open Employment b) Self Employment c) Sheltered Employment (Area Vocational Rehabilitation Center Manual, A Quick Guide for Service Providers, p.33-35).
- 9. National Vocational Rehabilitation Center/Area Vocational Rehabilitation Centers (NVRC/AVRCs)-** is a non-residential facility which provides comprehensive and developmental programs and services responsive to the needs of PWDs. The center also serves as a demonstration and resource center for policy formulation and training through the integration of knowledge and skills of different disciplines.
- 10. Self-employed-** these are persons who operate their own businesses or trades and do not employ paid workers in the conduct of their economic activities. This categories include workers who worked purely on commission basis and who may not have regular working hours (Concepts, Definitions and Explanations, Labor Force Survey).
- 11. Service provider-** Those who are involved in the rehabilitation, vocational rehabilitation and employment needs of the PWDs
- 12. Underemployed-** includes all employed persons who express the desire to have additional hours of work in their present job or an additional job, or to have a new job with longer working hours. Visibly underemployed persons are those who work for less than 40 hours during the reference period and want additional hours of work (Concepts, Definitions and Explanations, Labor Force Survey).
- 13. Unemployed-** includes all those who, during the reference period, are 15 years old and over as of their last birthday and reported as:
  - a) Without work, i.e., had no job or business during the reference period;
  - b) Currently available for work, i.e., were available and willing to take up work in paid employment or self-employment during the reference period, and/or would be available and willing to take up work in paid employment or self-employment during the reference period, and/or would be available and willing to take up work in paid employment or self-employment within two weeks after the interview date; and
  - c) Seeking work, i.e., had taken specific steps to look for a job or establish a business during the reference period, or **not seeking work** due to the following reasons: (1) tired or believed no work is available, i.e., discouraged

workers; (2) awaiting results of previous job application; (3) temporary illness or disability; (4) bad weather; and/or (5) waiting for rehire or job recall (Concepts, Definitions and Explanations, Labor Force Survey).

**10. Vocational Training Services-** this provides a program of practical occupational skills training on various courses aimed at economic productivity in self-employment, open-employment or employment in sheltered workshop. As a pre-employment program, it aims to prepare client for maximum work proficiency, development of positive work habits and attitudes and basic skills in small business management. For trainees who desire to train for projects and course not offered, the Community Extension Services come in. This service includes utilization of community facilities as school placement offering on job resource to meet individual needs (Area Vocational Rehabilitation Center Manual, A Quick Guide for Service Providers, p.24).

**11. Work-** means something a person does during the past week, for pay in cash or in kind, in any establishment, office, farm, private home or for profit or without pay on a family farm or enterprise. It also includes what a farm operator or member of the operator's family does on the farm operated by another household on exchange labor arrangement (Concepts, Definitions and Explanations, Labor Force Survey).

## **Review of Related Literature and Studies**

This chapter presents literature and studies both foreign and local related to the study.

Republic Act No.1179 aims to provide promotion of vocational training, prepare PWDs and train them for suitable employment and rightful place in the economic and social activities of the country, (Republic Act No. 1179, approved June 19, 1954). To ensure the effective scheme of vocational rehabilitation, the social welfare program of the government established the Vocational Rehabilitation Office (OVR). As an early start the office provide vocational rehabilitation to the blind and other handicapped persons and their return to civil employment.

Republic Act No. 5416, among its other provisions mandates the DSWD to develop programs and services for vocational rehabilitation and related services for the physically handicapped, ex-convict and individuals with special needs. It also made the OVR into Bureau of Vocational Rehabilitation which includes clientele from the Released Prisoners, Negative Hansenites, Recovered Drug Dependents and Alcoholics, Disadvantaged Women, Mentally Retarded and Improved Mental Patients. The Bureau of Vocational Rehabilitation had the following functions: To formulate, administer, develop and implement programs of vocational rehabilitation, medical services, pre-vocational assessment and guidance services; vocational training, selective placement and employment exchange services and sheltered workshop operations with adequate revolving funds; administer national program of vocational rehabilitation centers and facilities; initiate and develop vocational rehabilitation programs in rehabilitation training centers in the need of its clientele.

To ensure that vocational rehabilitation services shall benefit the PWDs in the provinces, there shall be established Regional Training Centers. The National Vocational Rehabilitation Center (NVRC) was the Pilot Adjustment and Training Center at Barranca, Cubao, Quezon City. To date, only three (3) Area Vocational Training Centers have been established in urban areas Dagupan City, Cebu City and Zamboanga City.

In 1984 the Philippine Department of Social Welfare and Development embarked upon a community based provision of vocational rehabilitation to disabled people. The objective was to perfect a method which would serve vastly greater numbers than was possible in the four existing government run vocational rehabilitation centers (Ian Tugwell, *Integration of Disabled People through Vocational Rehabilitation at Community Level*).

Most important of all, family and community participation in the organization of vocational rehabilitation services for PWDs, should be facilitated by carefully planned public information, education and advocacy measures. The aim is to make PWDs aware of their rights and opportunities in the employment field and commit their families to support their rehabilitation. To eliminate public prejudices, misinformation and attitudes unfavorable to employment of PWDs (*Vocational Rehabilitation and Employment for Persons with Disabilities; Marita S. Capadocia*).

There are issues which are contributing to the current crisis in rehabilitation. There are at least four (4) complex and interrelated areas of constraints that influence the current perception and practice of rehabilitation efforts and strategies: 1) Attitudes: Attitudes evidenced by the consumers, the direct service provider and general public continue to restrain the analysis, development and revision of service delivery system. 2) Information System: There is inadequate information about consumers in his/her needs and the relevance and efficiency of service models to meet these needs. Likewise, consumers often have little awareness regarding the available services. 3) External Environment: This encompasses the political and socio-economic system which remains largely in different to addressing the needs of the blind and visually-impaired persons. 4) Rehabilitation Service Delivery: There is lack of clarity regarding concept of rehabilitation and a frequent failure to respond with flexible approaches that are relevant to the individual needs of the consumers (World Blind Union Global Forum on Rehabilitation, Thailand).

The Biwako Millennium Framework for Action towards an Inclusive, Barrier-Free and *including persons within the economic mainstream has not been met. Despite international standards and the implementation of exemplary training and employment legislation policies and practices in some countries, persons with disabilities, and especially women, youth and those in rural areas, remain disproportionately undereducated, untrained, unemployed, underemployed and poor* (Economic and Social Commission for Asia and the Pacific, 2002, p.5).

Disability may prevent work, or constrain the kind and amount of work a person can do (Evans 1989; Gertler and Gruber 2002; Contreras et al. 2006; Meyer and Mok 2008). In other words, to use Amartya Sen's (1992; 2009) term *earnings handicap*, disability may restrict the ability to earn an income. In economic theory, the labor leisure choice model suggests that the employment rate is expected to be lower for persons with disabilities due to higher reservation wages (sometimes as a result of the availability of benefits) and lower market wages as a result of lower productivity and/or discrimination, (An exposition of the labor leisure choice model in relation to the employment and wages of persons with disabilities is available in Bound and Burkhauser (1999) and Mitra and Sambamoorthi (2008)). The effect of disability on employment will also depend on the work place, its accessibility, available accommodations, and whether there is discrimination that might prevent access to employment and/or might lead to lower wages (Baldwin and Johnson 2006; Bound and Burkhauser 1999). Additionally, the relevance and intensity of this pathway depend on the cultural context in so far as negative attitudes toward the employment potential of persons with disabilities in society at large or within the household might limit access to work (Mitra and Sambamoorthi 2008). The policy context is also relevant; for instance, are vocational rehabilitation programs, disability insurance or social assistance programs available? Such programs, depending on how they are designed and put into practice, could facilitate, limit or not affect access to employment for persons with disabilities.

In the study by Nidhi Singal of University of Cambridge, PWDs are more likely to be prevented from becoming economically active, not because of the inherent quality of their condition, but more because of the discrimination and societal perceptions that they are likely to encounter related to their impairment. Similarly, limited opportunities due to lack of trained teachers, restrictive curriculum, physically inaccessible buildings, negative perception, stigma, and low expectation about their inability to participate in the formal education system, makes access to these institutions also very difficult (Singal, *Forgotten Youth: Disability and Development in India*, 2008, p.8)

Republic Act No. 7277 or Magna Carta for Person with Disability which provides rights and privileges of disabled persons. According to the said law, No disabled persons shall be denied access to opportunities for suitable employment. Five percent (5%) of all casual, emergency and contractual positions in the government agencies, offices or corporations engaged in social development shall be reserved for disabled persons. The law also included "Incentives for Employment" which are the following; a) to encourage the active participation of the private sector in promoting the welfare of disabled persons and to ensure gainful employment for qualified disabled persons, adequate incentives shall be provided to private entities which employ disabled persons, b) Private entities that employ disabled persons who meet the required skills or qualifications, either as regular employee, apprentice or learner, shall be entitled to an additional deduction, from their gross income, equivalent to twenty-five percent (25%) of the total amount paid as salaries and wages to disabled persons: Provided, however, that such entities present proof as certified by the Department of Labor and Employment (DOLE) that disabled person are under their employ. Provided, further, that the disabled employee is accredited with the DOLE and the Department of Health (DOH) as to his disability, skills and qualifications, c) Private entities that improved or modify their physical facilities in order to provide reasonable accommodation for disabled persons shall also be entitled to an additional deduction from their net taxable income, equivalent to fifty percent (50%) of the direct costs of the improvements or modifications.

A recent study on relevance of vocational training for persons with orthopedic disabilities at the Nairobi Industrial Rehabilitation Center (IRC) identified that instructor's inadequate training in Special Education, low academic and professional qualifications one of the factor that affect the employability of PWDs. Further, IRC had no formal links with potential employers to ease employment of graduates. Constricted contacts and networks to facilitate employability were also hindrances to getting a job (Nyamoki, 2011).

Based from the recommendations of the study on Disabled Peoples and Development, the analysis of the relationship between disability issues and development led to the identification of areas for strategic action. With the emergence of international standards to promote the inclusion of PWDs in development resulting from the proclamation of the Asian and Pacific Decade of Disabled Persons and in-country legislation and policy reforms, the Government must exert political will to ensure that PWDs are included appropriately in poverty reduction programs that serve to improve the living conditions with the most number of uneducated and undereducated, untrained, unemployed and underemployed citizens. A well-defined policy direction

must be set to deliver services efficiently and effectively to PWDs. This may require the establishment of specific measures focusing on such areas as barrier-free access to the built environment, access to education, social protection, housing, employment, health and rehabilitation (Disabled Peoples and Development, Philippine Country Report, ADB 2005).

Persons with disabilities are not provided many opportunities for accessing employment. It was also recommended from the study conducted by ADB that Government must set national targets for the placement and promotion of the employment of PWDs as provided to Magna Carta for Disabled Persons. The effort should include strengthening current measures to achieve targets through the mandatory quota scheme and other incentives to employers (aside from tax rebates as currently provided by law), focused awareness-raising campaigns targeted at employers and employees and technical support to employers. The use of job search agencies, establishment of employment placement and support centers, wage subsidy, job coaching, trial employment and industrial profiling may also be considered to ensure full access to employment opportunities for PWDs (Philippine Country Report, ADB 2005).

It was also identified in the Philippines Country Study that globalization of the economy and advancements in technology have changed employment prospects for Filipinos with disabilities in recent years. While this development has opened new opportunities and options to some PWDs, it has also reduced opportunities for others, particularly those who are unschooled and unskilled. It has been observed that while the public sector used to provide the majority of employment opportunities to persons with disability, the number of jobs available is diminishing due to increasing budget deficits that force government agencies to downsize their manpower. Employees with disabilities, who often do not possess the educational qualification and experience of their non-disabled counterparts, are the first to lose their jobs in the downsizing process (Philippines Country Study, Foundation for International Training, Asia Development Bank, p. 19).

To establish better job opportunities and working relationship for possible employment the NVRC conducts Industry Operators and Stake Holders Forum every semester to discuss the emerging needs of graduates and graduating PWDs for employment. This encourages private entities and government offices to accommodate competent PWDs needing employment. It is also recommended that constant coordination with different private entities for employment of qualified disabled persons will be ensured. Furthermore, Local Public Employment Service Officer (PESO) should conduct similar activities which will involve employers within their locality to be headed by Local Social Service Department and PESO Office. There is also need for involvement of LGUs in addressing employment problems of PWD trainees who are bonafide constituents of particular local units through the intervention of their Social Service and PESO offices. National Vocational Rehabilitation Center believes that this effort provides sustainable employment to PWD graduates of different courses (Report on Industry Operators and Stake Holders Forum, NVRC, November 24, 2011).

Young people with special education needs should be helped to make an effective transition from school to adult working life. Schools should assist them to become

economically active and provide them with the skills needed in everyday life, offering training in skills which respond to the social and communication demands and expectation of adult life. This calls for appropriate training technologies, including direct experience in real life situations outside school. Curricula for students with special educational needs in senior classes should include specific transitional programmes, support to enter higher education whenever possible and subsequent vocational training preparing them to function as independent, contributing members of their communities after leaving schools. These activities should be carried out with the active involvement of vocational guidance counselors, placement offices, trade unions, local authorities, and the different services and agencies concerned (Salamanca Statement Framework for Action, June 7-10 Salamanca Spain).

## Methodology

### Type/Approach

The study employed mixed method of qualitative and descriptive research design. Four (4) methods were used in gathering data through the conduct of (1) in-depth interviews, (2) Focus Group Discussions (FGDs), (3) administration of structured survey questionnaires and (4) documents review.

### Sampling Selection

This study involved the participation of LGUs, PWDs and CSPs.

Local Government Units (LGUs) were selected purposively through the following criteria:

- 1) Municipality/City near the location of N/AVRCs, and those which have higher number of PWDs based on the National Household Targeting Office (NHTO).
- 2) Municipality/City having PWDs graduated in N/AVRCs in year 2009-2011.

Table 1. List of LGUs respondents

NVRC	AVRC I	AVRC II	AVRC III
Quezon City, NCR	Dagupan City, Pangasinan, Region I	Cebu City, Region VII	Dumungag, Zamboanga del Sur, Region IX
Metro Manila, NCR	San Carlos City, Pangasinan, Region I	Lapu-lapu City, Region VII	Pagadian City, Zamboanga del Sur, Region IX
Caloocan City, NCR	Malasiqui, Pangasinan, Region I	Madaue City, Region VII	Zamboanga City, Region IX
Malabon City, NCR	Bayambang, Pangasinan, Region I	Toledo City, Cebu, Region VII	Labangan, Zamboanga del Sur, Region IX
Valenzuela City, NCR	Lingayen, Pangasinan, Region I	Carcar City, Cebu, Region VII	Aurora, Zamboanga del Sur, Region IX

The LSWDOs and PESO were the main respondents at LGU level.

Person with Disability respondents were only those who have successfully completed a vocational course and are in close proximity to the centers. Ten (10) PWD graduates (employed and unemployed) from each center were chosen using convenient sampling.

All Center Heads, Social Welfare Officers, Psychologists, Medical Doctors, Placement Officers and MDOs in N/AVRCs were also surveyed in this study.

### Instrumentation

The FGDs and in-depth interviews were the initial steps taken by the researchers in order to come up with better instruments for LGUs.

Separate questionnaires were used for service providers, LGUs and PWD graduates. A survey instruments containing structured questions were administered to Center Heads, Social Welfare Officers, Psychologists, Medical Doctors, Placement Officers and MDOs who managed the sample clients. This was used to determine their preparedness in providing the needs of PWD graduates. The structured interview questionnaires were used to determine the preparedness of PWD graduates for employment.

Available information from N/AVRC, such as records and reports for each client were reviewed and analyzed.

Questionnaires were initially pre-tested in NCR, particularly in NVRC, as basis for enhancement prior to actual conduct of study.

### **Data Processing and Analysis**

The data analysis was carried out used Microsoft Excel and Statistical Analysis for the Social Sciences (SPSS). Outputs were largely descriptive, thematic analysis, document analysis and gap analysis between PWDs' perception, service providers and LGUs. The frequency distribution, percentage distribution, average mean and cross-tabulations of results were undertaken in this study.

## **Research Findings**

This chapter presents the findings of the study as well as the analysis and interpretation of the data gathered that respond to the objectives of this study.

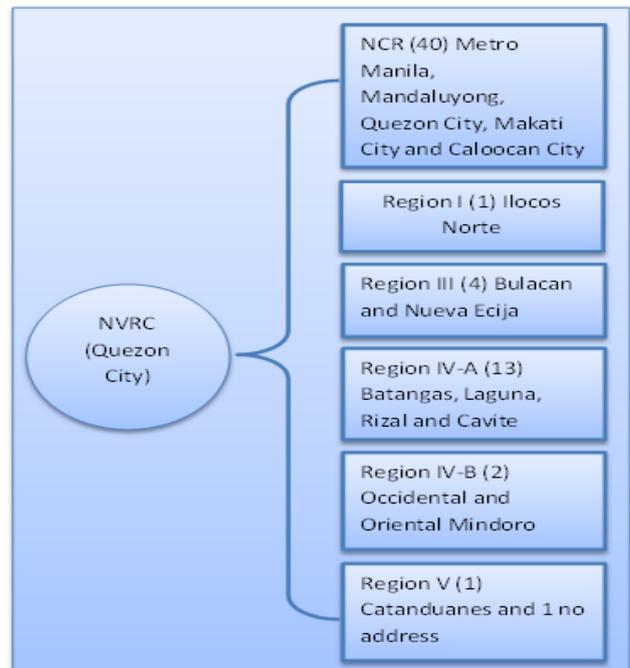
### A. PWD graduates for CY 2009-2010

#### NVRC, Quezon City

Sixty-two (62) PWDs graduated from NVRC in CY 2009-2010. Of the said number of graduates, majority or 40 graduated from the National Capital Region (NCR). Thirteen (13) graduated from Region IV-A, four (4) from Region III, two (2) from Region IV-B and one (1) each from Region V and Region I.

PWD graduates in NCR usually come from Metro Manila, Mandaluyong City, Quezon City, Makati City and Caloocan City.

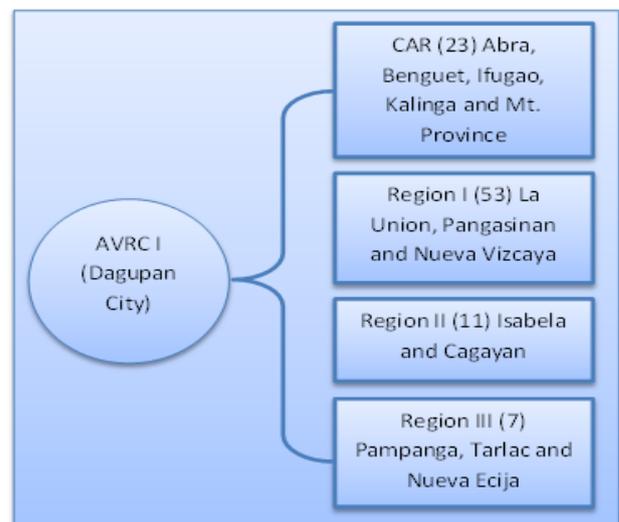
Other PWD graduates are located in provinces of Batangas, Laguna, Rizal, Cavite, Bulacan, Nueva Ecija, Ilocos Norte, Occidental Mindoro, Oriental Mindoro and Catanduanes.



#### AVRC I, Dagupan City

The total number of graduates in AVRC I is 94, which usually come from their vicinity and other nearby provinces.

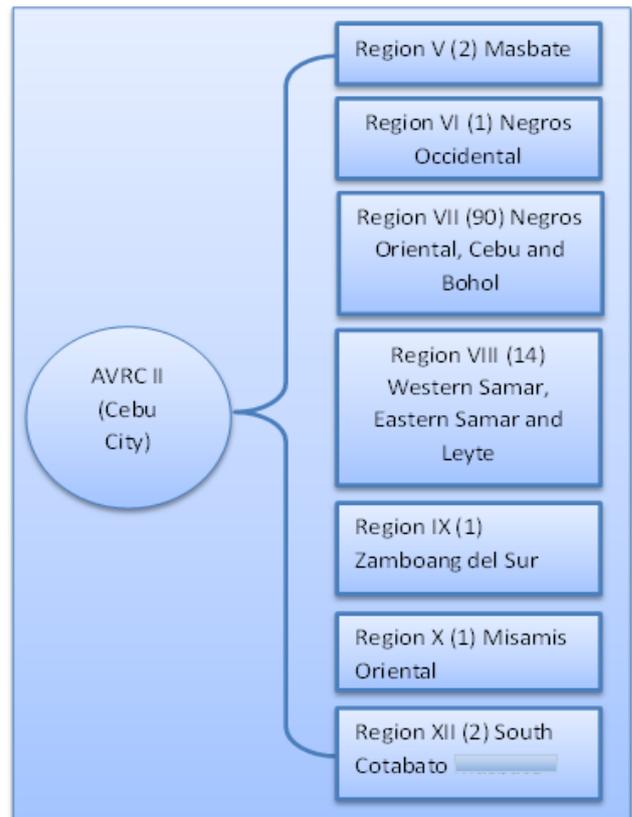
Other graduates are from provinces of Abra, Benguet, Ifugao, Kalinga. Mt. Province, Isablea, Cagayan, Pampanga, Tarlac and Nueva Ecija.



### AVRC II, Cebu City

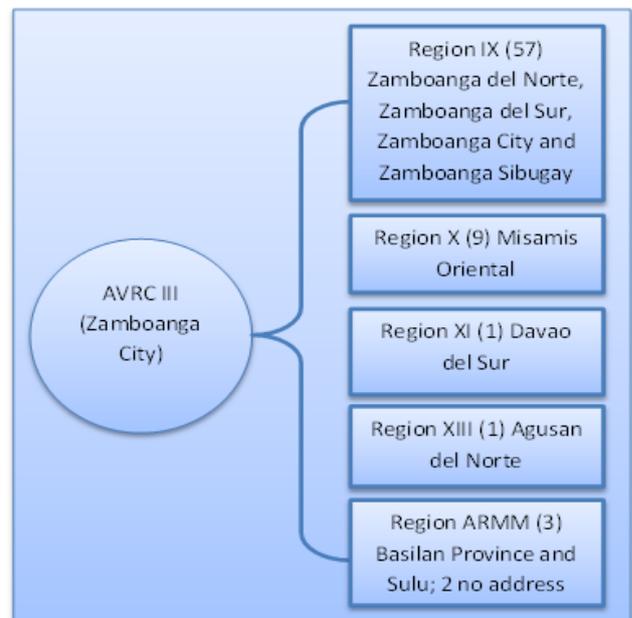
AVRC II in Cebu City garnered the highest number of PWD graduates (111). Most of them come from Cebu (66) and Bohol (19).

In Region VIII, 14 graduates came from Western Samar, Eastern Samar and Leyte. Other graduates came from Mindanao areas (Zamboanga del Sur, Misamis Oriental and South Cotabato).



### AVRC III, Zamboanga City

Seventy-three (73) PWDs graduated from AVRC III. Majority of them came from Region IX. There were nine (9) graduates from Misamis Oriental (Region X) and three (3) from ARMM. Only two (2) graduates came from Davao del Sur and Agusan del Norte.



### B. Distribution of Respondents

Table 2. Distribution of respondents, by center, 2012

Center	Staff	PWD	LSWDO	PESO	Total	Percent
22 NVRC	15	8	8	8	39	26
AVRC I	10	0	5	2	17	11

The study covered a total of 148 respondents composed of CSPs, PWDs N/AVRCs-graduates, LSWDOs and PESOs. The NVRC has 39 respondents or **26%**. Thirty seven (37) or **25%** of respondents interviewed from AVRC II in Cebu City. In addition, there are 37 respondents or **25%** from AVRC III in Zamboanga City. While, AVRC I in Dagupan City is comprised of 35 respondents or **24%**.

Sixty - three (63) or **43%** of the respondents were Center Staff and **40** were PWDs (**27%**). At the Local Government Unit level, the respondents are composed of 24 LSWDO (**16%**) and 21 PESO (**14%**).

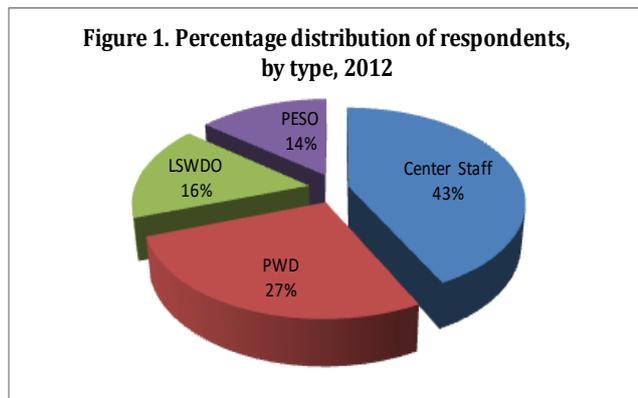
### C. Profile of Respondents

#### Center Service Provider

All center-staff except those in administrative service were interviewed. Among the 63 center-staff, majority or 46 are female and 17 are male.

There are 23 respondents who have rendered service in the center for almost 1 to 5 years. Twelve (12) among them are already in service for 11 to 15 years and only nine (9) respondents have been service for over 26 years.

Majority or 42 center service providers are college graduates and eight (8) staff have a postgraduate degree. Five (5) members of the staff are college undergraduate and four (4) are vocational graduates.



Among the staff, 45 are regular employees or in permanent status while 14 are Memorandum of Agreement (MOA)<sup>1</sup> workers. Three (3) are job orders and the one (1) is a casual employee.

### Person with Disabilities (PWDs)

There are 40 PWD graduates interviewed for the study, 24 of them are male and 16 are female. Remarkably, almost 78% or 31 respondents are single and 13% or five (5) are married. Ten percent (10%) or four (4) respondents are separated.

On educational attainment, about 33% or 13 PWD graduates have finished and/or reached at least college level and 30% or 12 have attended high school. Meanwhile, about five percent (5%) or two (2) PWD graduates had no formal education.

In terms of disability category, almost half or 19 respondents are orthopedically handicapped while 12 are categorized as hearing impaired. Eight (8) of them are categorized as visually impaired.

Forty eight percent (48%) of the respondents' disabilities are acquired at birth (Congenital Anomalies<sup>5</sup>). Nearly 28% of the respondents had infectious diseases that resulted to their impairments, prominent among these diseases are measles,

<sup>1</sup> Memorandum of Agreement

<sup>2</sup> Basic computer operations, Computer literacy and Computer technology

<sup>3</sup> Food management and canteen management and Commercial cooking/HAS

<sup>4</sup> Dress and apparel technology, Dressmaking. Garments technology and Garments trade

<sup>5</sup> Congenital anomalies are also known as birth defects, congenital disorders or congenital malformations. Congenital anomalies can be defined as structural or functional anomalies, including metabolic disorders, which are present at the time of birth (<http://www.who.int/mediacentre/factsheets/fs370/en/>).

Table 3. Profile of center-staff respondents, 2012

Item	Total	Percent
<b>Sex</b>	<b>63</b>	<b>100</b>
Male	17	26.98
Female	46	73.02
<b>Years in Current Position</b>	<b>63</b>	<b>100</b>
Less than 1 year	4	6.35
1 to 5 year	29	46.03
6 to 10 year	14	22.22
11 to 15 year	8	12.70
16 to 20 year	3	4.76
21 to 25 year	3	4.76
26 year and above	2	3.17
<b>Years in Service</b>	<b>63</b>	<b>100</b>
Less than 1 year	2	3.17
1 to 5 year	23	36.51
6 to 10 year	10	15.87
11 to 15 year	12	19.05
16 to 20 year	2	3.17
21 to 25 year	5	7.94
26 year and above	9	14.29
<b>Educational Attainment</b>	<b>63</b>	<b>100</b>
College graduate	42	66.67
College undergraduate	5	7.94
Graduate study	8	12.70
Post graduate	4	6.35
Vocational graduate	4	6.35
<b>Tenurial Status</b>	<b>63</b>	<b>100</b>
Regular	45	71.43
MOA <sup>1/</sup>	14	22.22
Casual	1	1.59
Job Order	3	4.76

Table 4. Profile of PWDs respondents, 2012

Item	Total	Percent
<b>Sex</b>	<b>40</b>	<b>100</b>
Male	24	60
Female	16	40
<b>Civil Status</b>	<b>40</b>	<b>100</b>
Single	31	77.5
Married	5	12.5
Separated	4	10

poliomyelitis and glaucoma. Also, twenty percent (20%) of respondents acquired their impairments from injuries or accidents such as motor vehicle accidents and/or occupational injuries. Five (5) percent or two (2) respondents mentioned that their impairments are caused by diseases to the respiratory system.

Of the courses taken by respondents, close to 28% or 11 respondents chose garments technology/dressmaking and apparel technology for their vocational training, followed by 20% or eight (8) respondents choosing scientific massage. There are 18% or seven (7) respondents who graduated from basic computer operations and technology. Only five (5) percent or two (2) respondents underwent training on watch and cellphone repair.

On the employment status, 60% or 24 respondents are employed and 16 or 40% are unemployed. Of these unemployed, three (3) are never employed since they graduated from the center.

### Local Government Units (LGUs)

The municipalities and/or cities were selected based on their proximity to the vocational centers and from the high number of PWDs derived from the National Housing Targeting Office (NHTO) data.

In the National Capital Region (NCR), respondents from Valenzuela, Navotas, Las Piñas, Malabon, Manila, Caloocan and Quezon City were successfully interviewed.

Table 5. Profile of PWDs respondents, 2012 (continued)

Item	Total	Percent
<b>Educational Attainment</b>	<b>40</b>	<b>100</b>
No schooling	2	5
Elementary level	7	17.5
High school level	12	30
College level	13	32.5
Vocational level	6	15
<b>Type of Disabilities</b>	<b>40</b>	<b>100</b>
Orthopedically handicapped	19	47.5
Visually impaired	8	20
Hearing impaired	12	30
Other disability	1	2.5
<b>Cause of Disability</b>	<b>40</b>	<b>100</b>
Injuries/Accident	8	20
Congenital Anomalies	19	47.5
Diseases of respiratory system	2	5
Infectious diseases	11	27.5
<b>Course taken in NVRC/AVRCs</b>	<b>40</b>	<b>100</b>
Basic computer operations and technology <sup>2</sup>	7	17.5
Food management and canteen service/commercial cooking <sup>3</sup>	5	12.5
Garments technology/Dressmaking and apparel technology <sup>4</sup>	11	27.5
Basic cosmetology	4	10
Industrial/Commercial arts and craft	3	7.5
Scientific massage	8	20
Watch and cellphone repair	2	5

Table 6 Distribution of LGUs covered, 2012

NCR	Region I	Region VII	Region IX
Valenzuela City	San Carlos City	Carcar City	Lapuyan
Navotas City	Dagupan City	Toledo City	Dumingag
Las Pinas City	Bayambang	Lapu-lapu City	Pagadian City
Malabon	Lingayen	Mandaue City	Zamboanga City
Manila	Malasiqui	Cebu City	Aurora
Makati City			Tukuran
Caloocan City			
Quezon City			

Participants from Region I came from San Carlos, Dagupan, Bayambang, Lingayen and Malasiqui.

Carcar, Toledo, Lapu-lapu, Mandaue and Cebu City made up the participants from Region VII.

Respondents from Region XI came from Lapuyan, Dumingag, Pagadian, Aurora, Tukuran and Zamboanga City.

A total of 24 LSWDOs were covered, composed of 20 female and 4 male respondents. Nine (9) LSWDOs have been in position for 1 to 5 years, six (6) for 11 to 15 years and five (5) for 26 years and above.

Two (2) LSWDOs have been in their current position for 16 to 20 years. One (1) of these had held his/her position for less than 1 year and the other for 6 to 10 years.

Twelve (12) respondents are male and 9 are female. Five (5) PESO respondents have held their positions for 1 to 5 years; the other five from 11 to 15 years. A limited number of PESO respondents were interviewed due to the difficulty in setting appointments.

## I. National/Area Vocational Rehabilitation Centers' (N/AVRCs) contribution to the Employment Preparedness of PWDs

### Center Service Provider

Based on the perception of the service providers, the number of PWDs whose employment was related to the vocational courses they undertook in CY 2009-2011 showed an average of **28** that were very related, while an average of **14** respondents claimed that it was somewhat related. Only one (1) respondent said that PWDs employment was not related to the vocational training they undertook.

In support of the ratings given by the center service providers, they mentioned that the vocational courses they offered are appropriate to the present employment of the

Table 7. Profile of LSWDO respondents, 2012

Item	Total	Percent
<b>Sex</b>	<b>24</b>	<b>100</b>
Male	4	16.7
Female	20	83.3
<b>Years in current position</b>	<b>24</b>	<b>100</b>
Less than 1 year	1	4.2
1 to 5 year	9	37.5
6 to 10 year	1	4.2
11 to 15 year	6	25.0
16 to 20 year	2	8.3
26 and above	5	20.8

Table 8. Profile of PESO respondents, 2012

Item	Total	Percent
<b>Sex</b>	<b>21</b>	<b>100</b>
Male	12	57.1
Female	9	42.9
<b>Years in current position</b>	<b>21</b>	<b>100</b>
Less than 1 year	3	14.3
1 to 5 year	5	23.8
6 to 10 year	2	9.5
11 to 15 year	5	23.8
16 to 20 year	3	14.3
21 to 25 year	2	9.5
26 and above	1	4.8

Table 9. Perception of the service providers on employment of PWDs related to vocational training they undertook in CY 2009-2011

Level of Satisfaction	2009	2010	2011	Total	Ave
Somewhat not related	1	1	1	3	1
Neither related nor not related	15	12	9	36	12
Somewhat related	14	14	13	41	14
Very related	25	28	32	85	28
No response	8	8	8	24	8
<b>Total</b>	<b>63</b>	<b>63</b>	<b>63</b>	<b>189</b>	<b>63</b>

No response: PWD respondents not employed since they graduated in the centers

PWDs. The centers ensured that skills needs for employment were acquired by trainees before they finished their courses. They also emphasized that PWDs are well equipped for the needs of labor market and are able to engage in open-employment or self-employment.

Nevertheless, according to them, there is a need to provide more available job opportunities and other work operations which can be performed by the PWDs. Also a need to upgrade training modules and equipment of the centers to suit the labor market demands.

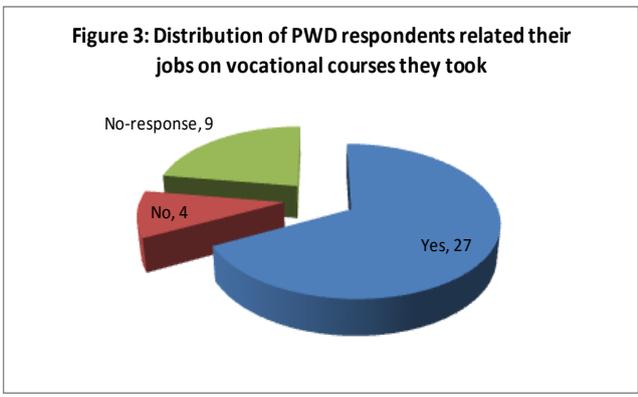
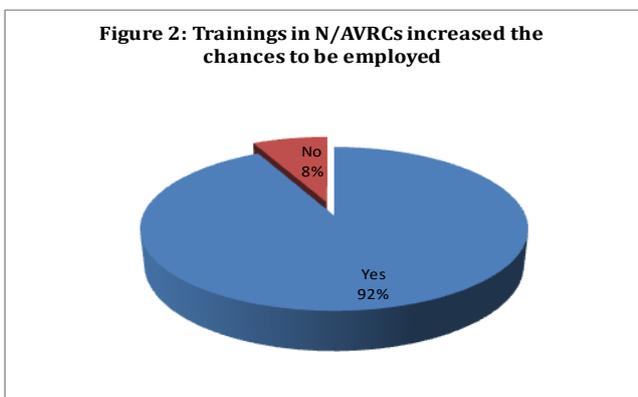
### Persons with Disabilities

Interview with PWDs provide their perception of what it means to be “work-ready” by adopting the questions from the *Work Readiness Scale (WRS)*<sup>6</sup>. Thematic analysis was used from the responses of PWD respondents. The following are the themes indicative of the work readiness of PWD graduates: Personal Growth/ Development, Motivation, Technical Focus, Attitudes toward work, Interpersonal Orientation, Organizational Awareness and Maturity and Adaptability.

Meanwhile, 92% of the PWD respondents said that training they chose in centers increased their chances for employment.

More than half or 27 PWD graduates said that their job was related to the vocational training they undertook and four (4) PWD graduates said that it was not related. The PWD graduates who said that their jobs were not related to their vocational courses, suggested the following: 1. Improving the teaching skills of vocational instructors. 2. Vocational training should correspond to current demand skills required by the labor market. 3.

Category	Themes
Personality growth/development	Willingness to learn, Career growth, Focus, Grooming, Educational attainment
Motivation	Determination, Perseverance, Persistence, Income, God-fearing
Technical focus	Knowledge, Technical skills, Initiative
Attitudes to work	Patience, Industrious, Hardworking, Respect to clients, Self-temperment, Honest, Outstanding performance, Promptness, Optimism, Obedience, Values
Interpersonal orientation	Relationship/engaging with others, Dealing with others, "Pakikisama"
Organizational Awareness	Rule/process conscious
Maturity	Courageous, Self-confidence, Responsible
Adaptability	Versatile, Multi-task, Responsive



<sup>6</sup> Journal of Teaching and Learning for Graduate Employability; The Work Readiness Scale (WRS): Developing a measure to assess work readiness in college graduates; Human Resources Services Division (Culture and Organisational Development), Deakin University, and School of Psychology, Deakin University

Upgrading the courses and equipment used in training.

There were 15 satisfied and 13 very satisfied PWD graduates in their current/previous jobs. In contrast, two (2) of the respondents were dissatisfied with their current/previous job (see figure 4).

The PWDs were asked to describe how the training in the centers helped them to increase their chances of being employed. About 31 or 56% of them said that it helped on boost their knowledge and skills. About seven (7) or 13% said that the placement service assisted them in looking for possible jobs and five (5) affirmed that centers have helped them in developing a positive attitude towards work and increase their capacities. Other respondents believed that the training helped them to prepare for possible jobs, to acquire independent living and to develop self-confidence (see table 9).

Pertaining to what the PWDs like most about their current or previous job, 11 or 14% PWD graduates claimed that it is the opportunity to apply the learned skills on their actual jobs. Salary and benefits were preferred by 10 or 13% while dealing with people motivated 7 respondents. Moreover, 4 PWDs liked their status as self –employed (see table 10).

On the competency acquired by PWDs, the graduates believed that the most useful competency skills they have developed during their training are the following: technical (37%), communication (21%), human relations (21%), critical thinking (10%) and problem solving skills (5%) (See table 11).

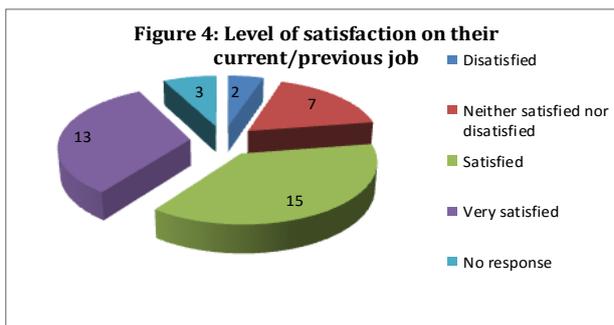


Table 11. N/AVRCs training increased chances to be employed

Item	Total	Percent
Develop positive attitude towards work	5	9.09
Develop self confidence	2	3.64
Help to look for job	7	12.73
Increase the capacity	5	9.09
Increase the knowledge and skills	31	56.36
Independent living	3	5.45
Prepared for job	2	3.64
Total	55	100.00

Table 12. PWDs like most on their current/previous job

Item	Total	Percent
Able to apply the skills	11	14.10
Salary and benefits	10	12.82
Dealing with people	7	8.97
Self employment	4	5.13
Challenging	3	3.85
Working relationship	2	2.56
Working schedule	1	1.28
Independent living	1	1.28
Total	39	50

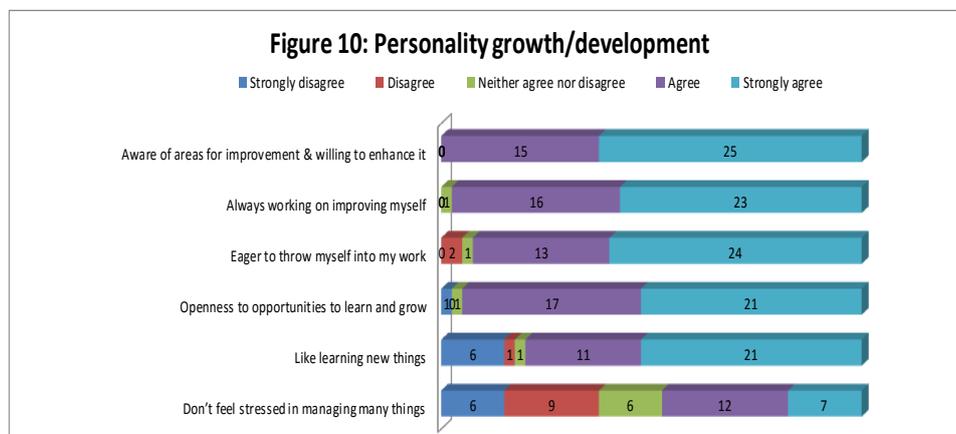
Table 13. Most useful competencies acquired during vocational trainings

Item	Total	Percent
Communication skills	13	20.97
Human relation skills	13	20.97
Problem-solving skills	3	4.84
Critical thinking skills	10	16.13
Technical skills (entrepreneurial, IT and voctech)	23	37.10
Total	62	100.00

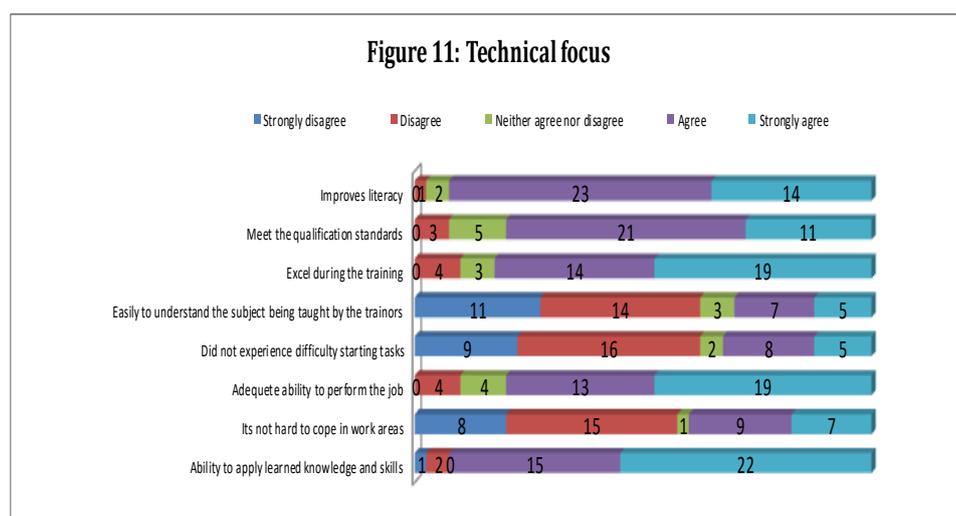
## A. Employment Preparedness

Work Readiness Scale (WRS) of Deakin University was adopted. There are nine (9) factors namely, personality growth/development, technical focus, attitudes to work, interpersonal orientation, maturity, ability to follow instructions, organizational awareness, motivation and adaptability.

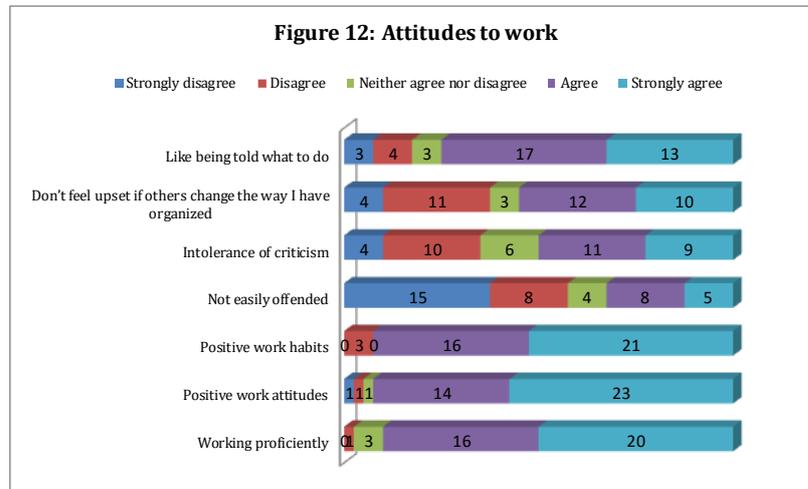
**Personality Growth and Development.** Six (6) questions were asked as measurement of the personality growth and development acquired by PWD graduates during their training in N/AVRCs. Predominant, responses is strongly agree to the following aspect: self-improvement, self-awareness, eagerness, openness to learn and like learning new things.



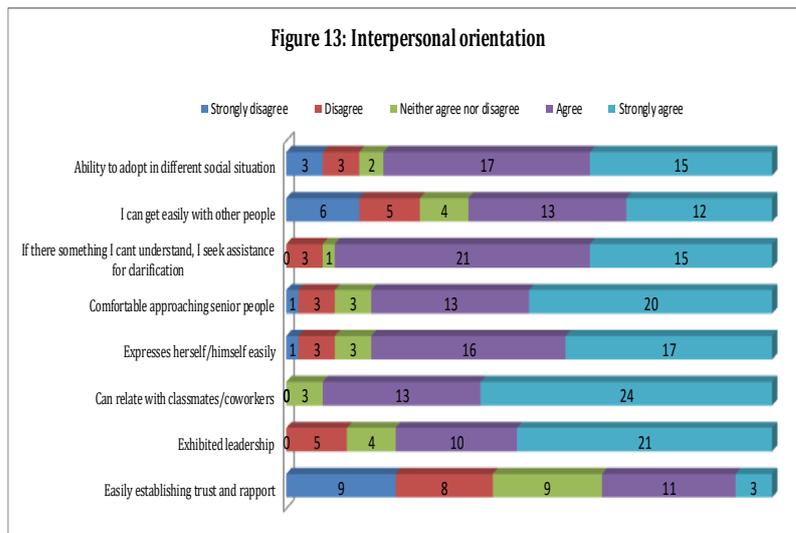
**Technical Focus.** On the technical focus, the respondents said they strongly agree that they (1) excel during the trainings, they have (2) applied the learned knowledge and (3) performed their job well. Remarkably, highest number of respondents disagree on (1) can easily understand the subject being taught, (2) did not experience difficulty starting tasks and (3) easy to cope in work areas.



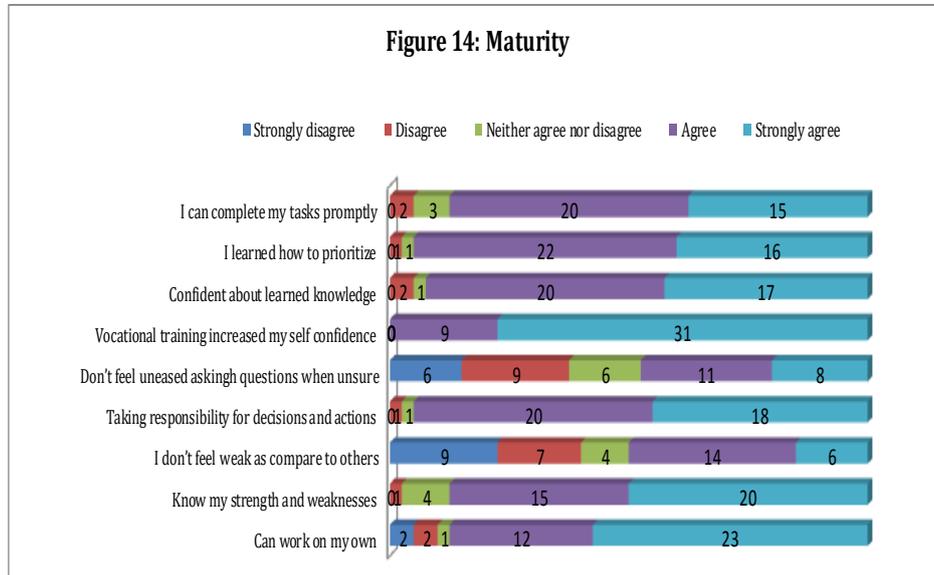
**Attitudes towards Work.** Majority of the respondents have positive rating on attitudinal aspects, except for 15 PWDs who gave a high rating on easily offended.



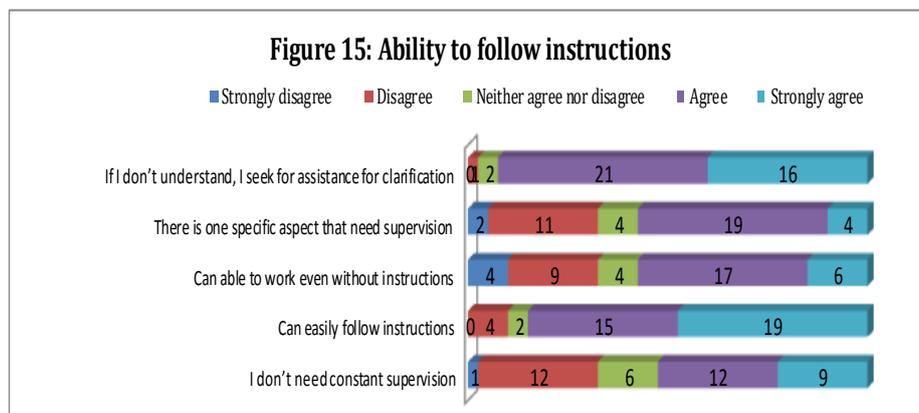
**Interpersonal Orientation.** Respondents gave a good rating on interpersonal orientation; only establishing trust and rapport received a low rating.



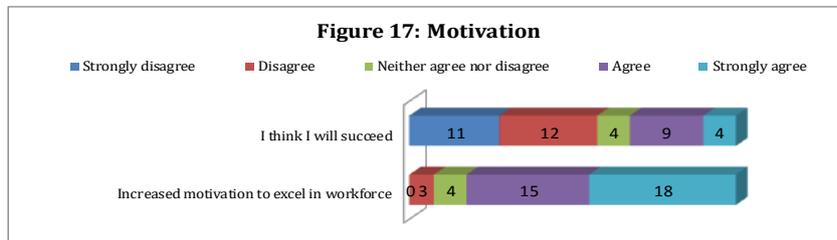
**Maturity.** The highest rating of strongly agree is on (1) increased self-confidence, (2) awareness of strengths and weaknesses and (3) capability to work on their own. Still, most respondents agree that they were mature enough to handle their tasks at work.



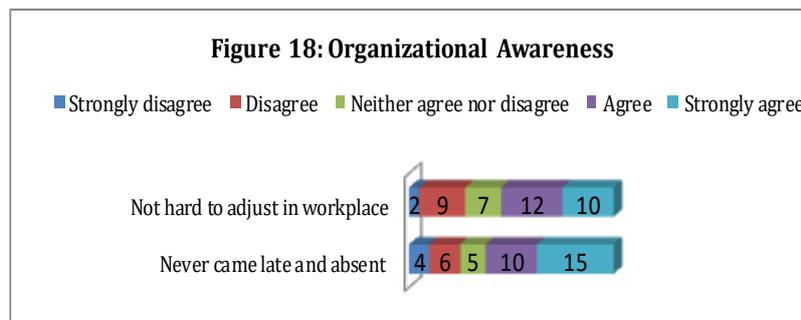
**Ability to Follow Instructions.** High number of respondents gave a positive rating (agree) on the aspect of (1) following instructions and (2) don't need constant supervision. Yet, it can also be observed that there are a few who answered that they needed supervision and instructions to be able to perform well.



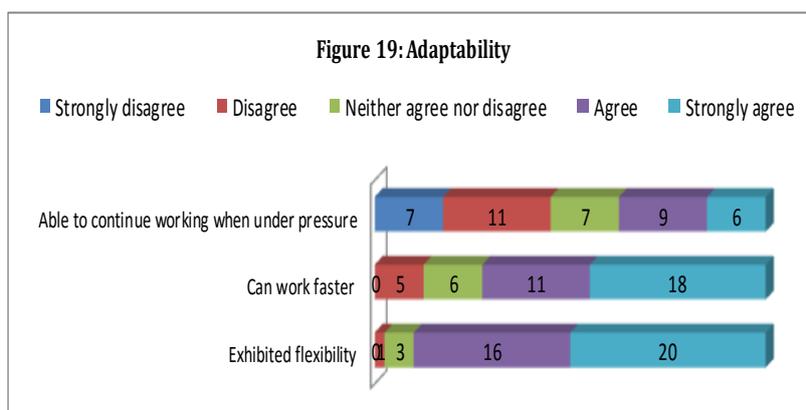
**Motivation.** On the increased motivation to excel in workforce, most respondents gave a rating of strongly agree, moreover, most of the respondents disagree that they possess the determination to succeed.



**Organizational Awareness.** Few respondents agreed that they did not have a hard time adjusting to their workplace. Remarkably, they also strongly agreed that they never came late and absent on their work.



**Adaptability.** Majority of respondents claimed that they can work faster and exhibited flexibility in their workplace, but few responded that they have limitations with regards to working under pressure.



## II. Placement System and Mechanisms of N/AVRCs

Placement service is designed towards the clients' entry or re-entry into productive life for remunerative work suited to his/her capacity and making the best use of his available skills. The ultimate goal of job placement is to ensure economic sufficiency of the trained PWDs through selective placement on the right jobs suitable to PWDs skills and capacities in order to achieve gainful occupation<sup>7</sup>.

For the better understanding of the system employed by the job placement services, the center staff during the orientation explained that the services is provided through a program of multidisciplinary collaboration which starts with evaluation, planning, treatment and termination and after-care phase.

There were 184 graduate trainees from 2009-2011. Of this number, an average of 143 have been provided job placement by while 42 were for referral.

Table 14. Average PWD graduates placement status, CY 2009-2011

Item	2009	2010	2011	Ave
PWD graduates	174	162	217	184
Not employable	4	4	5	4
PWDs placed	136	129	165	143
Not placed/For Referral	34	46	47	42

The study found that placement officers are part of the formulation of the rehabilitation plan of the clients admitted to undergo vocational training in N/AVRCs. To mention their contributions, they ensure the economic sufficiency of the clients by facilitating them on attaining their employment goals. They also provide information on the labor market demands for both open employment and self-employment and make use of the capacities and skills of trainees in order to match these with their abilities which will eventually drive them to succeed on their rehabilitation plans.

As part of their service, placement officers continuously advocate and campaign with private employers to hire PWDs. They regularly conduct Employers and Stake holders' forum to explore more opportunities and strengthen linkages available for PWDs. Occasionally, industrial surveys are done through the use of social networking sites and telephone calls in order to look for more opportunities for the clients.

After the clients' vocational training, they are required to undergo an on-the-job training which is also facilitated by placement officers as part of their pre-employment services. OJTs are encouraged or provide opportunity to further enhance the clients' skills through immersion to the industrial setting.

Moreover, employment counseling and seminars are conducted to further empower the clients and enable them to overcome their fear of engaging in an open-employment setting. Thus, self-employment and sheltered employment are utilized for the clients difficult to place in highly demanding industry.

Few coordination efforts exist among LGUs and N/AVRCs wherein clients are being referred to the LSWDO and PESO for possible employment opportunities and capital assistance. Other stakeholders (e.g CSOs and Other GOs) participate on the employment

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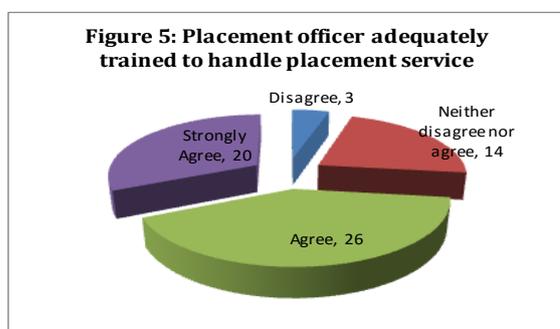
<sup>7</sup> Area Vocational Rehabilitation Manual

of PWDs by means of referring for possible job and/or provision of starter kit (e.g starting supplies and materials) for self-employment.

### A. Perception on the Performance of Placement Service

The Center Service Providers' (CSPs) and PWDs were asked on their perception on the performance of N/AVRCs Placement Service.

Figure 5 shows CSPs' perception on the placement officers' level of agreement towards adequacy of training in handling placement service. Most of the CSPs agree that placement officers are adequately trained to render their jobs. Moreover, figure 6 shows that most of the CSPs are satisfied about the placement officers' performance in year 2009 to 2011.



It was also observed that PWDs are being continuously updated and contacted on possible employment by the N/AVRCs after their graduation, these were experienced by 33 PWD graduates. As support to this observation, figure 7 shows that twenty-two (22) PWD graduates agreed that they were immediately updated less than one month after graduation while seven (7) waited from 1-6 months before they were contacted.

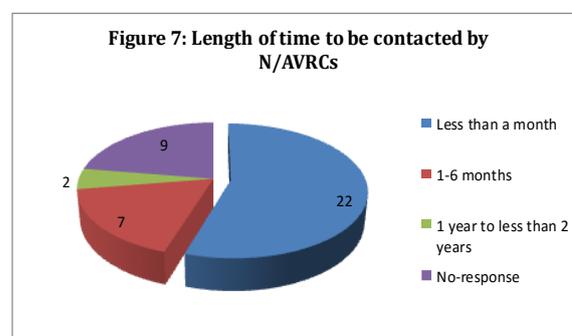


Table 12 shows employment opportunities provided to PWDs. Twenty-two (22) PWD graduates were assisted in attaining open-employment, eight (8) were given self-employment assistance and one (1) was referred to sheltered-employment (e.g Regional Sheltered Workshop).

Table 15. Type of employment outlet provided by N/AVRCs

Item	Response
Open-employment	22
Self-employment	8
Sheltered-employment	1
None	9

For nine (9) PWDs who did not receive facilitation assistance for employment, six (6) found jobs on their own or were recommended by someone, while three (3) were never employed since graduating because of lack of job opportunities, no work experience and went for further study.

Aside from job placement, the N/AVRCs also provided information on job openings (22), referral for possible job placement (18) and self-employment assistance (10) (see table 16).

On the average length of time they became employed after graduation, table 13 shows that on average it takes 0-5 months for **27** PWD graduates to be employed followed by four (4) graduates who were employed after one year and two (2) who got employed within 6-10 months after graduation.

Pertaining to the average length of time PWDs stayed on their first job, eight (8) of the PWDs stayed 0-6 months, seven (7) stayed 1 year and above and six (6) stayed 7-11 months.

The PWDs were also asked what the reasons are for staying on their jobs. The following reasons were given: (a) Relevance of job to their special skills, (b) Career challenges, (c) Salary and benefits, (d) Peer influence, (e) Good working conditions, (f) Family influence and (g) Proximity to residence (see table 17).

Also, majority or **35** of the PWD graduates were provided employment counseling on occupational adjustment (i.e. positive work attitudes). If necessary, they were provided follow-up counseling. Likewise, most of PWD graduates claimed that this was helpful. Overall PWD graduates agreed that job placement service is helpful and placement officers satisfied the PWDs needs for assistance relative to employment.

Length of time	Response
0-5 months	27
6-10 months	2
More than 1 year	4
Never employed	3
No response	4

Item	Response
Information on job opening	22
Referral for possible employment	18
Self employment assistance	10
No assistance	4
Employment counseling	3
School placement	2
Return to LGUs	1
Monitoring/aftercare	1

Length of Stay	Response
0-6 months	8
7-11 months	6
1 year and above	7
Seasonal/on call	6
Never employed	3

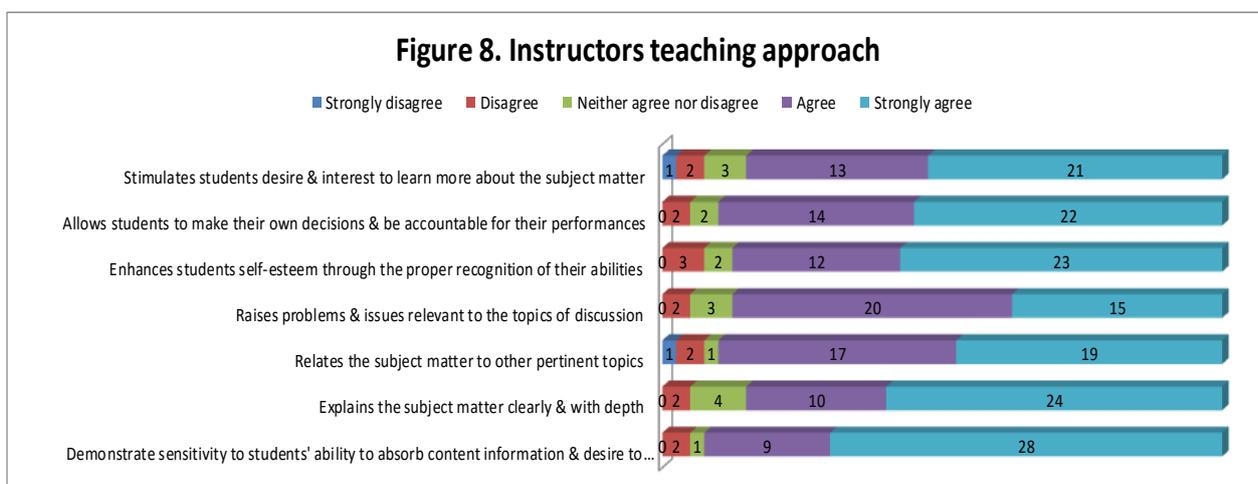
Reasons for staying in job	Response
Salary and benefits	17
Career challenge	18
Related to special skills	28
Family influence	8
Peer influence	15
Proximity to residence	4
Good working conditions	11
Others	2

### III. Preparedness of Service Providers in Providing the Needs of PWDs

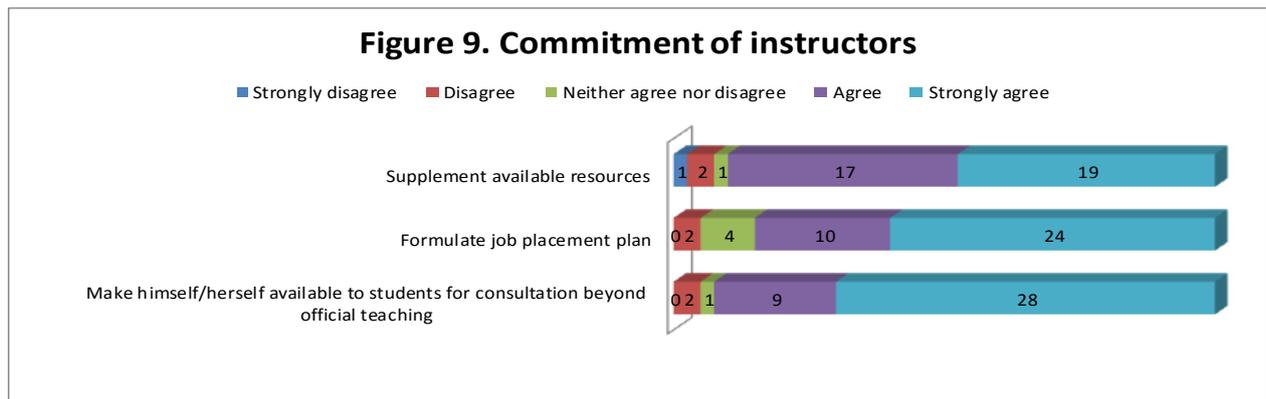
Among the 63 center service providers, about 26 respondents said that the medical officers are very adequately trained to render the medical evaluation while 21 said that they are adequately trained. Their contribution on the success of rehabilitation is by helping PWDs identify their physical and medical limitations given specific rehabilitation goals. Doctors helped PWDs to determine the functional limitations related to their disability. Good health is necessary for the clients to become productive without compromising their physical limitations.

Pertaining to the services of the vocational instructors, almost half of the center staff believe that their instructors are very adequately trained to teach PWDs, while seven (7) said that the center instructors are neither adequately nor inadequately trained. Vocational Instructors are responsible for training and developing the skills of PWDs through vocational training. Skills that they will gain in the center will help them to become productive and independent individuals in the community. However, they mentioned that most of the instructors in the centers have the skills, knowledge and qualification to the assigned courses they are teaching. They also underwent skills enhancement with TESDA to upgrade the knowledge that they were imparting to the PWDs. But still, there is a need for more skills enhancement to be more competitive in producing skilled PWDs. Thus, they also need more training with regard to the proper handling and dealing of PWDs.

**Instructors Teaching Approach.** It was observed that most of the PWD graduates have positive remarks on center instructors' teaching approach. Majority of the respondents strongly agree that their instructors (a) demonstrate sensitivity to their ability to absorb content information and to improve their desire to learn, (b) explain the subject clearly with depth, (c) enhance their self-esteem through the proper recognition of their abilities, (d) allow them to make their own decisions and be accountable for their performances and (e) stimulate students' desire and interest to learn more about the subject matter.



**Commitment of Instructors.** As regards, recognizing commitment of instructors in making himself/herself available to students for consultation beyond official teaching time, more than half or **28** of the respondents said they strongly agree and only two (**2**) respondents had the opposite view. On the formulation of job placement plan, **24** said they strongly agree that their instructors show commitment, **10** (agreed), **4** (neither agree nor disagree) and **2** (disagree). Considering the commitment of instructors in supplying available resources, **19** respondents said they strongly agree followed by **17** who said they agree.



For the Social Rehabilitation Instructors, **23** of the center service providers said that they are very adequately trained while six (**6**) said that they are inadequately trained to render services to PWDs.

The end goal of the rehabilitation center is enhanced quality of life of the PWDs by providing appropriate employment. Placement services play an important role in this. Higher number believed that placement officers are adequately trained to provide job placement services and only three (**3**) believe that they are inadequately trained. According to them their function is to help the PWDs in the formulation of job placement plan and preparing them to attain their employment goal through job counseling, pre-employment counseling, making them aware of their potentials likewise help them to overcome weaknesses. Their major contribution to the success of PWDs attaining their goal is to place the PWDs for open-employment as well as self-employment.

Twenty-four (**24**) center staff believed that psychologists are very adequately prepared in rendering psychological services, while **22** respondents answered that psychologists are neither adequately nor inadequately trained. Three (**3**) said that they are inadequately trained. Their role in the rehabilitation is the provision of psychological test to determine the cognitive abilities of the PWDs as guide in providing appropriate training and interventions to PWDs. They also provide guidance in how to be independent, self-sufficient as well as in encouraging them to pursue their vocational goal despite a lack of emotional and family support.

**Social workers** also played an important role in achieving the goal of clients. Social workers' responsibility is assessing the client's situation and helping them to plan out their future. As part of case management components, the social workers assisted the

clients in their social adjustment and in understanding their disabilities and physical limitations. According to them, they also helped PWDs to be empowered and assert their rights and to strengthen their capacity to resolve self and family issues. Social workers also coordinate with the other center services in providing the PWDs the appropriate intervention.

Hence, **center heads** are to give proper directions to the Rehabilitation Team Members (RTM) on effective working and handling of PWDs to meet their special needs.

Level	Medical Officers	Vocational Instructors	Social Rehabilitation Instructors	Placement Officers	Psychologist
Very inadequately trained	-	-	1	-	-
Inadequately trained	1	-	6	3	3
Neither adequately nor Unadequately trained	15	7	12	14	22
Adequately trained	21	26	21	26	14
Very adequately trained	26	30	23	20	24
Total	63	63	63	63	63

Given the table below, the level of satisfaction of center staff with regard to the number of clients served, a high number or **25** respondents said they are satisfied and an average of **23** respondents said they are very satisfied. It was also observed that an average of **13** respondents showed that they are neither satisfied nor dissatisfied with the number of clients served by the center. Experiences of AVRC I and AVRC II showed they were able to serve a greater number of PWDs given limited resources. On the situation of NVRC for CY 2009-2010 it can be seen that enrollment of PWDs is decreasing due to lack of advocacy program. While in AVRC III, armed conflicts affected the number of enrolled PWDs for CY 2009-2010 which also decreased.

Level	2009	2010	2011	Total	Ave.
Very dissatisfied	1	-	-	1	1
Dissatisfied	1	3	1	5	1.7
Neither satisfied nor dissatisfied	17	13	9	39	13
Satisfied	27	24	24	75	25
Very satisfied	17	23	29	69	23
Total	63	63	63	189	63

On the level of satisfaction of centers' vocational training services, an average of almost **25** respondents said they are very satisfied and an average of **22** said they are satisfied with the centers' performance in giving vocational training services. Only two (**2**) were dissatisfied with the centers' performance.

Level	2009	2010	2011	Total	Ave.
Disatisfied	2	1	2	5	1.7
Neither satisfied nor disatisfied	14	12	6	32	10.7
Satisfied	20	22	23	65	21.7
Very satisfied	22	24	28	74	24.7
No response	5	4	4	13	4.3
Total	63	63	63	189	63.0

On the appropriateness of vocational courses in the centers, majority or **59** center staff believed that the courses offered are still appropriate for present employment needs of the PWDs. It was mentioned that the centers have upgraded the courses to meet the needs of PWDs. Also, majority of the center service providers or **45** of the respondents believed that vocational instructors are technically prepared to teach PWDs their assigned courses. But according to **28** respondents instructors have no proper training in handling and dealing PWDs' limitations and special needs.

The respondents were asked to identify the capacity and/or skills that center staff need to improve on. The center instructors answered that they need further *training on handling and dealing with different types of disabilities* (**13**). Some of the instructors (**11**) suggested having *training on PWDs' current demand skills*. On the specific *dynamics of PWDs*, eight (**8**) respondents want to have training that can help them address the problems they were encountering during training. Seven (**7**) said that they need to have training on *advance teaching techniques and strategies* and the other **7** staff desire to have training on *advance technology for PWDs* that will respond to the needs of the labor market.

The center staff were also asked on their level of knowledge in Braille, Sign language, Guidance counseling, assessing learning needs of clients and Sensitivity to the ideas and problem of the students. It was observed that most of the center staff were moderately knowledgeable in sign language, guidance counseling, assessing learning needs of clients and sensitivity to the ideas/problems of the students.

Majority of the center staff said they are utilizing the evaluation done by the social workers, doctors, psychologists and placement officers.

Level	Braille	Sign language	Guidance counseling	Knowing Learning needs of clients	Sensitive to the ideas/problem of students
Very low	18	6	-	1	-
Low	8	13	5	2	1
Moderate	8	22	19	18	15
High	5	4	14	15	14
Very high	2	2	4	8	13
No response	14	8	13	11	12

Item	Yes	No	No response
Does your instructors utilize evaluations done by the Social Worker?	42	4	9
Does your instructors utilize evaluations done by the Doctor?	43	1	11
Does your instructors utilize evaluations done by the Psychologist?	39	5	11

#### **IV. Identify the Gaps or Barriers to Successful Placement and Employment of NVRC and AVRC-Trained PWDs**

##### **Barriers to entering the labor market**

According to the World Report on Disability, people with disabilities (PWDs) are disadvantaged in the labor market. Their lack of access to education and training or to financial resources may be responsible for their exclusion from the labor market - but it could also be the nature of the workplace or the employers' perceptions of disability and disabled people<sup>8</sup>.

**Lack of access on infrastructure.** According to N/AVRCs, one of the root causes of unemployment is the low educational attainment of PWDs. According to Russell (2003), they often lack access to formal education and opportunities to develop their skills<sup>9</sup>. As an insight from a LSWDO, aside from the lack of education, financial incapability of their families also has a great effect in sustaining their training in the vocational centers.

External factors such as environmental obstacles are experienced by PWDs that limit their access to infrastructures (i.e, open-employment and training centers). Also, PWDs experience physical limitations because of possible barriers in their work place.

**Misconceptions on their Disabilities.** Misconceptions on the capability of PWDs to perform jobs are also a reason for their continuous unemployment. There are beliefs that PWDs are less competent in the open employment setting. Placement officers also revealed that there are wrong perceptions from employers because they are competency-based and consider competitiveness as an additional factor. Center service providers also cited that misconceptions do not only exist with employers but also from clients' own family members with cultural beliefs. As support, LSWDOs pointed out that the lack of family support can be a hindrance to PWDs' growth and independence.

**Discrimination.** According to Waghorn (2009), employers may discriminate against PWDs, because of mistaken belief about their capabilities, or because they do not wish to include them in workforce<sup>10</sup>. LGUs also experienced discrimination among PWDs they refer for employment which corresponds to the actual problems experienced by PWDs.

**Lack of Support from Government.** The LSWDOs admitted that PWDs are still not a priority of some LGUs which result to the lack or insufficient fund allocation and poor implementations of RA 7277 or the Magna Carta for Disabled Person. Some of the LCEs

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<sup>8</sup> Sickness, disability and work: breaking the barriers. A synthesis of findings across OECD countries. Paris, Organisation for Economic Co-operation and Development, 2010.

<sup>9</sup> Russell C. Education, employment and training policies and programmes for youth with disabilities in four European countries. Geneva, International Labour Organization, 1999. Burchardt T. The education and employment of disabled young people. York, Joseph Rowntree Foundation, 2004. Eide AH, et al. Living conditions among people with activity limitations in Zimbabwe: a national representative study. Oslo, SINTEF, 2003.

<sup>10</sup> Waghorn G, Llyod C. The employment of people with mental illness. Australian e-Journal for the advancement of Mental Health, 2005, 4 (<http://www.auseinet.com/journal/vol4iss2suppl/waghornllyod.pdf>, accessed 3 July 2009).

lack knowledge in adapting programs directed towards the creation of employment opportunities within the locality. The inexistence or inactive PWD groups/federations is also an issue as well as the sustainability of the programs that are offered by the LGUs. According to LSWDOs, the Public Employment Services Officers (PESOs) do not have much initiative with regard to the job placement of PWDs.

**Limited Employment Outlet.** The lack of employment and/or livelihood opportunities for PWDs was highlighted as the major problem of Regions VII, I and NCR. They also identified problems on the lack of networking with employers who employ PWDs.

**Attitudinal and Behavioral Problems.** Most respondents answered that PWDs need to improve their attitude towards their capacities and capabilities for open-employment or employment in general. It was also pointed out that the PWDs have limited skills that need further enhancement to be competitive in the labor workforce.

**Laws and Regulations.** According to placement officers of N/AVRCs, lack of legislations that will push the creation of labor and employment opportunities may also cause difficulty in providing jobs for PWDs in the open-employment set-up. Also, the existence of the contractual labor policy hinders the regularization of PWDs.

## **VI. Determine how NVRC and AVRCs can realign its Services in the Provision of Technical Assistance (TA) to Local Government Units (LGUs)**

### **A. Realigning N/AVRCs Services to LGUs**

According to World Report on Disability, for some PWDs rehabilitation is essential to being able to participate in education, the labor market and civic life. In order to provide effective rehabilitation of PWDs the LGUs suggested the following on how they can be assisted by N/AVRCs on the rehabilitation of PWDs:

#### Vocational Rehabilitation Training

- N/AVRCs programs and services can be localized at barangay level.
- Networking with academe in provision of vocational training
- Provision of technical assistance to LGUs in proper handling of PWDs and programs and services of N/AVRCs.
- Conducting regular information dissemination in LGUs
- Adopting the community based rehabilitation program
- Assessing the needs of the PWDs in the community then conducting the appropriate training.

#### Operation and Support Services

- Increasing the budget allocation for PWDs that need vocational rehabilitation
- Provision of capital assistance for self-employment
- Provision of dormitories in N/AVRCs

### Employment Sustainability

- Provision of technical assistance to LGUs in assessing available jobs suited from PWDs
- Strengthening the placement services for PWDs
- Institutionalization of job referral/registration system for PWDs
- Conducting regular information dissemination of programs and services for PWDs in LGUs.
- Partnership with private sectors/employers on the jobs available for PWDs

### Monitoring

- Coordination with LGUs on effective monitoring and follow-up of the PWD clients.
- Turning over clients to LGUs after completing the vocational training.

## **B. Expanding N/AVRCs Services to LGUs through Technical Assistance**

Realigning N/AVRCs services in providing technical assistance to LGUs, the center service providers shared their insights as stated below:

**National Rehabilitation Plans and Improved Collaboration.** World Health Organization said that creating or amending national plans on rehabilitation, and establishing infrastructure and capacity to implement the plan are critical to improving access to rehabilitation. Plans should be based on analysis of the current situation, consider the main aspects of rehabilitation provision –leadership, financing, information, service delivery, products and technologies, rehabilitation workforce and defining priorities based on local needs. The successful implementation of the plan depends on establishing or strengthening mechanisms for intersectoral collaboration.

Affirming the previous observation of WHO, N/AVRCs service providers shared that in order to expand and improve the center services to LGUs there is a need to assess the situation and environment of the PWDs to identify the effective approach that will respond to their needs. Coordination between LGUs and CSOs in strengthening, conceptualizing and complementing programs and services for PWDs is needed. Also, family and the community should be included in the vocational rehabilitation of PWDs through Community Based Rehabilitation (CBR).

**Expanding Service Delivery to LGUs and Communities.** Major rehabilitation centers are usually located in urban areas; even basic therapeutic services are not often available in rural areas (World Disability Report, WHO, 2011). To reach out to more number of PWDs, the N/AVRCs can expand their services through the provision of technical assistance with the local workers in the proper handling and managing of PWDs, working closely with family members and tapping community resources for training and employment. According to N/AVRCs, Community Based Rehabilitation approach should be adopted by the centers to reach out to more number of PWDs.

### **Expanding N/AVRCs Services to LGUs**

There are four (4) DSWD non-residential vocational rehabilitation centers nationwide. PWD clients come from different regions which are often located far from where they live. From the PWDs point of view, the center services can be expanded through the following:

#### **Vocational Rehabilitation Training**

- The N/AVRCs should provide assistance to LGUs in the provision of vocational training.
- Replication of programs and services of N/AVRCs at local level to reach out to more number of PWDs.
- Train the LGUs in proper handling and dealing of PWDs and in the concept of social rehabilitation.
- Coordination with other stakeholders (i.e. academe) in the provision of vocational training.

#### **Employment Sustainability**

- Look for more employment opportunities suitable to PWDs' capability and capacity.
- Coordination with LGUs on the conduct of industrial survey and labor market demand with their respective locality.
- Strengthening the self-employment training in the locality.

#### **Other Services**

- Coordination with LGUs on the strengthening of the implementation of existing laws and legislations pertaining to economic independence of PWDs.
- Coordination with LGUs on the after-care services of PWDs in community.
- Strengthening the information dissemination of the N/AVRCs programs and services.
- Breaking literacy barriers.

## **VII. Identify Areas of Coordination among the NVRC/AVRCs, LGUs and CSOs in the Provision of Vocational Training Programs and Placement Services**

There are five (5) steps in which the LGUs and N/AVRCs collaborate and/or coordinate in the rehabilitation of PWDs. The respondents were asked to describe the process of coordination with N/AVRCs on the admission, vocational training, social rehabilitation, placement/ employment and after care service for clients.

### **A. Admission of Clients**

**Involvement of LGUs.** Majority or 104 respondents coming from center service providers, LSWDOs, PWDs and local government units are involved on the admission part of PWDs in order to avail of services from N/AVRCs, meanwhile, fourteen (14) of the respondents said that LGUs have no participation in the admission. Most of the respondents described that LGUs participate by means of referral system and initial

assessment. For some, they recruit clients through advocacy campaigns in barangays while some only refer those who seek help from their offices. After the clients have been recruited, the LSWDOs facilitate the case study reports and conduct home visits for the initial assessment and provide referral letters to be forwarded to N/AVRCs for admission. Some also subsidize the requirements needed such as medical examinations, transportation and food allowances for certain period.

**Involvement of Other Government Offices.** Majority or 65 of the respondent said that Government Office has no participation in the admission of clients in N/AVRCs and about 51 said they have no ideas on the involvement of GOs in the admission of clients. Only 12 said that GOs participated on referring clients in the center, they also helped the PWDs in the preparation of requirements (i.e medical requirements) as required by the N/AVRCs.

**Involvement of Civil Society Organizations.** Twenty-five (25) out of 127 respondents said that CSOs have involvement in the admission of clients to centers. The usual participation of CSOs is by referring clients through the coordination with LGUs.

## **B. Vocational Training Services**

**Involvement of LGUs.** On the vocational training aspect, 90 out of 127 respondents said that LGUs have no direct involvement in the vocational training of clients. Some respondents (18) believed that LGUs are involved though limited, such as when LGUs augment training needs through the provision financial assistance. In cases where clients do not attend classes or become habitually absent, LGUs' attention is being called in order to conduct home visits and identify the causes of it.

**Involvement of Other Government Offices.** Only 45 respondents said that GOs have participation on vocational training of PWDs. Of these number, 30 mentioned that other government offices, such as TESDA, DTI, and DOLE provide free short-term vocational courses/training on livelihood to PWDs. TESDA in particular helped the centers in upgrading the training modules and provision of National Certification II. Moreover, DepEd-ALS is also involved in giving basic literacy to unschooled PWDs. LGUs are also collaborating with DOH with regard to the licensure of the trained/ graduates of massage. Also, some agencies provide starter kits after the livelihood training for the self-employment of the trainees.

**Involvement of Civil Society Organizations.** Majority of the respondents said that there is no participation of CSOs in vocational training. Twenty-six (26) of the respondents said that CSOs have involvement in vocational training through the provision of financial assistance for the training needs of PWDs. There are some CSOs who donate equipment and materials to the centers and provide technical assistance to the vocational instructors. Sometimes, CSOs coordinate/ collaborate with LGUs on the conduct of skills trainings in their localities.

### C. Placement Service

**Involvement of LGUs.** Fifty-one (51) of the respondents agreed that LGUs have involvement in the placement of PWDs while 43 had contrary views on this and 33 had no direct idea on the participation of LGUs. According to respondents, some of the LGUs directly refer or coordinate with public employment service office (PESO) in looking for job outlets for PWDs in both open and self-employment. They also offer financial assistance (e.g SEA-K) to those who are willing to start a business or for those that are not sufficiently prepared to enter open employment. Other LGUs through PESO offer career guidance and employment counseling for clients.

**Involvement of Other Government Offices.** Almost half of the respondents (56) said that GOs have no participation in the employment of PWDs and 53 said they have no idea on the participation of GOs. Few respondents (18) said that GOs contributed to the employment of PWDs through the conduct of collaboration with employers as generation of job and opportunities for open employment of PWDs. Other respondents said that GOs also organized seminars and trainings on pre-employment and self-employment.

**Involvement of Civil Society Organizations.** Most respondents are not aware of the participation of CSOs in the employment of PWDs. Seventeen (17) of the respondents said that participation of CSOs is limited only to referrals of PWDs and provision of capital assistance for self-employment. Other CSOs meanwhile hire PWDs (i.e SM group of Companies) and provide starter kits like Leonard Jestrada NGOs.

### D. After-Care Service

**Involvement of LGUs.** Forty-seven (47) out of 127 respondents provide after-care services for PWD graduates. About 43 said that LGUs have no involvement in after care service and 37 said that they don't have any idea on the involvement of LGUs. Some mentioned that follow-up/ monitoring is not conducted regularly due to the workload of focal persons. However, when they do monitoring is done with the help of barangay officials and PDAO Office. However, for those provided self-employment assistance, follow-up is conducted to monitor the status and sustainability of the projects.

**Involvement of Other Government Offices.** Only four (4) respondents said that GOs have involvement in the after-care services of PWD graduates in the center while the rest said that they have no involvement or any idea on their participation.

**Involvement of Civil Society Organizations.** Only eight (8) of the respondents said the CSOs are involved in aftercare services and support through a monitoring of placed clients and monitoring of the sustainability of the projects provided to the clients.

## **E. Social Rehabilitation Services**

**Involvement of LGUs and GOs.** Majority of the respondents said there is no involvement in the social rehabilitation of PWDs. Their participation is done through referral of clients for assistive devices or equipment for mobility; sometimes they conduct counseling and training on sign language.

## **VIII. Identify Policy/Program Reforms that can be Instituted towards viable Vocational Technology Services and Job Placement for PWDs**

Below are the suggestions of respondents in order to improve the vocational rehabilitation and placement service of the N/AVRCs;

### **Operations**

- Additional allowance/financial support for transportation of PWDs who undergo training
- Strengthen the function of placement officer
- Establish N/AVRC satellites in LGUs
- Full support on livelihood and self-employment for PWDs
- Increase budget allocation
- N/AVRCs to conduct vocational training at LGUs/ barangay levels
- Conduct vocational training through CBR strategy
- Provision of technical assistance by N/AVRCs to LGUs with regard to vocational training/ rehabilitation of PWDs
- Full implementation of the Magna Carta for PWDs
- Provision of dormitories due to the distance of N/AVRCs from other municipalities/ cities

### **Linkages (N/AVRCs and LGUs)**

- Institutionalization of linkages with employers (private and government) thru legislation/ ordinance in the LGU
- Strengthen linkage with LGUs especially with PESO with regard to the placement of PWD graduates
- Strengthen the linkage/ partnership among LGUs and N/AVRCs and establish a good feedback mechanism by means of designating a focal person
- Joint scholarship assistance for PWDs
- Counter-parting between LGUs and N/AVRCs in the vocational training of clients.

### **Linkages with other agencies**

- Establish strong network with TESDA for the training/ placement of PWD graduates
- Establish network with NCDA
- Strong participation during dialogues, stakeholders' forum conducted by N/AVRCs
- PESO officer and trainers should be given training on how to handle PWDs
- TESDA and other government skills training agencies must provide training designed for PWDs only.

### Vocational Training

- N/AVRCs to upgrade and to add training/ courses offered to suit the needs of employer/ demands in the labor market. Additional courses such as: computer hardware, massage, electronics, automotives
- Improve the teaching skills of vocational instructors.
- Vocational courses should be aligned to the labor market demand
- Upgrade equipment used in the training
- On vocational rehabilitation, understand interest of PWDs and focus on enhancing specific skills. Try to avoid generic programs and design training along the interests of PWDs.
- Vocational training should be designed for local/ barangay levels for accessibility of PWDs.

### Employment Services

- Provision of starter kits to graduates of self-employment
- Provision of job placement for N/AVRC graduates right after they finish the course
- LGU to help N/AVRC in conducting industrial surveys
- Register the PWDs to PESO so that they can be given orientation, i.e career guidance
- Provide counseling and livelihood programs

### After-care Services

- Establish monitoring mechanism between LGUs and N/AVRCs for the PWD graduates and job-placed PWD graduates
- Organize the PWDs especially the trained/ graduates
- Conduct conferences wherein N/AVRCs can turn-over the graduates to LGUs
- N/AVRCs to provide list of CSOs and future employers for reference.
- Give capacity building, i.e self-empowerment for PWDs and integrate the existence of support groups from family and community.

### Advocacy/ Campaigns

- Encourage parents to participate through advocacy
- Strengthen advocacy with private sectors and other possible employers for the employment of PWDs; widen the network of employers who can accommodate PWDs
- Conduct of advocacy campaign on Magna Carta for PWDs for the private companies
- Government agencies and units to be the first to employ PWDs to set an example to private organizations.
- Maximize the barangay in the conduct of information dissemination and advocacy campaigns for PWDs.
- Resolution in LGUs that strengthen the implementation of employment of PWDs
- Continue the advocacy on mainstreaming the PWDs in local communities

## **CONCLUSION**

The findings of this study paved the way for the following conclusions:

### **1. On PWD graduates**

Based from the data on PWD graduates for CY 2009-2010, most of the graduates in N/AVRCs come from their vicinity and other nearby provinces. Data shows that there is a limited number of clients from rural areas and other provinces which also need to be catered by the center. To reach out to more number of PWDs, community Based Rehabilitation approach can be adopted by the centers to reach out to more number of PWDs specially those in the far-flung municipalities.

### **2. On Vocational Training Contribution to Employment Preparedness of PWDs**

Most of the PWD respondents have affirmed that the vocational training services of the centers were able to help them prepare for job placement. Through training they were able to acquire technical skills in their particular vocational course, develop their skills in communication, human relations and now have positive attitude towards work.

The center staff expressed that the vocational courses which were offered in the center were appropriate for the present employment needs of their clients. However, they see a need to upgrade the training modules the equipment of some courses.

The vocational courses offered in the centers are few, which only affords limited choices for PWDs entering the training program. Some of them have been taught a long time ago and have remained traditional in orientation, using outmoded and inadequate training equipment that hamper the transfer of skills to the trainees. The low or lack of exposure to the technology employed in the industries result in poor job prospects for the clients. Example, the lack of appropriate equipment for electronics courses make the graduates less competitive either in open or self-employment. Their skills are not adequately harnessed based on industrial demand for repair of industrial and applied electronics. In addition to the outmoded and limited equipment, the instructors lack exposure to new teaching techniques to help them teach their trainees fully develop their technical skills.

A review of the relevance of job placement to the client vocational courses showed that there were those whose job placement are not related to the courses that they were trained on. The suitability of vocational skills training provided in the centers should depend on the existing industry and employment opportunities within the places of origin of the graduates. It should correspond with the existing demand from local, industry either on open, self and sheltered employment.

### **3. On Placement System/Mechanism**

The job placement of a client in the vocational rehabilitation center is undertaken through a multidisciplinary approach. A group of professional work together as a team, these are the medical officer, social worker, psychologist, vocational instructor and

placement officer. Together with the client, they use their own areas of expertise to assist client to go through the process of vocational rehabilitation and achieve their goals. This process includes the evaluation phase which is directed at determining current and potential client functioning in order to identify suitable employment. It is followed by the planning phase which combines a thorough vocational analysis of the clients work potentials. Next, the treatment phase involves the utilization of rehabilitation facilities and support services both within and outside of the center. The termination phase is concerned with the placement of client to a suitable job.

Particular in this teamwork is the work of the placement officers in matching the client to the job, contacting employers for job opening, doing job analysis, industrial surveys and pre-employment seminar for graduates.

The placement officers however do not have sufficient skills or confidence to approach potential employers in commerce and industry to negotiate employment for PWDs. They need to develop their expertise, the contacts and the information necessary to make any significant impact on their job placement services.

#### **4. On Preparation of Staff**

Majority of the staff are college graduates, some have master's degree with few college undergraduate and vocational graduates. Most of them have permanent employment status, with few MOA and those on job contract. Their length of service in the center goes as long as 26 years. Their educational attainment and work experience have provided them with the necessary knowledge and skills to work in the center.

There is however a need for them to undergo training and or retraining on the current trends on rehabilitation of PWDs. They also feel a need to be trained on specialized areas such as sign language, braille and orientation and mobility. The vocational rehabilitation instructors should be given the opportunity to be exposed to modern teaching methodology and techniques.

Most important for the staff is to learn and develop their skills in working with their external environment. There is very limited involvement of Government Agencies, Civil Society Organizations and Organization of PWDs in the implementation of programs and services of the center. There should be more activities undertaken outside of the center to enable others to participate actively and increase their awareness and understanding of disability and increase acceptance of PWDs.

#### **5. On Gaps and Barriers Encountered in Job Placement**

As presented by the respondents, the following are the problems encountered in the placement of PWDs:

- 1) A major problem in the employment of PWDs is the high rate of unemployment in the country. There are so many able-bodied people who are still unemployed, that providing employment to the PWDs is not yet a priority.

- 2) Some attitudes and beliefs held by the PWDs, their families, service providers, those making and implementing policies and the public continue to hamper the development of rehabilitation services including job placement.
- 3) The existence of the contractual labor policy also hinders the long term employment of PWDs. In addition, there are laws that are not followed by the employer in employing PWDs.
- 4) These are also negative attitude or discrimination of employers in giving employment opportunities to PWDs.
- 5) The low self-esteem of PWDs on their capability to work and/or retain employment is also a problem.
- 6) Lack of financial resources for those who want to engage in self-employment.
- 7) The center trainees are either unschooled or have low levels of educational attainment.

Despite of the existence of these barriers, the placement officers are able to place PWDs in jobs. The problem however is that most these employment are short-term employment.

## **6. On Coordination Efforts between N/AVRCs and LGUs**

Based on the suggestions of the respondents the following are areas where they can collaborate:

- 1) Assist the centers in case finding of PWDs to increase the number of activated clients.
- 2) Prepare and refer PWDs for vocational rehabilitation in the center.
- 3) Identify and refer PWD groups who may need specialized training such as sign language, orientation, mobility and vocational courses in the community.
- 4) Identify and help motivate local schools and other learning institution to accept PWDs for school placement.
- 5) Conduct joint advocacy/ information drive on disability issues and programs in the local level.
- 6) Provide capital assistance to PWDs who will engage in self-employment after vocational training.
- 7) Assist in the contact and motivation of employers and other business enterprises to hire trained PWDs

- 8) Provide opportunities for the centers to use Community Based Rehabilitation Approach in providing vocational training and employment services to the PWDs with the support of local officials
- 9) Develop a system of close working relationship in the case management of LGU clients undergoing vocational rehabilitation starting with assessment of the case to the provision of after care services.
- 10) Assist placement officers in the conduct of job survey in the locality.
- 11) Assists placement officers organize and develop alternative method of job placement with the support of local officials (i.e work crew, sheltered placement scheme, enclave system and etc.)

The active involvement of community members and local officials in all of these activities should be encouraged to maintain the support for the PWDs.

## **Recommendations**

1. For the VRC's to increase the number of active clients undergoing vocational training and for the DSWD to set a standard number of caseload for each center on a monthly basis.
2. Develop a regular and dynamic case finding and referral system that will fulfill the concept that every disabled person is entitled to know about and be considered for vocational rehabilitation services according to his/her needs and interests. The centers should establish and maintain professional relationship with private and public agencies, professional groups, PWD organizations, NGOs and others to receive from these sources referrals and support for their programs and services. These activities should not be limited to areas near the centers but should reach those regions that are included in the coverage of each center.
3. Expand their vocational rehabilitation program to the LGUs using the Community Based Rehabilitation Approach, where the services are provided in the community with the active participation of the PWD, their families, local leaders and the community as a whole. For example a group of young hearing impaired persons coming from a clustered barangay who are unable to go to the center can have their training in sign language in their area. The training will include members of their families and interested community members. Local officials may provide the venue for training or support their transportation to and from the training. What is most important in the Community Based Rehabilitation Approach is its capacity to educate communities in the rehabilitation of PWDs in the communities. Rehabilitation Services is undertaken with minimum disruption to PWD and his family. The rehabilitation process takes place within the community for all to witness and participate in rehabilitation, as skills and abilities are acquired, family and friends absorb the challenges and accepts them.
4. Revive its role as a demonstration center where experimentation of new techniques and methods are constantly introduced and evaluated in order to

update rehabilitation strategies that can be shared with other agencies involved in the rehabilitation of PWDs.

5. That an agreement be crafted between the DSWD and DILG for the center staff and LGU social worker and the PESO Officer to work closely in the case management of the PWD undergoing vocational rehabilitation in the center or in the community. At present the LSWDO only refer the clients to the center, there is no continuing working relationship between them. They should work together from the initial assessment, exploratory period of the client, vocational rehabilitation planning, vocational training, pre-employment services, job placement and after care. This will ensure that the vocational rehabilitation goal of client is planned and develop in relation to the locality where he/she reside.
6. That all new staff assigned in the center should undergo thorough orientation on different disabilities including the special group. Equally important is knowledge and working in a multi-disciplinary setting where there are different professionals working together to help achieve the vocational rehabilitation goal of PWDs.
7. There is also a need for them to undergo orientation/re-orientation on the following among others:
  - a. The UN Convention on the Rights of Persons with Disability.
  - b. The Framework of Action for the Asian and Pacific Decade of Persons with Disabilities.
  - c. BIWAKO Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific.
  - d. The World Program of Action Concerning People with Disabilities.
  - e. ILO Convention 159 for the Rehabilitation and Employment of Persons with Disabilities.
  - f. EO437, 2005: "Encouraging the Implementation of Community Based Rehabilitation (CBR) (by LGUs) for Persons with Disabilities in the Philippines.

**For the DSWD Central Office:**

8. For the DSWD to convene a group of experts in vocational training and employment, in order to review and revise the vocational training and job placement services. Relate the vocational courses and employment process and strategies to existing job opportunities and labor market demands.

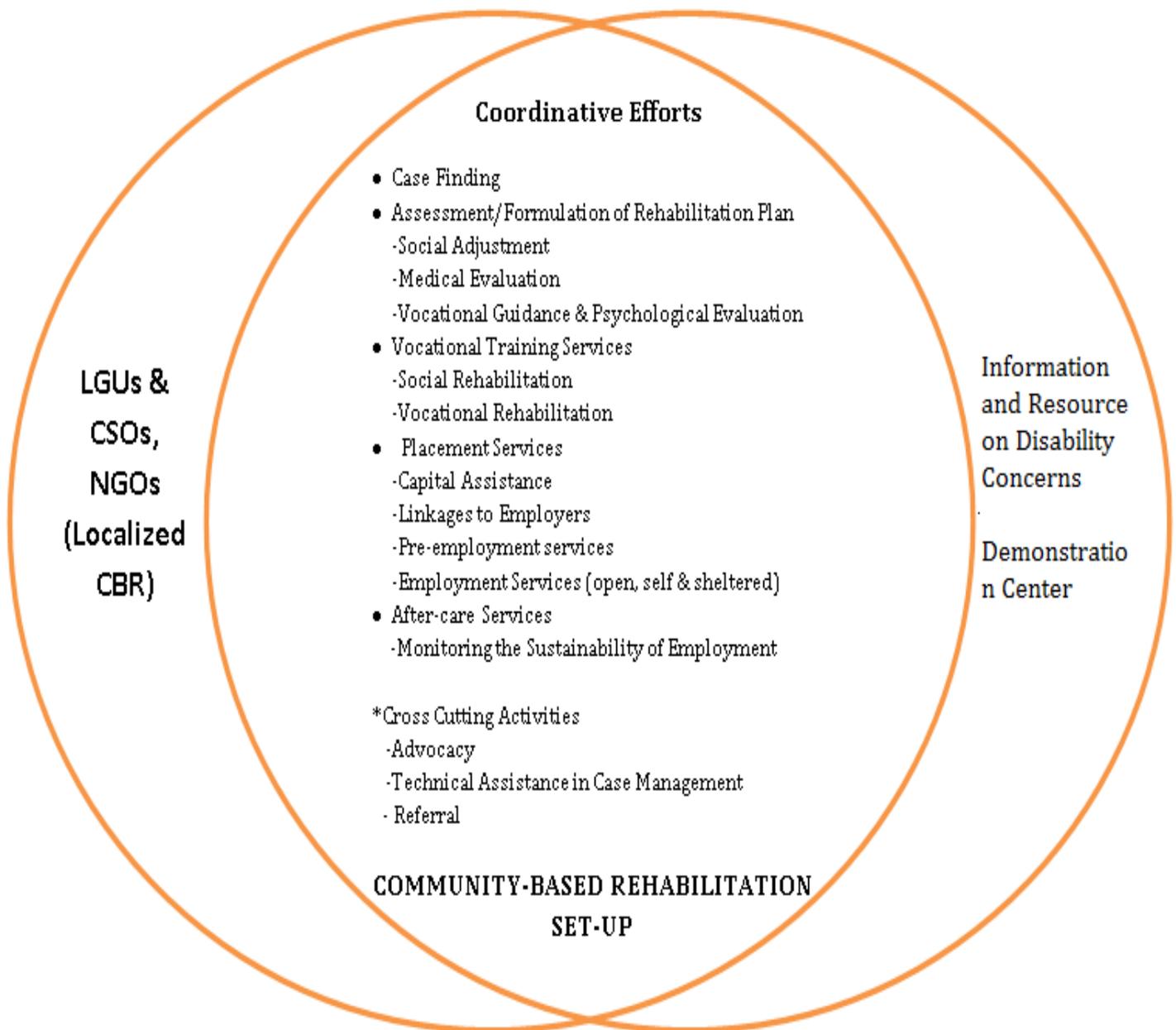
9. For the Social Marketing Service (SMS) of the DSWD to assist the center organize and develop an information services on disability concerns. People with disabilities and their families are often unable to meet their needs because they don't know what and where services and programs are available or where to go and find out. The center will provide information and advice about agencies working for PWDs. Prosthetic devices, aids and appliances needed by them. Information should also include the different laws, projects, programs and services for PWDs, etc. The center will act as a Resource Center for Disability Concerns.
  
10. For the Capability Building Bureau to conduct training for center staff which will provide among others the following:
  - a) Understanding of disability through the medical model and the social model.
  - b) Adequate knowledge of disabilities, their limiting effects and dynamics.
  - c) Knowledge of the support services available to facilitate PWDs integration to active economic and social life.
  - d) Knowledge of the range of work aids, including modification of work environment.
  - e) Knowledge and develop skills in teaching special courses like sign language, braille and orientation and mobility.
  - f) Knowledge on Social Rehabilitation (Individual, group and peer counseling,
  - g) Assertion training, Social skills training, Behavior therapy and modification, Problem solving training and Situation approach).
  - h) Knowledge in working with PWD organizations.
  - i) Team work
  
11. The DSWD including center staff should involve and or consult PWD organizations in the implementation of the foregoing recommendations from planning stage to implementation.

In the conduct of PREW of the N/AVRCs, the following self-reflection questions may be included in the assessment in the provision of rehabilitation services:

- 1) Do you fully understand the needs of the clients that you are working with?
- 2) Are you effectively communicating these needs to all individuals and groups in a position to help affect change?
- 3) Are you involving all those persons who should be involved fully in the process?
- 4) Are we solving the current problem using all of the means at your disposal; both specialized and non-specialized?

## Reforms based on Rethinking Programs and Services Delivery of DSWD Vocational Rehabilitation Center

If we are to summarize the results of the findings on possible coordination efforts between N/AVRC and LGUs, we can generate the following illustration.



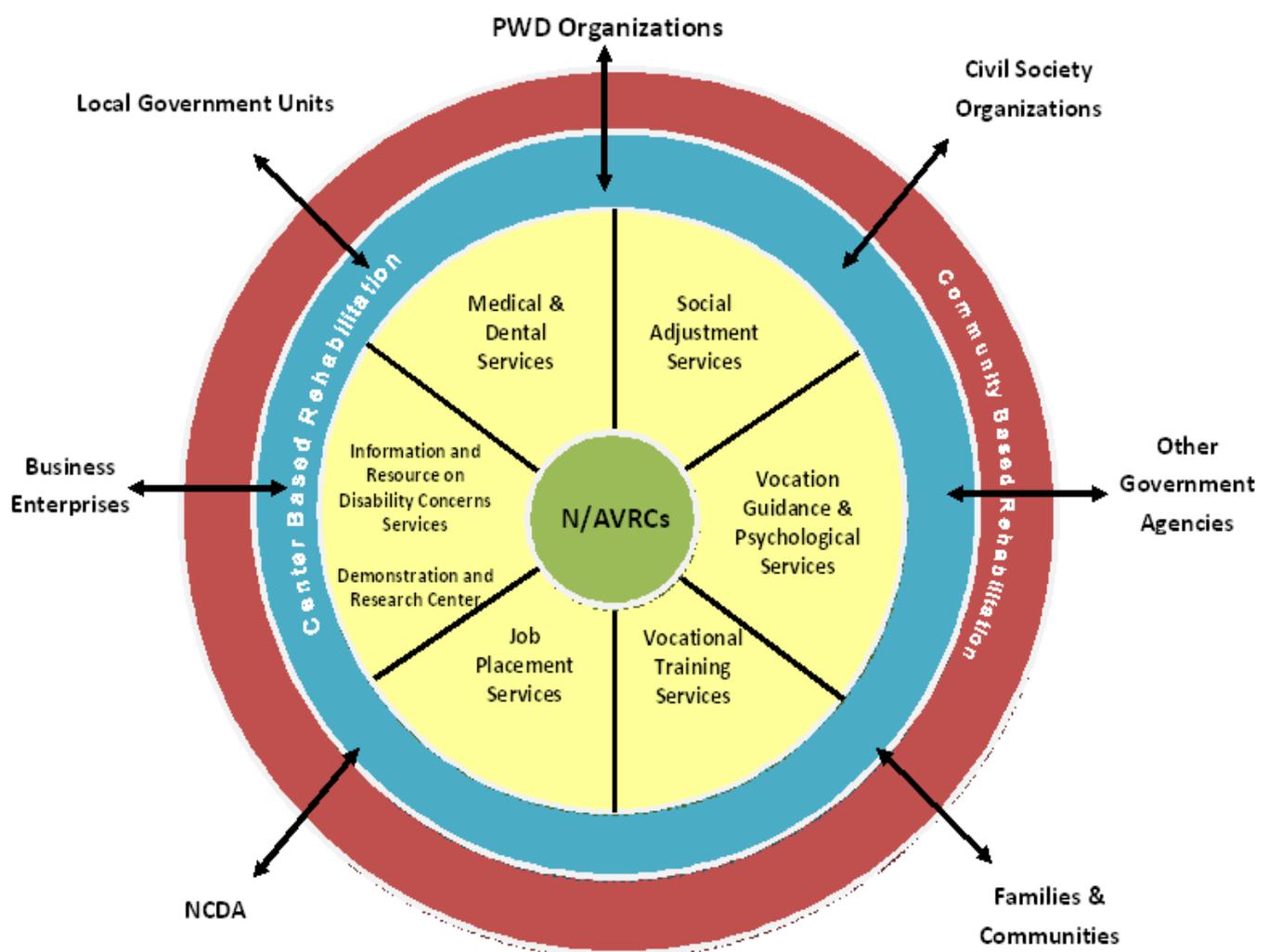
The figure above suggests that LGUs and CSOs should have solid involvement on each of the components of Vocational Rehabilitative and Developmental Services for Persons with Disabilities, these are: Case Finding, Assessment, Vocational Training,

Placement and After-care. We can note that each component has separate activities and cross-cutting areas. And one way to operationalize this is not just their active participation, but an involvement towards localizing these components, through the Community-Based Rehabilitation. In this manner, we can help LGUs realize their mandate as the primary agency that takes the lead in the delivery of programs and projects for disabled persons and take full responsibility in the provision of basic services and facilities. Further, N/AVRC as the primary agencies directed to draw out and maximize utilization of human potentials towards clients' rehabilitation is expanding its functions as a strong foothold of LGUs as information-resource center and demonstration center of PWDs, whereby information and advice about agencies working with PWDs which includes information on accessing and procuring devices, aids and appliances needed by them and demonstration for of new techniques and methods that will be introduced with other agencies involved in rehabilitation of PWDs. Information should also include the different laws, projects, programs and services for PWDs, etc. Therefore a clear working relationship between the N/AVRCs, LGUs, CSOs and NGOs in the vocational rehabilitation of PWDs in center-based and community based.

In this way, we can help LGUs realize their mandate as the primary agency that takes the lead in the delivery of programs and projects for disabled persons and take full responsibility in the provision of basic services and facilities.

## Recommended NVRC and AVRCs Process Framework of Programs and Services Delivery

The following reforms maybe considered for the four (4) Vocational Rehabilitation Centers.



1. That the centers will expand their vocational rehabilitation services in their communities. They will use both the CENTER-BASED and COMMUNITY-BASED APPROACH in delivering services.

CENTER-BASED REHABILITATION APPROACH utilizing multidisciplinary collaboration in providing an integrated and coordinated vocational rehabilitation services that will help persons with disabilities return to their community in better control of themselves and their environment.

They will however need assistance on the following to be able to make their centers more conducive to learning and attain their goal of job placement for their graduates.

- Increase the number of vocational courses taught in the centers with appropriate tools and equipment.
- Upgrade the equipment and training curricula of existing vocational courses that had remained traditional in scope and orientation.
- Provide opportunities for staff to undergo training to enhance their skills in teaching technical courses, job placement and working with different disabilities.
- For the center staff to increase the number of active clients undergoing vocational training. They should not be content with walk in clients and referrals. They should develop a regular and dynamic case finding and referral system to reach clients who need their services.

COMMUNITY BASED REHABILITATION APPORACH – The approach involved the local community in a voluntary and auxiliary capacity with the active participation of the family of the PWDs in delivering vocational rehabilitation services. It is considered a viable and valuable option, particularly in rural, hard to reach areas where there is no possibility of rehabilitation services reaching PWDs. The rehabilitation process that PWD will undergo is within experience and understanding of the community, the vocational skills that they will acquire will be valuable in their rural home life, and members of their family will see the improved work potential of their family members.

Together with the Local Social Welfare and Development Officers (LSWDOs), the center staff will introduce the service to the community. A public awareness exercise is mounted. This requires discussion with local officials from governor downward and ultimately and most importantly the people in the barangays. With the help of local social worker volunteers are identified and trained.

In the local community set-up, there is a need to assess the situation and environment of the PWDs to identify the effective approach that will respond to their needs. Hence, coordination and networking with GAs (i.e DOH, DOLE, TESDA and etc.), CSOs, NGOs, PWD Organizations, Local employers, communities and families should be strengthen in replication the service delivery of the centers. Also, family and the community should be included in the vocational rehabilitation of PWDs to build community support services. In this way stakeholders in communities will become capable and competent in providing knowledge and skills to PWDs and in inculcating proper attitudes and values in

handling them. With the participation of communities this might be a step toward inclusive health, education, auxiliary social services, vocational training, employment, advocacy, accessibility and information, communication and technology.

The center staff will train and provide continuous support to the Social Workers and volunteers to be able to do the following roles and responsibilities:

- Identifying the disabled client;
- Making contact and forming a relationship with the client and the family;
- Helping client and the family to identify their needs and plan rehabilitation goals;
- Identifying and mobilizing the resources of the community;
- Ensuring that planned steps to rehabilitation are carried out and
- Keeping the local community interested and involved.

As the focus of this CBR in vocational rehabilitation, the question asked is “What work should the disabled do?” The answer lies in looking at the family and community. If it is a fishing community and the family members are in the fishing industry, then that is where the capacities should be assessed and matched to the demands of particular operation in that industry. If for example an epileptic lives in a fishing village he should not go out to sea in a small boat-but he could help make boats, repair them, paint them, he could make fishing nets and fish hooks, tally and pack the catch, keep accounts and record book. He will be part of the family and community enterprise.

The rehabilitation plans made for and with PWDs is not restricted to vocational aspect of need, sometimes the need maybe for crutches communication skills, mobility training for the blind, or perhaps some basic education.

The approach and methods are natural, treating and helping PWD members of the community much the same way as everyone else is treated and helped, the effect is to “destigmatise” disability. The methods help people merge into the normal social economic and employment activities of their families and communities.

The center staff will need to undergo training on how to implement the Community Based Vocational Rehabilitation.

The center staff should develop a strong working relationship with the LGUs social workers and the Public Employment Service Officers delivering vocational rehabilitation programs and services to PWDs.

At present the program for PWDs is not a priority of LGUs. A close working relationship with them would help them undertake their mandate as primary agency in the delivery of programs and services for PWDs and take full responsibility in the provision of basic services and facilities for them.

The center staff with their knowledge and skills in working with PWDs will help them by providing technical assistance, share techniques methods and strategies that they have successfully used in the vocational rehabilitation of PWDs. With a well-established information and resources center they can help LGUs reach and encourage more clients who are in need of vocational rehabilitation services avail of these services.

2. N/AVRCs to serve as resource center for disability concerns in their area. The centers will provide accurate and reliable information and equalization of opportunities.

The center will meet the need of PWDs and their families who experience considerable difficulty in getting regular information about programs relevant to their needs. This would include the different agencies, their location, how they can avail of their programs and services.

It will provide information on the different legislations, policies, special legislations proclamations and United Nations Declarations etc. concerning vocational rehabilitation.

The center will provide information exchange to develop coordinated programs to PWDs. Information on new development in rehabilitation that will be shared with other agencies working with PWDs and organizations of PWDs.

3. Serve as a demonstration center for experimentation of new techniques and methods that are constantly introduced and evaluated in order to update rehabilitation strategies which can be shared with other agencies involved in the rehabilitation of PWDs.

The four (4) Vocational Rehabilitation Centers should become facilities that provides programs and services that will improve accessibility and equality of opportunity,

promote participation and inclusion, increase respect for autonomy and dignity of person with disability.

## ANNEXES

**Table 1. Distribution of respondents in N/AVRCs, CY 2012**

Center	Center Head	Medical Officer	General Psychologist	Supervising Social Worker	Supervising Manpower Development Officer	Supervising Placement Officer	Social Worker	Manpower Development Officer	Placement Officer	Total
NVRC	1	1	1	1	1	1	3	5	1	15
AVRC I	1	1	1	1	1	1	2	9	-	18
AVRC II	1	1	1	1	1	1	2	8	1	16
AVRC III	1	1	1	1	1	1	1	7	-	14
Total	4	4	4	4	4	4	8	29	2	63

**Table 2. Distribution of profile of center-staff respondents, by sex, 2012**

Center	Male	Female	Total
NVRC	4	11	15
AVRC I	4	14	18
AVRC II	4	12	16
AVRC III	5	9	14
Total	17	46	63

**Table 3. Profile of center-staff respondents, by years in service, 2012**

Center	Less than 1 year	1 to 5 year	6 to 10 year	11 to 15 year	16 to 20 year	21 to 25 year	26 year and above	Total
NVRC	2	6	2	4	-	-	1	15
AVRC I	-	6	1	2	1	3	5	18
AVRC II	-	7	1	5	1	1	1	16
AVRC III	-	4	6	1	-	1	2	14
Total	2	23	10	12	2	5	9	63

**Table 4. Profile of center-staff respondents, by educational attainment, 2012**

Center	College graduate	College undergraduate	Graduate study	Post graduate	Vocational graduate	Total
NVRC	12	1	-	1	1	15
AVRC I	9	3	1	2	3	18
AVRC II	12	-	4	-	-	16
AVRC III	9	1	3	1	-	14
Total	42	5	8	4	4	63

**Table 5. Profile of center-staff respondents, by tenurial status, 2012**

Center	Regular	Memorandum of Agreement (MOA)	Casual	Job Order (JO)	Total
NVRC	13	2	-	-	15
AVRC I	9	6	1	2	18
AVRC II	11	5	-	-	16
AVRC III	12	1	-	1	14
Total	45	14	1	3	63

**Table 6. Profile of PWDs respondents, by sex, 2012**

Center	Male	Female	Total
NVRC	5	3	8
AVRC I	6	3	9
AVRC II	5	6	11
AVRC III	8	4	12
Total	24	16	40

**Table 7. Profile of PWDs respondents, by civil status, 2012**

Center	Single	Married	Separated	Total
NVRC	7	-	1	8
AVRC I	8	1	-	9
AVRC II	8	2	1	11
AVRC III	8	2	2	12
Total	31	5	4	40

**Table 8. Profile of PWDs respondents, by course taken in NVRC/AVRCs , 2012**

Center	NVRC	AVRC I	AVRC II	AVRC III	Total
Basic computer operations	-	-	-	3	3
Basic cosmetology	-	-	2	2	4
Commercial arts and craft	-	-	1	-	1
Commercial cooking/HAS	-	-	1	-	1
Computer literacy	2	-	-	-	2
Computer technology	-	-	2	-	2
Dress and apparel technology	-	-	1	-	1
Dressmaking	-	4	-	-	4
Food management and canteen service	2	1	-	-	3
Food services and canteen management	-	1	-	-	1
Garments technology	-	-	-	4	4
Garments trade	2	-	-	-	2
Industrial arts	-	-	-	2	2
Scientific massage	1	2	4	1	8
Watch and cellphone repair	1	1	-	-	2
Total	8	9	11	12	40

**Table 9. Distribution of PWD respondents said that trainings in NVRC/AVRCs increases their chances to be employed**

Center	Yes	No	Total
NVRC	6	2	8
AVRC I	8	1	9
AVRC II	11	-	11
AVRC III	12	-	12
Total	37	3	40

**Table 10: Distribution of PWD respondents related their jobs on vocational courses they undertook**

Center	Yes	No	No-response	Total
NVRC	5	3	-	8
AVRC I	6	-	3	9
AVRC II	9	-	2	11
AVRC III	7	1	4	12
Total	27	4	9	40

**Table 11. Personality Growth/Development**

Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Don't feel stressed in managing many things	6	9	6	12	7
Like learning new things	6	1	1	11	21
Openness to opportunities to learn and grow	1		1	17	21
Eager to throw myself into my work	-	2	1	13	24
Always working on improving myself	-	-	1	16	23
Aware of areas for improvement & willing to enhance it	-	-	-	15	25
Total	13	12	10	84	121

**Table 12. Technical Focus**

Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Ability to apply learned knowledge and skills	1	2		15	22
Its not hard to cope in work areas	8	15	1	9	7
Adequate ability to perform the job		4	4	13	19
Did not experience difficulty starting tasks	9	16	2	8	5
Easily to understand the subject being taught by the trainers	11	14	3	7	5
Excel during the training		4	3	14	19
Meet the qualification standards		3	5	21	11
Improves literacy		1	2	23	14
Total	29	59	20	110	102

**Table 13. Attitudes to work**

Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Working proficiently	-	1	3	16	20
Positive work attitudes	1	1	1	14	23
Positive work habits	-	3	-	16	21
Not easily offended	15	8	4	8	5
Intolerance of criticism	4	10	6	11	9
Don't feel upset if others change the way I have organized	4	11	3	12	10
Like being told what to do	3	4	3	17	13
Total	27	38	20	94	101

**Table 14. Interpersonal Orientation**

Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Easily establishing trust and rapport	9	8	9	11	3
Exhibited leadership	0	5	4	10	21
Can relate with classmates/coworkers	0	0	3	13	24
Expresses herself/himself easily	1	3	3	16	17
Comfortable approaching senior people	1	3	3	13	20
If there something I cant understand, I seek assistance for clarification	0	3	1	21	15
I can get easily with other people	6	5	4	13	12
Ability to adopt in different social situation	3	3	2	17	15
Total	20	30	29	114	127

**Table 15. Maturity**

Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Can work on my own	2	2	1	12	23
Know my strength and weaknesses	-	1	4	15	20
I don't feel weak as compare to others	9	7	4	14	6
Taking responsibility for decisions and	-	1	1	20	18
Don't feel uneased askingh questions when unsure	6	9	6	11	8
Vocational training increased myself	-	-	-	9	31
Confident about learned knowledge	-	2	1	20	17
I learned how to prioritize	-	1	1	22	16
I can complete my tasks promptly	-	2	3	20	15
Total	17	25	21	143	154

**Table 16. Ability to follow instruction**

Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I don't need constant supervision	1	12	6	12	9
Can easily follow instructions	-	4	2	15	19
Can able to work even without instructions	4	9	4	17	6
There is one specific aspect that need	2	11	4	19	4
If I don't understand, I seek for assistance for clarification	-	1	2	21	16
Total	7	37	18	84	54

**Table 17: Motivation**

Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Increased motivation to excel in workforce	-	3	4	15	18
I think I will succeed	11	12	4	9	4
Total	11	15	8	24	22

**Table 18. Organizational Awareness**

Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Never came late and absent	4	6	5	10	15
Not hard to adjust in workplace	2	9	7	12	10
Total	6	15	12	22	25

**Table 19. Adaptability**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Exhibited flexibility	-	1	3	16	20
Can work faster	-	5	6	11	18
Able to continue working when under pressure	7	11	7	9	6
Total	7	17	16	36	44

**Table 20. Type of employment outlet provided by NVRC/AVRCs**

Center	Open-employment	Self-employment	Sheltered-employment	No response	Total
NVRC	5	2	-	1	8
AVRC I	7	1	-	1	9
AVRC II	3	6	-	2	11
AVRC III	7	0	1	4	12
Total	22	9	1	8	40

**Table 21. Length of time to be contacted by N/AVRCs**

Center	Less than a month	1-6 months	1 year to less than 2 years	No-response	Total
NVRC	0	4	2	2	8
AVRC I	5	2	0	2	9
AVRC II	8	0	0	3	11
AVRC III	9	1	0	2	12
Total	22	7	2	9	40

**Table 22. Average length of time to be employed**

Center	0-5 months	6-10 months	more than 1 year	No-response	Total
NVRC	3	0	0	5	8
AVRC I	5	0	2	2	9
AVRC II	4	1	1	5	11
AVRC III	8	1	0	3	12
Total	20	2	3	15	40

Center	Recommended by someone	Information from friends	Arranged by placement officer	Self-employment	No response	Total
NVRC	1	1	5	0	1	8
AVRC I	0	0	6	0	3	9
AVRC II	1	0	6	0	4	11
AVRC III	1	0	6	1	4	12
Total	3	1	23	1	12	40

Center	Rehabilitation counselor	Friends/Family member	Arranged by placement officer	TESDA	No one/found it myself	LGUs	No-response	Total
NVRC	-	6	-	-	-	-	2	8
AVRC I	1	6	1	-	1	-	2	11
AVRC II	2	6	1	-	-	1	3	13
AVRC III	2	6	2	1	-	-	3	14
Total	5	24	4	1	1	1	10	46

Center	Referral for possible placement	Information on job opening	Employment counseling	Financial assistance (self-employment)	Return to LGUs	School placement	Monitoring/Aftercare	No-response	Total
NVRC	-	1	-	1	-	-	-	6	8
AVRC I	1	4	-	1	1	-	-	4	11
AVRC II	4	8	2	1	-	-	1	3	19
AVRC III	4	9	1	3	-	2	-	-	19
Total	9	22	3	6	1	2	1	13	57

Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Demonstrate sensitivity to students' ability to absorb content information & desire to learn	-	2	1	9	28
Explains the subject matter clearly & with depth	-	2	4	10	24
Relates the subject matter to other pertinent topics	1	2	1	17	19
Raises problems & issues relevant to the topics of discussion	-	2	3	20	15
Enhances students self-esteem through the proper recognition of their abilities	-	3	2	12	23
Allows students to make their own decisions & be accountable for their performances	-	2	2	14	22
Stimulates students desire & interest to learn more about the subject matter	1	2	3	13	21
Total	2	15	16	95	152

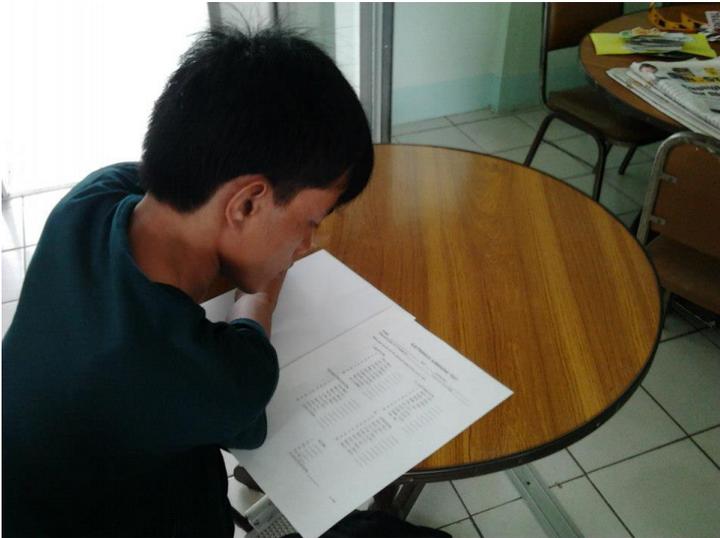
Item	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Make himself/herself available to students for consultation beyond official teaching	-	2	1	9	28
Formulate job placement plan	-	2	4	10	24
Supplement available resources	1	2	1	17	19
<b>Total</b>	<b>1</b>	<b>6</b>	<b>6</b>	<b>36</b>	<b>71</b>

Knowledge in Braille								
Center	Very low	Low	Moderate	High	Very high	not ask	no response	Total
NVRC	5	1	2	-	-	7	-	15
AVRC I	4	1	2	3	1	1	6	18
AVRC II	5	5	-	2	1	-	3	16
AVRC III	4	1	4	-	-	-	5	14
<b>Total</b>	<b>18</b>	<b>8</b>	<b>8</b>	<b>5</b>	<b>2</b>	<b>8</b>	<b>14</b>	<b>63</b>
Knowledge in Sign language								
NVRC	3	3	2	-	-	7	-	15
AVRC I	-	3	8	1	-	1	5	18
AVRC II	1	3	7	2	2	-	1	16
AVRC III	2	4	5	1	-	-	2	14
<b>Total</b>	<b>6</b>	<b>13</b>	<b>22</b>	<b>4</b>	<b>2</b>	<b>8</b>	<b>8</b>	<b>63</b>
Knowledge in Guidance counseling								
NVRC	-	-	3	3	2	7	-	15
AVRC I	-	1	4	5	2	1	5	18
AVRC II	-	3	4	5	-	-	4	16
AVRC III	-	1	8	1	-	-	4	14
<b>Total</b>	<b>-</b>	<b>5</b>	<b>19</b>	<b>14</b>	<b>4</b>	<b>8</b>	<b>13</b>	<b>63</b>
Knowing Learning needs of clients								
NVRC	1	-	3	1	3	7	-	15
AVRC I	-	-	3	7	2	1	5	18
AVRC II	-	2	6	3	2	-	3	16
AVRC III	-	-	6	4	1	-	3	14
<b>Total</b>	<b>1</b>	<b>2</b>	<b>18</b>	<b>15</b>	<b>8</b>	<b>8</b>	<b>11</b>	<b>63</b>
Sensitive to the ideas/problem of students								
NVRC	-	-	1	3	4	7	-	15
AVRC I	-	-	3	6	3	1	5	18
AVRC II	-	1	6	-	5	-	4	16
AVRC III	-	-	5	5	1	-	3	14
<b>Total</b>	<b>-</b>	<b>1</b>	<b>15</b>	<b>14</b>	<b>13</b>	<b>8</b>	<b>12</b>	<b>63</b>

**Table 29. Instructors utilizing evaluation done by social workers, doctors, psychologist and placement officers**

<b>Social Worker</b>					
Center	Yes	No	not asked	no response	Total
NVRC	7	-	7	1	15
AVRC I	14	2	1	1	18
AVRC II	11	1	-	4	16
AVRC III	10	1	-	3	14
<b>Total</b>	<b>42</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>63</b>
<b>Doctor</b>					
NVRC	7	-	7	1	15
AVRC I	15	-	1	2	18
AVRC II	11	-	-	5	16
AVRC III	10	1	-	3	14
<b>Total</b>	<b>43</b>	<b>1</b>	<b>8</b>	<b>11</b>	<b>63</b>
<b>Psychologist</b>					
NVRC	7	-	7	1	15
AVRC I	12	3	1	2	18
AVRC II	10	1	-	5	16
AVRC III	10	1	-	3	14
<b>Total</b>	<b>39</b>	<b>5</b>	<b>8</b>	<b>11</b>	<b>63</b>
<b>Placement Officer</b>					
NVRC	7	-	7	1	15
AVRC I	12	3	1	2	18
AVRC II	11	1	-	4	16
AVRC III	10	1	-	3	14
<b>Total</b>	<b>40</b>	<b>5</b>	<b>8</b>	<b>10</b>	<b>63</b>

**M. Pictures**



AVRC 3 Staff in Zamboanga City



Hairdressing facilities in AVRC



Deaf clients playing chess during their free time



AVRC Satellite in Lapuyan, Zamboanga del Sur



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