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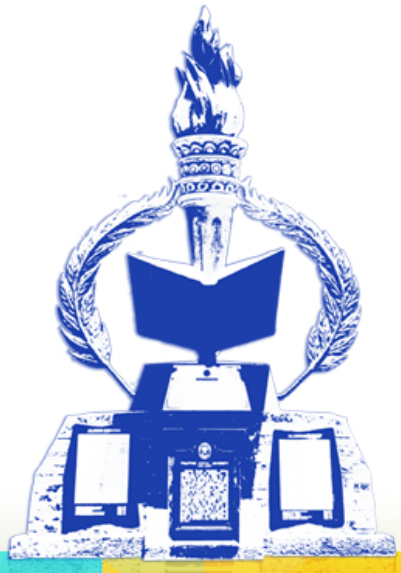
The Status of the Community Based-Rehabilitation (CBR) Program of Barangay Commonwealth: Basis for Improving the Quality of Life of Students with Visual Impairment

Evelyn T. Matienzo
Philippine Normal University



THE STATUS OF THE COMMUNITY BASED-REHABILITATION (CBR) PROGRAM OF BARANGAY COMMONWEALTH: BASIS FOR IMPROVING THE QUALITY OF LIFE OF STUDENTS WITH VISUAL IMPAIRMENT

A SPECIAL PROJECT
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In Partial Fulfillment
of the requirement for the
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with Special in Special Education
(Teaching Children with Visual Impairment)

By

EVELYN T. MATIENZO
OCTOBER 2013

APPROVAL SHEET

The Special Project entitled **"THE STATUS OF THE COMMUNITY- BASED REHABILITATION (CBR) PROGRAM OF COMMONWEALTH: BASIS FOR IMPROVING QUALITY OF LIFE OF STUDENTS WITH VISUAL IMPAIRMENT"** prepared and submitted by Evelyn T. Matienzo, is hereby recommended for approval. and acceptance.

Date _____ _____

TERESITA G. DE MESA, Ed. D.
Adviser

Approved and accepted as partial fulfillment of the requirements for the degree of Master of Education with specialization in Special Education (Teaching Children with Visual Impairments).

Date _____ _____

TERESITA G. DE MESA, Ed. D.
Program Adviser, Special Education

Date_____ _____

MERRY RUTH M. GUTIERREZ, Ph. D.
Director
Graduate Research Office

Date _____ _____

ZENAIDA Q. REYES, Ph. D.
Dean
College of Graduate Studies and Teacher Education Research

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E. T. M.

DEDICATION

To my loving parents

Teodulfo and Beatriz

to my dearest husband

Rodolfo

to my supportive children

Rodlyn Eunice, Ryan Aron, and Rudyven Leigh

who are always there for me at all times

to my **brother, sisters** and **in-laws**

to my **friends**

to all my lovable **students** who are my inspiration

to my thoughtful **parents**

and to **God the Father Almighty**

who loves me unlimitedly and gave me strength all the days of my life

this modest work is heartfully

dedicated.

ABSTRACT

TITLE	:	THE STATUS OF THE COMMUNITY BASED-REHABILITATION (CBR) PROGRAM OF BARANGAY COMMONWEALTH: BASIS FOR IMPROVING THE QUALITY OF LIFE OF STUDENTS WITH VISUAL IMPAIRMENT
DEGREE	:	Master of Education
SPECIALIZATION	:	Special Education (Teaching Children with Visual Impairment)
NAME	:	EVELYN T. MATIENZO
KEY CONCEPTS	:	Status Community-Based Rehabilitation Program
ADVISER	:	Teresita G. de Mesa, Ed.D.

This study aimed to determine the status of the Community-Based Rehabilitation (CBR) Program of Barangay Commonwealth as a basis for improving the quality of life of students with visual impairment during the school year 2013-2014. The researcher made use of descriptive method of research to determine the respondents profile, the extent of objectives, orientation phase, planning phase, implementation phase, and monitoring phase.

The study also found out the problems encountered by the Community –Based Rehabilitation program of Barangay Commonwealth and proposed how the findings of

this study could be utilized to strengthen its program. The study employed the survey questionnaires, and made use of checklist which consisted of two parts and used as a tool in gathering and collecting the needed data and information. It utilized percentage distribution, frequency, weighted mean and average of the weighted mean as statistical tools to analyze the results. The study made use of purposive sampling. The respondents were special education teachers, local governments officials, non-government organizations, persons with disabilities and parents of students with visual impairments of Barangay Commonwealth.

Based on the analysis and interpretation of the results, the following findings were revealed: (1) there were 50 identified respondents in the community-based rehabilitation program and there were more female than male respondents in the program who belonged to the age bracket of 31-40 years old. Big percentage of the respondents showed they were in college level and very few obtained M.A. Units, M.A. Degree and Doctoral Degree who were knowledgeable in implementing, managing, and sustaining the Community-Based Rehabilitation program. There were more parents of persons with disabilities who were involved in the Community-Based Rehabilitation program of Barangay Commonwealth. (2) In the setting of objectives the respondents, strongly agreed that the community-based rehabilitation program of Barangay Commonwealth reflected the basic principles, were achievable, anchored on the legal bases, measurable, relevant/pertinent. (3) In planning, respondents strongly agreed that all stakeholders shared, discussed and planned vision, mission, core values, goals, activities, risks, indicators, resources and persons responsible during the planning stage; that all stakeholders commits to the development of community-based

rehabilitation in the planning process and established rapport, building genuine relationship and have deeper understanding on the lives and aspirations of persons with disabilities; that persons with disabilities and family members were the central role in the decision making and planning process; that committees are formed to firm up plans, policies, and systems to make the work manageable and easy to monitor during the planning process. (4) In the implementation phase, the respondents strongly agreed that the special education programs for visual impairment was properly Implemented; the respondents agreed that health and social/community participation program was carried out well and adequate in operation; the respondents disagreed that implementation of livelihood/employment program was carried but seldom effective and have to be corrected and supervised constantly. (5) In implementation of monitoring process, the Community-Based Rehabilitation Program of Barangay Commonwealth the respondents agreed that monitoring activities and quality services delivery were properly conducted, but not to health were respondents were neutral on the changes/improvements that occupational therapy, physical therapy and speech therapy answered child's specific health and therapeutic needs and concerns, respondents agreed that in monitoring children with special needs in terms of health they became more functional as an individual through provision of assistive devices like eyeglasses, & other optical devices, white cane, and other devices. In monitoring livelihood/employment services the respondents were neutral on its implementation. The respondents disagreed about an improvement and gained skills from free trainings in livelihood, neutral on engaged in gainful self-employment from trainings provided, agreed on employed in an open employment scheme, and agreed on

improved financial status from financial assistance (access to micro-credit) received. In monitoring social/community participation, the respondents agreed on proper implementation on having received legal assistance and access to justice, agreed to receive personal assistance, agreed to participate and perform in Culture and Arts activities and enjoyed showing their talent, agreed to involvement in and enjoyment of recreation, leisure and sports. (6) The implementers of Barangay Commonwealth encountered problems in implementing their Community-Based Rehabilitation program. The first three problems were identified: a) lack of funds in sustaining livelihood projects rank first, b) followed by the Livelihood/Employment programs not fully implemented, c) next is Health Services and programs not fully implemented. (7) To meet the problems, a program was proposed to improve the implementation of the Community-Based Rehabilitation Program of Barangay Commonwealth.

Based on the findings of the study, the following conclusions were drawn: (1) Community-based rehabilitation program of Commonwealth is guided by the principles and strategies, approaches set by WHO, UNESCO, ILO, IDDC (2008) in the inclusion of persons with disabilities in society. (2) Objectives set by the Community-based rehabilitation program of Commonwealth are achievable, anchored on the legal bases, measurable, relevant/pertinent, and its specific approach addresses the needs of persons with disabilities specifically the children with visual impairment. (3) In the planning process, all stakeholders shared, discussed and planned vision, mission, core values, goals, activities, risks, indicators, resources and persons responsible in carrying out programs and projects. Stakeholders are committed in the development of the community-based rehabilitation program, Persons with disabilities were the central role

in the decision making, formed committees, incorporated training program relevant to needs and solution identified during the planning process. (4) In the implementation process, educational and social/community participation programs for children with visual impairment are provided, but not to overlook health/medical and livelihood/employment. (5) To make the monitoring system of recording and reporting at all levels of service delivery/implementation of programs very effective the stakeholders including persons with disabilities should be involved.

In view of the findings and conclusions, the researcher offers the following recommendations: (1) Implementers and all stakeholders of the Community-Based Rehabilitation Program of Commonwealth should strengthen their programs and services towards children with special needs specifically the children with visual impairment. (2) Health/Medical and Livelihood/Employment programs must be reinforced to provide children with visual impairment and persons with disabilities free medical care, rehabilitation to avoid severity of the disability and provide assistive devise like eyeglasses and the like. Collaborate with Technical Educational Skills Development Authority (TESDA) for livelihood skills trainings and provide financial assistance to apply skills learned and engage in gainful self-employment. (3) Network, promote and invite more non-government organization and government organizations to advocate a "Non-Handicapping and Barrier free Environment" to empower persons with disabilities. (4) Implicate Local government/Barangay Commonwealth Council to sign for a memorandum of agreement to commit to provide annual budget for its manpower support, trainings, and for its programs and services. (5) Create a Barangay Commonwealth Committee on Disability Affairs which is composed of representatives

from the Commonwealth Elementary School SPED Center, Government and Non-Government Organization, Persons with Disability Organization and Parent Organization that will ensure the service delivery of basic needs and address concerns of persons with disabilities. (6) Conduct continuous trainings and provide worthwhile activities related to education, health, livelihood/employment and social/community participation to level up or heighten community awareness on persons with disabilities. (7) The existing Community-Based Rehabilitation Program must be regularly evaluated and monitored to upgrade programs and projects and address the emerging problems encountered by the CBR Program implementers. (8) A parallel study may be undertaken with other community leaders, parents, and graduate students to evaluate the effectiveness of Community-Based Rehabilitation Program in providing services to the children with special needs and/or persons with disabilities.

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THE PROBLEM AND ITS SETTING

Introduction

Community-Based Rehabilitation (CBR) as a strategy is an evolving concept that must be carried out consistent with the principles of inclusion, participation, non-discrimination, acceptance by society, respect for differences of persons with disabilities as part of human diversity and humanity, equality of opportunity, accessibility, equality of men and women with disabilities, respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons with disabilities, shall always be the underlying principles of all programs and services implemented by government and all other stakeholders. (Art.3, Convention on the Rights of Persons with Disabilities); and it shall demonstrate the paradigm shift of program services for persons with disabilities, from the medical to the social model concept from a charity-based to rights-based strategy. (Lee, Jr. 2009).

Community-Based Rehabilitation (CBR) Program is rapidly gaining credibility as the best way of meeting the needs and promoting the rights of people with disabilities worldwide. The emphasis in CBR is not only on the provision of direct services in the fields of health, education, livelihood and social & participation in community life, but on encouraging and enabling the representatives of the people to include people with disabilities in their general development programs. It is only when the community itself has accepted people with disabilities as members of the community that such people

can begin to contribute to and enrich community development. It is at local level that the most significant changes are likely to take place, and examples abound of how this is already happening in the Philippines (Davies 2009).

Community-based rehabilitation has been the more popular and the more preferred approach promoted by both government and non-government organizations in the Philippines to bring services especially to rural disabled persons who live in far-flung and often inaccessible and isolated communities – the Philippines being an archipelago of 7,100 islands and islets. In living up to the expectation that CBR services must be multi-sectoral, multi-disciplinary and must be consumer-oriented (as advocated by persons with disabilities themselves), Filipinos with disabilities through their organizations have started to become involved in CBR activities in the early 1990's. It was during this time that Katipunan ng mga may Kapansanan sa Pilipinas, Inc. (KAMPI) or Disabled People's International-Philippines (a national umbrella or federation of 241 grassroots, cross-disability self-help organizations of disabled persons) started to implement rehabilitation services through the Breaking Barriers for Children Project (BBC).

Disabled Peoples Organization plays a major role in CBR. Through the Breaking Barriers for Children project, KAMPI as a disabled people's organization has decided to play a significant role not just as user or consumer of rehabilitation services (as has been the traditional practice), but as provider of services. KAMPI has established 65 community-based rehabilitation centers in 5 regions of the country which cater to the often neglected need for rehabilitation services of poor children with disabilities. As of April 2003, these centers serve 6,874 disabled children who are provided free physical

therapy, occupational therapy, pre-school training and school placement and related services. As Disabled Peoples Organization, KAMPI has helped develop a rehabilitation service delivery system that has been based on the personal experience of disabled persons themselves and enhanced by the technical expertise and inputs of health and other allied medical professionals i.e. physical therapists, rehabilitation doctors; occupational therapists and others. Disabled Peoples Organization evolves to become service provider KAMPI through the assistance of its partner organization of disabled persons in Denmark – the Danish Society of Polio and Accident Victims, likewise mobilized resources to start this initiative in CBR. Over the years, local government units in the country have realized the value of addressing the needs for services of disabled persons and they have agreed to be in partnership with Disabled Peoples Organization specifically KAMPI, in the provision of such services within the community level. The basic concept inherent in the multi-sectoral approach to CBR is the decentralization of responsibility and resources, both human and financial, to community level organizations and the facilitation of community stakeholder involvement in the activity itself – people with disabilities; their families; communities; government; non-government organizations; medical professionals and the private sector, among others. As a disability non-government organizations and a major stakeholder in this effort, KAMPI has been acknowledged as an important partner in CBR service delivery efforts in the Philippines. For eight years now, they have been overseers in the implementation of 65 community-based rehabilitation projects in 5 regions of the Philippines, in very close partnership with local government units and other stakeholders. As a Disabled Peoples Organization, they have been particularly

tasked to help in resource mobilization both locally and from abroad in support of CBR programs, act as disability rights advocates, and in many instances, they have been tapped by government to provide their inputs on the inclusion of the disability dimension in the development of national poverty reduction strategies. They have their representatives in the so-called National Anti-Poverty Commission which is mandated to deal with the concerns of so-called marginalized sectors of society which include disability. They have been widely involved in the following: (1) advocacy and creation of positive attitudes towards people with disabilities (2) provision of rehabilitation services (3) provision of education and training opportunities for disabled persons (4) creation of micro and macro-income generation opportunities (5) provision of care facilities (6) prevention of the causes of disabilities (7) monitoring and evaluation of disability-related programs and activities (Ilagan 2003).

Hence, the Community-Based Rehabilitation (CBR) Executive Order 437 was signed into law by Past President Gloria M. Arroyo on June 21, 2005 which encourages all Local Government Units (LGU) to adopt CBR Program in delivering services to their constituents with disabilities and to allocate funds to support the program (Sec. 1). The law ignited many communities in organizing the program in their localities. To name some are the Community Based Rehabilitation Program (CBR) in San Jose Buenavista, Antique; CBR in Opol Misamis, Oriental; CBR in Municipality of Cagwait, Surigao del Sur; the CBR in Ligao, Albay, CBR in Municipality of Padre Garcia, Batangas; CBR of Payatas B, Quezon City, CBR of Bagong Silang, Caloocan City and many others.

The CBR of Barangay Commonwealth was only implemented on November 10-11, 2011 and subsequently follow up seminar workshop on October 5-6, 2012 at

Commonwealth Elementary School SPED Center that is actively participated and strongly supported by the Local Government Unit (LGU) responsible for persons with disabilities; Barangay Officials concerns for the welfare of PWDs; Parents of children with special needs and some Non-Government Organizations (NGOs) and few Persons with Disabilities (PWDs).

Community-Based Rehabilitation Program is a timely answer to address the emerging needs of the persons with disability constituents of Barangay Commonwealth including the students of Commonwealth Elementary School SPED Center particularly children enrolled in early intervention level to transition program level of the visually impaired program in terms of health, education, social and community participation and most importantly livelihood.

Since the ultimate implementation of Community-Based Rehabilitation in almost every locality, intended to empower persons with disabilities, there is a reason that any program must be assessed and evaluated on how far it has gone in achieving its mission, vision and goals. Establishments need to undergo checking to know whether the materials, services and products they are yielding are still significant to the needs of their clienteles. Even an ordinary employee needs to assess his productivity to measure if he still contributes to the output to the company where he/she is working (Garcia 2003).

With the above motive, the researcher who is involved in the planning and implementation of CBR Program at Barangay Commonwealth undertook this study with the primary purpose of analyzing the nature and status of the Community-Based

Rehabilitation (CBR) Program of Barangay Commonwealth, Quezon City. It was envisioned that from the study, a more dependable and scientific feedback on the process of objectives setting, orientation, planning implementation and monitoring, supervision, and evaluating program outcome, and other useful strengths of CBR program may be gathered and utilized as a base for the development of a more functional and useful CBR Program for Persons with Disability constituents of Barangay Commonwealth for the improvement of quality of life.

Conceptual Framework

This study was anchored on the theory of Social Reconstructionism, Community development theory and Managerial cycle process. Social Reconstructionism where a circumstance in which the population reaches a level of self-tolerance and mutual respect that would be the development of society into higher training and social standard. This is a philosophy that emphasizes the addressing of social questions and a quest to create a better society and worldwide democracy.

According to McKay (2011), Theodore Brameld, the founder of Social Reconstructionism, believes that systems must be changed to overcome oppression and improve human conditions. Following the principles underlying Community Based-Rehabilitation which are inclusion, participation, self-advocacy, sustainability, equal opportunity and accessibility, this will dismantle attitudinal and environmental barriers, and not treating persons with disabilities as problems to be fixed, those persons can participate as active members of society and enjoy the full range of their rights.

Freire (1921-1997) a Brazilian National who experienced living in poverty led him to champion education and literacy as the vehicle for social change. In his view, humans must learn to resist oppression and not become its victims, nor oppress others in spite of disability and status in life.

Through Community-Based Rehabilitation Program where in approach is a rights-based it eradicates oppressions and discriminations of persons with disabilities including their families. They were able to identify their rights, raised awareness and asserted their rights to equality and non-discrimination, rights to accessibility, rights to life, rights to education, rights to health, rights to rehabilitation, rights to work and employment, rights to social protection, rights to participation in political and public life, cultural life, recreation, leisure and sports. (U.N. Convention on the Rights of Persons with Disabilities and Optional Protocol).

Through Community-Based Rehabilitation Program approaches which rights-based it eradicates oppressions and discriminations of persons with disabilities including their families. They were able to identify their rights, raised awareness and asserted their rights to equality and non-discrimination, rights to accessibility, rights to life, rights to education, rights to health, rights to rehabilitation, rights to work and employment, rights to social protection, rights to participation in political and public life, cultural life, recreation, leisure and sports. (U.N. Convention on the Rights of Persons with Disabilities and Optional Protocol).

Community-Based Rehabilitation Program may have gone very far since it was created but the attempt of Barangay Commonwealth is not too late to create its own

CBR Program to be of help to its constituents to benefit from it, become economically competent and improve the quality of their life.

The implications of the theory of Social Reconstructionism are that persons with disabilities should be provided with opportunities where they can experience the normal active participation in community activities and enjoy life on their own self-actualization. Furthermore, when the people in the community are aware and used of mingling with persons with disabilities, they become integrated and live a natural life with the community.

According to the U.S. Department of Health and Human Services, administration for children and families, administration on children, youth and families, program evaluation is a systematic method of collecting, analyzing, and using information to answer basic questions about a program's development, implementation and improvement of examining its processes and/or outcomes (Metz, A.J. 2007). It may be divided into two major categories which are the process evaluation and outcome evaluations**. Process evaluation** assesses whether an intervention or program model was implemented as planned, whether the intended target population was reached and the major challenges and successful strategies associated with program implementation. On the other hand, **outcome evaluations** determine whether, and to what extent, the expected changes or outcomes occur whether these changes can be attributed to the program.

In evaluating a Community-Based Rehabilitation program, it measures the **scope** of services in terms of education, health, livelihood/employment, social/community

participation that brought about the impact of changes on the lives of persons with disabilities in terms of physical well-being, gained and improved skills, attained economic empowerment, and actively participated and contributed in community development. The **effectiveness** of CBR program relies mainly on its team members who work collaboratively in the delivery of rehabilitation services. The baseline data gathered has **relevance** in managing its resources where decisions are based on evidence as well as experience. The **sustainability** of a program can be achieved through good planning based on extensive research on the actual needs of PWDs; investigating the root cause of impairments and disabilities with the community finding effective ways of addressing these causes; by coming up with common vision, mission and goals, through intensive trainings as they are being supervised extent to which it has met its goal and objectives; the extent to which it has become part of general community development the identified lessons learned and insights that will modify the program and help plan in the future (Philippine CBR Manual: An Inclusive Development Strategy). In evaluating a Community-Based Rehabilitation program there are questions that can be pursued: Do persons with disabilities receive the quality services they should have received? How well do the local government unit and non-government organization and other stakeholders perform functions to give quality services to persons with disabilities? To what extent do the persons with disabilities improve their lives? This is done to review and assess the effectiveness and efficiency of the program in relation to the objectives and the impact of the program in the community.

The **Impact** in the quality of life of persons with disabilities can be measured and evaluated through changes and improvements in physical and social environments. It

facilitated accessibility (RA344) that enable a persons with disability to travel independently and safely within the community, that persons with disabilities can access to information, communication, and technology (Art. 21 UNCRPD), availed of quality inclusive educational services (Art. 24), enjoyed the highest attainable standard of free health services including health-related rehabilitation applied behavior modification and counseling (Art 25 – 26), enabled persons with disabilities to work on an equal basis with others, provided an opportunity to gain a living by work freely chosen or accepted in a labor market and work environment that is open, inclusive and accessible (Art 27), and all other rights stated at the United Nations Convention on the Rights of Persons with Disabilities had received by PWDs.

Effectiveness of the program attained if quality of PWDs life changes for the better; access to community services; inclusion to community activities; PWDs and families participates in the community activities; there is a change in community attitude toward PWDs; addresses causes of disabilities; breaks barriers and creates environmental-friendly, just and mentally healthy communities; engagement of LGU, DPO, civil society and business sector in CBR; there is networking; allocated budgets; that CBR are able to deliver the kind of social change that the community is willing to sustain and make invest on it; and learned lessons to be used for future plans. This happens when the community realizes they control their own development. (Philippine CBR Manual: An Inclusive Development Strategy p.68)

Services are relevant to the needs of PWDs. It is not enough to say that a child with disability is included in school. The important things are whether the child is learning in school, is actively participating in school activities, and whether the school

has adopted to ensure all students are included in the school, whether PWDs are gainfully employed, whether they are participating in the community development, whether they are receiving free health and rehabilitation services and improve total well-being. (Philippine CBR Manual: An Inclusive Development Strategy p. 68)

Sustainability of high quality program is attained by mobilizing the community's resources such as human, technical, and environmental facility to meet the stated needs of its disabled citizens, that local authorities assume direct responsibility for these services and invests in them because they are relevant and necessary member of the community. (Philippine CBR Manual: An Inclusive Development Strategy p. 69)

Likewise, Community Development Theory is believed to be the most practical framework for community based rehabilitation program which is seeking lasting change for individuals and societies in which they live. It focuses on the centrality of people in the process of overcoming externally imposed social problems. The unique focus on the employment of community structures in the process of change stems from Community Development Theory's roots in sociology, as opposed to the psychology-based theories of micro level social work practice. (Tan,2009).

Furthermore**,** this study is guided by the following fundamental principles of community-based rehabilitation which are inclusion, participation, self-advocacy, sustainability, equal opportunity, and accessibility. Mainstreaming (or including) the rights of people with disabilities in the development agenda is a way to achieve equality for people with disabilities . To enable people with disabilities to contribute to creating opportunities, share in the benefits of development, and participate in decision-making,

a twin-track approach may be required. A twin-track approach ensures that (i) disability issues are actively considered in mainstream development work, and (ii) more focused or targeted activities for people with disabilities are implemented where necessary. The suggested activities for CBR programs as detailed within these guidelines are based on this approach. Each community is made up of varied groups and individuals who do not fit into the “norm”, we try to change individuals and groups to “fit” into standard ways of being citizens. Instead we should respect diversity so that everyone is accepted and included to have a more creative and dynamic culture. (Demyttenaere 2009). The freedom to choose and participate in the decision - making and ownership of the program by the community particularly persons with disabilities is the second principle which is participation. People with disabilities organize themselves to ensure that they are the center of the rehabilitation process, to advocate for change, to lobby their rights and get information so as to make updated decisions related to their needs. To attain and maintain high quality sustainability of the program, coordination and cooperation among local government unit and all stakeholders is needed by mobilizing the community’s resources such as human, technical, environmental, and physical facilities to meet the needs of persons with disabilities in the community. As persons with disabilities they are enjoying the rights the same opportunities as a regular citizen without disability. Enabling them to serve and contribute to the development of the community. To become independent in going to school, getting on transport and into public buildings and places, and communicating with others accessibility must be provided to prevent barriers. Accessibility is an entry point for an inclusive society. (Philippine CBR Manual: An Inclusive Development Strategy, 2009).

The Management cycle - When thinking about developing or strengthening a CBR programme, it is helpful to visualize the whole management process as a cycle included in the conceptual framework (Fig. 1). This ensures that all the main parts are considered, and shows how they all fit and link with one another. In these guidelines, the management cycle consists of the following four stages. (WHO, 2010).

1. **Situation analysis** –this stage looks at the current situation in the community for people with disabilities and their families, and identifies the problems and issues that need to be addressed. A situation analysis aims to answer the following question: "Where are we now?" It helps planners to build up an understanding of the situation (or context) in which people with disabilities and their families live, to determine the most appropriate course of action. It involves gathering information, identifying the stakeholders and their influence, identifying the main problems and objectives of the programme, and identifying what resources are available within the community. It is an important stage in the management cycle, as it provides essential information for the planning and design of the CBR programme.

2. **Planning and design** –this stage involves deciding what the CBR programme should do to address these problems and issues, and planning how to do it. It should have provided CBR planners with enough information for Stage 2 – planning and design. Planners should begin this stage with a clear picture of the situation of people with disabilities and the context in which the CBR programme will operate; they should have information about the number of people with

disabilities, the needs of people with disabilities and their families, possible solutions to problems, and the availability of community resources.

3. **Implementation and monitoring** – at this stage, the program is carried out, with regular monitoring and review to ensure it is on the right track. The third stage, Implementation and monitoring, involves putting the plans from Stage 2 into action, and ensuring that all necessary activities are carried out as scheduled and are producing the required outcomes. During the implementation stage, it is important to continuously monitor the progress of the CBR programme. Monitoring provides information for managers so that they can make decisions and changes to short-term planning to ensure that outcomes are met and that, eventually, the goal and purpose are achieved. Monitoring systems should have been planned in Stage 2 and indicators and sources of verification defined. During Stage 3, these monitoring systems should be put in place, so that information can be collected, recorded, analysed, reported and used for management of the CBR programme.

4. **Evaluation** – This stage measures the programme against its outcomes to see whether and how the outcomes have been met and assess the overall impact of the programme, e.g. what changes have occurred as a result of the programme. The final stage of the management cycle, evaluation, involves an assessment of the current or completed CBR programme. It helps determine whether the outcomes outlined in the programme plan (see Stage 2:

Planning and design) have been met and how the situation on which they were based (see Stage 1: Situation analysis) has changed. Evaluation can lead to a decision to continue, change or stop a programme, and can also provide important evidence that CBR is a good strategy for equalization of opportunities, poverty reduction and social inclusion of people with disabilities. Some CBR programme managers may be worried about carrying out an evaluation because they are afraid of exposing their faults and weaknesses. It is important to understand that no programme goes entirely smoothly, and even very successful programmes have problems along the way. Successful CBR programmes must reflect on the problems they experience, learn from them and use their learning for future planning.

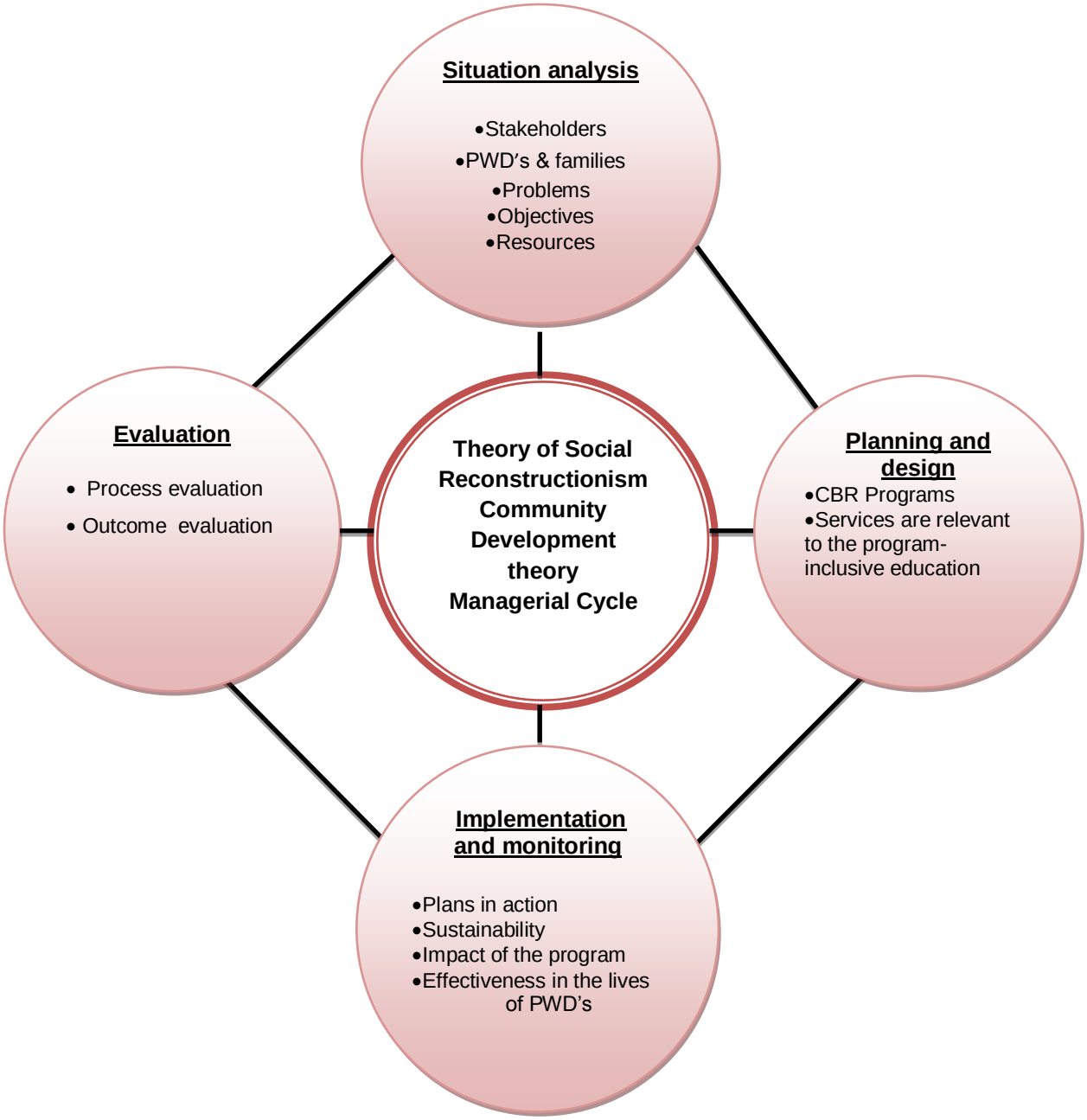

Figure1. Conceptual Paradigm of the Study

Statement of the Problem

The main purpose of this study was to determine the status of the implementation of the Community- Based Rehabilitation Program of Barangay Commonwealth, Quezon City during the school year 2013-2014.

Specifically, it sought answers to the following questions:

1. What is the profile of the respondents in terms of:
   1.1 age
   1.2 gender
   1.3 highest educational attainment and
   1.4 type of community involvement/membership
2. To what extent is the CBR Program implemented as evaluated by the SPED Teachers, Parents of Person with Disability, PWDs, Barangay Commonwealth and Local Government Officials and Non-government Organization involved to giving services to pupils with visual impairment with respect to:
   2.1.1 Objectives setting
   2.1.2 Program Orientation
   2.1.3 Program Planning
   2.1.4 Program Implementation
   2.1.5 Program Monitoring on:
      a. Educational Services (Special Education Program)
      b. Health/Medical/Therapeutic Services (OT, PT, ST, SC, etc.)

c. Livelihood/Employment Services

d. Social/Community Participation

3. What are the problems encountered by Barangay Commonwealth in implementing the CBR Program?

4. What program can be proposed to improve the implementation of the CBR program?

Significance of the Study

Community-based rehabilitation (CBR) focuses on enhancing the quality of life for people with disabilities and their families, meeting basic needs and ensuring inclusion and participation. CBR was initiated and has evolved to become a multi-sectoral strategy that empowers persons with disabilities to access and benefit from education, employment, health and social services. CBR is implemented through the combined efforts of people with disabilities, their families, organizations and communities, relevant government and non-government that organizations that provide services on health, education, vocational, social and other services. (Philippine CBR Manual: An Inclusive Development Strategy 2009).

This study is significant to the following

Barangay Commonwealth. This study will be useful in improving its Community Based-Rehabilitation (CBR) Program and improve the life of the persons with disabilities constituents in terms of health, education, livelihood, social and community

participation, and to involve them in economic empowerment and create work opportunities; to attain the objectives/mission/vision anchored to CBR Program;

Special Children at Commonwealth Elementary School SPED Center. This study will benefit the children from the programs and projects of the Community Based-Rehabilitation Program.

Local Government. This study may be used to continuously provide the necessary funds from their annual appropriations (Sec.3 Local Govt. Code) which ensures development and sustainability of Community-Based Rehabilitation (CBR) Program in the community and address other persons with disability issues including health, education, employment, social/ participation in the community including barriers to inclusion.

Special Education Teachers and Regular Teachers. This study will improve more educational services to the children with special needs, embrace Inclusive Education Program and may conduct the same study related to other exceptionalities.

School Officials and Administrators. This study will inspire them to open and full heartedly accept and improved services, facilities, attitudes towards children with special needs and as basis for improving school administration.

Quezon City community. This study includes business establishments, and non-government organizations, that they may fully accept, understand and provide equal opportunities to children and adults persons with disabilities.

Scope and Limitation of the study

The study aimed to determine the extent of the implementation of the Community-Based Rehabilitation of Program of Barangay Commonwealth, Quezon City and Commonwealth Elementary School SPED Center as recipient particularly children enrolled in the visually impaired program in terms of health, education, social and community participation and livelihood on its implementation on November 10, 2011 for the school year 2013-2014.

Definition of Terms

The following terms are defined for a better understanding of this study:

Accessible. It refers to features that enable the disabled persons to make use of the primary functions for which a structure is built.

Accessibility. It refers to the right to have access to buildings and built environments, road and transportations, information, communications and technology.

Analysis. It refers to a comprehensive and in-depth finding of the nature and status of the Community Based-Rehabilitation Program of Commonwealth Elementary School SPED Center.

Children with Special Needs. They are those who deviate from the average child in mental characteristics, sensory abilities, neuromuscular, physical and social-emotional characteristics. They have developmental lags to such extent that modifications of school practices or special education services are required in order to develop their maximum capacities.

Community Based-Rehabilitation (CBR) Program. It refers to a rights-based approach/strategy for the inclusion of persons with disabilities in society.

Community development. It refers to the empowerment of individuals and groups of people by providing these groups with the skills they need to effect positive change in their own communities.

Disability. It is defined as a result of impairment, the loss of a function due to blindness, deafness, intellectual delay, physical difficulty or mental illness.

Equal Opportunity. It means people with disabilities have the right to the same opportunities as others.

Evaluation. It is a learning and management tool: It is an assessment of what has taken place in a certain time span and helps in planning and improving future work.

Employment. It refers to a gainful work available in the community for the PWDs. It may be, self-employment; open employment or sheltered employment.

Inclusion. It means implementing, maintaining warmth and accepting communities that embrace and respect persons with disability.

Monitoring. It is a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds.

Participation. It means people with disabilities and their families have the right to decide, plan, evaluate, manage, and implement program in partnership with the community.

Quality of life. It is an individuals' perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns

Self-employment- It is the most practical employment option for PWDs to earn a gainful living.

Special Education. It is defined as a individually planned, systematically implemented, and carefully evaluated instruction to help exceptional children achieve the greatest possible personal self-sufficiency and success in present and future environment.

Special Education Teacher. This refers to the teacher who handles a class of children with special needs who are trained or with M.A. units or graduate in Special Education.

Sustainability. It means coordinated co-operation among government, LGU, disability, civil society, professional, technological and the business sectors in order to maintain a high quality program that the community wants.

Transition. It pertains to the move out or exit of the children with special needs from one program to a higher program to pursue further schooling, job training, or employment.

Visual Impairment. It means impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness. This impairment refers to abnormality of the eyes, the optic nerve or the visual center for the brain resulting in decreased visual acuity.

Problems

Community-Based Rehabilitation Program of Barangay Commonwealth. This refers to a strategic organization for the inclusion of persons with disabilities in the barangay working collaboratively to all stakeholders for the quality services delivery needs of PWDs in health, education, livelihood/employment and social/community participation.

CHAPTER II

REVIEW OF RELATED LITERATURE

This chapter presents the related literature and studies pertinent to the current study that helped the researcher shape her study.

Conceptual Literature

The literature gives some concepts and directions regarding Community-Based Rehabilitation Program in the Philippines as well as provides information on its current status in the country.

Development of Community-Based Rehabilitation in the Philippines

Community Based-Rehabilitation (CBR) implemented in a number of Philippine communities since the late 1970s. But despite many successes, program using the CBR approach were not meeting many of the people's needs. The broader causes of disabilities were not being addressed. Unwelcome environments and negative attitudes are huge barriers for persons with disabilities, but were not being tackled, and CBR was not reaching the majority of persons with disabilities. But CBR evolved as they learned from persons with disabilities, their families, and own experiences in the community. There was a growing appreciation that CBR was about community development: that

community had to change in order to respect and include everyone who is different. (McGlade, et.al 2009)

DSWD, NCDA, and DepEd, Jointly Organized CBR Program

According to Pascual (1989) in meeting the unique educational needs of exceptional children, the following educational services, programs and provisions were provided:

Early Interventions, Preschool, Post School and Adult Education (Transition) Program. The Department of Education, (DepEd) grants permits to promote institutions for preschool handicapped children. Public schools open special education program and classes for children with special needs.

More so, he mentioned that an Adult education program is being provided by National Council for the Welfare of the Disabled (NCWD) now National Council on Disability Affairs (NCDA) to prepare them in their adult life.

Further, he said that the Department of Social Welfare and Development (DSWD) and National Council Disability Affairs (NCDA) and the Department of Education (DepEd), jointly organize Community Based-Rehabilitation (CBR) Program to continually empower the persons with disability and abled them to be part of the community.

Building an Inclusive Community through CBR

As a society, we need to ensure that individuals can take full part in the social, economic and cultural life of our community. To help achieve this, we have to work to reduce inequalities and build community cohesion, promote equality, social justice and a sustainable, economically-viable community. CBR is the strategy to promote and protect the human rights of each citizen in our community. CBR program ensures that all people, including persons with disabilities, can play their full part in their communities. This requires all of us to act in a systematic way in order to overcome barriers and to be committed to building a community which is inclusive to all. (Abaygar et. al 2009)

Transition Program Model in the Philippines

Quijano (2008) in her project Transition Program: Philippine Model generally aims to develop career awareness and work skills through school to-work transition among children with mental retardation. Its specific objectives include: I) design a transition program model and its curriculum, and II) implement the transition program model nationwide. The transition program model envisions the full participation, empowerment and productivity among children with mental retardation. Full participation is described as involvement of persons with mental retardation in the different activities in the community.

Furthermore, the Philippine transition program provides opportunities for adults with mental retardation participation should be made available and support in terms of assistive devices and assistance from peers, professionals and other people in the community are accessible, when needed. When adults with mental retardation get

empowered, they are allowed to make choices and decisions and being able to control one's life. When they can already demonstrate this skill, it is an assurance that the person with mental retardation could already live an independent life. Productivity refers to the ability of a person with mental retardation to engage oneself in work or any activities that will provide him/her with income to finance his own needs.

Operations Monitoring and Analysis of Results (OMAR) A CBR Monitoring Tool

Guzman (1996) mentioned in his article that Community-Based Rehabilitation Programs are established to improve the quality of life of persons with disability. To this end, various CBR activities and services are undertaken and provided. In order to find out whether these activities and services are collectively meeting the above objective, it is necessary to develop a systematic method of monitoring so that vital and accurate information is made available in the interest of all those involved in the CBR Program, whether they are persons with disability themselves, the program manager, the donors (NGOs), or the government authorities. The development of (OMAR) Operations Monitoring and Analysis of Results a powerful monitoring tool originally created by the Centers for Disease Control in Atlanta, Georgia, was adopted and simplified to fit the requirements of rehabilitation programs by the United Nations Development Program (UNDP). OMAR is used to assess and follow up the effectiveness, efficiency, success or failure of activities against planned objectives.

Transition Look Ahead Project

According to Dizon, (Ed. D, 2012) in his project, "Look Ahead", preparing children with special needs for a future necessitates the provision of career directions and

transition program. Transition pertains to the move-out or exit of the children with special needs (CSN) usually from grade school or high school to pursue a) further school, b) job training or c) employment. All these placements opportunities are in support of the child's and their parents' striving from segregation to integration, from caregiving to empowerment education and from more human needs provisions to independence.

Moreover he mentioned that career education is anchored on a strong support system. Neither single support-person nor parent can do the task alone. He/she needs the involvement and support of well-meaning individuals, advocacy groups, civic organizations, the business sectors, government agencies, and media groups, among others. A collaborative effort and the presence of the CBR program will strengthen more this flight.

Community Support Group

Echavia and Bustos (2012) mentioned some macro-structures in society which, by mandate of the law and function, have the capacity to provide more systematic, nationwide, and duly-recognized program for the training and support of CSN. The child's community is a goldmine of resources that has yet to be explored. With patience and perseverance, we may find that the best support system for our children's career is the 24/7 shop just a few blocks away from the child's home. Business establishments and factories around the child's vicinity, whether big or small, are a rich resource for children with special needs to actually practice the trade they have been trained for. The natural environment has a wonderful way of bringing out the reflexive responses of the child which then allows us to actively assess what skills need to be further trained in the

child. No simulation can replace the authenticity of an actual workplace when it comes to learning about life. It is important to note that our children with special needs need not be employed out of pity or plain charity. They can very well fit in the institution' corporate social responsibility plan and with training, they can contribute to the institutions' progress as well.

The church groups in the community can be a rich place of growth for the children with special needs not only for the training of a particular skill for possible job placement, but also in giving them footholds for this life and beyond. With respect to the cultural systems of the CSN's family, spiritually may be considered toward the holistic development of the child for a future life of fullness.

Furthermore they discussed and mentioned the three government organizations that services children with special needs. The Department of Education for instance has pre-vocational training, vocational and transition program for youth with special needs in school where a Special Education Center has been established. More skills training in various jobs- in hotels, bar tendering, automotive repair servicing, electrical installation, sewing, and many others is taken care of by Technical Educational Skills Development Authority (TESDA). The Department of Social Welfare and Development (DSWD) also maintains vocational training facilities all over the Philippines that aim to uplift their lives.

These government organizations are part of community resources where a CBR program can utilizes and source out to strengthen its program services for persons with disabilities.

Legal Basis of Establishing PDAO

The ensuing enactment of Executive Order No. 437 titled “Encouraging the Implementation of Community-Based Rehabilitation (CBR) for Persons with Disabilities in the Philippines” by Past President Gloria M. Arroyo on June 21, 2005 as an off-shoot of National Council on the Welfare of Disabled Persons (NCWDP) recommendation to the Past President for a massive implementation of the program by all local government units nationwide including non-government organization of and for persons with disabilities. Specifically, the directive requires all local government units to (1) adopt the CBR strategy in delivering services to their constituents with disabilities and to allocate funds to support the implementation, and (2) designate a unit under the office of the local executive to be responsible in the implementation of the CBR in accordance with the policies and implementing guidelines set by NCWDP to include the promotion and capability building of the LGUs on CBR. (Sanchez 2010)

Historical Background of Community-Based Rehabilitation

Since the initiation of rehabilitation services, the urban persons with disabilities have been the main beneficiaries. The evolution of welfare programs started in cities and grew from strength to strength in urban settings. With the passage of time, experts all over the world realized that concentrating services in cities had resulted in lop-sided development with persons in rural areas being deprived of facilities. With the advancement of services, secondary data started becoming available that proved that nearly 84 percent of persons with disabilities in developing countries lived in rural areas. Facts also came to light that the majority of such persons were aged and were thus not

eligible to avail training in the urban training institutions. Experts started feeling that it was a wrong policy to attract the rural persons with disabilities to the cities where the cost of living was high and cheap accommodation was impossible to get. Moreover, urban-based training would be of no use to such persons on their return to his home.

Vocational Rehabilitation Office in the U.S.A. and the Sight Savers International in Africa. The turning point came when the Uganda Foundation for the Blind started a rural centre in 1954 (Bai, Radha K.; Koenig, Claudia; Joicy, P. M.; Shanmugam, L.; Immanuel, Prabhakar S. 1996)

Asia-Pacific Development Center Promotes CBR Policies and Strategies

Asia-Pacific Development Center on Disability (APDC) endeavor to promote CBR, a community is considered as an inclusive and barrier-free place where local persons, regardless of disabilities, can participate in all local activities. A community is not only defined by its geographical boundaries; it is also a common background and culture including local and sign languages. APCD has been promoting CBR Policies and strategies at national levels as well as grass-root levels to support the empowerment process of persons with disabilities and to facilitate the formation of Self Help Groups (SHGs) which can enhance the quality of life of PWDs in a rights-based society. CBR encompasses civil, political, economic, social and cultural aspects since “rehabilitation” in this sense links with all kinds of human rights of PWDs at community level, particularly in terms of accountability, empowerment, participation and non-discrimination. (Kamolwat 2003).

Importance of CBR Approaches at Papua New Guinea

Kidu, D. C. A. (2003) states that there are many areas of social development, but the community-based empowerment process is the only approach that can support persons with disabilities in Papua New Guinea.

PWDs Participation Across Society in CBR

CBR approach is very important. Without PWDs active participation, CBR cannot be sustainable. He mentioned that to totally believe in CBR “nothing about us without us”. So PWDs participation in CBR is a must. He suggested that we also need to see participation takes place from across society, from rural to urban, irrespective of their social economic background. (Khanabis C. 2003)

Participation and Inclusion of PWDs as Key Players in Development

Parasyn (2003) states that the Australian Government is committed to the participation and inclusion of persons with disabilities wherein they developed the “Development for All” strategy. There is a need to recognize and respect that the persons with disabilities are the key players in development.

Asia-Pacific Acknowledges PWDs as Part of CBR Management

Ilagan, V. (2003) mentioned that the key factor to promote the participation of persons with disabilities in Asia-Pacific is to acknowledge the fact that they have a lot to offer in terms of successful implementation of this work; that persons with disabilities should not only be seen as service user, receiver, or consumers. They should be seen as part of management, as part of the service providing initiatives. The persons with disabilities are the experts of their own situation; they should be seen as a resource which can ensure the success of the initiatives.

Inter-Agency Collaboration

Griffiths, M. (1994) mentioned in his book the support needs of young people such as the school, further education and youth training schemes offer consider able support to young people as part of their provision and many other agencies such as the career service, social services, voluntary organizations, community learning disability team also offer a range of support services. Every agency has a duty to provide a range of services. This is the major reason for existing. It is easy however for interagency collaboration to be so time consuming that reason for some agencies existence becomes distorted. People with disabilities are often concerned about agencies working together. They sometimes find agencies intrusive and controlling and the idea of them working together and thus providing a monolith of control against which the individual is powerless, is often very unnerving. Support need not and indeed should not, dis-power those who use it. Those who need to use support systems should not feel embarrassed, encourage being dependent, overwhelmed or perceive themselves as ailing. Support is not incompatible with personal autonomy, self-sufficiency, or full adult status if it is managed in ways which make this possible, All adults, including those who are regarded as very competent and having status in our society, use support system, For example; legal support may be provided by a solicitor, financial support by a banker or administrative support by a secretary. Those who use such support to maintain their professional or personal lives do not regard themselves as less than autonomous. This is because the support systems are controlled by the individual concerned who uses them according to his or her own needs and wishes. The issues for those providing education and training given to young people with severe learning difficulties include:

How to help them understand the support which is available and how to go about using it; How to help young people understand something of them own disabilities that they have some concept of the support they need; How to work co-operation with other agencies on the regular, rather than a crisis basis; How to ensure the provision of advocates for young people while they learn how to use support services or because they have very severe learning or communication difficulties; and How to keep work with other agencies in perspective. Each support system need to operate a quality assurance system to ensure that young people benefit and got help from it.

CBR Level Up Social Awareness

Bhadari, R &Narayan, J. (2009) in their article mentioned the importance of community involvement, as persons with disabilities being members of the community in which they live, the community has a major role in including and involving them as part of them. In the past, stigma misconceptions and lack of awareness segregated persons with disabilities and ridiculed/abandoned them. With the awareness levels increasing and the community-based rehabilitations (CBR) programs getting established, the role and responsibility of the community is getting clearly spelled out. The United Nation agencies including World Health Organization, International Labor Organization, and United Nations Educational, Scientific and Cultural Organization (1994) have defined Community-Based Rehabilitation program as a strategy within community development for the rehabilitation, equalization of opportunity and social integration of people with disabilities. Community-Based Rehabilitation program is implemented through the combined efforts of disabled people themselves, families and communities and the appropriate health, educations, vocational and social services. As

seen in the definition, the approach is multi-sectoral involving the governmental and nongovernmental agencies to support the efforts of the person's disability and the members of family and community. The United Nations further refers to the term, 'within community development' to mean, utilization of approaches and techniques which rely upon local communities as units of actions and which attempt to combine outside assistance with organized local self-determination and effort and which correspondingly seek to stimulate local initiative and leadership as the primary instrument of change. She further discussed the maximum utilization of abundant resources available in the community, effective use of which is dependent on how well it is linked to the specific need. She mentioned the three major resources to be mobilized include 1) Human resources: comprises volunteers within the community including PWDs and having individuals with leadership qualities as head of the group will bring about remarkable positive change in the community, Existing local associations such as women's group, parent group, and adult literacy missions may also be involved as human resources for achieving the objectives 2) Material resources: assessing the activities of the community will result in the understanding of the material resources available within a community, for instance, use of coconut tree productivity is a livelihood activity in some parts of Kerala, whereas in a sea coast, fixing fishing nets seems to be a major activity. In every place, one has to look for local resources and that would in turn reflect the material resources available within the community. With careful planning and right contacts, this can be organized. 3) Financial resources: Local committees, the welfare funds of political leaders within each community and philanthropists may be tap for this purpose. As long as transparency and honesty is ensured, financial resources can be

mobilized within a community. The key is the collective voice, as it stronger than a single voice.

Research Studies

Several studies, local and foreign, were gathered in relation to the research conducted as regards to the status and extent of implementation of the CBR Program.

According to Benedicto, J. et. al (1994) in their study states (1) that the Community-Based Rehabilitation program is a simple, low- cost and effective strategy in the delivery of rehabilitation/intervention and prevention services in the rural areas where the majority of disabled persons live who have never been covered or reached by any form of rehabilitation. (2) Community volunteerism, commitment, involvement and active participation of the Local Supervisors can be sustained with proper and adequate support from the government and non-government organizations and the provision of tangible and intangible incentives. (3) Strong official endorsements from the city and/or provincial government officials facilitated the project entry into the community. (4) The Community-Based Rehabilitation program approach allows the disabled to stay in the community without sacrificing the basic functional results or effects of training and care thereby ensuring a more effective integration within the community.

The Community-Based Rehabilitation Program of the UP-College of Allied Medical Professions (UP-CAMP 1988) mentioned some problems encountered and

measures undertaken were: (1) difficulty in meeting the schedule of the Government Organization and Non-Government Organization in organizing the Montalban Rehabilitation Committee. Come up with the solution: Conducted separate meetings which were scheduled for the subcommittees since they are the ones who can meet. A copy of the minutes was given to other subcommittees. (2) Release of funds takes a lot of time. Thus delay of some scheduled activities. Solution: they steered some fund raising activities to have some amount for petty cash. Part of the amount was deposited in the cooperative which entitles the Community-Based Rehabilitation to apply for a loan which could be used for their livelihood project. (3) Scheduling of Activities with the Regional Health Unit. They were able to synchronize some of their activities with the RHU but there is still a need for better planning and coordination. The CBR Program Coordinator sat down in their planning and a tentative plan was formulated. But there is a need to follow up the said plan in its implementation. There is so much work to be done as far as rehabilitation of persons with disabilities in Montalban is concerned. There is a need to create a new set of manpower who would respond to their needs on a national basis. The CBR Program will have to be integrated into the Department of Health plan which would provide the structure necessary. The efforts of all NGO and GO will have to be coordinated so as to reach out to as may persons with disabilities as possible in the most effective and efficient way.

Periquet (1984) on Community-Based Rehabilitation evaluation of the Negros Occidental concluded that Community-Based Rehabilitation Program can be replicated in other parts of the country, considering its low-cost nature and its community-based approach. Banking on the concepts of inter-agency coordination for referral and service

to a certain degree the viability of bringing down to the grassroots level the concepts disability prevention and rehabilitation.

Further evaluation was made in 1988 and focused on the effectiveness resulting in the increased participation in family, school, and community activities. The study concluded that when CBR is applied with good management, it will lead to results which are fully comparable or better than those obtained by professionals working in institutions.

On Norwegian Filipino Foundation's (NORFIL) Community-Based Rehabilitation project (1995) after ten years, the people involves here became more convinced that this is a feasible way to decentralize programs and services. That is an alternative to an intervention that is otherwise not readily accessible and is often expensive, made CBR reaction to the more traditional residential-based programs; it has come to realize that CBR can also be a supplemental and/or complimenting service to institutions or hospitals.

Abellon (2012) in her study, discussed about the extent of community readiness concluded that their community is very much aware about the individual with intellectual disabilities and much agreed in providing assistance in terms of providing transition services, job opportunities and accommodating individuals with intellectual disabilities. She recommended the following based on the findings and conclusion drawn: 1) Local entrepreneurs should be invited to attend special education awareness seminars, 2) Linkages with the community should be strengthen through participation in special education activities' 3) Special Education pupils should be exposed to

various community activities' and 4) Further study may be conducted to determine the effectiveness of transition programs. Similarly and relatedly the study focuses on the community where community awareness plays impact in community participation on the programs and projects related to persons with disabilities.

Sharma (2007) in her study on evaluation in community based rehabilitation programs: related strengths, weaknesses, opportunities and threats analysis qualitatively which analyze the extent to which community based rehabilitation programs have been evaluated over the past thirty years. A framework of strengths, weaknesses, opportunities and threats analysis was used in conducting this analysis.

Community-based rehabilitation (CBR) is a strategy for enhancing the quality of life of disabled people by improving service delivery, by providing more equitable opportunities and by promoting and protecting their human rights. It calls for the full and co-ordinated involvement of all levels of society: community, intermediate and national. It seeks the integration of the interventions of all relevant sectors - educational, health, legislative, social and vocational - and aims at the full representation and empowerment of disabled people. It also aims at promoting such interventions in the general systems of society, as well as adaptations of the physical and psychological environment that will facilitate the social integration and the self-actualization of disabled people. Its goal is to bring about a change; to develop a system capable of reaching all disabled people in need and to educate and involve governments and the public. Community-Based Rehabilitation program should be sustained in each country by using a level of resources that is realistic and maintainable.

At the community level, Community-Based Rehabilitation program is seen as a component of an integrated community development program. It should be based on decisions taken by its members. It will rely as much as possible on the mobilization of local resources. The family of the disabled person is the most important resource. Its skills and knowledge should be promoted by adequate training and supervision, using a technology closely related to local experience. The community should support the basic necessities of life and help the families who carry out rehabilitation at home. It should further open up all local opportunities for education, functional and vocational training, jobs, etc. The community needs to protect its disabled members to ensure that they are not deprived of their human rights. Disabled community members and their families should be involved in all discussions and decisions regarding services and opportunities provided for them.

The community will need to select one or more of its members to undergo training in order to implement the program. A community structure (committee) should be set up to provide the local management.

At the intermediate level, a network of professional support services should be provided by the government. Its personnel should be involved in the training and technical supervision of community personnel, should provide services and managerial support, and should liaise with referral services.

Referral services are needed to receive those disabled people who need more specialized interventions than the community can provide. The Community-Based Rehabilitation system should seek to draw on the resources available both in the governmental and non-govern mental sectors. At the national level, Community-

Based Rehabilitation program seeks the involvement of the government in the leading managerial role. This concerns planning, implementing, coordinating, and evaluating the Community-Based Rehabilitation system. This should be done in co-operation with the communities, the intermediate level and the non-governmental sector, including organizations of disabled people." ("Prejudice and Dignity", Helander, E. 2007).

Cornielje, H. (2003) revealed that while the urban elite of disabled people who live in a conflict-free, open and democratic society may be well concerned with issues such as tourism. Community-Based Rehabilitation program as an essential service provision is often unavailable for the poor rural masses and those living under illegal conditions in slums of the cities of Africa, Asia and South America. Community-Based Rehabilitation program as a philosophy seeks for solidarity with those who live under appalling conditions; threatened by conflict, eviction and hunger. Collaboration between Disabled People Organizations and the Community-Based Rehabilitation movement in order to address diversity and ensure that the implementation of basic human rights is truly addressed.

Deepak, et. al (2003) conducted a participatory evaluation of the community-based rehabilitation program in North Central Vietnam and the result of the study showed that the strengths, weaknesses, opportunities, and threat of the Community-Based Rehabilitation program were across all levels were collated and presented. Specific strengths have been found in three out of five principles of the World Health Organization Model. The program would benefit by consolidating on the positive aspects in years to come.

Thomas (et.al. 2003) discussed the importance of establishing--prior to the development of Community Based Rehabilitation--an extensive baseline has not been extensively covered as the importance of it is almost self-evident; yet the lack of baseline data often severely hampers the possibility of being able to measure the effects of Community Based Rehabilitation.

The present article emphasizes the need for participatory processes in the development of baseline data and information systems. Four key areas for measuring CBR are highlighted: people, power, public society and partnerships. Finally, a tool is presented in order to evaluate (or monitoring and evaluation) systematically. It answers the queries: 1) What gets measured gets done; 2) If you don't measure results, you can't tell success from failure; 3) If you can't see success, you can't reward it; 4) If you can't reward success, you're probably rewarding failure; 4) If you can't see success, you can't learn from it.

Besides informal and casual care given by family or neighbors, Community-Based Rehabilitation has become the focus of efforts to address the needs and demands of people with disabilities in low and middle income countries. Community-Based Rehabilitation has two important features: it is a model of providing support in the community that takes into consideration the historical, social, economic, political and cultural context. It is also an empowering approach based on principles of human rights; i.e. striving for equal opportunities and for full participation in all spheres of community life. The first aspect of care and service delivery is to some extent rejected by disabled people's organizations because of its emphasis on adjusting the person to the existing systems and norms through--mainly--medical and therapeutic interventions. Therefore it

is seen as part of the medical model, which disability activists consider patronizing. In spite of current emphasis within CBR on the social model of viewing disability, medical interventions remain important, but time limited processes within rehabilitation. Medical interventions may even form an entrance point for equal opportunity and full participation in society.

Wirz & Thomas (2003) have, among others, argued that the lack of accepted evaluation instruments hinder a meta-analysis of CBR programs and therefore leave the claims of Community-Based Rehabilitation program unproven and disputable. In line with earlier work done on developing indicators for the monitoring and evaluation of Community-Based Rehabilitation program, Wirz & Thomas propose the development of a set of 'robust and easy to use' indicators for the use of evaluation of Community-Based Rehabilitation programs. More qualitative research is needed to answer some fundamental questions about issues such as quality of life, well-being and self-actualization.

It would be difficult to measure 'results' without first having made a baseline survey of the situation and resources of people with disabilities, their families, and the community - how they live, day by day, hour by hour, in their local community; what features they find helpful, disabling, or neutral. From such a survey, if skillfully conducted, various points would probably stand out as likely indicators for monitoring and evaluation.

Monitoring is a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of

objectives and progress in the use of allocated funds. Monitoring provides information on where a policy, program, or project is at any given time (and over time) relative to respective targets and outcomes. It is descriptive in intent.

Evaluation is a complement to monitoring. It gives evidence of why and how targets and objectives are (not) achieved. It seeks to address issues of causality. It is an assessment of what has taken place in a certain time span and helps in planning and improving future work. Evaluation should be as systematic and objective as possible; but as participatory and subjective where necessary. It needs to be systematic and objective because, it aims at comparing the situation in a program to agreed standards; agreed objectives; the situation in an earlier stage; or the situation in another program. It needs to be participatory and subjective because, it helps to find answers about reasons or causes; e.g. why standards are not being kept; or why objectives were not achieved.

Rehabilitation evaluation thus means the process of judging the value of rehabilitation interventions in the light of their objectives. Within such a context, evaluation goes beyond the question that is being addressed in traditional monitoring and evaluation systems, which addresses compliance and provides answers to the question 'did they do it?' The results-based monitoring and evaluation system is designed to address the 'so what' question. A result-based monitoring and evaluation system asks 'so what that the activities have taken place?' and 'so what that the outputs from these activities have been counted?' Results-based evaluation systems help in getting answers to the following questions: 1) What were the goals of the program? 2) Have these goals been achieved? 3) Has reality been changed and how?

The CBR monitoring and evaluation tools

Most Community-Based Rehabilitation programs lack clear objectives and targets. At least, they are not well described, internalized and certainly not being used as a means to measure success or failure. Besides setting objectives and targets--as well as developing the necessary indicators and collecting the needed baseline data--it is also essential to ensure that in developing Monitoring & Evaluation systems the political and cultural realities will be taken into account. Collecting data and using the information that can be derived from that data is not value-free. If stakeholders and in particular the users--those who collect the data--are not involved in the design and development of M&E systems there is a substantial risk that they will never function. A lack of true participation and involvement of CBR front-line workers in designing M&E systems may obstruct such developments for many years. Objectives should be derived from the concerns that are identified by the stakeholders and form the first step in building the performance matrix as presented by Kusek and Rist (2002).

Quality of life is an individuals' perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (World Health Organization, 1997). The largely subjective experiences of quality of life with interdependent dynamics involving personal characteristics (such as self-esteem, and motivation) as well as interpersonal relations (social interactions) make it so difficult to evaluate quality of life.

Synthesis

The Community-Based Rehabilitation Program is a strategy program for the inclusion of persons with disabilities in the community. It strives for a better quality life for everyone in the community including persons with disabilities.

The researcher found Ilagan's contribution to the success to the implementation of Community-Based Rehabilitation Program in the Philippines and as she initiated KAMPI in 2003 and served 6,874 disabled children who are provided free physical therapy, occupational therapy, pre-school training and school placement and related services. The researcher motivated to conduct the study to evaluate the programs and services of the Community-Based Rehabilitation program of Barangay Commonwealth as they attained their objectives in empowering and improving the quality of life of Persons with Disabilities in the community with the full support of all stakeholders particularly the Quezon City Local Government through the Quezon City Persons with Disability Affairs Office (QCPDAO).

All the mentioned stated literature and studies are relevant to the present research that helped the researcher conceptualize ideas in bringing up this study relative to the evaluation of Community-Based Rehabilitation program.

CHAPTER III

METHODOLOGY AND DISCUSSION OF FINDINGS

This chapter presents the research design, participants, the data gathering procedure, and the statistical treatment used in the analysis of data.

Research Design

Part I

The researcher utilized the descriptive method to determine the profile of the respondents, and the nature and status of the Community-Based Rehabilitation Program of Barangay Commonwealth, Quezon City and Commonwealth Elementary School SPED Center particularly children enrolled in the visually impaired program in terms of health, education, livelihood and social/ community participation.

The descriptive method is unique in the number of variables employed. Like other types of research, descriptive research can include multiple variables for analysis, yet unlike other methods, it requires only one variable (Borg & Gall, 1989). They say that descriptive research describes natural or man-made educational phenomena that of interest to policy makers and educators.

Whitney (1998) stated that a descriptive method is a fact-finding research that has an adequate interpretation. It is more than that just data gathering. The data gathered were exposed to thinking process in terms of ordered and logical reasoning.

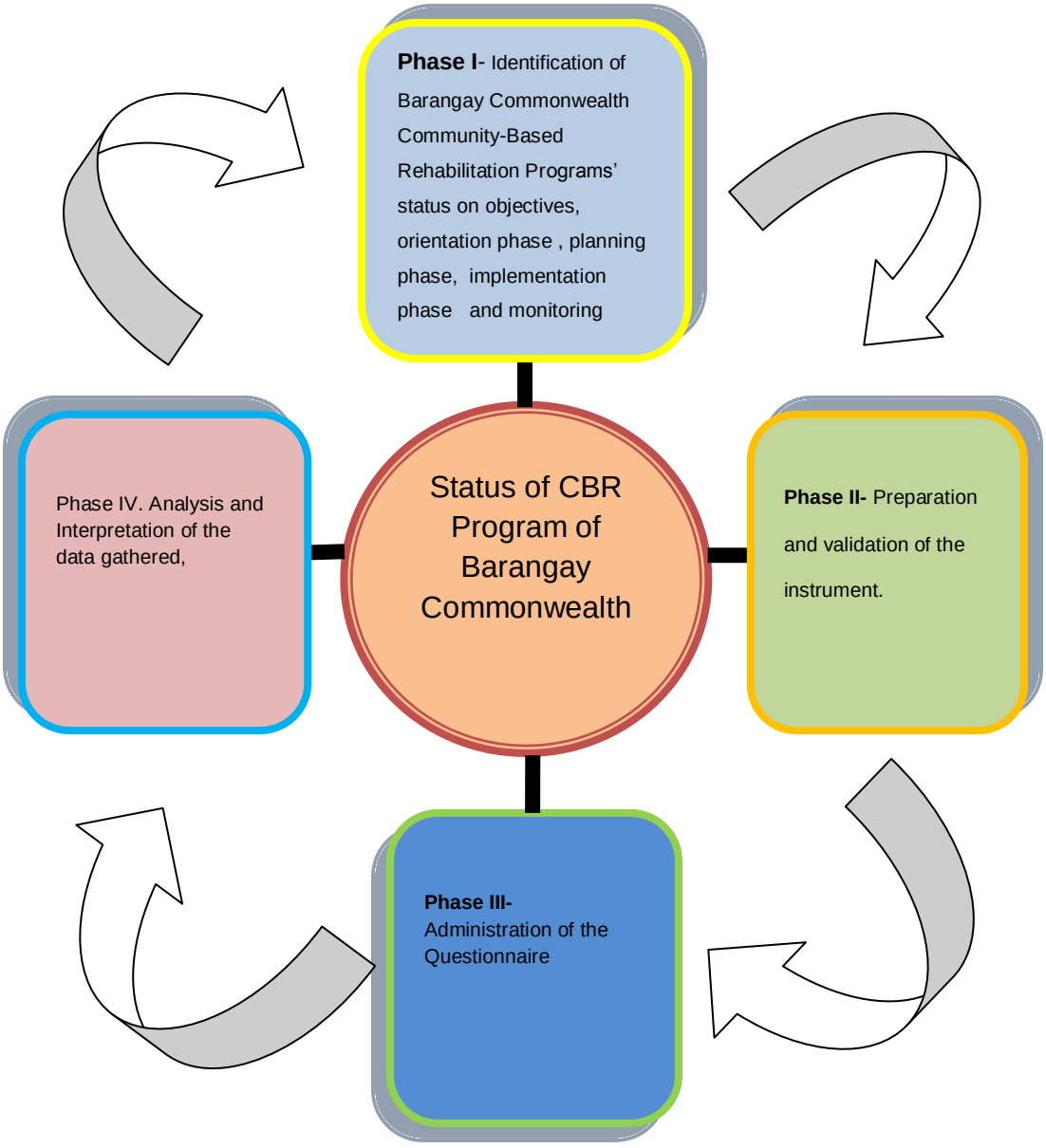

Figure 2. Conceptual Paradigm of the Study

Figure 2 presents the conceptual paradigm of the study which includes the phases in the conduct of the study. The researcher made use of the four phases in the

analysis of the extent of implementation of the Community- Based Rehabilitation Program of Barangay Commonwealth.

Phase I- Identification of Barangay Commonwealth Community-Based Rehabilitation Programs' status on objectives, orientation phase , planning phase, implementation phase and monitoring phase.

This was done in coordination with the parents of children with visual impairment; officers and implementers of the CBR program; Barangay Captain of Commonwealth; Local Government Officials under Social Services Development Department and Special Education Department of Commonwealth Elementary School SPED Center through the help of the Special Education Chairman with permission from the Division and the School Principal of Commonwealth Elementary School SPED Center where school is located at Barangay Commonwealth. Based from their attendance during the orientation program held at Commonwealth Elementary School, the researcher contact the parents, SPED Teachers, and other stakeholders who are present during the orientation program.

Phase II- Preparation and validation of the instrument.

This was done with the help and assistance of the five experts in the field of Community-Based Rehabilitation Program.

Phase III- Administration of the Questionnaire to SPED Teachers, Local Government Unit representatives, Non-government Organizations representatives, Persons with Disability, and Parents of students with disabilities.

The researcher made a letter of request to the Schools Division Superintendent, School Principal and Barangay Commonwealth that she be allowed to conduct her study at Commonwealth Elementary School SPED Center and Barangay Commonwealth Office. After the researcher was granted of her request, she coordinated with the SPED Chairman in the administration of the questionnaires. The said procedure was properly endorsed to SPED Teachers and Parents and other stakeholders for the conduct the study.

Phase IV- Analysis and Interpretation of the data gathered, Gathering, Analyzing, and Interpreting the outcome of data.

The researcher collected the questionnaires and gathered relevant data. The data acquired were then analyzed and interpreted. The findings then became the basis to formulating conclusion and recommendations.

Participants of the Study

There were five groups of participants in the study, namely 1) Special Education Teachers; 2) Non-Government Organizations; 3) Local Government Official; 4) Persons with Disability; and 5) Parents of children with visual impairment who attended the Community-Based Rehabilitation Orientation, and Implementation Program of Barangay Commonwealth. The respondents were purposely selected from the population until the desired number of the respondents was reached.

Data Gathering Instruments

Items in the questionnaires were organized and based from the Philippine Handbook on Community-Based Rehabilitation of 1995 and Philippine CBR Manual: An Inclusive Development Strategy of 2009 following the stages in CBR planning (setting of

objectives, orientation, identify strength/weakness/ opportunities and threats), implementation (implementing and monitoring services), and evaluation (impact on the quality of lives of persons with disabilities in Barangay Commonwealth). The five experts suggested inputs to expound items on each area. In planning phase the five experts suggested to identify and enumerate who the stakeholders are; itemize the social, environmental and attitudinal barriers; and identify community strengths, weakness, opportunities and threats). In the implementation phase the five experts suggested to enumerate the educational programs, health programs and activities, livelihood/employment programs opportunities and social/community participation activities being implemented for children with visual impairment which is the particular group of study, In the Monitoring phase the five expert suggested to include processes on how monitoring activities are done to check progress and indicate rating system or tools used to rate quality of services delivery in the validation of the instrument. Finally after evaluation and validation of the instrument by the five experts, administration of the instrument to the respondents followed to gather necessary data in evaluating the status of the Community-Based Rehabilitation Program of Barangay Commonwealth. Verbal Description was suggested change from Very Much, Much, Undecided, Not Really Not At All to Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree.

The revised/validated questionnaires/instruments were given personally to the respondents. These were collated by the researcher after the specified agreed time. Result were tallied and analyzed to obtained data necessary for the study.

The researcher made use of a questionnaire-checklist which consists of two parts in gathering significant data to complete the study. The **part I** consist of respondent's profile which includes the age, sex, educational attainment, and type of community involvement/membership. **Part II** is concerned on the extent the CBR Program implemented as evaluated by the Special Education Teachers, Parents and Community/Barangay Commonwealth Officials, Local Government Officials, Non-government organizations, and Parents of Special Children with Visual Impairment of the Community-Based Rehabilitation Program of Barangay Commonwealth as regards to Objectives setting, Orientation, Planning, Implementation and Monitoring phase.

Data Gathering Procedure

Protocol and proper coordination was carried out before the actual research process. Letters of request and approval were drafted and submitted to appropriate authorities proceeding to the research process.

The researcher availed permission from the Division Superintendent, Principal and Office of Barangay Commonwealth to administer the questionnaires.

Statistical Treatment of Data

The quantitative part of this project was analyzed through statistical tools like percentage distribution, weighted frequency, and weighted mean, including the use of Likerts's scale in measuring the status of the implementation as well as evaluation of stakeholders on the Community-Based Rehabilitation Program of Barangay Commonwealth.

The researcher made use of the following statistical tools to complete the study.

1. **Percentage Distribution .** This was used to establish the profile of the respondents, a numerical analysis that describes or compares magnitude, using the formula:

$$\% = f/n \times 100$$

Where: f = Frequency

n =Total number of respondents

2. **Weighted Frequency**

After all the responses from the questionnaires were tallied, they were converted to weighted frequencies. Conversion was done by multiplying the frequencies of the responses by their corresponding point scale values or weighted values. Formula used:

$$Wf = f \times WV$$

Where: **WF = Weighted frequency**

f = Frequency

WV = Weighted value

3. **Weighted Mean**

It was computed by dividing the summation of all the weighted frequencies per item by the frequency under each degree of perception. The formula was:

$$WM = \frac{\sum WF}{F}$$

Where: ∑WF = Summation of the Weighted frequency
f = Frequency
WM = Weighted Mean

The scale was used to interpret the improvement derived from the respondents' assessment of the implementation of the community-based rehabilitation is shown below with its corresponding verbal description.

Scale to interpret improvement

Legend	Description
4.45 – 5.00 Strongly Agree	Areas are very skillfully carried out with little waste of time and effort.
3.45 – 4.44 Agree	Areas are often carried out well, adequate in operation or performance
2.45 – 3.44 Neutral	Areas are moderately carried out but still need a little Improvement at times.
1.45 – 2.44 Disagree	Areas are carried out but seldom effective and have to be corrected and supervised constantly
1.00 – 1.44 Strongly Disagree	Areas are not at all or never performed right or carried out well

Research Locale

The study took place at Barangay Commonwealth; Quezon City where Commonwealth Elementary school SPED Center is located beside it.

Barangay Hall of Commonwealth

Brief History of the Community-Based Rehabilitation Program of Barangay Commonwealth

The CBR Program of Commonwealth was initiated by the effort of the following people from the different sectors of the community on November 10, 2011 namely: Mrs. Luz B. Cabauatan, Social Worker II from the Social Services Development Department

of Quezon City; Mr. Renato Cada, focal person of Quezon City Persons with Disability Affairs Office; Mrs. Flerida V. Labanon of National Council on Disability Affairs; Mr. Romel Sevilla, President of National Federation of Computer Technologists (NAFECOT); Mr. Randy Calsena, Project Director of Leonard Cheshire Disability Foundation, Inc.(LCDFInc); Mrs. Rosemary M. Alonzo, Board Member of Parents Advocates for Visually Impaired Children (PAVIC); Parents of PWDs, Mr. Rozen Glean a person with disability; Hon. Barangay Captain Jose M. Gaviola Sr. and all the parents of SPED pupils of Commonwealth Elementary School SPED Center and SPED Teachers and Mr. Rodolfo B. Modelo, Principal IV of Commonwealth Elementary School SPED Center.

Subsequently on October 5, 2012 they conducted another seminar workshop on orientation, planning and implementation of the Community-Based Rehabilitation Program of Barangay Commonwealth to intensify services in terms of social, education, health, livelihood/employment, and community participation programs and projects. All stakeholders participated in the planning process so as to implement the Community-Based Rehabilitation Program. Committees were formed and assigned chairman to handle committee activities, programs and projects.

Vision

Barangay Commonwealth envisions that our Barangay is a persons with disabilities friendly and inclusive community that acknowledges the rights, independence and capabilities of our constituents who are disabled.

Mission

Barangay Commonwealth Community-Based Rehabilitation Program empowers persons with disabilities to be a partner in nation building and improve their quality of life.

Core values

- Nurture to become reach in character,
- Model of excellence and
- Man of service and contributor to nation building

Goal & Objectives of the Organization

1. Recognizes persons with disabilities according to their strengths not their disabilities or weakness and be given an equal opportunity to express their decision and become co- contributor in the community development.
2. Promotes Inclusive Education regardless of cultural affiliation, religion, gender, and disabilities.
3. Promotes barrier free community (Accessibility)
4. Self-advocates for the total change and improvement of persons with disabilities life in the aspect of health, education, employment, and social/community participation.

5. Develop an organization that recognizes the individual differences, with self-reliance, self-worth and respect for every member of the group.
6. Mobilizes the community resources such as human; technical; environmental; facilities to meet and sustain the stated needs of persons with disabilities.

Part II

Discussion of Findings

Items in the questionnaires were organized based from the Philippine Handbook on Community-Based Rehabilitation of 1995 and Philippine CBR Manual: An Inclusive Development Strategy of 2009 following the stages in CBR planning (setting of objectives, orientation, identify strength/weakness/ opportunities and threats), implementation (implementing and monitoring services), and evaluation (impact on the quality of lives of persons with disabilities in Barangay Commonwealth). The five experts suggested inputs to expound items on each areas. In planning phase the five experts suggested to identify and enumerate who the stakeholders are; itemize the social, environmental and attitudinal barriers; and identify community strengths, weakness, opportunities and threats). In the implementation phase the five experts suggested to enumerate the educational programs, health programs and activities, livelihood/employment programs opportunities and social/community participation activities being implemented for children with visual impairment which is the particular group of study, In the Monitoring phase the five expert suggested to include processes on how monitoring activities are done to check progress and indicate rating system or

tools used to rate quality of services delivery in the validation of the instrument. Finally after evaluation and validated of the instrument by the five experts, administration of the instrument to the respondents followed to gather necessary data in evaluating the status of the Community-Based Rehabilitation Program of Barangay Commonwealth. Verbal Description was suggested change from Very Much, Much, Undecided, Not Really Not At All to Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree.

Five experts evaluated the varied instruments used in the study.

TABLE 1 Profile of the Experts

EXPERT	POSITION	SCHOOL/OFFICE	EDUCATIONAL ATTAINMENT	Working Experience
1	Regional Program Coordinator	National Commission on Disability Affair	Master in Government Service Management	25
2	Focal Person	Persons with Disability Affairs Office, Quezon City	Bachelor of Science in Accounting	18
3	Focal Person	Persons with Disability Affairs Office, Quezon City	AB Political Science M.A. Com. Development	15
4	Social Worker II	Social Services Development Department	M.A. Community Development	20
5	SPED Teacher Transition Program	Commonwealth Elementary School SPED Center	Graduate M.A.SPED (ID)	17

To identify the suitability of the varied instruments used in the study, the researcher sought the opinions of five experts: First, a regional program coordinator of NCDA with master in government service management and 25 working experience. Second, is the focal person of the National Commission on Disability Affair (NCDA) with a degree in Bachelor of Science in Accounting and with eighteen (18) years of working experience. . Third, a focal person of the NCDA office with a degree in AB Political

Science and Masteral Degree in Community Development and fifteen years of working experience. Fourth, is a Social Worker II of the Social Services Development Department with a masteral degree in Community development with twenty (20) years in service. Last, is also a special education teacher specialist in transition program from Commonwealth Elementary School with a master of arts in special education with specialization in teaching children with intellectual disabilities and with seventeen (17) years of experience.

Table 2

An inventory of the CBR Objectives Setting based on the Principle of CBR
As Evaluated by Five Experts

Inventory	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Mean	Interpretation
I. Objectives Setting							
1..**Objectives are based on the principles of Community-Based Rehabilitation**	3	3	3	2	2	2.6	Much Suitable
A. Promotes awareness and apply programs in **Inclusive** Education	3	3	3	3	2	2.8	Much Suitable
B. PWDs is given an **equal opportunity** to experience equal outcomes and recognized as citizens, as voters, same as other individuals.	3	3	3	2	2	2.6	Much Suitable
C. **Participates** in decision making and become co-contributor in the community development	3	3	3	3	2	2.8	Much Suitable
D. **Self-advocates** for the total change and improvement of PWDs life in the aspect of health, education, employment, and social/community participation.	3	3	3	2	2	2.6	Much Suitable

As shown in Table 2 the Objective Setting was evaluated and validated for its suitability by five experts. As to the objective setting was anchored on the principles of Community-Based Rehabilitation equal opportunity, participation and self-advocacy, item A the five experts gave it a mean of 2.6 with an interpretation of much suitable while item B was rated 2.8 as much suitable, item C was rated 2.8 and item D with 2.6 interpreted as much suitable.

Table 3
Inventory on CBR Objectives Setting as Achievable
As Evaluated by Five Experts

3. Objectives are achievable	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Discussion of the merits of a CBR program with the key leaders of the community, the PWDS & their families	3	3	2	3	3	2.8	Much Suitable
B. Acceptance of community leaders of the CBR Program and the responsibilities that go with it.	3	3	2	3	3	2.8	Much Suitable
C. Organization of the CBR Committee which is multisectoral composed of community leaders, development workers, and parents of children with disabilities.	3	3	2	3	2	2.6	Much Suitable
D. Identification of the areas where the program can be developed and a mechanism for selecting the CBR fieldworkers can set up	3	3	2	3	2	2.6	Much Suitable

Table 3 shows the Objective Setting as evaluated and validated for its suitability by five experts. As to the objective s are achievable Items A discussion n the merit,B acceptance of the community,C multisectoral organization of the CBR,and D areas

identification were rated 2.8,2.8,2.6,2.6 with an interpretation of much suitable.

Table 4

Inventory of CBR Objectives Setting are Anchored on Legal Bases
As Evaluated by Five Experts

4. Objectives are anchored on legal bases	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Sec. 11 Art. XIII of the 1967 Constitution Declares that the State Shall adopt an integrated and comprehensive approach to health development	3	3	2	3	2	2.6	Much Suitable
B. Republic Act No. 7277 Magna Carta for Disabled Persons	3	3	2	3	2	2.6	Much Suitable
C. Republic Act 8425 Social Reform Act Poverty Alleviation of the basic sector including PWDs	3	3	3	3	2	2.8	Much Suitable
A. Biwako Millennium Framework Promotes a rights-based barrier free and inclusive society for PWDs	3	3	2	3	2	2.6	Much Suitable
B. Republic Act No. 7160 Local Government Code of 1991 devolution of services to the local government units (LGUs)	3	3	3	3	2	2.8	Much Suitable
C. R.A. 344 The Accessibility Law	3	3	3	3	3	3.0	Much Suitable

Table 4 shows the Objective Setting as evaluated and validated for its suitability by five experts. As to the objective s are achored on legal bases, Items A, B and D was given a rating of 2.6 interpreted as much suitable, Items C and E got a rated mean of 2.8 interpreted a much suitable and Item F was given a rating of 3.0 with an interpretation of much suitable.

Table 5
Inventory of CBR Objectives Setting as Measurable
As Evaluated by Five Experts

5. Objectives are measureable	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Inclusive education – increased enrolment of children with disabilities in all public and private elementary, secondary schools.	3	3	2	3	3	2.8	Much Suitable
B. Equal opportunity/participation – increased numbers of PWDs who casted votes during election.	3	3	2	3	3	2.8	Much Suitable
C. Self-advocate- existence and development of Disabled Persons Organization/ Parent Organization in the community that will advocate for change that a group that can speak on behalf of its own sector.	3	1	1	3	2	2	Suitable
D. Achieved and sustained activities programs and projects in health, education, livelihood, employment, social/community participation	3	2	2	3	2	2.4	Suitable
E. Accessibility- the community became barrier FREE, they complied with the Accessibility Law and all physical technology, communication and change in attitudes towards PWDs.	3	3	1	2	1	2	Suitable
F. Improved material well-being; health; productivity; intimacy;							

safety; place in community; and emotional well-being of PWDs.	3	3	3	2	2	2.6	Much Suitable

Table 5 shows the Objective Setting as evaluated and validated for its suitability by five experts. As to the objective s are measurable, Items A inclusive education, B , equality and F improved materials were given a rating of 2.8, 2.8 and 2.6 interpreted as much suitable, Items C self advocacy,D achieved and sustained activity and E accessibility got a rated mean of 2.0 and 2.4 interpreted as suitable

Table 6
Inventory of CBR Objectives Setting as Specific
As Evaluated by Five Experts

6. Objectives are specific	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Promotes Inclusive Education regardless of cultural affiliation, religion, gender, disabilities.	3	3	1	2	1	2	Suitable
B. Recognizes PWDs according to his strengths and given an equal opportunity participate in decision making and become co- contributor in the community development.	3	3	2	3	3	2.8	Much Suitable
C. Self-advocates for the total change and improvement of PWDs life in the aspect of health, education, employment, and social/ community participation.	3	3	1	2	3	2.4	Suitable
D. Mobilizes the community resources: human; technical; environmental; and facilities to achieve and sustain the identified needs of PWDs.	3	3	2	3	3	2.8	Much Suitable
E. Promotes barrier free	3	3	2	3	3	2.8	Much

community (Accessibility)							Suitable

Table 6 shows the Objective Setting as evaluated and validated for its suitability by five experts. As to the objective s are specific, Items A, promoted inclusive education, C self advocacy, were given a rating of 2.0, 2.4 interpreted as suitable while Items B recognition of PWD's strenghts ,D mobilization of community resources and E barrier free community got a rating mean of 2.8 each interpreted as much suitable.

Table 7

Inventory of Objectives Setting as Relevant
As Evaluated by Five Experts

7. Objectives are Relevant/Pertinent	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. CBR facilitate process where PWDs can empower to control own potential and partners in community development.	3	2	2	3	3	2.6	Much Suitable
B. CBR builds on the resources, structures and abilities of the community to promote the potential of everyone including PWDs.	3	3	2	3	3	2.8	Much Suitable
C. CBR values social justice and raises the consciousness of the community	3	3	2	2	2	2.4	Suitable
D. CBR promotes good governance	3	3	1	2	2	2.2	Suitable
E. CBR costs are spread all sectors	3	3	1	2	2	2.2	Suitable

Table 7 shows the Objective Setting as evaluated and validated for its suitability by five experts. As to the objective s are relevant/pertinent, Items A,and B, were given a rating of 2.6, 2.8 interpreted as much suitable while Items C CBR values social justice and raises the consciousness of the community ,D CBR promotes good governance and E CBR costs are spread all sectors got a rating mean of 2.4, 2.2. 2.2. with an interpretation as suitable.

Table 8

Inventory of CBR Orientation of the Program Composed of Stakeholders As Evaluated by Five Experts

8. CBR Program Orientation	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. The CBR Program composes of all stakeholders during orientation	3	3	3	3	2	2.8	Much Suitable
B. Local Govt. Unit (SSDD)	3	1	1	3	3	2.2	Suitable
C. QC Persons with Disability Affairs Office	3	2	3	3	3	2.8	Much Suitable
D. Commonwealth Barangay Official	3	3	1	3	3	2.6	Much Suitable
E. National Council on Disability Affairs	3	3	3	3	3	3.0	Much Suitable
F. SPED Supervisor/ Administrators/Teacher	3	3	3	3	3	3.0	Much Suitable
G. Non-Government Organization (Leonard Cheshire Disability Foundation, Parents Advocate for Visually Impaired Children, National Federation of Computer Technologists, & Business Organization)	3	3	3	3	3	3.0	Much Suitable
H. Persons with disabilities	3	3	3	3	3	3.0	Much Suitable
I. Parents of PWDs from various	3	1	1	3	3	2.2	Suitable

exceptionalities							

Table 8 shows the CBR orientation as evaluated and validated for its CBR Program Orientation by five experts. As to the orientation of the CBR Program , Items A - the CBR Program composes of all stakeholders during orientation, C- QC Persons with Disability Affairs Office ,D - Commonwealth Barangay Official ,E - National Council on Disability Affairs, F - SPED Supervisor/ Administrators/Teacher ,G - Non-Government Organization ,H - persons with disabilities were given a rating of 2.8,2.8,2.6,3.0,3.0,3.0 interpreted as much suitable while Items B -Local Govt. Unit (SSDD) and I- Parents of PWDs from various exceptionalities got a rating mean of 2.2. 2.2 each with an interpretation as suitable

Table 9
Inventory of CBR Orientation Program on Social Awareness
As Evaluated by Five Experts

9. The CBR Orientation Program brings out awareness: Social awareness	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Include PWDs as partners in community development	3	3	3	3	3	3.0	Much Suitable
B. Include PWDs in all community activities (elections, meetings, social gatherings, etc.)	3	3	3	3	3	3.0	Much Suitable

Table 9 shows the CBR program as evaluated and validated for its CBR Program Orientation by five experts. As to the CBR orientation program brings out social awareness , Items A - Include PWDs as partners in community development and B- Include PWDs in all community activities got a rating of 3.0 each with an interpretation of much suitable.

Table 10
Inventory on CBR Orientation Program on Environmental Awareness
As Evaluated by Five Experts

8.The CBR Program brings out Environmental Awareness	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Provisions of pedestrian	3	3	3	3	3	3.0	Much

crossings with timed traffic lights							Suitable
B. Provisions of emergency exit with flashing and sound signals	3	3	3	3	3	3.0	Much Suitable
C. Provision of talking Elevators with and with Braille dots	3	3	3	3	3	3.0	Much Suitable
D. Provision of Ramps in all buildings and public places	3	3	3	3	3	3.0	Much Suitable

Table 10 shows the CBR program as evaluated and validated for its CBR Program Orientation by five experts. As to the CBR orientation program brings out environmental awareness , Items A - provisions of pedestrian crossings with timed traffic lights, B- provisions of emergency exit with flashing and sound signals , C- provision of talking elevators with and with Braille dots and D- provision of ramps in all buildings and public places got a rating of 3.0 each with an interpretation of much suitable.

Table 11
Inventory of CBR Orientation Program on Attitudinal Barriers
As Evaluated by Five Experts

10. The CBR Orientation Program brings out awareness in Attitudinal Barriers	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Provides equitable opportunities for employment.	3	3	3	3	3	3.0	Much Suitable
B. Promotes positive attitude and respect diversity.	3	3	3	3	3	3.0	Much Suitable
C. Develops sense of commitment and accountability towards persons with disabilities.	3	3	3	3	3	3.0	Much Suitable

Table 11 shows the CBR program as evaluated and validated for its CBR Program Orientation by five experts. As to the CBR orientation program brings out awareness in Attitudinal Barriers, Items A - provides equitable opportunities for employment, B- promotes positive attitude and respect diversity, C - develops sense of commitment and accountability towards persons with disabilities were given a rating of 3.0 each with an interpretation of much suitable.

Table 12
Extent of Implementation Commonwealth on CBR Orientation Program
As Evaluated by Five Experts

9.The CBR Program brings out awareness on: Various types of Exceptionalities	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
1. Intellectual Disability	3	3	3	3	3	3.0	Much Suitable
2. Autism	3	3	3	3	3	3.0	Much Suitable

3. Hearing Impairments	3	3	3	3	3	3.0	Much Suitable
4. Visual Impairment /Multiple Disabilities with Visual Impairment (MDVI)	3	3	3	3	3	3.0	Much Suitable
5. Down Syndrome	3	3	3	3	3	3.0	Much Suitable
6. Learning Disability	3	3	3	3	3	3.0	Much Suitable
7. Giftedness and talent	3	3	3	3	3	3.0	Much Suitable
8. Emotional and behavior disorder	3	3	3	3	3	3.0	Much Suitable
9. Special health problem	3	3	3	3	3	3.0	Much Suitable
10. Speech impairment	3	3	3	3	3	3.0	Much Suitable

Table 12 shows the CBR program as evaluated and validated for its CBR Program Orientation by five experts. As to the CBR orientation program brings out awareness on types of exceptionalities Items 1- Intellectual Disability ,2 - Autism ,3 - Hearing Impairments ,4- (MDVI),5 - Down Syndrome,6- Learning Disability,7- Giftedness and talent ,8- Emotional and behavior disorder ,9- Special health problem and 10- Speech impairment were given a rating of 3.0 each with an interpretation of much suitable.

Table 13
Inventory of CBR Orientation Program on Partnerships
As Evaluated by Five Experts

11. The CBR Orientation enriches partnerships for identifying potential leaders and workers that are:	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Willing to work or volunteer on an ongoing basis	3	1	1	3	3	2.2	Suitable
B. Committed and always available to help	3	2	3	3	3	2.8	Much Suitable
C. Possess leadership ability that can initiate to change attitudes of people and practices in society	3	3	1	3	3	2.6	Much Suitable

Table 13 shows the as evaluated and validated for its CBR Program Orientation by five experts. As to the CBR orientation program enriches partnerships for identifying potential leaders and workers, Items A - willing to work or volunteer on an ongoing basis was a rated 2.2 interpreted as suitable, B- committed and always available to help with a rating of 2.8 interpreted as much suitable and C - possess leadership ability that can initiate to change attitudes of people and practices in society with a rating of 2.6 each with an interpretation of much suitable.

Table 14
Inventory of Community-Based Rehabilitation Program Advocacy
As Evaluated by Five Experts

12.The CBR Program advocates for the enhancement of a DPOs and Self-Help Groups or PWD Parents Organization	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Mean	Interpretation
A. Orientation and consultation workshops with PWDs, and families to increase awareness	3	2	3	3	3	2.8	Much Suitable
B. Provision of Sports Activities	3	2	3	3	3	2.8	Much Suitable
C. Join in Campaigning/Petition Signing to highlight issues and concerns of PWDs	3	3	1	3	3	2.6	Much Suitable
D. Attends the National Disability Prevention and Rehabilitation Week Celebration annual activities	3	2	3	3	3	2.8	Much Suitable
E. Information dissemination through all forms of media about activities, issues and concerns of PWDs	3	2	3	3	3	2.8	Much Suitable

Table 14 shows the CBR program as evaluated and validated for its CBR Program Orientation by five experts. As to the CBR program on the advocacy for the enhancement of a DPOs and Self-Help Groups or PWD Parents Organization, Items A - Orientation and consultation workshops with PWDs, and families to increase awareness was rated 2.8 interpreted as much suitable, B- Provision of Sports Activities got a rating of 2.8 interpreted as much suitable, C- Join in Campaigning/Petition Signing to highlight issues and concerns of PWDs with a rating of 2.6 interpreted as much suitable, D- Attends the National Disability Prevention and Rehabilitation Week Celebration annual activities got a rating of 2.8 interpreted as much suitable and E- Information dissemination through all forms of media about activities, issues and concerns of PWDs with a rating of 2.8 each with an interpretation of much suitable.

Table 15

Inventory of Community-Based Rehabilitation Program on Community Strengths
As Evaluated by Five Experts

13.The CBR Program identifies community strengths, weaknesses, opportunities, and threats/barriers to inclusive development	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Mean	Interpretation
1. Strengths							
A. Availability of the SPED Center and trained SPED Teacher to cater educational programs and placements of CSNs	3	3	3	3	3	3.0	Much Suitable
B. Accessible school buildings and ramps and accessible public places	3	3	3	3	3	3.0	Much Suitable
C. Availability of assistive devices for CSNs (cane, eyeglasses, technology assistive devices)	3	3	3	3	3	3.0	Much Suitable
D. Supportive parents	3	3	3	3	3	3.0	Much

							Suitable
E. Existence of the Disabled People Organizations/ Parents Organizations	3	3	3	3	3	3.0	Much Suitable
F. Availability of regular eye and ear screening	3	3	3	3	3	3.0	Much Suitable
G. Availability of Community Health Workers	3	3	3	3	3	3.0	Much Suitable
H. Availability of NGOs/ business establishment owners for future employment opportunities for PWDs	3	3	3	3	3	3.0	Much Suitable

As shown on Table 15 the CBR program as evaluated and validated for its CBR Program on Community's strengths by five experts. Items A - Availability of the SPED Center and trained SPED Teacher to cater educational programs and placements of CSNs B- Accessible school buildings and ramps and accessible public places C- Availability of assistive devices for CSNs (cane, eyeglasses, technology assistive devices)D- got a rating of 2.8 interpreted as much suitable and E- , F- Availability of regular eye and ear screening , G- Availability of Community Health Workers, H- Availability of NGOs/ business establishment owners for future employment opportunities for PWDs were given a rating of 3.o with an interpretation of much suitable.

Table 16
Inventory of Community-Based Rehabilitation Program on Community Weakness
As Evaluated by Five Experts

2. Weakness	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Untrained CBR volunteer worker	3	3	2	2	2	2.4	Suitable
B. Some parents are uncooperative	3	3	3	3	2	2.8	Much Suitable
C. Low self-steam of PWDs	3	3	2	1	1	2	Suitable
D. Updated Database of PWDs	3	3	3	3	2	2.8	Much Suitable
E. Incomplete community inventory	3	3	3	2	1	2.4	Suitable
F. DPO are involve	3	3	2	2	2	2.4	Suitable
G. Policies and system are clear	3	3	2	2	2	2.4	Suitable
H. Provision of Community ordinance for Budget allocation to PWDs	3	3	2	1	1	2	Suitable

As shown on Table 16 the CBR program as evaluated and validated for its CBR Program on Community's weaknesses by five experts. Items A - untrained CBR volunteer worker was rated 2.4 interpreted as suitable ,C- low self-steam of PWDs got a rating of 2.0 interpreted as suitable, E- incomplete community inventory with a rating of 2.0 interpreted as suitable, F- DPO are involve was rated 2.4 interpreted as suitable, G- policies and system are clear was rated 2.4 interpreted as suitable, H- provision of community ordinance for Budget allocation to PWDs got a rating of 2.0 interpreted as suitable. Items B- some parents are

uncooperative and D- updated database of PWDs got a rating of 2.8 each with an interpretation of much suitable .

Table 17
Inventory of Community-Based Rehabilitation Program Opportunities for the Community
As Evaluated by Five Experts

3. Opportunities	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Mean	Interpretation
A. Opportunity provide for livelihood training program for PWD young adult	3	3	3	3	2	2.8	Much Suitable
B. Opportunity provide for livelihood or employment for PWD young adult	3	3	3	2	1	2.4	Suitable

Table 14 shows the CBR program opportunities for the community as evaluated and validated by five experts. Item A - opportunity provide for livelihood training program for PWD young adult was given a rating of 2.8 interpreted as much suitable and item B- opportunity provide for livelihood or employment for PWD young adult got a rating of 2.4 with an interpretation of suitable.

Table 18
Inventory of Community-Based Rehabilitation Program Threats and Barriers
As Evaluated by Five Experts

4.Threats/Barriers	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Mean	Interpretation
A. Costly psycho-educational assessment	3	3	2	2	2	2.4	Suitable
B. CSNs without assessment receive improper educational placement	3	3	3	3	2	2.8	Much Suitable
C. Insufficient funds	3	3	2	1	1	2	Suitable
D. Expensive Occupational, physical & Speech therapy service fees	3	3	3	2	1	2.4	Suitable
E. Lack of school facilities	3	3	3	3	2	2.8	Much Suitable
F. Few accessible Comfort Rooms and other facilities are available	3	3	3	2	1	2.4	Suitable

Table 18 shows the CBR program threats and barriers as evaluated and validated by five experts. Items A – costly psycho-educational assessment was rated 2.4 interpreted as suitable, C- insufficient funds got a rating of 2.0 interpreted as suitable, D- expensive occupational, physical & speech therapy service fees

with a rating of 2.4 interpreted as suitable and F- few accessible Comfort Rooms and other facilities are available was given a rating of 2.4 interpreted as suitable. Items B- CSNs without assessment receive improper educational placement got a rating of 2.8 interpreted as much suitable and E- lack of school facilities was rated 2.8 with an interpretation of much suitable.

Table 19
Inventory of Community-Based Rehabilitation Program Planning
As Evaluated by Five Experts

14. Planning	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. All stakeholders shares, discusses and plans vision, mission, core values, goals, activities, risks, indicators, resources and persons responsible during the planning stage	3	3	3	3	3	3.0	Much Suitable
B. All stakeholders commits to the development of CBR in the planning process by establishing rapport , building genuine relationship and have deeper understanding on the lives and aspirations of PWDs.	3	3	3	3	3	3.0	Much Suitable
C. Persons with disabilities and family members are the central role in the decision making and planning process.	3	3	3	3	3	3.0	Much Suitable
D. Committees are formed to firm up plans, policies, and systems to make the work manageable and easy to monitor during the planning process.	3	3	3	3	3	3.0	Much Suitable
E. Incorporates training programs relevant to the needs and solutions identified to all key players during the planning process.	3	3	3	3	3	3.0	Much Suitable

Table 19 shows the CBR program planning as evaluated and validated by five experts. All the Items from A, B,C,D to ,E were given a rating of 3.0 with an interpretationof much suitable.

Table 20
Inventory of Community-Based Rehabilitation Program Implementation

As Evaluated by Five Experts

15. Implementation- Special Educational Programs for	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Children with Visual Impairment	3	3	3	3	3	3.0	Much Suitable
B. Inclusive Education Program	3	3	3	3	2	2.8	Much Suitable
C. Early Intervention Program	3	3	3	2	1	2.4	Suitable
D. Kindergarten to 12 Program	3	3	3	2	1	2.4	Suitable
E. Mainstreamed Program Gr.1-6	3	3	3	3	2	2.8	Much Suitable
F. Multiple Disability with Visual Impairment Program	3	3	3	3	3	3.0	Much Suitable
G. ALS/Non-formal Education for V.I.	3	3	3	3	3	3.0	Much Suitable

Table 20 shows the CBR program implementation as evaluated and validated by five experts. All the Items A- Children with Visual Impairment B- Inclusive Education Program E - Mainstreamed Program Gr.1-6, F- Multiple Disability with Visual Impairment Program G- ALS/Non-formal Education for V.I. were given a rating of 3.0 each with an interpretationof much suitable. While Items C- early Intervention Program and D - kindergarten to 12 program got a rating of 2.4 each interpreted as suitable.

Table 21
Inventory of Community-Based Rehabilitation Program on Health
As Evaluated by Five Experts

16. Health/Medical/Therapeutic	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Health promotion- Improved health status	3	3	3	3	2	2.8	Much Suitable
B. Identification and Prevention- Prevented additional/severe eminence of disabilities	3	3	3	3	3	3.0	Much Suitable
C. Rehabilitation (OT, PT, SP)- OT, PT and speech therapy improved my child's specific health and therapeutic needs &concerns.	3	3	2	3	3	2.8	Much Suitable
D. Provision of Assistive devices- Became more functional as an individual through provision of Assistive devices like eyeglasses, & other optical devices, white cane, and others	3	3	3	3	2	2.8	Much Suitable

Table 21 shows the CBR program on health as evaluated and validated by five experts. All the Items from A, B, C were given a rating of 2.8 and D with a rating of 3.0 with an interpretationof much suitable.

Table 22
Inventory of Community-Based Rehabilitation Program on Livelihood/Employment
As Evaluated by Five Experts

17. Livelihood/Employment	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Mean	Interpretation
A. Free skills development training	3	3	3	3	2	2.8	Much Suitable
B. Improved, develop and gained skills from free trainings in livelihood	3	2	3	3	3	2.8	Much Suitable
C. Self-employment- Engaged in gainful self-employment from trainings provided	3	3	1	3	3	2.6	Much Suitable
D. Open Employment - Employed in an open employment scheme	3	3	3	2	1	2.4	Suitable
E. Financial Assistance (access to micro-credit) - Improved financial status from financial assistance (access to micro-credit) received	3	3	3	2	1	2.4	Suitable

Table 22 shows the CBR program on livelihood as evaluated and validated by five experts. All the Items A- Free skills development training , B- improved, develop and gained skills from free trainings in livelihood and C- self-employment got a rating of 2.8 and 2.6 respectively and interpreted as much suitable. While Items D- open employment and E – financial assistance got a rating of 2.4 each interpreted as suitable.

Table 23
Inventory of Community-Based Rehabilitation Program on Social and Community Participation
As Evaluated by Five Experts

18. Social/Community Participation	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Mean	Interpretation
A. Access to justice	3	3	3	2	1	2.4	Suitable
B. Receives personal assistance	3	3	3	2	1	2.4	Suitable
C. Participates in Culture and Arts Activities	3	3	1	3	3	2.6	Much Suitable
D. Involves in Recreation, Leisure and Sports	3	3	3	3	2	2.8	Much Suitable
E. Engages in Relationship (Marriage &Family)	3	3	3	2	1	2.4	Suitable

Table 23 shows the CBR program on social and community participation as evaluated and validated by five experts. Items A- access to justice got a rating of 2.4 interpreted as suitable, B- receives personal assistance was rated 2.4 interpreted as suitable and so with item C- participates in culture ars and interpreted as much suitable. While Items D- involves in recreation, leisure and sports was rated 2.8 interpreted as much suitable and E – engages in relationship such as marriage and family got a rating of 2.4 each interpreted as suitable.

Table 24
Inventory of Community-Based Rehabilitation Monitoring
As Evaluated by Five Experts

19. CBR Monitoring	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Mean	Interpretation
A. Monitor activities and quality services delivery through interviews, home visitation,	3	2	3	3	3	2.8	Much Suitable

preparation of checklist and narrative progress reports							
B. CBR workers conducts monitoring activities regularly such monthly and/or yearly	3	2	3	3	3	2.8	Much Suitable
C. Parent's expectation -There are eminent changes/improvements in my child's life	3	2	3	3	3	2.8	Much Suitable

Table 24 shows the CBR monitoring as evaluated and validated by five experts. All the Items from A - monitor activities and quality services delivery through interviews, home visitation, preparation of checklist and narrative progress reports, B- CBR workers conducts monitoring activities regularly such monthly and/or yearly and C - parent's expectation that there are eminent changes/improvements in my child's life were given a rating of 2.8 with an interpretationof much suitable.

Table 25
Inventory of Community-Based Rehabilitation on Education Services
As Evaluated by Five Experts

20. Educational Services	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
A. Better achievement level/test results	3	2	3	3	3	2.8	Much Suitable
B. Improve communication skills	3	2	3	3	3	2.8	Much Suitable
C. More obedient to teachers	3	2	3	3	3	2.8	Much Suitable
D. More Independent in work	3	2	3	3	3	2.8	Much Suitable
E. Acquired vocational skills	3	2	3	3	3	2.8	Much Suitable

Table 25 shows the CBR monitoring as evaluated and validated by five experts. All the Items from A- better achievement level/test results, B- improve communication skills, C- more obedient to teachers, D- More obedient to teachers and E – acquired vocational skills of studentswere given a rating of 2.8 with an interpretationof much suitable.

Table 26
Inventory of Community-Based Rehabilitation on Problems Encountered
As Evaluated by Five Experts

21. Problems Encountered	**Expert 1**	**Expert 2**	**Expert 3**	**Expert 4**	**Expert 5**	**Mean**	**Interpretation**
1. Lack of funds in sustaining programs and projects	3	2	3	3	3	2.8	Much Suitable
2. Livelihood/Employment programs not fully implemented	3	2	3	3	3	2.8	Much Suitable
3. Health Services and programs not fully implemented	3	2	3	3	3	2.8	Much Suitable
4. Social/Community Participation Services and programs not fully implemented	3	2	3	3	3	2.8	Much Suitable

5. Persons with disabilities not active participants in the planning process	3	2	3	3	3	2.8	Much Suitable
6. Lack of well-trained community organizer/volunteer worker that will guide and help them in carrying out programs and activities	3	2	3	3	3	2.8	Much Suitable
7. Inefficient and ineffective Referral System	3	2	3	3	3	2.8	Much Suitable
8. Lack of support from government agencies	3	2	3	3	3	2.8	Much Suitable
9. Lack of support from other non-government	3	2	3	3	3	2.8	Much Suitable

Table 26 shows the CBR problems encountered as evaluated and validated by five experts. All the Items from 1 to 9 were given a rating of 2.8 with an interpretationof much suitable

CHAPTER IV

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the analysis and interpretation of data gathered to answer the problems given in Chapter I.

Problem 1. What is the profile of the respondents of CBR Program of Barangay Commonwealth in terms of Age, Gender, Educational Attainment, and type of Community Involvement/Membership?

Table 27

Rank, Frequency and Percentage of the Respondents' Age

Age	Frequency	%	Rank
Above 61	1	2.0	5
51-60	7	14.0	3
41-50	17	34.0	2
31-40	20	40.0	1
21-30	5	10.0	4
TOTAL	50	100	

Table 27 presents the frequency and percentage distribution on the profile of the respondents in terms of age. The highest number of respondents is from ages 31-40, which is 40.00 percent of the total sample. Lewis (1991) in his article, cited that Hurlock considers this group age as idealistic in giving decisions. This is followed by the respondents with age 41-50, which is 34.00 percent. Respondents of this age are classified as middle age. Normally this age are matured enough to give their insights and decision. Third in rank are the respondents with ages 51-60, which is 14.00 percent. This group falls under the middle age adult. This age group already gained lots of experience and that they can suggest realistic decision according to their personal experience. Fourth in rank are the

respondents with ages 21-30, which is 10.00 percent. Respondents with age 61 above falls under fifth and last rank which is 2.00 percent.

Table 28

Frequency and Percentage of the Respondents' Gender

Gender	Frequency	%
Male	8	16
Female	42	84
Total	50	100

Table 28 presents the frequency and percentage of the respondents in terms of gender. About 16 percent of the respondents are male and 84 percent are female. This shows that there are more female than male respondents in the sampled population, which is contemplative of the Philippine National data by the UNESCO Institute for Statistics.

Table 29

Frequency and Percentage Distribution of the
Respondents' Educational Attainment

Educational Attainment	Frequency	%
Doctoral Degree	0	0
Doctoral Units	4	8
M. A. Degree	3	6
M. A. Units	5	10
College Graduate	10	20
College Level	12	24
Vocational Course	7	14
High School Graduate	9	18
High school undergraduate	0	0
Elementary Graduate	0	0
Elementary undergraduate	0	0
TOTAL	50	100

Table 29 presents the frequency and percentage distribution on the profile of respondents in terms of educational attainment of the respondents. The table shows that in terms of educational attainment of the respondents twelve (12) or 24 percent of the respondents are college level. There were ten (10) or 20 percent are college graduates. About nine (9) or 18 percent are high school graduates. Seven (7) or 14 percent attained vocational course. Five (5) or 10 percent of the respondents are with M.A. units. This is followed by four (4) or 8 percent with Doctoral units. Three (3) or 6 percent are respondents with M.A. degree.

No one from the respondents has doctoral degree nor elementary graduates or elementary undergraduates.

This study wants to assess the community-based rehabilitation program of Barangay Commonwealth where respondents are represented by respondents who are parents of children with visual impairment, SPED teachers, Government and Non-government organizations officials, PWDs who are visually impaired.

Table 30

Frequency and Percentage Distribution of the
Respondents in Terms of Community Involvement/Membership

Community Involvement/Membership	Frequency	%
SPED Teachers	7	14
Local Government Units	5	10
Non-Government Organizations	4	8
Persons With Disabilities	5	10
Parents of Persons With Disabilities	29	58
TOTAL	50	100

Table 30 presents the Type of Community Involvement/Membership of the respondents. About 29 or 58 percent of the respondents are parents of persons with disabilities. There are 7 or 14 percent are Special Education Teachers and 5 or 10 percent are both Local Government officials and persons with disabilities respectively and 4 or 8 percent are Non-Government Organizations. The group of respondents represents the composition of the stakeholders of the Commonwealth Community-Based Rehabilitation Program.

Problem 2. To what extent is the CBR Program implemented as evaluated by the SPED Teachers, Parents of Person with Disability, PWDs, Barangay Commonwealth and Local Government Officials and Non-government Organization involved to giving services to pupils with visual impairment with respect to: (I) Objectives setting; (II) Program Orientation; (III) Program Planning; (IV) Program Implementation (V) Program Monitoring on: (a) Educational Services (Special Education Program) (b). Health/Medical Therapeutic Services (OT,PT,ST,SC) (c) Livelihood/Employment Services (d) Social/Community Participation

Table 31

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Objectives that reflects CBR Principles

I.	Setting of objectives	WM	Interpretation
1.	Objectives are based on the **principles** of Community-Based Rehabilitation		
1.1	Promotes awareness and apply programs in **Inclusive** Education	4.47	Strongly Agree
1.2	PWDs is given an **equal opportunity** to experience equal outcomes and recognized as citizens, as voters, same as other individuals.	4.49	Strongly Agree
1.3	**Participates** in decision making and become co-contributor in the community development	4.55	Strongly Agree
1.4	**Self-advocates** for the total change and improvement of PWDs life in the aspect of health, education, employment, and social/community participation.	4.40	Agree
1.5	Mobilizes the community resources: human; technical; environmental; and facilities to **achieve and sustain** the identified needs of PWDs.	4.60	Strongly Agree
1.6	Promotes barrier free community **(Accessibility)**	4.48	Strongly Agree
	Average	4.49	Strongly Agree

Table31 presents the mean results on the objectives of the CBR program in terms of principles. It is evident in Table 31 through its average weighted mean of 4.49 that respondents strongly agreed that objectives of Commonwealth CBR were based on the principles of Community-Based Rehabilitation. The item 1.1 promotes awareness and application of inclusive education program got a weighted mean of 4.47 and a verbal interpretation of strongly agreed. They strongly believe that CBR program of Commonwealth reflects the first principle of CBR which is the inclusion. Barangay Commonwealth welcomes and supports education for all. Stakeholders collaborate each other to support the educational services of children with special needs. Item 1.2 persons with disability is given an equal opportunity to experience equal outcomes and recognized as citizens, as voters, same as other individuals obtained a weighted mean of 4.49 and verbal interpretation strongly agree. In item 1.3 participates in decision

making and become co-contributor in the community development got weighted mean 4.55 and with a verbal interpretation strongly agree. Item 1.4 self-advocates for the total change and improvement of persons with disabilities' life in the aspect of health, education, employment, and social/community participation got a weighted mean 4.40 and a verbal interpretation agree. Item 1.5 mobilizes the community resources: human; technical; environmental; and facilities to achieve and sustain the identified needs of persons with disabilities received 4.60 weighted mean and a verbal interpretation strongly agree. Item 1.6 promotes barrier free community (accessibility) had a weighted mean 4.48 and a verbal interpretation strongly agree.

Table 32

Weighted Mean and Verbal Interpretation of the Extent of Implementations of the Community-Based Rehabilitation Program of Commonwealth in Terms of Achievability

2.	Objectives are achievable	WM	Interpretation
2.1	Discussion of the merits of a CBR program with the key leaders of the community, the PWDS & their families	4.45	Strongly Agree
2.2	Acceptance of community leaders of the CBR Program and the responsibilities that go with it.	4.45	Strongly Agree
2.3	Organization of the CBR Committee which is multisectoral composed of community leaders, development workers, and parents of children with disabilities.	4.58	Strongly Agree
2.4	Identification of the areas where the program can be developed and a mechanism for selecting the CBR fieldworkers can set up	4.47	Strongly Agree
	Average	4.48	Strongly Agree

Table32 presents that the objectives of CBR Program of Commonwealth were achievable. The respondents agreed that item 2 Community-Based Rehabilitation Program of Commonwealth in Terms of Objective are achievable obtained an average

weighted mean of 4.48. Respondents have a positive outlook that objectives set by the CBR Program were achievable. Item 2.1 discussion of the merits of a CBR program with the key leaders of the community, the persons with disabilities and their families obtained a weighted mean of 4.45 with verbal interpretation strongly agree. Item 2.2 acceptance of community leaders of the CBR Program and the responsibilities got a weighted mean of 4.45 and with a verbal interpretation of strongly agree. Item 2.3 organization of the CBR committee which is multi-sectoral composed of community leaders, development workers, and parents of children with disabilities received weighted mean 4.58 and with a verbal interpretation of strongly agree. Item 2.4 identification of the areas where the program can be developed and a mechanism for selecting the CBR fieldworkers can set up had a weighted mean of 4.47 and a verbal interpretation of strongly agree.

Table 33

Weighted Mean and Verbal Interpretation of the Extent of
Implementations of the Community-Based Rehabilitation Program of Commonwealth in Terms of Legality

3.	Objectives are anchored on legal bases	WM	Interpretation
3.1	Sec. 11 Art. XIII of the 1967 Constitution Declares that the State Shall adopt an integrated and comprehensive approach to health development	4.45	Strongly Agree
3.2	Republic Act No. 7277 Magna Carta for Disabled Persons	5.00	Strongly Agree
3.3	Republic Act 8425 Social Reform Act Poverty Alleviation of the basic sector including PWDs	4,46	Strongly Agree
3.4	Biwako Millennium Framework Promotes a rights-based barrier free and inclusive society for PWDs	4.50	Strongly Agree
3.5	Republic Act No. 7160 Local Government Code of 1991 devolution of services to the local government units (LGUs)	4.45	Strongly Agree

3.6	R.A. 344 The Accessibility Law	5.00	Strongly Agree
	Average	4.64	Strongly Agree

Table 33 presents the CBR objectives are anchored on Legal Bases. It can be viewed in Table 10 that the CBR objectives were anchored on Legal Bases and received an average weighted mean of 4.64 with verbal Interpretation strongly agree. This connotes that Commonwealth CBR program followed Legal mandates in the implementation of their CBR Program. A law signed by the Past President Gloria M. Arroyo Executive Order No. 437 which is Encouraging the Implementation of the Community-Based Rehabilitation for Persons with Disabilities in the Philippines. Item 3.1 Art. XIII of the 1967 Constitution Declares that the State shall adopt an integrated and comprehensive approach to health development had 4.45 as weighted mean and a verbal interpretation strongly agree. Item 3.2 Republic Act No. 7277 Magna Carta for Disabled Persons had a weighted mean of 5.00 and verbal interpretations strongly agree. Item 3.3 Republic Act 8425 Social Reform Act Poverty Alleviation of the basic sector including persons with disabilities had a 4.46 weighted mean and a verbal interpretation strongly agree. Item 3.4 Biwako Millennium Framework Promotes a rights-based barrier free and inclusive society for persons with disabilities had a weighted mean 4.50 with verbal interpretation strongly agreed. Item 3.5 Republic Act No. 7160 Local Government Code of 1991 devolution of services to the local government units (Local Government Units) had a weighted mean of 4.45 and a verbal interpretation strongly agrees. Item 3.6 R.A. 344 the Accessibility Law receives a weighted mean of 5.00 and verbal interpretations strongly agree.

Table 34

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Measurability

4.	Objectives are measureable	WM	Interpretation
4.1	Inclusive education – increased enrolment of children with disabilities in all public and private elementary, secondary schools.	4.47	Strongly Agree
4.2	Equal opportunity/participation – increased numbers of PWDs who casted votes during election.	4.35	Agree
4.3	Self-advocate- existence and development of Disabled Persons Organization/ Parent Organization in the community that will advocate for change that a group that can speak on behalf of its own sector.	4.56	Strongly Agree
4.4	Achieved and sustained activities programs and projects in health, education, livelihood, employment, social/community participation	4.42	Agree
4.5	Accessibility- the community became barrier FREE, they complied with the Accessibility Law and all physical	4.44	Agree

	technology, communication and change in attitudes towards PWDs.		
4.6	Improved material well-being; health; productivity; intimacy; safety; place in community; and emotional well-being of PWDs.	4,39	Agree
4.7	Improved Material well-being; health; .productivity; .intimacy; safety; place in community; and emotional well-being of PWDs.	4.25	Agree
	Average	4.41	Agree

Table 34 presents the weighted mean and verbal interpretation of the extent of implementation of the community-based rehabilitation program of commonwealth in terms of measurability. It shows that the CBR objectives are measurable. It obtained an average weighted mean of 4.41 and interpreted as agree. Respondents believed that objectives set were measurable. They felt that objectives were attained and measured through the services they currently received. Item 1 Inclusive education with weighted mean 4.47 increased enrollment of children with disabilities at Commonwealth Elementary School SPED Center with verbal interpretation strongly agree. Through inclusive education children with disabilities were able to go to school and be part of the regular classes side by side with the regular peers. Item 4.2 Equal opportunity/participation–increased numbers of persons with disabilities who casted votes during election obtained 4.35 weighted mean with verbal interpretation agree. Item 4.3 persons with disabilities who got employed increased (Open Employment /sheltered Employment/Self-Employed) obtained weighted mean of 4.56 and with verbal interpretation agree. Item 4.4 self-advocacies - existence and development of Disable Persons Organizations/Parent Organization in the community that will advocate for change that a group that can speak on behalf of its own sector got a weighted mean 4.42 and a verbal interpretation agree. Item 4.5 achieved

and sustained activities programs and projects in health, education, livelihood, employment, social/community participation with a weighted mean 4.44 and a verbal interpretation agree. Item 4.6 Accessibility - the community complied with the Accessibility Law and all physical, technology, communication and change in attitudes towards persons with disabilities as a barrier free community got weighted mean 4.39 and with verbal interpretation agree. Item 4.7 Improved Material well-being; health; productivity; intimacy; safety; place in community; and emotional well-being of persons with disabilities receives weighted mean of 4.25 and a verbal interpretation agree. The result indicates that all stated success indicators are material to measure objectives of Commonwealth CBR Program.

Table 35

Weighted Mean and Verbal Interpretation of the Extents of Implementations of the Community-Based Rehabilitation Program of Commonwealth in Terms of Specificity

5.	Objectives are specific	WM	Interpretation
5.1	Promotes Inclusive Education regardless of cultural affiliation, religion, gender, disabilities.	4.45	Strongly Agree
5.2	Recognizes PWDs according to his strengths and given an equal opportunity participate in decision making and become co- contributor in the community development.	4.47	Strongly Agree
5.3	Self-advocates for the total change and improvement of PWDs life in the aspect of health, education, employment, and social/ community participation.	4.50	Strongly Agree
5.4	Mobilizes the community resources: human; technical; environmental; and facilities to achieve and sustain the identified needs of PWDs.	4.48	Strongly Agree

5.5	Promotes barrier free community (Accessibility)	4.45	Strongly Agree
	Average	4.47	Strongly Agree

Table 35 presents the weighted mean and verbal interpretation of the extents of implementations of the community-based rehabilitation program of commonwealth in terms of specificity. Table 35 presents the CBR objectives are specific. Table 35 indicated that objectives of the CBR Program were specific and obtained an average weighted mean of 4.47 with verbal interpretation strongly agree . Item 5.1 Promotes Inclusive Education regardless of cultural affiliation, religion, gender, disabilities receives weighted mean of 4.45 and a verbal interpretation strongly agree. Item 5.2 Recognizes persons with disabilities according to his strengths and given an equal opportunity participate in decision making and become co-contributor in the community development obtained a weighted mean 4.47 and verbal interpretation strongly agree. Item 5.3 Self-advocates for the total change and improvement of persons with disabilities' life in the aspect of education social, education, health, employment, and community participation got a weighted mean 4.50 and verbal interpretation strongly agree. Item 5.4 Mobilizes the community resources: human; technical; environmental; and facilities to achieve and sustain the identified needs of persons with disabilities obtained weighted mean of 4.48 and a verbal interpretation strongly agree. Item 5.5 Promotes barrier free community (Accessibility) have weighted mean of 4.45 and a verbal interpretation strongly agree. Objectives set were specific that focus mainly to the improvement of lives of persons with disabilities.

Table 36

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Objectives are Relevance/Pertinence

6.	Objectives are Relevant/Pertinent	WM	Interpretation
6.1	CBR facilitate process where PWDs can empower to control own potential and partners in community development.	4.56	Strongly Agree
6.2	CBR builds on the resources, structures and abilities of the community to promote the potential of everyone including PWDs.	4.60	Strongly Agree
6.3	CBR values social justice and raises the consciousness of the community	4.58	Strongly Agree
6.4	CBR promotes good governance	4.48	Strongly Agree
6.5	CBR costs are spread all sectors	4.55	Strongly Agree
	Average	4.55	Strongly Agree

Table 36 presents the weighted mean and verbal Interpretation of the extent of implementation of the community-based rehabilitation program of Commonwealth in terms of the objectives are relevance/pertinence. It showed that objectives are relevant/ pertinent with an average 4.55 weighted mean and with verbal interpretation strongly agreed. Item 6.1 CBR facilitated process where PWDs can empower to control own potential and partners in community development obtained weighted mean 4.56 with verbal interpretation strongly agree. Item 6.2 CBR built on the resources, structures and abilities of the community to promote the potential of everyone including persons with disabilities with weighted mean 4.60 and verbal interpretation strongly agree. Item 6.3 Community-Based Rehabilitation valued social justice and raised the consciousness of the community with weighted mean 4.58 and its verbal interpretation strongly agree. Item 6.4 CBR promoted good governance got weighted mean 4.48 and verbal interpretation strongly agree. This only shows that respondents perceived that

objectives of the Commonwealth Community-Based Rehabilitation Program are relevant/pertinent to the needs and concerns of persons with disabilities.

Table 37

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in the Orientation Composition of Stakeholders

II.	CBR Program Orientation	WM	Interpretation
1.	The CBR Program composes of all stakeholders during orientation		
1.1	Local Govt. Unit (SSDD)	4.50	Strongly Agree
1.2	QC Persons with Disability Affairs Office	4.50	Strongly Agree
1.3	Commonwealth Barangay Official	4.50	Strongly Agree
1.4	National Council on Disability Affairs	4.50	Strongly Agree
1.5	SPED Supervisor/ Administrators/Teacher	5.00	Strongly Agree
1.6	Non-Government Organization (Leonard Cheshire Disability Foundation, Parents Advocate for Visually		

	Impaired Children, National Federation of Computer Technologists, & Business Organization)	4.50	Strongly Agree
1.7	Persons with disabilities	4.50	Strongly Agree
1.8	Parents of PWDs from various exceptionalities	5.00	Strongly Agree
	Average	4.62	Strongly Agree

Table 37 shows the weighted mean and verbal interpretation of the extent of implementation of the community-based rehabilitation program of Commonwealth in the orientation composition of stakeholders. Table 37 revealed that Orientation program were fully participated by the different stakeholder that helped organize the CBR of commonwealth with a weighted mean of 4.62 and with a verbal interpretation of strongly agree. Item 1.1 Local Govt. Unit (SSDD) obtained weighted mean of 4.50 with verbal interpretation strongly agree. Item 1.2 QC Persons with Disability Affairs Office got 4.50 weighted mean and verbal interpretation of strongly agrees. Item 1.3 Commonwealth Barangay Official had weighted 4.50 with verbal interpretation strongly agree. Item 1.4 National Council on Disability Affairs with weighted mean 4.50 and a verbal interpretation strongly agree. Item 1.5 SPED Supervisor/ Administrators/Teacher weighted mean of 5.00 and a verbal interpretation strongly agree. Item 1.6 Non Govt. Organizations (LCD, PAVIC, NAFECOT, Bus.Org.) with weighted mean 4.50 and verbal interpretation strongly agree Item 1.7 PWDs obtained weighted mean of 4.50 and a verbal interpretation strongly agree. Item 1.8 Parents of persons with disabilities from various exceptionalities showed a weighted mean of 5.00 with a verbal interpretation strongly agree.

The presence of all the stakeholders during the orientation of CBR Program of Commonwealth had a great impact in the implementation of the program. Collaboration and coordination exists on its orientation phase.

Table 38

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Orientation-Brings out Social Awareness

2.	The CBR Orientation Program brings out awareness:	WM	Interpretation
A.	Social awareness		
1	Include PWDs as partners in community development	5.00	Strongly Agree
2	Include PWDs in all community activities (elections, meetings, social gatherings, etc.)	4.50	Strongly Agree
	Average	4.75	Strongly Agree

Table 38 shows the weighted mean and verbal interpretation of the extent of implementation of the community-based rehabilitation program of commonwealth in terms of the orientation-brings out social awareness. Table 38 presents the CBR Program Orientation brings out social awareness. In Table 38 presented an average weighted mean of 4.75 with a verbal interpretation strongly agree. Community became aware that persons with disability are also part of the community. Item 1 Included PWDs as partners in community development got weighted mean of 5.00 with a verbal interpretation strongly agree. Item 2 Included persons with disabilities in all community activities (elections, meetings, social gatherings, etc.) obtained 4.50 weighted mean and a verbal interpretation strongly agree. Social awareness is an activity that implementers of CBR Program should take into account so that the program will be successfully implemented.

Table 39

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Orientation Brings out Environmental Awareness

2.	The CBR Program brings out	WM	Interpretation
B.	Environmental Awareness		
1.	Provisions of pedestrian crossings with timed traffic lights	4.50	Strongly Agree
2.	Provisions of emergency exit with flashing and sound signals	4.50	Strongly Agree
3.	Provision of talking Elevators with and with Braille dots	4.55	Strongly Agree
4.	Provision of Ramps in all buildings and public places	5.00	Strongly Agree
	Average	4.63	Strongly Agree

Table 39 presents the weighted mean and verbal interpretation of the extent of implementation of the community-based rehabilitation program of Commonwealth in

terms of orientation. Table 39 presents the CBR Program Orientation brings out environmental awareness. It revealed an average weighted mean of 4.63 with a verbal interpretation of strongly agree. This item showed that respondents strongly agreed that community became aware environmentally and conscious on the needs of persons with disability in terms of accessibility. Provisioned of accessible roads ramps and building allows them to move freely, travel independently and safely within the community. Item1 provisioned of pedestrian crossings with timed traffic lights got a weighted mean of 4.50 and a verbal interpretation of Strongly Agree. Item 2 Provisioned of emergency exit with flashing and sound signals obtains a weighted mean 4.50 with verbal interpretation of strongly agree. Item 3 Provisioned of talking Elevators with and with Braille dots got a weighted mean of 4.55 and verbal interpretations strongly agree. Item 4 provisioned of ramps in all buildings and public places obtained 5.00 weighted mean and its verbal interpretation of strongly agree.

Table 40

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Orientation-Brings out Attitudinal Awareness

2	The CBR Orientation Program brings out awareness in	WM	Interpretation
C.	Attitudinal Barriers		
1..	Provides equitable opportunities for employment.	4.48	Strongly Agree
2.	Promotes positive attitude and respect diversity.	4.59	Strongly Agree
3.	Develops sense of commitment and accountability towards persons with disabilities.	4.53	Strongly Agree
	Average	4.53	Strongly Agree

Table 40 shows the weighted mean and verbal interpretation of the extent of implementation of the community-based rehabilitation program of Commonwealth in terms of the orientation-brings out attitudinal awareness. Table 40 presents that CBR

Program Orientation brings out attitudinal awareness. It showed an average weighted mean of 4.53 and a verbal interpretation of strongly agree. Through orientation people in the community changed their attitudes towards persons with disabilities. Item 1 provided equitable opportunities for employment got a weighted mean of 4.48 and a verbal interpretation strongly agree. Item 2 promoted positive attitude and respect diversity obtained a weighted mean of 4.59 and a verbal interpretation strongly agree. Item 3 developed sense of commitment and accountability towards persons with disabilities obtained a weighted mean of 4.53 with verbal interpretation strongly agree.

Table 41

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Orientation-Brings out Awareness in Various types of Exceptionalities

3.	The CBR Program brings out awareness on:	WM	Interpretation
	Various types of Exceptionalities		
3.1	Intellectual Disability	5.00	Strongly Agree
3.2	Autism	5.00	Strongly Agree
3.3	Hearing Impairments	4.98	Strongly Agree
3.4	Visual Impairment /Multiple Disabilities with Visual Impairment (MDVI)	5.00	Strongly Agree
3.5	Down Syndrome	4.97	Strongly Agree
3.6	Learning Disability	4.95	Strongly Agree
3.7	Giftedness and talent	5.00	Strongly Agree
3.8	Emotional and behavior disorder	4.96	Strongly Agree
3.9	Special health problem	4.80	Strongly Agree
3.10	Speech impairment	4.75	Strongly Agree
	Average	4.94	Strongly Agree

Table 41 shows the weighted mean and verbal interpretation of the extent of implementation of the Community-Based Rehabilitation Program of Commonwealth in terms of the orientation-brings out awareness in various types of exceptionalities. Table 41 presents the CBR Program Orientation brings out awareness various types of Exceptionalities.

Table 41 revealed that Respondents became strongly aware on various types of exceptionalities. Item 3.1 Intellectual Disability got a weighted mean 5.00 and a verbal interpretation of strongly agree. Item 3.2 Autism got a weighted mean of 5.00 with verbal interpretation strongly agree. Item 3.3 Hearing Impairments got a weighted mean of 4.98 and verbal interpretations strongly agree. Item 3.4 Visual Impairment /Multiple Disabilities with Visual Impairment (MDVI) weighted mean 5.00 and verbal interpretation of strongly agree. Item 3.5 Down Syndrome with 4.97 weighted mean and verbal interpretation strongly agree. Item 3.6 Learning Disability and weighted mean 4.95 and verbal interpretation strongly agree. Item 3.7 Giftedness and talent with weighted mean 5.00 and verbal interpretation strongly agree. Item 3.8 Emotional and behavior disorder with weighted mean 4.96 and verbal interpretation strongly agree. Item 3.9 Special health problem got 4.80 weighted mean and verbal interpretation Strongly Agree. Item 3.10 Speech impairment got weighted mean 4.75 and verbal interpretation strongly agree. Respondents became more understanding in dealing with the children with special needs.

Table 42

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Orientation- Enriches Partnerships with Potential Leaders and Workers that possesses characteristics as

4.	The CBR Orientation enriches partnerships for identifying potential leaders and workers that are:	WM	Interpretation
4.1	Willing to work or volunteer on an ongoing basis	4.56	Strongly Agree
4.2	Committed and always available to help	4.48	Strongly Agree
4.3	Possess leadership ability that can initiate to change attitudes of people and practices in society	4.50	Strongly Agree
	Average	4.51	Strongly Agree

Table 42 presents the CBR Program orientations' enhancement of potential leaders and workers. Table 42 shows that orientation enriched partnerships for identifying potential leaders and workers which obtained an average weighted mean of 4.51 and interpreted as strongly agree. Through orientation CBR Program was able to discover future potential leaders and volunteer workers that would be of help in carrying out programs, projects and activities for persons with disabilities. Item 4.1 showed willingness to work or volunteered on an ongoing basis with weighted mean 4.56 and verbal interpretation strongly agree. Item 4.2 Committed and always available to help with verbal interpretation strongly agree. Item 4.3 Possessed leadership ability that can initiate to change attitudes of people and practices in society with weighted mean 4.50 and verbal interpretation strongly agree.

Table 43

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Orientation- Enhancement of DPOs & Self-Help Groups /Parents Organizations

5.	The CBR Program advocates for the enhancement of a DPOs and Self-Help Groups or PWD Parents Organization	WM	Interpretation
5.1	Orientation and consultation workshops with PWDs, and families to increase awareness	4.45	Strongly Agree
5.2	Provision of Sports Activities	4.48	Strongly Agree
5.3	Join in Campaigning/Petition Signing to highlight issues	4.46	Strongly Agree

	and concerns of PWDs		
5.4	Attends the National Disability Prevention and Rehabilitation Week Celebration annual activities	5.00	Strongly Agree
5.5	Information dissemination through all forms of media about activities, issues and concerns of PWDs	4.44	Agree
	Average	4.46	Strongly Agree

Table 43 presents the CBR Program orientation's enhancement of DPOs and self-help groups or parents' organizations. Table 43 revealed that an average weighted mean of 4.46 and a verbal interpretation of strongly agreed that the CBR Program advocated for the enhancement of a DPOs and Self-Help Groups or PWD Parents Organization. Concerns of persons with disabilities can now be properly addressed because parents are actively involved in the management of CBR program. Mothers know what is best for their children with disabilities. Item 5.1 orientation and consultation workshops with persons with disabilities, and families to increased awareness with weighted mean 4.45 and verbal interpretation strongly agree. Item 5.2 provided sports activities weighted mean 4.48 and verbal interpretations strongly agree. Item 5.3 joined in campaigning/petition signing to highlight issues of concern of persons with disabilities weighted mean 4.46 and verbal interpretation strongly agree. Item 5.4 attended the National Disability Prevention and Rehabilitation Week Celebration annually weighted mean 5.00 and verbal interpretations strongly agree. Item 5.5 Information disseminated through all forms of media about activities and concerns of PWDs weighted mean of 4.44 and a verbal interpretation agree. Activities mentioned above helped persons with disabilities to become more active in community activities because parents of children with special needs who decided for their welfare inserted their children's rights. This can be attained if they belong to a sectoral group representing

their children who have disabilities that advocate for the rights and needs of their children.

Table 44

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Orientation -Identifies Community Strengths

6.	The CBR Program identifies community strengths, weaknesses, opportunities, and threats/barriers to inclusive development	WM	Interpretation
A.	Strengths		
1.	Availability of the SPED Center and trained SPED Teacher to cater educational programs and placements of CSNs	5.00	Strongly Agree
2.	Accessible school buildings and ramps and accessible public places	4.50	Strongly Agree
3.	Availability of assistive devices for CSNs (cane, eyeglasses, technology assistive devices)	5.00	Strongly Agree
4.	Supportive parents	4.46	Strongly Agree
5.	Existence of the Disabled People Organizations/ Parents Organizations	5.00	Strongly Agree
6.	Availability of regular eye and ear screening	4.58	Strongly Agree
7.	Availability of Community Health Workers	4.45	Strongly Agree
8.	Availability of NGOs/ business establishment owners for future employment opportunities for PWDs	4.44	Agree
	Average	4.67	Strongly Agree

Table 44 presents the CBR Program orientation's identification of community strengths. It shows the identified community strengths to inclusive development of the CBR Program within the community. It obtained an average weighted mean of 4.67 and verbal interpretation strongly agree. Community Strengths during the Orientation phase were identified. Item 1 availability of the SPED Center and trained SPED Teacher to cater educational programs and placements of CSNs with visual impairment obtained weighted mean of 5.00 and verbal interpretation strongly agree. Item 2 accessible school buildings and ramps and accessible public places got a weighted mean 4.50 and verbal interpretation strongly agree. Item 3 availability of assistive device for

CSNs (cane, hearing aid, eyeglasses, technology assistive devices, and other) got a weighted mean of 5.00 and a verbal interpretation strongly agree. Item 4 supportive parents got a weighted mean 4.46 and verbal interpretation strongly agree. Item 5 existence of the Disabled People Organizations/ Parents Organizations got a weighted mean of 5.00 and verbal interpretation strongly agree. Item 6 availability of regular eye and ear screening with weighted mean of 4.58 and verbal interpretation strongly agree. Item 7 availability of community health workers got a weighted mean of 4.45 and verbal interpretation strongly agree. Item 8 availability of NGOs/business establishment owners for future employment opportunities for PWDs with weighted mean 4.44 and verbal interpretation agree.

Table 45

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Orientation-Identifies Community Weaknesses

B.	Weakness	WM	Interpretation
1.	Untrained CBR volunteer worker	4.50	Strongly Agree
2.	Some parents are uncooperative	3.45	Agree
3.	Low self-steam of PWDs	3.48	Strongly Agree
4.	Updated Database of PWDs	2.44	Disagree
5.	Incomplete community inventory	4.44	Agree
6.	DPO are involve	2.43	Disagree
7.	Policies and system are clear	3.44	Neutral
8.	Provision of Community ordinance for Budget allocation to	2.40	Disagree

	PWDs		
	Average	3.32	Neutral

Table 45 presents the CBR Program orientation's identifications of community weaknesses. It shows the weaknesses identified by the respondents in the community in the implementation of the CBR Program. The average weighted mean of 3.32 and verbal interpretation neutral identified community weaknesses during the orientation phase. Item 1 Untrained CBR volunteer worker gained weighted mean of 4.50 and verbal interpretation strongly agreed. Respondents strongly agreed that there is a lack in trained CBR worker. Item 2 some parents were uncooperative with weighted mean 3.45 and verbal interpretation agree. Parents are cooperative in attending to their child's needs. Item 3 low self-steam of PWDs with weighted mean 3.48 and verbal interpretation strongly agree. People with disability usually prefer to stay at home because of their disability. Item 4 Updated Database of PWDs got a weighted mean 2.44 and verbal interpretation Disagree. The only available updated records based of children with special needs can be provide by Commonwealth Elementary School SPED Center. Data coming from barangay is unclassified as to the exceptionalities. Item 5 incomplete community inventory with weighted mean 4.44 and verbal interpretation agree. Item 6 involvement of DPO gain 2.43 weighted mean and verbal interpretation disagree. No disabled people's organization manned by persons with disability itself, it is represented by self-help group or parents organizations. Item 7 policies and system not clear gained weighted mean of 3.44 and verbal interpretation neutral. Item 8 provision of community/barangay ordinance for budget allocation to PWDs got weighted mean 2.40 and verbal interpretation disagree. There is no budget provided or allocated for persons with disabilities.

Table 46

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Orientation-Identifies Community Opportunities

C.	Opportunities	WM	Interpretation
1.	Opportunity provide for livelihood training program for PWD young adult	4.44	Agree
2.	Opportunity provide for livelihood or employment for PWD young adult	3.45	Agree
	Average	3.94	Agree

Table 46 presents the CBR Program orientation's identifies community opportunities. It shows the opportunities available for persons with disabilities with an average weighted mean of 3.94 with verbal interpretation agree. Respondents believed that PWDs have an: Item 1 opportunity to be provided for livelihood training program with a weighted mean of 4.44 and verbal interpretation agree. Item 2 have an opportunity to be provided for livelihood or employment and got a weighted mean of 3.45 and verbal interpretation agree.

Table 47

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of the Orientation -Identifies Community Threats/Barrier

D.	Threats/Barriers	WM	Interpretation
1.	Costly psycho-educational assessment	5.00	Strongly Agree
2.	CSNs without assessment receive improper educational placement	4.50	Strongly Agree
3.	Insufficient funds	4.98	Strongly Agree

4.	Expensive Occupational, physical & Speech therapy service fees	5.00	Strongly Agree
5.	Lack of school facilities	3.44	Neutral
6.	Few accessible Comfort Rooms and other facilities are available	3.48	Agree
7.	Discrimination	3.45	Agree
	Average	4.26	Agree

Table 47 presents the CBR Program orientation's identifies community threats/barriers. It shows the threats or barriers in the community. The Average weighted mean of 4.26 and verbal interpretation agree identified community threats/barrier during the Orientation phase. Item 1 costly psycho-educational assessment service got a weighted mean of 5.00 and a verbal interpretation strongly agree. An assessment from a developmental pediatrician is a basic requirement in entrance to special education program to provide proper educational placement for them. Item 2 children with special needs without assessment received improper educational placement got a weighted mean of 4.50 and verbal interpretation strongly agree. Improper placement causes the child to improve faster and causes frustration on the part of sped teachers and parents. Item 3 insufficient funds got a weighted mean of 4.98 and a verbal interpretation strongly agree. Item 4 expensive occupational, physical & speech therapy service fee with weighted mean 5.00 and a verbal interpretation strongly agree. The fee for OT, PT or ST is too costly that family who belonged to low income cannot afford to pay. Item 5 lack of SPED facilities got a weighted mean 3.44 and verbal interpretation agree. Funds provided by the Department of Education to SPED Centers does not covered the Community-Based Rehabilitation Program. Item 7 few accessible comfort rooms and other facilities are

available with weighted mean 3.45 and verbal interpretation agree. Item 8 discrimination obtained a weighted mean 3.47 and verbal interpretation agree. There is a need for continuous community awareness campaign on the Community-Based Rehabilitation Program for them to gain acceptance and provide support for the program.

Table 48

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Planning

III.	Planning	WM	Interpretation
1.	All stakeholders shares, discusses and plans vision, mission, core values, goals, activities, risks, indicators, resources and persons responsible during the planning stage	4.49	Strongly Agree
2.	All stakeholders commits to the development of CBR in the planning process by establishing rapport , building genuine relationship and have deeper understanding on the lives and aspirations of PWDs.	5.00	Strongly Agree
3.	Persons with disabilities and family members are the central role in the decision making and planning process.	4.47	Strongly Agree
4.	Committees are formed to firm up plans, policies, and systems to make the work manageable and easy to monitor during the planning process.	4.48	Strongly Agree
5.	Incorporates training programs relevant to the needs and solutions identified to all key players during the planning process.	3.44	Neutral
	Average	4.37	Agree

Table 48 shows the Community-Based Rehabilitation Program of Commonwealth in Terms of Planning. Table 48 presented the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Planning with an average weighted mean of 4.37 and verbal interpretation agreed. In the Planning process Item 1 all stakeholders shared, discussed and planned vision, mission, core values, goals, activities, risks, indicators, resources and persons responsible during the planning stage got a weighted mean of 4.49 and verbal interpretation strongly agree. Item 2 All stakeholders committed to the development of CBR in the planning process.

established rapport, built genuine relationship and have deeper understanding on the lives and aspirations of PWDs got weighted mean of 5.00 and verbal interpretation strongly agree. Item 3 persons with disabilities and family members were the central role in the decision making and planning process with weighted mean of 4.47 and a verbal interpretation strongly agree. Item 4 Committees were formed to firm up plans, policies, and systems to make the work manageable and easy to monitor during the planning process got a weighted mean of 4.48 and a verbal interpretation strongly agree. Item 5 Incorporated training programs relevant to the needs and solutions identified to all key players during the planning process with weighted mean of 3.44 and verbal interpretation neutral.

Table 49

Weighted Mean and Verbal Interpretation of the Extent of Implementation Community-Based Rehabilitation Program of Commonwealth in Terms of the of Special Education Program for Visual Impairment

IV.	Implementation	WM	Interpretation
1.	Special Educational Programs for Children with Visual Impairment		
1.1.	Inclusive Education Program	5.00	Strongly Agree
1.2.	Early Intervention Program	5.00	Strongly Agree
1.3.	Kindergarten to 12 Program	5.00	Strongly Agree
1.4.	Mainstreamed Program Gr.1-6	5.00	Strongly Agree
1.5.	Multiple Disability with Visual Impairment Program	5.00	Strongly Agree
1.6.	ALS/Non-formal Education for V.I.	4.50	Strongly Agree
	Average	4.91	Strongly Agree

Table 49 presents the extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Special Education Program for Visual Impairment. It shows the implementation of educational services for children with visual impairment with an average weighted mean of 4.91 and interpreted as strongly agree. Respondents believed that program for children with visual impairment is being offered in the school with in the community particularly the Commonwealth Elementary School SPED Center. Item 1.1 Inclusive Education Program weighted mean 5.00 and verbal interpretation strongly agree that there is an Inclusive education program. Item 2 Early Intervention Program with weighted mean 5.00 and verbal interpretation strongly agree. Item 1.3 K to 12 Program with weighted mean 5.00 and verbal interpretation strongly agree. Although the K to 12 program is new, the Commonwealth Elementary School SPED Center already implemented and followed the K to 12 program. Item 1.4 Mainstreamed Program Gr.1 - 6 with weighted mean 5.00 and verbal interpretation strongly agreed that this is properly implemented and coordinated with the regular teachers of their educational needs in the regular class. Item 1.5 Multiple Disability with Visual Impairment Program with weighted mean 5.00 and verbal interpretation strongly agree. Program for young adults are provided for through the Transition Program where they are taught of skills in Vocational, Daily Living Skills, Personal & Social Skills and Occupation, Guidance and Preparation. Item 1.6 Alternative Learning System/Non-formal Education for Visually Impaired verbal with weighted mean 4.50 and verbal interpretation strongly agree. Alternative Learning

System is also offered and implemented for adult visually impaired who are out of school and already working.

Table 50

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Health

2.	Health/Medical/Therapeutic	WM	Interpretation
2.1	Health promotion	4. 98	Agree
2.2	Identification and Prevention	4.44	Agree
2.3	Rehabilitation (OT, PT, SP)	3.00	Neutral
2.4	Provision of Assistive devices	4.45	Strongly Agree
	Average	4.21	Agree

Table 50 presents the Community-Based Rehabilitation Program of Commonwealth in Terms of Health. It shows the health/medical/therapeutic services for children with visual impairment. The average weighted mean of 4.21 and verbal interpretation agree implies that implementation of Health programs are often carried out well. Adequate services were received except for therapeutic services which is mentioned in item 2.3. Item 2.1 health promotion got a weighted mean of 4.98 and with verbal interpretation agree. This mean that services as to health/medical/ \therapeutic were received by children with visual impairment. Item 2.2 Identification and Prevention obtained a weighted mean of 4.44 and verbal interpretation agree. Respondents agreed that identification and prevention were obtained through referrals to public hospitals with the help of Non-government organization in case children need to have an eye surgery. Item 2.3 Rehabilitation (Occupational Therapy, Physical Therapy, or Speech therapy) had a weighted mean of 3.00 with verbal interpretation Neutral. Availability of these services were limited. Service fees are too costly. Item 2.3 Provision of Assistive devices got a weighted mean of 4.45 and verbal interpretation strongly agree. Children with visual impairment received assistive devices such as cane, high powered lenses of eyeglasses, magnifying lenses, computer with speech synthesizer, and others.

Table 51

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Livelihood/Employment

3.	Livelihood/Employment	WM	Interpretation
3.1	Free skills development training	3.45	Agree
3.2	Self-employment	1.44	Disagree
3.3	Open Employment	1.46	Disagree
3.4	Financial Assistance (access to micro-credit)	1.00	Strongly Disagree
	Average	1.83	Disagree

Table 51 presents the Community-Based Rehabilitation Program of Commonwealth in Terms of Livelihood/Employment. It shows the extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Livelihood/Employment program with an average weighted mean of 1.83 and verbal interpretation of disagree. Program and projects under livelihood/employment were not properly implemented as revealed in table 25. In item 3.1 Free skills development training got a weighted mean of 3.45 with verbal interpretation agreed. Free skills training was provided but limited to financial assistance as revealed in item 3.3. Access to micro-financing is difficult to avail due to volume of requirements. Item 3.2 Self-employment got weighted mean of 1.44 and verbal interpretation disagree. In item 1.3 Open Employment got weighted mean of 1.46 and verbal interpretation of disagree. Many companies are selective of accepting employees and the chance of person with visual impairment is very limited in the open employment.

Table 52

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Social/Community Participation

4.	Social/Community Participation	WM	Interpretation
4.1	Access to justice	2.70	Neutral
4.2	Receives personal assistance	2.45	Neutral
4.3	Participates in Culture and Arts Activities	4.40	Agree
4.4	Involves in Recreation, Leisure and Sports	4.48	Agree
4.5	Engages in Relationship (Marriage &Family)	3.45	Agree
	Average	3.49	Agree

Table 52 presents the Community-Based Rehabilitation Program of Commonwealth in Terms of Social/Community Participation. It shows the extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Social/Community Participation with an average weighted mean of 3.49 and verbal interpretation agree. This means that activities in this area were often carried out adequately in operation and performed well. Respondents believed that programs and services under these items were provided. Item 4.1 access to justice got a weighted mean of 2.70 with verbal interpretation neutral. Item 4.2 Received personal assistance weighted mean 2.45 verbal interpretation neutral. Item 4.3 participated in Culture and Arts activities weighted mean 4.40 verbal interpretation agreed. Item 4.4 involved in Recreation, Leisure and Sports weighted mean 4.48 and verbal interpretation agreed. Item 4.5 engaged in relationship (Marriage & Family) weighted mean 3.45 verbal interpretations agree,

Table 53

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Monitoring

V.	**CBR Monitoring**	WM	Interpretation
1.	Monitor activities and quality services delivery through interviews, home visitation, preparation of checklist and narrative progress reports	3.45	Agree
2.	CBR workers conducts monitoring activities regularly such	3.49	Agree

	monthly and/or yearly		
3.	There are eminent changes/improvements in my child's life	4.40	Agree
	Average	3.78	Agree

Table 53 shows the Community-Based Rehabilitation Program of Commonwealth in Terms of Monitoring. It presents the extent of implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of monitoring. It obtained an average weighted mean of 3.78 with verbal interpretation agree. Item 1 1. Monitored activities and quality services delivery through interviews, home visitation, preparation of checklist and narrative progress reports got a weighted mean 3.45 and a verbal interpretation agree. Item 2 CBR workers conducted monitoring activities regularly such monthly and/or yearly obtained a weighted mean of 3.49 and interpreted agree. Item 3 respondents believe that there were eminent changes/improvements in their child's life got a weighted mean 4.40 and verbal interpretation agree.

Table 54

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Monitoring Educational Services

A.	Educational	WM	Interpretation
1.	Better achievement level/test results	3.46	Agree
2.	Improve communication skills	4.44	Agree
3.	More obedient to teachers	3.45	Agree
4.	More Independent in work	3.35	Neutral
5.	Acquired vocational skills	3.50	Agree
	Average	3.64	Agree

Table 54 presents the Community-Based Rehabilitation Program of Commonwealth in terms of monitoring educational services. It reveals the extent of

implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Monitoring Educational Services. It shows an average weighted mean of 3.64 with verbal interpretation agree. Respondents agreed that there is an impact of change and improvements in their child's life through educational services. Item 1 better achievement level/test results got a weighted mean of 3.46 and verbal interpretation agreed. Item 2 Improved communication skills got a weighted mean 4.44 and verbal interpretation agreed. Item 3 more obedient to teachers got a weighted mean of 3.45 and a verbal interpretation agreed. Item 4 became more Independent in work got a weighted mean of 3.35 and verbal interpretation neutral. Item 5 acquired vocational skills got a weighted mean 3.50 with verbal interpretation agreed.

Table 55

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Monitoring Health

B.	Health	WM	Interpretation
1.	Improved health status	3.50	Agree
2.	Prevented additional/severe eminence of disabilities	2.45	Neutral
3	OT, PT and speech therapy improved my child's specific health and therapeutic needs &concerns.	3.46	Agree
4	Became more functional as an individual through provision of Assistive devices like eyeglasses, & other optical devices, white cane, and others	3.44	Agree
	Average	3.21	Neutral

Table 55 presents the Community-Based Rehabilitation Program of Commonwealth in terms of monitoring health services. It reflects the extent of implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of monitoring health. It obtained an average weighted mean of 3.21 with neutral as interpretation. Item 1 Improved health status got a weighted mean of 3.50 and verbal interpretation agree. Item 2 prevented additional/severe eminence of disabilities through intervention services got a weighted mean of 2.45 with verbal interpretation neutral. Item 3 occupational therapy, physical therapy, and speech therapy improved my child's specific health and therapeutic needs and concerns received a weighted mean of 3.46 and verbal interpretation agree. Item 4 became more functional as an individual through provision of assistive devices like eyeglasses, other optical devices, white cane, and others obtained 3.44 and a verbal interpretation agree.

Table 56

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Monitoring Livelihood/Employment

C.	Livelihood/Employment	WM	Interpretation
1.	Improved, develop and gained skills from free trainings in livelihood	2.45	Disagree
2.	Engaged in gainful self-employment from trainings provided	2.46	Neutral
3.	Employed in an open employment scheme	4.40	Agree
4.	Improved financial status from financial assistance (access to micro-credit) received	4.45	Agree
	Average	3.44	Neutral

Table 56 presents the weighted mean and verbal interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in terms of monitoring livelihood/employment services.

Table 56 presents the extent of implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of monitoring Livelihood/ Employment. It gained an average weighted mean of 3.44 and verbal interpretation neutral. Item1 Improved, develop and gained skills from free trainings in livelihood obtained a weighted mean of 2.45 with verbal interpretation disagree. Item 2 Engaged in gainful self-employment from trainings provided resulted to a weighted mean of 2.46 and interpreted as neutral. Item 3 employed in an open employment scheme got a 4.40 weighted mean and interpreted as agree. Item 4 Improved financial status from financial assistance (access to micro-credit) received got a weighted mean 4.45 and verbal interpretation agree.

Table 57

Weighted Mean and Verbal Interpretation of the Extent of Implementation of the Community-Based Rehabilitation Program of Commonwealth in Terms of Monitoring Social/Community Participation

D.	Social/Community Participation	WM	Interpretation
1.	Received legal assistance and access to justice	3.45	Agree
2.	Received personal assistance	4.44	Agree
3.	Participated in and performed in Culture and Arts activities and enjoyed showing my talents.	3.50	Agree
4.	Involved in and enjoyed recreation, leisure and sports.	3.79	Agree
	Average	3.79	Agree

Table 57 presents the weighted mean and verbal interpretation of the extent of implementation of the Community-Based Rehabilitation Program of Commonwealth in terms of monitoring social/community participation. It reveals an average weighted mean of 3.79 and interpreted as agreed. Item 1 received legal assistance and access to justice got a weighted mean 3.45 and interpreted as agreed. Item 2 received personal assistance gained a weighted mean of 4.44 and interpreted as agree. Item 3 participated in and performed in Culture and Arts activities and enjoyed showing my talents revealed a weighted mean of 3.50 and interpreted as agree. Item 4 involved in and enjoyed recreation, leisure and sports received a weighted mean of 3.79 and have a verbal interpretation agree.

Problem 3. What are the problems encountered by Barangay Commonwealth in implementing the CBR Program?

Table 58

Frequency and Rank of the Problems Encountered in the implementation of Community-Based Rehabilitation Program by Barangay Commonwealth

Problems Encountered	Frequency	Rank
10. Lack of funds in sustaining programs and projects	48	1
11. Livelihood/Employment programs not fully implemented	46	2
12. Health Services and programs not fully implemented	45	3
13. Social/Community Participation Services and programs not	40	4

fully implemented		
14. Persons with disabilities not active participants in the planning process	35	5
15. Lack of well-trained community organizer/volunteer worker that will guide and help them in carrying out programs and activities	30	6
16. Inefficient and ineffective Referral System	20	7
17. Lack of support from government agencies	15	8
18. Lack of support from other non-government	5	9

Table 58 presents the frequency and rank of the problems encountered in the implementation of Community-Based Rehabilitation Program by Barangay Commonwealth. Among the items, Lack of funds in sustaining livelihood projects ranked first. Second in rank is Livelihood/Employment programs not fully implemented. Next is Health Services and programs not fully implemented. Followed by Social/Community Participation Services and programs not fully implemented. Fifth in rank is the persons with disabilities not active participants in the planning process. Next is the lack of well-trained community organizer/volunteer worker that will guide and help them in carrying out programs and activities. On the seventh rank is inefficient and ineffective Referral System. Rank eight is lack of support from government agencies.

Last in rank is the lack of support from other non-government organization.

The implementation of CBR Program of Commonwealth is not exempted from interference that may affect in accomplishment of the programs' objectives. The problems they encountered must be thoroughly studied and precisely addressed to guarantee that the quality services is properly extended to its constituents particularly the children with visual impairment.

Based from the interpretation of data in this chapter, all the stakeholders of Community-Based Rehabilitation Program of Barangay Commonwealth is collaboratively and committedly supports its Community-Based Rehabilitation Program.

The objectives of the CBR program were clear to all the stakeholders. In the implementation of the program as to special education is properly addressed, but limited to health program, livelihood/employment program and social/community participation.

The community-based rehabilitation program persists to improve the programs and services to its constituents to provide quality of services and eventually improve quality of life of the children with special needs that they rightfully deserve. The CBR of Commonwealth is committed to address these problems and continue to deliver quality services to persons with disabilities and make CBR of Commonwealth the most successful implementer and sustainable CBR in the City.

Problem 4. What program can be proposed to improve the implementation of the CBR program?

Table 59

P R O P O S E D P R O G R A M for CBR at Barangay Commonwealth

Program Plan

The CBR Guidelines (WHO, 2010) lead the researcher to prepare a logical framework ("log frame") in preparing a plan for the improvement of the CBR program at Barangay Commonwealth. It ensures that all aspects needed for a successful program are taken into consideration. It aims to answer the following questions.

- what does the program want to achieve? (goal and purpose);
- how will the program achieve this? (outcomes and activities);
- how will we know when the program has achieved this? (indicators);
- how can we confirm that the program has achieved this? (means of verification);
- what are the potential problems that may be experienced along the way? (risks).

The following steps is important to prepare a CBR program plan using the log frame (Table 59)

1. Determine the goal – the goal describes the intended ultimate impact of the CBR program which is the desired end-result whereby the problem or need no longer exists or the situation is significant improved.

2. State the Purpose - The purpose of the program describes the change the researcher wants the program to make towards achieving the goal.

3. Define the outcomes - The outcomes are what the CBR program wants to achieve. They are broad overall areas of work.

4. Determine the activities - Activities are the work or interventions that need to be carried out to achieve the purpose and outcomes. Only simple, key activities are listed in the log frame. More detailed activities are considered later on in the management cycle, e.g. when the workplans are developed.

5. Set the Indicators - Indicators are targets that show the progress towards achieving the outcomes of the CBR program and are indicators for a CBR program may measure the following:

    - quality of services and promptness of service delivery;
    - extent to which program activities reach the targeted individuals;

- acceptability and actual use of services;
- cost involved in implementing the program extent to which the actual implementation of the program matches the implementation plan;
- overall progress and development of program implementation and barriers to these.

6. Determine sources of verification **-** After the indicators have been set, it is important to decide what information is needed to measure each indicator, i.e. the sources of verification. These may include reports, minutes of meetings, attendance registers, financial statements, government statistics, surveys, interviews ,training records, correspondence or conversations, case-studies, weekly, monthly or quarterly program reports, mid-program or final program evaluations. When deciding on the sources of verification, it is also important to think about when, where and by whom data will be collected.
7. Consider what assumptions need to be made – the risks and the things that might go wrong during the program will complete the assumptions column of the log frame. Identifying the risks early can help ensure that there are no real surprises along the way. When the risks are identified, they can be managed by changing the program plan to reduce or eliminate them. The risks are turned into positive statement (assumptions) and included in the logframe.
8. Prepare a monitoring and evaluation plan - All programs should have monitoring and evaluation systems. It is essential that these systems are considered during the planning stage, as information needs to be collected as soon as implementation of the program begins. The indicators and the sources of verification that were identified in the program plan will provide the basic foundation for monitoring and evaluation systems.
9. Decide what resources are needed - Although the resources that are needed for a CBR program may not be immediately available when the program starts, it is important to think about the resources needed to implement the programme activities and how to go about obtaining them. The following resources should be considered:

- Human resources **-** The types of personnel needed to implement the programme, e.g. programme manager, CBR personnel, administration assistants and drivers.

- Material resources - The types of facilities and equipment needed to implement the program, e.g. office space, furniture, computers, mobile phones, vehicles, audiovisual equipment and rehabilitation equipment.

- Financial resources - Cost can be a major limiting factor for new programs, so it is important to think carefully about the amount of money that is needed. The best way to do this is to prepare a budget. It does not matter whether a CBR program is using existing funds or funds from a donor/donors, it is always important to prepare a budget.

- Prepare a budget **-** A budget describes the amount of money that the program plans to raise and spend to implement the activities over a specified period of time. A budget is important for transparent financial management, planning (e.g. it gives an idea of what the program is going to cost), fundraising (e.g. it provides information to tell donors what their money will be spent on), program implementation and monitoring (e.g. comparing the real costs against the budgeted costs) and evaluation. The budget must reflect the costs related to the resources outlined in the section “Decide what resources are needed” above. It is important to budget very carefully; if you do not have a large enough budget you may be unable to carry out some program activities, but if you set the budget too high for some things, donors may be unwilling to fund the program.

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Table 59

Proposed Program to Improve the Implementation of the CBR Program of Barangay Commonwealth

1. Component: The Log Framework for the Education					
	Summary	Indicators	Sources of Verification	Persons Involved	Assumptions
Goal	PWDs/Students with disabilities will have an access to early childhood intervention, special education, school to work transition	Enrolment of students with disabilities increased by 50%	Form 1, Form 2 and Principal's monthly enrolment report	Regular Teachers SPED Teachers Parents, Principal School Personnel	

	education.			Barangay Officials	
Purpose	Students with special needs are able to avail of the required basic education and other related services..	The number of students with disabilities attending morning and afternoon classes increases by 35% by end of the school year 50% of students with disabilities indicate a higher level of promotion to the next grade level 10% of the total enrolment will graduate at the end of the school year	Report on Promotion (F18E/FS5)		School administrators, Local government, SSDD, NGO's, parents support is available.
Outcomes	1. Students with disabilities have improved knowledge and skills in the different subject areas, vocational skills, and attributes. And they participated in achieving good grades.	50% of students with disability actively involved in the varied intra and extra-curricular activities at the end of this school year	Progress report card, teachers and parent's observation, awards received, Student portfolio		disabilities are included in accessing Educational and instructional services. The school has an adequate facilities for students with disabilities The school has increased budget for training
	2. The educational sector has increased capacity on awareness about disability specifically in inclusive education. 3..Discrimination barriers within school community are reduced.	10% of regular classroom teachers attending disability equity training sessions once a year (mentoring activity)	Evaluation of training, improve positive values toward accepting CSN in the regular classroom setting		
		5% increase in enrolment of other exceptional	Principal's monthly report of attendance.		

		children at the end of the school-year 10% increase in achievement level in all learning areas	Student Report Card F137/F138		
Activities	1. Give information dissemination to people with the entire community e.g. house-to house campaign, announcement visibility e.g. tarpaulin; T.V. and other media coverage thru interview. 2. Provide training to special education teachers, regular teachers and administrators on inclusive education program and K-12 program across exceptionalities 3.Train parents as partners in teaching CSN and awareness about Disability 4.Carry out audit of physical facilities, instructional materials , equipments, and technology gadgets available for the CSN 5. Hold meetings to encourage parents to enroll their CSN in the Sped Center, or schools with sped program in their community . 6.. Avail of therapy services such speech therapy, physical therapy, occupational therapy and other related services	Increased public awareness of CSN enrolment by 50% Human resources in the information dissemination increase by 100% e,g, Brigada Eskwela Early registration campaign of DepEd • 1 program manager • 2 CBR workers • 1 CBR trainer **Materials** • information materials • teaching materials • training premises • audit tool • transport	**Cost** Charge to SPED Fund Charge to Brgy. Fund (0.05% of the Brgy Income) Documentation of the activities.(pictures) Submission of enrolment form.	Regular Teachers SPED Teachers Parents Principal School Personnel Barangay Officials responsible for Education Media personnel Barangay Volunteer Workers Occupational Therapist Speech Therapist Physical Therapist Non-government Organizations CBR Volunteers	People with disabilities use the information that are given to access services. People with disabilities are motivated to join and lead self-help groups. Health-care workers apply the training they have received. Department of health and other government agencies (DPWH) allocate resources to carry out modifications to buildings, offices and other public places.
2. Component: The Log Framework for the Health					
	Summary	Indicators	Sources of Verification	Persons Involved	Assumptions

Goal	Students with disabilities achieve the highest attainable standard of health they should have received. Promote & maintain total wellness of children and adult PWDs in the community Prevent disabilities; Rehabilitate health concerns Provide assistive devices needed of Persons With Disabilities	Mortality and morbidity rates for people with disabilities decrease by 10%	e.g .Brgy./ Local health center statistics.	Brgy./Local Health Workers And Volunteers Parents Sped Teacher Brgy. Officials	
Purpose	Students with disabilities are able to access the same health facilities and services as other members of the community.	The number of people with disabilities attending local health centers increases by 10% by end of this year 30% of people with disabilities indicate a high level of satisfaction with local health services.	e.g. local health centers statistics, mid-program and end-of-program evaluation		Local government health-care services are available.
Outcomes	1. Students with disabilities have improved knowledge about their health and are active participants in achieving good health.	50% of disabled people actively involved in a local self-help groups at the end of the year.	e.g. attendance records, observation, reports from people with disabilities and families		
	2. The health sector has increased capacity on awareness about disability.	10% of health-care workers attending disability equity training sessions at end year	e.g. observation, reports from people with disabilities and families		People with disabilities are not excluded from accessing health--care services.
	3. Physical barriers within health-care facilities are reduced.	10% of local health-care facilities that are physically accessible at end of 5 year	e.g. health facility audits, observation, end-of-program evaluation		Local government healthcare Services are adequate The health sector has increased capacity.
	1. Give information to people with disabilities about the location of health-care facilities and services. 2 Set-up self-help groups which focus on	**Resources needed:** **Human**	**Cost** Charge to Brgy. Fund (0.05% of the Brgy.Income)	Brgy./Local Health Workers and Volunteers Parents	People with disabilities use the information they are given to access services. People with

Activities	specific health issues 3.Train workers at local health-care facilities about disability 4.Carry out audits of health facilities to identify physical barriers which prevent access. 5. Avail of therapy services such speech therapy, physical therapy, occupational therapy and other related services 6 Avail of an itinerant teacher for CSN who cannot physically go to school 7. Avail free Psycho-Educational Assessment	**resources** • 1 program manager • 2 CBR workers • 1 CBR trainer **Materials** • information materials • teaching materials • training premises • audit tool • transport		Sped Teacher Non-government organizations National Council on Disability Affairs QC Persons with Disability Affairs Office	disabilities are motivated to join and lead self-help groups. Health-care workers apply the training they have received. Dept. of health and other gov't. agencies allocates resources to carry out modifications to buildings and offices
3. Component: The Log Framework for Livelihood and Employment					
	Summary	Indicators	Sources of Verification	Persons Involved	Assumptions
Goal	PWDs achieve their highest attainable standard of living	Standard of living of people with disabilities increase by 2%.	PWDs interviews		
Purpose	Students with disabilities are able to access to the income generating activities as other members of the community.	The number of PWDs/Students with disabilities engage in income generating activity and attain their highest standard of living by.30% this fiscal year 20% of people with disabilities indicate a high level of satisfaction on generated income.	local health center statistics, mid program and end-of-program evaluation		Local government employment services are available. particularly for PWDs sector.
Outcomes	1. PWDs have improved their life economically.	1% of PWDs actively involved in income generating activities and gainfully employed at the end of this fiscal year	attendance records, observation, reports from people with disabilities and families payslip, savings		People with disabilities are included in the community building
	Provide gainful employment or open/ self - employment . Develop and		Cost Charge to Brgy.	DOLE PESO QCPDAO	1.Local government health care services have adequate

Activities	enhance Entrepreneurial skills/Managerial skills Provide services related to employment. Provision of Skills trainings in sewing, meat processing, food preservation, food production, soap making, candle making, perfume making, dishwashing liquid making,, etc. Provide financial assistance or Micro/Macro Finance services Empowered to improve the life of PWDs. through values education and seminars.		Fund (0.05% of the Brgy.Income)	Local Business Entrepreneurs PWDs Parents of PWDs	2. The health sector has increased capacity
4. Component: The Log Framework Social and Community Participation					
	Summary	Indicators	Sources of Verification		Assumptions
Goal	PWDs/Students with disabilities achieve empowerment.	Mortality and morbidity rates for people with disabilities decrease by 1%.	Barangay Statistics		
Purpose	PWDs/Students with disabilities are able to organize (DPOs) and participate in the community development as members of the community including their families (Parent Self-Help Group).	The number of people with disabilities form DPOs that will represent their sector 100% representation by 5 year time. 100% increase of membership of DPOs including their families as parent support group	Local /Brgy. Statistics QCPDAO NCDA	Persons with Disabilities Parents of PWDs CBR Volunteers Workers Brgy Officials	Disabled People Organizations are existing in the community They Participate in community development.
Outcomes	1. Persons/Students with disabilities are empowered and have improved outlook in life.	`3% of disabled people actively involved in a local self-help groups this end of fiscal year	attendance records, observation, reports from people with disabilities and families people in the		People with disabilities are part of the community building.

			community		
	2. The community has increased awareness about disability.	1% increase in community awareness about PWDs.	observation, reports from people with disabilities and families		Local government healthcare services have adequate 2. The health sector has increased capacity.
	3. Physical barriers are reduced. 4. DPOs/PSGs serves as a link to between civil society, government and business sectors that encourages collaboration and community investment.	75% of the physical, attitudinal, technolo- gical, and communi - cation barriers were reduced. 50% of DPOs/PSG nurtured and sustained Community-Based Rehabilitation Program	observation, reports from people with disabilities and families		
Activities	1. Give information to people with disabilities about the location of health-care facilities and services. 2. Set-up self-help groups which focus on specific health issues. 3. Train workers at local health-care facilities about disability. 4. Carry out audits of health facilities to identify physical barriers which prevent access. 5. Avail of the therapy services such as speech therapy, physical therapy, occupational therapy and other related services. 6.Avail of an itinerant teacher for CSN who cannot physically go to school	**Resources needed:** **Human resources** • 1 programme manager • 2 CBR workers • 1 CBR trainer **Materials** • information materials • teaching materials • training premises • audit tool • transport	**Cost** Charge to Brgy. Fund (0.05% of the Brgy.Income)	Persons with Disabilities Parents of PWDs CBR Volunteers Workers Brgy Officials	People with disabilities use the information they are given to access services. People with disabilities are motivated to join and lead self-help groups. Volunteer workers apply the training they have received to PWDs/Students with disabilities. All Government Agencies including DPWH's resources to carry out modifications to buildings offices, and all public places

Table 59 shows the proposed program for CBR at Barangay Commonwealth. It includes the different areas such as health, education, livelihood/employment and social/community participation, its objectives, focus of concern, strategies and techniques, time frame, persons involved and success indicator.

Chapter V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary, conclusions, and recommendations of the study.

Summary

This study aimed to evaluate the extent of Community-Based Rehabilitation Program of Barangay Commonwealth of Congressional District II, Quezon City during the school year 2013-2014. Specifically, it sought to determine the status of the Commonwealth Community-Based Rehabilitation Program of Barangay Commonwealth, Quezon City in terms of profile of Special Education Teacher, Non-Government Organization, Local Government Official. Persons with Disability, and Parent of Persons with Disability; objectives of Community-Based Rehabilitation Program, Community-Based Rehabilitation Program Orientation; Program Planning; Program Implementation; Program Monitoring and find out the problems encountered by the implementers of the Community-Based Rehabilitation Program.

The study employed the descriptive survey method of research. From the purposive sampling technique, represented by 50 respondents composed of 7 SPED Teachers, 5 Local Governments Officials, 4 Non-Government Organizations, 5 Persons with Disabilities and 29 parents of children with visual impairment were chosen as respondents.

The researcher made use of the questionnaire checklist as a tool in gathering and collating the necessary data and information.

As a protocol before the start of the study, the researcher acquired permission from pertinent authorities.

The study underwent four phases as its research procedure. Phase I: Identification of Barangay Commonwealth Community-Based Rehabilitation Programs' status on objectives, orientation program, planning process, and implementation

process and monitoring process. Phase II: Preparation and Validation of Instruments; Phase III: Administration of Questionnaires to SPED Teachers, Local Government Unit, Non-government Organizations representative, Parents, and Persons with Disability, and Phase IV: Analysis and Interpretation of the Data Gathered, Collecting, Analyzing and Interpreting the Outcome of the Data.

The statistical method used was descriptive statistics on frequency, weighted mean and rank.

Findings

The following data revealed a summary of the result of the evaluation.

1. Profile of the Community-Based Rehabilitation Program of Commonwealth respondents as to age, gender, highest educational attainment and type of community involvement/membership.

Based on the data gathered, the researcher came up with the following findings:

1.1 There were more female than male respondents.

1.2 The biggest percentage of the respondents belonged to

the age bracket of 31-40.

1.3 Vast percentage of the respondents was on college level.

1.4 There are more percentages of parents of persons with disabilities involved in or member of the community-based rehabilitation program of Barangay Commonwealth.

2. The extent of the Community-Based Rehabilitation Program of Commonwealth with respect to Objectives setting, Program Orientation, Program Planning, Program Implementation, Program Monitoring:

2.1 The respondents strongly agreed on the objectives of the community-based rehabilitation program of Barangay Commonwealth reflected the basic principles, were achievable, were anchored on the legal bases, were measurable, were relevant/pertinent and specific approach in addressing the needs of persons with disabilities specifically the children with visual impairment.

2.2 In the orientation program the respondents strongly agreed that community-based rehabilitation were well represented by all stakeholders from the different sectors namely: Local Government Unit; Quezon City Persons with Disability Affairs Office; Commonwealth Barangay Official; National Council on Disability Affairs; SPED Supervisor, Administrators, SPED Teachers; Non-Government Organizations; Persons with Disabilities; and Parents of PWDs from various exceptionalities. Respondents strongly agreed that it brought awareness in social, environmental and attitudinal aspects in

bringing out objectives of the community-based rehabilitation program of Commonwealth. They strongly agreed that it brought awareness on the various types of exceptionalities such as: Intellectual Disability; Autism; Hearing Impairments; Visual Impairment /Multiple Disabilities with Visual Impairment (MDVI); Down Syndrome; Learning Disability; Giftedness and talent; Emotional and behavior disorder; Special health problem; and Speech impairment. Respondents strongly agreed that orientation enriched partnerships for identifying potential leaders and workers that possesses characteristics that are willing to work or volunteer on an ongoing basis; committed and always available to help; possessed leadership ability that can initiate to change attitudes of people and practices in society. Respondents strongly agreed that orientation advocated for the enhancement of a Disabled People's Organization and Self-Help Groups or Parents Organization. Respondents strongly agreed that orientation identified community strengths, but neutral for weaknesses, agreed for opportunities, and agreed for threats/barriers to inclusive development.

2.3 In planning, respondents strongly agreed that all stakeholders shared, discussed and planed vision, mission, core values, goals, activities, risks, indicators, resources and persons responsible in carrying program and activities of community-based rehabilitation of Commonwealth. Respondents strongly agreed that all stakeholders committed to the development of CBR in the planning process and

established rapport, built genuine relationship and have deeper understanding on the lives and aspirations of persons with disabilities. Respondents strongly agreed that in the planning stage persons with disabilities and family members were the central role in the decision making and planning process. Respondents strongly agreed that in the planning process committees were formed to firm up plans, policies, and systems to make the work manageable and easy to monitor during the planning process. Respondents perceived neutral in incorporating training programs relevant to the needs and solutions identified to all key players during the planning process.

2.4 In Implementation, respondents strongly agreed that educational programs for visual impairment such as Inclusive Education Program; Early Intervention Program; K to 12 Program; Mainstreamed Program Gr.1-6; Multiple Disabilities with Visual Impairment Program; Alternative Learning System/Non-formal Education for persons with Visual impairment were properly Implemented. As to the implementation of health/medical/therapeutic programs respondents agreed that health promotion; identification; prevention; rehabilitation (occupational therapy, physical therapy, speech therapy); and provision of assistive devices respondents agreed that implementation were carried out adequately well but need follow up to fully give health services to maintain and promote the wellness of the persons with disabilities. Respondents disagreed that livelihood/employment were

effectively implemented and need constant supervision especially the free skills development training; self-employment; open employment; financial assistance (access to micro-credit) to ensure that the persons with disabilities can availed of micro finance assistance and engaged in gainful employment in case they were not accepted in an open employment scheme. Respondents agreed that implementation of programs on social/ community participation were often carried out well as to accessibility to justice; received personal assistance; participated in culture and arts activities; involved in recreation, leisure and sports; engage in a relationship to marry and build own family.

2.5 As to the extent of implementation of monitoring process the Community-Based Rehabilitation Program of Commonwealth respondents agreed that monitoring activities and quality services delivery through interviews, home visitation, preparation of checklist and narrative progress reports were properly conducted, respondents agreed that the CBR workers conducted monitoring activities regularly such monthly and/or yearly. Respondents agreed that there are eminent changes/improvements in the child's life as to Educational. Respondents agreed that there better achievement level/test results, agreed in improved communication, agreed that the child became more obedient to teachers, neutral to more Independent in work, agreed that they acquired vocational skills; respondents were neutral on the delivery of health services. In monitoring health status

respondents agreed that health status improved. Respondents agreed that intervention services prevented additional/severe eminence of disabilities. Respondents were neutral on the changes/improvements that OT, PT and speech therapy answered child's specific health and therapeutic needs &concerns. Respondents agreed that In monitoring children with special needs in terms of health they became more functional as an individual through provision of assistive devices like eyeglasses, & other optical devices, white cane, and others. In monitoring livelihood/employment services respondents were neutral on its implementation. Respondents disagreed that there is an improved, develop and gained skills from free trainings in livelihood, neutral on engaged in gainful self-employment from trainings provided, agreed on employed in an open employment scheme, agreed on improved financial status from financial assistance (access to micro-credit) received. In monitoring social/community participation respondents agreed to be properly implemented, agreed received legal assistance and access to justice, agreed to received personal assistance, agreed to Participated in and performed in Culture and Arts activities and enjoyed showing my talent, agreed to involvement in and enjoyment of recreation, leisure and sports.

3. What are the problems encountered by Barangay Commonwealth in the implementation of Community-Based Rehabilitation Program?

The following were problems encountered and identified by Barangay Commonwealth in the implementation of Community-Based Rehabilitation Program:

Lack of funds in sustaining livelihood projects rank first, followed by the Livelihood/Employment programs not fully implemented, next is Health Services and programs not fully implemented, followed by Social/Community Participation Services and programs not fully implemented, the persons with disabilities not active participants in the planning process, the lack of well-trained community organizer/volunteer worker that will guide and help them in carrying out programs and activities, inefficient and ineffective Referral System, lack of support from government agencies, and lastly in rank is the lack of support from other non-government organization.

Conclusions

Based from the findings of the study, the following conclusion were drawn:

1. Community-based rehabilitation program of Commonwealth is guided by the principles and strategies, approaches set by WHO, UNESCO, ILO, IDDC (2008) in the inclusion of persons with disabilities in society.

2. Objectives set by the Community-based rehabilitation program of Commonwealth are achievable, anchored on the legal bases, measurable, relevant/pertinent, and its specific approach addresses the needs of persons with disabilities specifically the children with visual impairment.
3. In the planning process, all stakeholders shared, discussed and planned vision, mission, core values, goals, activities, risks, indicators, resources and persons responsible in carrying out programs and projects. Stakeholders are committed in the development of the community-based rehabilitation program, Persons with disabilities were the central role in the decision making, formed committees, incorporated training program relevant to needs and solution identified during the planning process.
4. In the implementation process, educational and social/community participation programs for children with visual impairment are provided, but not to overlook health/medical and livelihood/employment.
5. To make the monitoring system of recording and reporting at all levels of service delivery/implementation of programs very effective the stakeholders including persons with disabilities should be involved.

Recommendations

In light of the findings and conclusions drawn, the researcher presents the following recommendations:

1. Implementers and all stakeholders of the Community-Based Rehabilitation Program of Commonwealth should strengthen their programs and services towards children with special needs specifically the children with visual impairment.
2. Health/Medical and Livelihood/Employment programs must be reinforce to obtained the material well-being of children with visual impairment and persons with disabilities through medical-related referrals and collaborate with TESDA for livelihood trainings.
3. Network, promote and invite more non-government organization and government organizations to advocate a "Non-Handicapping and Barrier free Environment" to empower persons with disabilities.
4. Implicate Local government/Barangay Commonwealth Council to sign for a memorandum of agreement to commit to provide annual budget for its manpower support, trainings, and for its programs and services.
5. Create a Barangay Commonwealth Committee on Disability Affairs which is composed of representative from the Commonwealth Elementary School SPED Center, Non-Government Organization, Persons with Disability Organization and Parent Organization that will ensure the service delivery of basic needs and address concerns of persons with disabilities.
6. Conduct continuous trainings and provides worthwhile activities related to education, health, livelihood and social/community participation to level up or heighten community awareness on persons with disabilities.

7. Existing Community-Based Rehabilitation Program must be regularly evaluated and monitored to upgrade programs and projects and address the emerging problems encountered by the CBR implementers.
8. A parallel study may be undertaken with other community leaders, parents, graduate students to evaluate the effectiveness of Community-Based Rehabilitation Program in providing service to the children with special needs and/or persons with disabilities.

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APPENDIX A
LETTER TO THE DIVISION OFFICE

Philippine Normal University
Taft Avenue, Manila
College of Graduate Studies
Department of Special Education

September 6, 2013

DR. CORAZON C. RUBIO
Schools Division Superintendent
Division of City Schools, Quezon City

Madam:

Greetings of peace!

The undersigned is a graduate student in Master of Education in Special Education specializing in Visual Impairment.

I am currently working on my special project entitled, “The status of the Community-Based Rehabilitation Program of Commonwealth: A Basis for Improving Quality of Life of Students with Visual Impairment.”

In this connection, I would like to request permission from your good office to administer my instrument to selected Special Education Teachers and Parents of Commonwealth Elementary School SPED Center.

Thank you very much in anticipation of your favorable action regarding this request.

Very truly yours,

Evelyn T. Matienzo
Researcher

Approved by:

TERESITA G. DE MESA
Adviser

APPENDIX B

A LETTER TO THE EXPERT FOR THE VALIDATION OF RESEARCH INSTRUMENT

Philippines Normal University
Taft Avenue, Manila
College of Graduate Studies

Department of Special Education

September 3, 2013

FLERIDA V. LABANON
Regional Programs Coordinator
National Council on Disability Affairs

Madam:

A greeting of Peace!

I am currently working on my special project entitled, **"**The status of the Community-Based Rehabilitation Program of Barangay Commonwealth: a basis for Improving Quality of Life of Students with Visual Impairment", in partial fulfillment of the requirements for the degree of Master of Education in Special Education at the Philippine Normal University.

I am in the process of making an instrument for the evaluation of the Community-Based Rehabilitation Program of Commonwealth on its objective, orientation, planning, implementing and monitoring and problems encountered. In connection with this, please evaluate and rate the test items attached herewith, if they are valid enough to measure each variable to appropriateness, relevance, clarity, grammar and choice of words.

Your comments and suggestions in each item are highly solicited. I believe that your expertise will greatly contribute to the completion of the instrument, May I then collate the attached survey instrument on September 9, 2013?

Your favorable response will be highly appreciated.

Very truly yours,

Mrs. Evelyn T. Matienzo
Researcher

Approved by:

TERESITA G. DE MESA
Adviser

APPENDIX C
EVALUATOR'S PROFILE SHEET

Name: _____

School: _____

Department/Office _____

Years in the service _____

Educational Background:

DEGREE	SPECIALIZATION	YEAR
BACHELOR		
GRADUATE		
POST GRADUATE		

APPENDIX D
VALIDATION SHEET

Research Title:

THE STATUS OF THE COMMUNITY BASED-REHABILITATION (CBR) PROGRAM OF BARANGAY COMMONWEALTH: BASIS FOR IMPROVING THE QUALITY OF LIFE OF STUDENTS WITH VISUAL IMPAIRMENT

Directions: Please place a check under the heading that corresponds to your response and write your suggestions.

SURVEY INSTRUMENT FOR RESPONDENTS

Part I. Respondents Profile

Direction: Please check the letter that describes you.

1. Name: _____
   (Optional)
2. Gender: _____A. Male _____B. Female
3. Age: _____A. 20 and below _____D. 41-50 y.o
   _____B. 21-30 y.o. _____E. 51-60 y.o.
   _____C. 31-40 y.o. _____F. 61 and Above
4. Highest Educational Attainment:

   _____A. Doctoral (Pleasspecify)_____

   _____B. Doctoral Units

   _____C. M.A. Degree (Please specify)_____

   _____D. M.A. Units

   _____E. College Graduates (Pleasspecify)_____

   _____F. College Level

   _____G. Vocational Course

   _____H. High School Graduate

   _____I. High School Undergraduate

   _____J. Elementary Graduate

   _____K. Elementary Undergraduate

5. Type of Community Involvement/Membership

   _____A. School Personnel/Teacher

   _____B. Non-Government Organization/entrepreneur

   _____C. Local Government Official

   _____D. Persons with Disability

   _____E. Parent of Persons with Disability

Part II.

The areas below are the implementation of the CBR Program of Commonwealth. Quezon City.

Direction: Please read them carefully and check the box to indicate how effectively each of the areas is implemented. The criteria for the effectiveness are as follows:

Legend: Description

(5) Very Much — Areas are very skillfully carried out with little waste of time and effort.

(4) Much — Areas are often carried out well. adequate In operation or performance

(3) Undecided — Areas are moderately carried out but still need a little Improvement at times.

(2) Not Really — Areas are carried out but seldom effective and have to be corrected and supervised constantly.

(1) Not at All — Areas are not at all or never performed right or carried out well.

I. Objectives Setting	Very Much	Much	Undecided	Not Really	Not at All
1. Reflect the guiding principles of Community-Based Rehabilitation					
2. Are achievable					

3. Are anchored on legal bases					
4. Are measureable (improves the lives of PWDs)					
5. Are relevant/pertinent (addresses the needs of CSNs/PWDs)					
6. Are specific					

II. CBR Program Orientation					
1. The CBR Program composes of all stakeholders during orientation					
2. It brings out awareness in social, environmental and attitudinal barriers					
3. It brings out awareness on the various types of impairments					
4. .The CBR Orientation enriches partnerships for identifying potential leaders and workers that possesses good characteristics.					
5. It advocates for the enhancement of a Disabled People's Organization and Self-Help Groups (PWD Parents' Organization)					
III. Planning					
1. All stakeholders' shares discuss and plan vision, mission, core values, goals, activities, risks, indicators, resources and persons responsible during the planning stage.					
2. All Stakeholders commits to the development of CBR in the planning process by establishing rapport building, genuine relationship and have deeper understanding the lives and aspirations of PWDs.					
3. Persons with disabilities and family members are the central role in the decision making and planning process.					
4. Committees are formed to firm up plans, policies, and systems to make the work manageable and easy to monitor during the					

planning process.					
5. Incorporates training programs relevant to the needs and solutions identified to all key players during the planning process.					
IV. CBR Program Implementation					
a. Education					
b. Health/Medical/Therapeutic (OT,PT,ST,SC,)					
c. Livelihood/Employment					
d. Social/Community/Participation					
V. CBR Monitoring					
1. Progress was regularly monitored and ensure it stays on track					
2. Makes monthly progress report					
3. Conducts group meetings regularly to measure progress					
4. Conducts home visits to monitor activities					
5. Uses a Client/beneficiary satisfactory rating system tools to rate the quality of service delivery (Tools used to rate quality service delivery:					

PART III. What are the problems encountered by the implementers of the CBR program?

_____1. CBR Program not responsive to the needs of persons with disabilities.

_____2. Lack of well-trained community organizer/Disabled People Organizations Parents Organization (Self-Help Groups) that will guide and help them in carrying out its activities

_____3. Persons with disabilities not active participants in the planning and decision making progress.

_____4. Lack of funds in sustaining livelihood projects

_____5. Lack of support from other non-government and government agencies

_____6. Inefficient an ineffective Referral System

_____7. No regular meetings conducted

_____8. No permanent place to conduct the meeting

_____9. Services and programs not fully implemented such as to:

_____ a. Education (SPED)

_____ b. Health/Medical/Therapeutic (OT, PT, ST, SC, etc.)

_____ c. Livelihood/Employment

_____ d. Social/Community Participation

10. Other Problems (please specify)_____

IV. What suggestions and recommendations can you give to improve the implementation of the Community-Based Rehabilitation Program of Commonwealth? Please specify

1._____

2._____

3._____

4._____

5._____

THANK YOU

APPENDIX E

RESULTS OF THE VALIDATION OF RESEARCH INSTRUMENT

THE LIST OF EXPERTS

EXPERT	POSITION	SCHOOL/OFFICE	EDUCATIONAL ATTAINMENT	WORKING/ EXPERIENCE
1	Regional Programs Coordinator	National Council on Disability Affairs	Master in Government Service Management	25
2	Focal Person	Quezon City Persons with Disability Affairs Office	Bachelor of Science in Accounting	18
3	Focal Person	Quezon City Persons with Disability Affairs Office	AB Political Science M.A. Com. Development	15
4	Social Worker II	Social Services Development Department	M.A. Community Development	20
5	SPED Teacher Transition Program	Commonwealth Elementary School SPED Center	Graduate M.A.SPED (ID)	17

APPENDIX F

LETTER TO THE PRINCIPAL FOR PERMISSION TO ADMINISTER RESEARCH QUESTIONNAIRES OF THE STUDY

Philippine Normal University

Taft Avenue, Manila
College of Graduate Studies
Department of Special Education

September 9, 2013

Rodolfo B. Modelo
Principal IV
Commonwealth Elementary School
Comm. Ave., Quezon City

Sir:

Greetings of peace!

I am currently working on my special project entitled "The status of the Community-Based Rehabilitation Program of Commonwealth: a Basis for Improving Quality of Life of Students with Visual Impairment."

In this connection, I would like to request permission from your good office to administer my instrument to selected Special Education Teachers and Parents of Commonwealth Elementary School SPED Center.

Rest assured that the survey would not in any way disrupt the regular classes of the Special Education concerned.

Thank you very much in anticipation of your favorable action regarding this request.

Very truly yours,

Evelyn T. Matienzo
Researcher

Approved:

TERESITA G. DE MESA
Adviser

APPENDIX G
LETTER TO THE RESPONDENTS
Philippine Normal University
National Center for Teacher Education
Taft Avenue, Manila

Dear Respondents,

The undersigned would like to request your opinion by answering the questions to my study entitled “The Status of the Community Based-Rehabilitation (CBR) Program of Barangay Commonwealth: A Basis for Improving Quality of Life of Students with Visual Impairment”.

The data gathered will be used for the research study I am currently undertaking.

Thank you very much in anticipation of your favorable action regarding this request.

Very truly yours,

Evelyn T. Matienzo
Researcher

Noted:

Teresita G. de Mesa
Adviser

APPENDIX H
QUESTIONNAIRES FOR RESPONDENTS

Part I. Respondents Profile
Direction: Please check the letter that describes you.

1. Name: _____
(Optional)
2. Gender: _____A. Male _____B. Female

3. Age: _____A. 20 and below _____D. 41-50 y.o
_____B. 21-30 y.o. _____E. 51-60 y.o.
_____C. 31-40 y.o. _____F. 61 and Above

4. Highest Educational Attainment:

_____A. Doctoral (Please specify)_____

_____B. Doctoral Units

_____C. M.A. Degree (Please specify)_____ ____

_____D. M.A. Units

_____E. College Graduates (Please specify)_____

_____F. College Level

_____G. Vocational Course

_____H. High School Graduate

_____I. High School Undergraduate

_____J. Elementary Graduate

_____K. Elementary Undergraduate

5. Type of Community Involvement/Membership

_____A. Special Education Teacher _____D.Persons with Disability

_____B. Non-Government Organization _____E.Parents of PWDs

_____C. Local Government Official

Part II.

Kindly rate the following items by checking the number located at the right column the following according to how you view the Implementation of the Community-Based Rehabilitation program using the criteria below where:

5- Strongly Agree 4- Agree 3- Neutral 2- Disagree 1- Strongly Agree

Part II Starts here.

I.	Setting of objectives	5	4	3	2	1
1.	Objectives are based in the **principles** of Community-Based Rehabilitation					
1.1	Promotes awareness and apply programs in **Inclusive** Education					
1.2	PWDs is given an **equal opportunity** to experience equal outcomes and recognized as citizens, as voters, same as other individuals.					
1.3	**Participates** in decision making and become co- contributor in the community development					
1.4	**Self-advocates** for the total change and improvement of PWDs life in the aspect of health, education, employment, and social/community participation.					
1.5	Mobilizes the community resources: human; technical; environmental; and facilities to **achieve and sustain** the identified needs of PWDs.					
1.6	Promotes barrier free community **(Accessibility)**					

2.	Objectives are achievable	5	4	3	2	1
2.1	Discussion of the merits of a CBR program with the key leaders of the community, the PWDS & their families					
2.2	Acceptance of community leaders of the CBR Program and the responsibilities that go with it.					
2.3	Organization of the CBR Committee which is multi-sectoral composed of community leaders, development workers, and parents of children with disabilities.					
2.4	Identification of the areas where the program can be developed and a mechanism for selecting the CBR fieldworkers can set up					

3.	Objectives are anchored on legal bases	5	4	3	2	1
3.1	Art. XIII of the 1967 Constitution Declares that the State Shall adopt an integrated and comprehensive approach to health development					
3.2	Republic Act No. 7277 Magna Carta for Disabled Persons					
3.3	Republic Act 8425 Social Reform Act Poverty Alleviation of the basic sector including PWDs					
3.4	Biwako Millennium Framework Promotes a rights-based barrier free and inclusive society for PWDs					
3.5	Republic Act No. 7160 Local Government Code of 1991 devolution of services to the local government units (LGUs)					
3.6	R.A. 344 The Accessibility Law					

4.	Objectives are measureable	5	4	3	2	1
4.1	Inclusive education – increased enrolment of children with disabilities in all public and private elementary, secondary schools.					

4.2	Equal opportunity/participation – increased numbers of PWDs who casted votes during election.					
4.3	Self-advocate- existence and development of Disabled Persons Organization/ Parent Organization in the community that will advocate for change that a group that can speak on behalf of its own sector.					
4.4	Achieved and sustained activities programs and projects in health, education, livelihood, employment, social/community participation					
4.5	Accessibility- the community became barrier FREE, they complied with the Accessibility Law and all physical technology, communication and change in attitudes towards PWDs.					
4.6	Improved material well-being; health; productivity; intimacy; safety; place in community; and emotional well-being of PWDs.					

5.	**Objectives are specific**	**5**	**4**	**3**	**2**	**1**
5.1	Promotes Inclusive Education regardless of cultural affiliation, religion, gender, disabilities.					
5.2	Recognizes PWDs according to his strengths and given an equal opportunity participate in decision making and become co- contributor in the community development.					
5.3	Self-advocates for the total change and improvement of PWDs life in the aspect of health, education, employ-ment, and social/ community participation.					
5.4	Mobilizes the community resources: human; technical; environmental; and facilities to achieve and sustain the identified needs of PWDs.					
5.5	Promotes barrier free community (Accessibility)					

6.	**Objectives are Relevant/Pertinent**	**5**	**4**	**3**	**2**	**1**
6.1	CBR facilitate process where PWDs can empower to control own potential and partners in community development.					
6.2	CBR builds on the resources, structures and abilities of the community to promote the potential of everyone including persons with disabilities.					
6.3	CBR values social justice and raises the consciousness of the community					
6.4	CBR promotes good governance					
6.5	CBR costs are spread all sectors					

I.	**CBR Program Orientation**	**5**	**4**	**3**	**2**	**1**
1.	The CBR Program composes of all stakeholders during orientation					
1.1	Local Govt. Unit (SSDD)					
1.2	QC Persons with Disability Affairs Office					
1.3	Commonwealth Barangay Official					
1.4	National Council on Disability Affairs					
1.5	SPED Supervisor/ Administrators/Teacher					
1.6	Non-Government Organization (Leonard Cheshire Disability Foundation, Parents Advocate for Visually					

	Impaired Children, National Federation of Computer Technologists, & Business Organization)					
1.7	Persons with disabilities					
1.8	Parents of PWDs from various exceptionalities					

2.	**The CBR Program brings out awareness in:**	**5**	**4**	**3**	**2**	**1**
A.	Social barriers					
1	Include PWDs as partners in community development					
2	Include PWDs in all community activities (elections, meetings, social gatherings, etc.)					

B.	**The CBR Program brings out awareness in:** environmental barriers	**5**	**4**	**3**	**2**	**1**
1.	Provisions of pedestrian crossings with timed traffic lights					
2.	Provisions of emergency exit with flashing and sound signals					
3.	Provision of talking Elevators with and with Braille dots					
4.	Provision of Ramps in all buildings and public places					
5.	Provision of Ramps in all buildings and public places					

C.	**The CBR Program brings out awareness in** attitudinal barriers	**5**	**4**	**3**	**2**	**1**
1..	Provides equitable opportunities for employment.					
2.	Promotes positive attitude and respect diversity.					
3.	Develops sense of commitment and accountability towards persons with disabilities.					
3.	**The CBR Program brings out awareness on the various types of exceptionalities**	**5**	**4**	**3**	**2**	**1**
3.1	Intellectual Disability					
3.2	Autism					
3.3	Hearing Impairments					
3.4	Visual Impairment /Multiple Disabilities with Visual Impairment (MDVI)					
3.5	Down Syndrome					
3.6	Learning Disability					
3.7	Giftedness and talent					
3.8	Emotional and behavior disorder					
3.9	Special health problem					
3.10	Speech impairment					

4.	**The CBR Orientation enriches partnerships for identifying potential leaders and workers that**	**5**	**4**	**3**	**2**	**1**

	are:					
4.1	Willing to work or volunteer on an ongoing basis					
4.2	Committed and always available to help					

5.	**The CBR Program advocates for the enhancement of a Disabled People's Organization and Self-Help Groups(PWD Parents Organization)**	**5**	**4**	**3**	**2**	**1**
5.1	Orientation and consultation workshops with PWDs, and families to increase awareness					
5.2	Provision of Sports Activities					
5.3	Join in Campaigning/Petition Signing to highlight issues and concerns of PWDs					
5.4	Attends the National Disability Prevention and Rehabilitation Week Celebration annual activities					
5.5	Information dissemination through all forms of media about activities, issues and concerns of PWDs					

6.	**The CBR Program identifies community strengths, weaknesses, opportunities, and threats/barriers to inclusive development**	**5**	**4**	**3**	**2**	**1**
A.	**Strengths**					
1.	Availability of the SPED Center and trained SPED Teacher to cater educational programs and placements of CSNs					
2.	Accessible school buildings and ramps and accessible public places					
3.	Availability of assistive devices for CSNs (cane, eyeglasses, technology assistive devices)					
4.	Supportive parents					
5.	Existence of the Disabled People Organizations/ Parents Organizations					
6.	Availability of regular eye and ear screening					
7.	Availability of Community Health Workers					
8.	Availability of NGOs/ business establishment owners for future employment opportunities for PWDs					

B.	**Weakness**	**5**	**4**	**3**	**2**	**1**
1.	Untrained CBR volunteer worker					
2.	some parents are uncooperative					
3.	Low self-steam of PWDs					
4.	Database of PWDs not updated					
5.	Incomplete community inventory					
6.	Lack of DPO involvement					

7.	Policies and system not clear					
8.	Lack of community ordinance for Budget allocation to PWDs					

C.	Opportunities	5	4	3	2	1
1.	Opportunity provide for livelihood training program for PWD young adult					
2.	Opportunity provide for livelihood or employment for PWD young adult					

D.	Threats/Barriers	5	4	3	2	1
1.	Costly psycho-educational assessment					
2.	CSNs without assessment receive improper educational placement					
3.	Funds not sufficient					
4.	Occupational, physical & Speech therapist services not free					
5.	Lack of accessible buildings and facilities					
6.	Few accessible Comfort Rooms are available					
7.	Discrimination					
III.	**Planning**	**5**	**4**	**3**	**2**	**1**
1.	All stakeholders shares, discusses and plans vision, mission, core values, goals, activities, risks, indicators, resources and persons responsible during the planning stage					
2.	All stakeholders commits to the development of CBR in the planning process by establishing rapport , building genuine relationship and have deeper understanding on the lives and aspirations of PWDs.					
3.	Persons with disabilities and family members are the central role in the decision making and planning process.					
4.	Committees are formed to firm up plans, policies, and systems to make the work manageable and easy to monitor during the planning process.					
5.	Incorporates training programs relevant to the needs and solutions identified to all key players during the planning process.					

IV.	Implementation	5	4	3	2	1
1.	**Educational Programs for Visual Impairment**					
1.1	Inclusive Education Program					
1.2	Early Intervention Program					
1.3	Kindergarten to 12 Program					
1.4	Mainstreamed Program Gr.1-6					
1.5	Multiple Disability with Visual Impairment Program					
1.6	ALS/Non-formal Education for V.I.					
2.	**Health/Medical/Therapeutic**	**5**	**4**	**3**	**2**	**1**
2.1	Health promotion					
2.2	Identification and Prevention					
2.3	Rehabilitation (OT, PT, SP)					
2.4	Provision of Assistive devices					

3.	Livelihood/Employment	5	4	3	2	1
3.1	Free skills development training					
3.2	Self-employment					
3.3	Open Employment					
3.4	Financial Assistance (access to micro-credit)					
4.	**Social/Community Participation**	**5**	**4**	**3**	**2**	**1**
4.1	Access to justice					
4.2	Receives personal assistance					
4.3	Participates in Culture and Arts Activities					
4.4	Involve in Recreation, Leisure and Sports					
4.5	Engage in Relationship (Marriage &Family)					

V.	CBR Monitoring	5	4	3	2	1
1.	Monitor activities and quality services delivery through interviews, home visitation, preparation of checklist and narrative progress reports					
2.	Conducts Monitoring activities regularly such monthly and/or yearly					
3.	I believe that there are changes/improvements in my child's life in terms of:					
A.	**Education**	**5**	**4**	**3**	**2**	**1**
1.	Better achievement level/test results					
2.	Improve communication skills					
3.	More obedient to teachers					
4.	More Independent in work					
B.	**Health**	**5**	**4**	**3**	**2**	**1**
1.	Improved health status					
2.	Prevented additional/severe eminence of disabilities through identification and prevention health services					
3	Occupational therapy, physical therapy, and speech therapy improved my child's specific health and therapeutic needs and concerns.					
4	Improved needs through provision of Assistive devices like eyeglasses, & other optical devices					
C.	**Livelihood/Employment**	5	4	3	2	1
1.	Improved, develop and gained skills through free trainings in livelihood					
2.	Engaged in gainful self-employment through trainings provided					
3.	Employed in an open employment scheme					
4.	Improved financial status through financial assistance (access to micro-credit) received					
D.	**Social/Community Participation**					
1.	Received assistance and access to justice					
2.	Received personal assistance					
3.	Participated in and performed in Culture and Arts activities and enjoyed showing my talents.					
4.	Involved in and enjoyed recreation, leisure and sports.					

3.What are the problems encountered by Barangay Commonwealth in implementing the CBR Program?

_____
_____
_____

4**.** What program can be proposed to improve the implementation of the CBR program?

_____
_____
_____

THANK YOU

College of Linguistics and Literature
Philippine Normal University
Taft Avenue, Manila

CERTIFICATION

This is to certify that the special project entitled “The status of the Community-Based Rehabilitation Program of Barangay Commonwealth: Basis for Improving the Quality of Life of Students with Visual Impairment” by Evelyn T. Matienzo was edited by Professor Edilberta C. Bala.

This certification is issued this 15th day of September 15, 2013 at the Philippine Normal University, Manila.

EDILBERTA C. BALA
Professor of English

CURRICULUM VITAE

I. PERSONAL DATA:

NAME: Evelyn T. Matienzo

DATE OF BIRTH: November 11, 1963

PLACE OF BIRTH: Manila

ADDRESS: 206 A Pacamara St.
Commonwealth, Quezon City

II. EDUCATIONAL ATTAINMENT

Post Graduate:	University of Saint Anthony, Iriga City Master inBusiness Administration Major in Financial Management 1989-1994
	Philippine Normal University Taft Ave., Manila Master of Education Major in SPED –Visually Impaired Stream 1998-2013
College:	University of Saint Anthony, Bachelor of Science in Commerce Major in Accounting 1981-1985
	University of Saint Anthony Bachelor of Science Secondary Education 72 units 1987-1994
Secondary Education	Sergio Osmeña Sr. High School Araneta St.cor. San Francisco St. Quezon City 1978-1981
Elementary Education	Apolonio Samson Elementary School, Kaingin Road, Quezon City 1972-1978

III. PROFESSIONAL EXPERIENCE:

Elementary School Teacher for Grade I
Commonwealth Elementary School 1998-2001

Special Education Teacher
Commonwealth Elementary School 2001-to present

SPED Chairperson
Commonwealth Elementary School
SPED Center 2006-2008

SPED District Coordinator
District VI CD II, Quezon City 2011-Present

IV. TRAININGS AND SEMINARS:

Short Term Training Program for
Teachers of Visually Impaired
Philippine Normal University April to May, 1998-2000

Educating Children with Vision Impairment
and Multiple Disabilities
Resources for the Blind Preschool September, 2000

Basic, Intermediate, and Advance
Sign Language
Link Center for the Deaf 2003-2004

Computer Internet Course
Adaptive Technology for Visually
Impaired October, 2005

Transition Program Seminar Training
Marikina Hotel, Marikina City September 2008

8th National Teachers Congress on
Visual Impairment
APO View Hotel December, 2008

Training on Duxberry Application
Resources for the Blind October 2012

Seminar Training-Writeshop on Modified
Instructional Materials in Enhancing
the Special Children Capabilities for the
Transition-Technical Program
Through K-12 (Phase I) April, 2013

Seminar Training-Writeshop on Modified
Instructional Materials in Enhancing
the Special Children Capabilities for the
Transition-Technical Program
Through K-12 (Phase II) October 5-19, 2013

V. ELIGIBILITIES:

Career Service Professional
October 1995
Remarks: Passed
Score: 78.75%

Philippine Board Examination for Teacher (PBET
October 1996
Remarks: Passed
Score: 82%

VI. COMMUNITY OUTREACH INVOLVEMENT:

Quezon City Federation of Persons with Disability Cooperative
Officer/Board Member

Quezon City Persons with Disability Affairs Office
Volunteer Member

Livelihood/Employment Committee

Conduct Free Seminar Trainings on Special Education at Libon Albay Every summer (2010-2013)

Volunteer Teacher at NAFECOT Computer School

VII. PROFESSIONAL ORGANIZATION/AFFILIATION:

Quezon City Special Education Educators Association
Representative/Member

Commonwealth Elementary School Teachers Club
Association