

Health and Wellness of Persons with Disabilities

Situational Analysis

I. Introduction:

According to the Convention on the Rights of Persons with Disabilities (CRPD), persons with disabilities (PWD) include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Under the International Classification of Functioning, Disability and Health (ICF) **Disability is an umbrella term for impairments, activity limitations and participation restrictions.** It is also the interaction between individuals with a health condition (e.g. Cerebral palsy, Down syndrome and depression) and the personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings and limited social support). Disability can occur at three levels namely:

- a. An impairment in body function or structure;
- b. A limitation in activity, such as the inability to read or move around;
- c. A restriction in participation, such as exclusion from school or work.

Although not included under the National Objectives for Health (NOH), MDG targets, the Health and Wellness Program for PWDs has been designed to achieve the vision of a country where all persons with disabilities, including children and their families have full access to inclusive health and rehabilitation services. Its mission is to promote the highest attainable standards of health and wellness for PWDs by fostering a multi-sectoral approach towards a disability inclusive health agenda.

According to WHO 10% of the population are persons with disabilities. The World Disability Report in 2011 states that around 1 billion of the world's population has some form of disability, or about 1 in 7 people have some form of disability. Although PWDs have the same health care needs like other people, they are twice more likely to find inadequate health care providers who have the skills to address and respond to their needs and inadequate health care facilities, thrice more likely to be denied health and four times more likely to be treated badly in the health care system. This is a global data, and may apply to any country, but we hope to avert this situation in our health care delivery system. Thus, the DOH is strengthening our Health and Wellness Program for PWDs.

Republic Act No. 9442, an amendment to RA7277 states “An act providing for the Rehabilitation and Self-Reliance of Disabled Persons and Their Integration to the Mainstream of Society and Other Purposes granting Additional Privileges and Incentives and Prohibitions on Verbal, Non-Verbal Ridicule and Vilification Against Persons with Disability.” The RA required the Department of Health to institute a national health program for PWDs, establish medical rehabilitation centers in provincial hospitals and adopt an integrated and comprehensive approach to the Health Development of PWD which shall make essential health services available to them at affordable cost.

Also, Rule IV Section 4 of the implementing rules and regulations required the DOH to address the health concerns of the seven (7) different categories of disability namely:

1. Psychosocial and behavioral disabilities
2. Chronic Illness with disabilities
3. Learning (cognitive or intellectual) disabilities
4. Mental disabilities
5. Visual/seeing disabilities
6. Orthopedic/moving disabilities
7. Communication deficits

In response to this (RA 9442), DOH Administrative Order 2006-003, “Strategic Framework and Operational Guidelines for the Implementation of Health Programs for Persons with Disabilities” was formulated and amended by AO 2015-0004, “Revised Policy on Strengthening the Health and Wellness Program for Persons with Disabilities.”

Under this Administrative Order, the health and wellness program for persons with disabilities shall consider the following in the development of supportive policies and guidelines:

- A. Vision:** A country where all persons with disability, including children and their families, have full access to inclusive health and rehabilitation services
- B. Mission:** A program designed to promote the highest attainable standards of health and wellness for PWDs by fostering a multi-sectoral approach towards a disability inclusive health agenda.
- C. Objectives:**
 - a. To address Barriers and improve access and reasonable accommodation of PWDs to health care services and programs.
 - b. To ensure accessibility, availability, appropriateness and affordability of habilitation and rehabilitation services for PWDs, including children and disabilities.
 - c. To ensure the development and implementation of policies and guidelines, health service packages, including financing and provider payment schemes for health services of PWDs.
 - d. To enhance capacity of health providers and stakeholders in improving health status of PWDs.
 - e. To strengthen collaboration and synergy with and among stakeholders and sectors of society to improve response to disability inclusive health agenda through regular dialogues and interactions.
 - f. To provide mechanism in facilitating the collection, analysis and dissemination of reliable, timely and complete data and researches on health-related issues of PWDs in order to develop and implement evidence-based policies and interventions.
- D. Action Framework:** The Action Framework for the Health and Wellness Program of Persons with Disabilities was adopted from the three major objectives of the WHO Global Disability Action Plan 2014-2021:
 - a. Removal of barriers and improve access to health services and programs;
 - b. Strengthening and expansion of rehabilitation, habilitation, assistive technology and community based rehabilitation
 - c. Strengthening collection of relevant and internationally comparable disability data and support disability researches.

II. Data Gathering:

Table 1 below shows that out of the total PWD in 2010, males accounted for 50.9 percent while females comprised 49.1 percent. These figures resulted in a sex ratio of 104 males with disability for every 100 females with disability.

Table 1. Household Population with Disability by Broad Age Group and Sex: Philippines, 2010
(Source NSO, 2010 Census)

Age Group	Total (in 1,000)	Male	Female	Sex Ratio
All ages	1,443.00	734	709	104
0-14	272	149	123	121
15-49	578	312	266	117
50-64	272	141	133	106
65 and >	319	132	187	70

Table 2 shows that about 16 per thousand of the country's population had disability. Of the 92.1 million household population in the country, 1,443 thousand persons or 1.57 percent had disability, based on the 2010 Census of Population and Housing (2010 CPH). The recorded figure of persons with disability (PWD) in the 2000 CPH was 935,551 persons, which was 1.23 percent of the household population. Ten (10) regions had proportion of PWD higher than the national figure. These were Region VI (1.95 percent), Region IVB and Region V (both 1.85 percent each), Region VIII (1.75 percent), Region II (1.72 percent), Region I (1.64 percent), **CAR (1.63 percent)**, Region XI and Region VII (both 1.60 percent each), and CARAGA (1.58 percent).

Table 2. Household population and Persons with Disability by Region, Philippines, 2010
(Source NSO, 2010 Census)

Region	Household population (in 1000)	Household Population with Disability (in 1000)	Proportion of Persons with Disability to the Household Population (in percent)
Philippines	92,098	1,443	1.57
NCR	11,797	167	1.41
CAR	1,612	26	1.63
Region I	4,743	78	1.64
Region II	3,226	56	1.72
Region III	10,118	139	1.38
Region IV-A	12,583	193	1.53
Region IV-B	2,732	50	1.85
Region V	5,412	100	1.85
Region VI	7,090	138	1.95
Region VII	6,785	109	1.6
Region VIII	4,090	72	1.75
Region IX	3,398	46	1.35
Region X	4,285	67	1.56
Region XI	4,453	71	1.6
Region XII	4,103	59	1.43
ARMM	3,249	35	1.07
Region XIII	2,425	38	1.58

Status of PWDs in CAR

Table 3 which shows the status of PWDs in CAR is based on the master list (as of August 2014) of PWDs submitted by the different Municipal Social Welfare and Development Offices (MSWDO) in the region. The master list only recorded 14,200 PWDs in the region or 0.81% of the total population of CAR. Benguet reported the highest number of PWDs (3,469) and Apayao with the least number of PWDs (1,301), but Apayao has the greatest proportion of PWDs to the population at 1.08% and Baguio City has the lowest proportion at 0.48%. The masterlist shows that there are also more males with disabilities than females.

Table 3. Status of PWDs in CAR

Province	Male	Female	Total	Total Population	Proportion of PWDs to the Population (%)
Abra	1236	915	2151	245,748	0.87
Apayao	647	654	1301	119,642	1.08
Benguet	2009	1460	3469	438,725	0.79
Ifugao	1064	744	1808	204,602	0.88
Kalinga	1139	956	2095	214,066	0.97
Mountain Province	994	694	1688	159,980	1.05
Baguio City	969	719	1688	350,678	0.48
CAR	8058	6142	14200	1,733,442	0.81

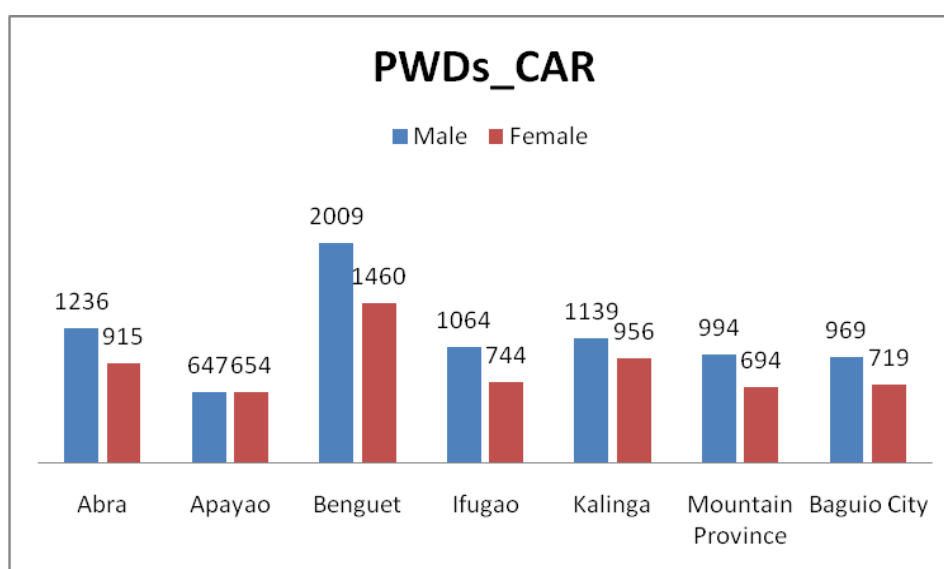


Figure 1. Status of PWD in CAR

Under the Cabinet Assistance System (CAS), the Regional Offices are required to submit quarterly the number of PWDs availing health services at the facilities. The aim of which is to see an increasing number because the program aims to have a better understanding of the health care needs of persons with disabilities and where we would like to focus our program interventions. Table 4 below shows number of persons with disabilities who availed services at the health facilities from year 2014 up to third quarter of 2015.

Table 4. Total Number of PWDs who availed services at the health facilities

Province	2014	2015	Remarks
1. Abra	650	153	2014 -3 rd and 4 th qtr report; 2015:1 st qtr report only
2. Apayao	0	0	No report
3. Benguet	813	3281	complete
4. Ifugao	0	0	No report
5. Kalinga	1842	0	2014:4 th qtr report only
6. Mountain	1630	0	2014 4 th Qtr report only
7. Baguio City	41	115	complete
TOTAL CAR	4976	5564	

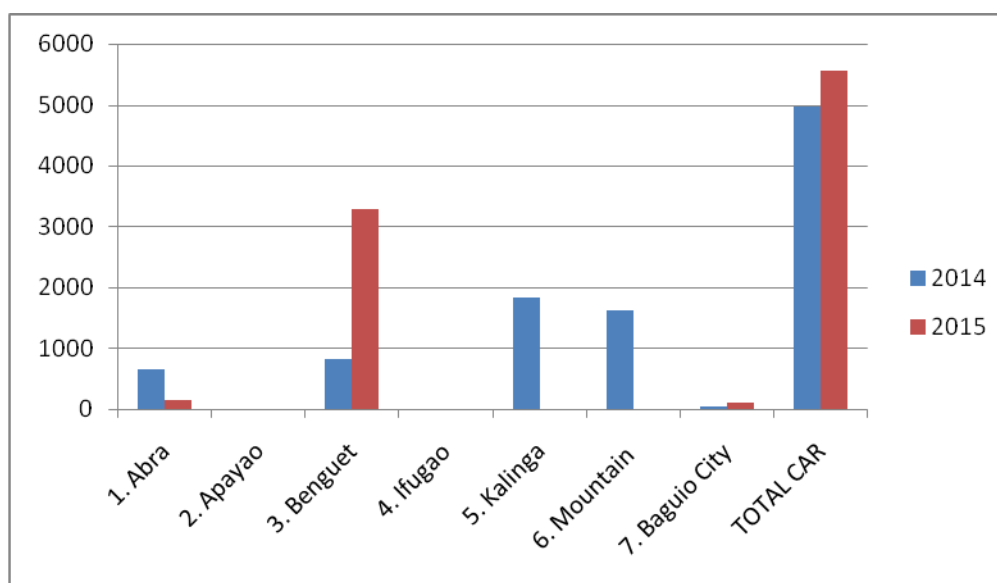


Figure 2. Total number of PWDs in CAR who availed health services at the health facilities (3rd-4th Quarters 2014; 1st-3rd quarters 2015)

III. Problem Analysis

The presence of both physical and attitudinal barriers causes the low number of PWDs to avail/access health services from the facilities. Health facilities are hard to reach due to geographical location and most of the health facilities are not PWD friendly. The absence of ramps, hand rails, wide entrances, and assistive devices are just some factors hindering access to health care. Aside from this, lack of rehabilitation centers and rehabilitation specialists in the region also is a concern. Also, based on the WHO data although PWDs have the same health care needs like other people, they are twice more likely to find inadequate health care providers who have the skills to address and respond to their needs and inadequate health care facilities, thrice more likely to be denied health and four times more likely to be

treated badly in the health care system. This may be due to the lack of awareness, knowledge and skills of health workers to respond to the different needs of PWDs based on their disability. Various trainings are needed per type of disability and the health worker's disability sensitivity needs to be revived and strengthened.

The availability of a comparable data on the number of PWDs registered online is also a concern for the program. The technical challenges on the implementation of the registry system by the Municipal Social Welfare Offices need to be addressed in order to have a more updated number of PWDs registered. Having an updated and complete data will help in the formulation/development of appropriate and responsive health programs.

IV. SWOT Analysis:

STRENGTHS	WEAKNESSES
<ol style="list-style-type: none"> 1. Presence of policies, laws that support the rights and privileges of PWDs 2. Online registry available for registration of PWDs 3. 1% of agency's budget for senior citizen and PWD 	<ol style="list-style-type: none"> 1. Not a priority program (not included in the MDG, NOH) 2. No updated definition of PWD (revision of the AO on PWD still not released by central office)
OPPORTUNITIES	THREATS (external)
<ol style="list-style-type: none"> 1. Multi-sectoral approach for co-ownership and co-creation to address issue on disability inclusiveness. 2. Presence of Disabled People's Organizations, NGOs focused on PWDs willing to partner with DOH 4. Presence of MHOs, PHNs, and BHWs in the municipality 	<ol style="list-style-type: none"> 1. Poor compliance to and implementation of the policies and laws on rights and privileges of PWDs. 2. Limited number of rehabilitation facilities and specialists. 3. Technical and adaptive problems on the institutionalization of the Phil. Registry System for PWDs. 4. Poor accessibility in terms of distance, physical structures and assistive devices 5. Limited training to address per type of disability. 6. Attitudinal barriers like poor seeking health behaviors, stigmatization, unresponsive health workers

V. Segmentation Techniques:

What have been done based on the Action Framework: (No national targets were given under the KP roadmap, MDG target and NOH)

Framework	Strategy	Issues/Concerns	What Have Been Done/Status
1. Removal of Barriers and improve access to	Pursue the implementation and monitoring	Non compliant facilities to the Magna Carta Law	On-site visits/monitoring were done to various

<p>health services and programs.</p>	<p>of laws and policies for PWD such as accessibility law, 20% discount on health services, priority lane</p>	<p>(accessibility law); Some RHUS are not aware of the RA 9442</p>	<p>municipalities (4 RHUs/Qtr); Program coordinator has reproduced the Manual on the Guidelines Issued by the Concerned Departments in the Implementation of RA 9442; copies were already distributed to all municipalities. PWD priority signages were procured; to be given to RHUs once delivered. DOH as the chair of the celebration of the National Disability Prevention and Rehabilitation Week conducted Health Fair for 300 PWDs from priority municipalities of Benguet identified by DSWD and from Baguio City</p>
<p>2. Strengthening and expansion of rehabilitation, habilitation, assistive technology and community based rehabilitation</p>	<p>Ensure that health facilities and services are equitable, available, accessible, acceptable and affordable to PWD through the development and implementation of essential health package that is suitable to their special needs and enrolment of into the National Health Insurance Program</p>	<p>No data available on the number of PWDs availing/given health services</p>	<p>Logbooks were provided for all RHUs to track all PWD patients availing and given health services, to track if PWDS are availing services and given or referred for rehab and habilitation purposes. Quarterly submission of reports was required. Goal is to see increasing numbers PWDs availing health services for better understanding of the health care needs of persons with disabilities and where we would like to</p>

			focus our program interventions
	Initiate and strengthen collaboration and partnership among stakeholders to improve the facilities devoted to the management and rehabilitation of PWD and upgrade the capabilities of health professional and frontline workers to cater to their special needs.		<p>Mapping out of health facilities which offer rehabilitation services for referral purposes.</p> <p>Collaboration with Luke Foundation, NLAB(for those with visual impairments and NMS Cares for those with hearing impairments)</p> <p>Letter to the Regional director of DSWD was sent to follow-up status of the implementation of the PRPWD.</p> <p>Coordinated with IT section to include monitoring PRPWD during their on sites visits.</p>
3. Strengthening collection of relevant and internationally comparable disability data and support disability researches	Continue and fast track the on line registration of PWD in order to generate data for accurate planning and implementation of programs.	<p>No updated masterlist of PWD available at the regional office</p> <p>Non Functional Phil. Registry for PWD at the municipalities. Misinformation on who will implement the PRPWD, if DOH or DSWD</p>	<p>Provincial masterlist of PWDs were collected for updating of records and data.</p> <p>Orientation Workshop on the Philippine Registry for PWD was conducted to orient all municipal social workers on the operationalization of the PRPWD</p> <p>Functions and roles were cleared, DOH developed the system but users will be MSWDO for on line registration and issuance of PWD IDs.</p>

			Trained Social workers were already given their user accounts so they can immediately start the online registration.
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VI. Prioritization Concern:

Planned Activities for 2016:

Activity	Priority Area	Remarks
Conduct of the Disability Sensitivity Training for Health Promotion Officers, Provincial and Regional PWD Coordinators to help increase awareness and knowledge health workers on disability rights and health needs of persons with disabilities and in the advocacy on promotion of the disability inclusive health services.	All provinces DOH Regional Office	To “awaken” the health workers sensitivity to the needs of PWDs
Conduct of the Peer Counseling and Independent Living for Person with Disabilities to support disabled persons’ independence, work for self-determination and promote equal opportunities and self respect to address issue on health seeking behaviors and stigmatization.	Baguio and Benguet	Regional President and Officers of the Federation of PWDs to be trained as trainers.
Continue monitoring and evaluation on: <ul style="list-style-type: none"> • Compliance to the Magna Carta especially on the accessibility law, 20% discount on health services and priority lane as part of protocol. • Philippine Registry for PWD: To be able to get number of LGUs (MSWDO) with functional registry and provide technical assistance on issues and concerns regarding the system, for those without a functional registry and to assist them to secure a live user account so they can continually fast track registration and update data. Encourage all MSWDO to register all PWDs to get a real picture/data on the number and types of disabilities present in CAR. • Data Management: to sustain and 	All provinces	All MSWDO of all provinces not yet fully implementing the Philippine Registry system for PWD
	All provinces	Only Benguet and

ensure timely and complete submission of quarterly reports on PWDs availing and given health services and the annual master list of PWDs.	except Benguet and Baguio	Baguio city regularly submits complete quarterly reports
Continue partnership with NGOs who provide habilitation and rehabilitation services to PWDS		
Procurement of some assistive devices like eyeglasses	On a need-basis	Patients to be identified needing the assistive device.

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