The Philippines’ Experience:

ROLE OF DISABLED PEOPLE’S ORGANIZATIONS
IN COMMUNITY-BASED REHABILITATION

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Introduction

Community-based rehabilitation has been the more popular and the more preferred approach promoted by both government and NGOs 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 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).

DPOs play 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 a DPO, 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.

**DPO 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 DPOs 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; NGOs; medical professionals and the private sector; among others.

As a disability NGO 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, we 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 DPO, we have been particularly tasked to help in resource mobilization both locally and from abroad in support of CBR programmes, act as disability rights advocates, and in many instances, we have been tapped by government to provide our inputs on the inclusion of the disability dimension in the development of national poverty reduction strategies. We have our 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.

We 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.#

*Presentation for the International Consultation on Reviewing CBR, Helsinki, Finland, 25-28 May 2003.*)