

Needs Assessment Report on Wheelchair Service Provision in the Philippines

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We would like to first thank the International Society of Wheelchair Professionals and the USAID for supporting the efforts of organizations such as PSWP from developing countries who have been looking into the needs of persons with disabilities in the Philippines. Going through this journey and seeing how each challenge is related to each other can be overwhelming. However, it is timely that opportunities have presented itself throughout the past years that there are now glimpses of hope and champions within the Philippines who are willing to work towards a more disability inclusive and supportive environment are increasing.

We would also like to thank our affiliate adviser, Dr. Rosie Gowran, who was always encouraging and inspiring us to take these leaps of faith despite the temptation to drop and be stuck at where the advocacy is. The personal commitment to urge fellow wheelchair service provision advocates has been sincerely felt and has prodded us to take on further steps to continue this challenging path.

Wheelchair users and their families will always be at the heart of a wheelchair service program. Seeing persons with disabilities who have that potential to be more productive Filipino Citizens but do not have the supportive tools and environment for them to be the best of who they can be will always foster the spirit to transcend the current limitations imposed by society and seek help and assistance to ensure that people such as persons with disabilities will be equipped to face a better tomorrow.

List of Acronyms

CBM	Christoffel Blinden Mission
CBR	Community-based Rehabilitation
DepEd	Department of Education
DLSU	DeLa Salle University
DOH	Department of Health
DOLE	Department of Labor and Employment
DPO	Disabled People's Organizations
DSWD	Department of Social Work and Development
DTI	Department of Trade and Industry
GAA	General Appropriations Act
HI	Handicap International
LDSC	Latter Day Saints Charities
LGU	Local Government Unit
MSH	Management Services for Health
NASWI	National Association of Social Work, Inc.
NCDA	National Council for Disability Affairs
NGA	National Government Agency
NGO	Non-Government Organization
NHTS	National Household Targeting System for Poverty Reduction
NSO	National Statistics Office
Philhealth	Philippine Health Insurance
PAOT	Philippine Academy of Occupational Therapists, Inc.
PARM	Philippine Academy of Rehabilitation Medicine
PCSO	Philippine Charity Sweepstakes Office
PDAO	Persons with Disability Affairs Office
PIDS	Philippine Institute of Development Studies
PPTA	Philippine Physical Therapists Association, Inc.
PSA	Philippine Statistics Authority
PSPO	Philippine Society of Prosthetics and Orthotics
PSWP	Philippine Society of Wheelchair Professionals, Inc.
SCI	Spinal Cord Injury
TWH	Tahanan Walang Hagdanan, Inc.
USAID	United States Agency for International Development
UN	United Nations
WB	World Bank
WHO	World Health Organization

Executive Summary

The Philippine Society of Wheelchair Professionals (PSWP) undertook the conduct of a Needs Assessment in preparation of a Strategic Plan for Wheelchair Service Provision.

With funding support from the International Society of Wheelchair Professionals (ISWP), the initiative aimed at the following results:

- 1) Baseline information on the country's wheelchair sector;
- 2) Identified gaps in wheelchair service delivery in the Philippines; and
- 3) Strategic priorities for Wheelchair Service Provision in the Philippines.

The current situation and stakeholders point to several issues and gaps in the wheelchair sector and service provision in the Philippines particularly in terms of (1) Policy and Program, (2) Service Delivery, (3) Available Products, and (4) Relevant Training/s. These gaps were identified as bases of the priorities set in the development of a comprehensive strategic plan for wheelchair service provision.

Data gathering for this needs assessment proceeded through: (1) desk review of government policies and programs; (2) interviews done face-to-face, and through telephone and online correspondence; (3) online and paper-based survey on four key areas in wheelchair service provision (a) Policies and Programs, (b) Service Delivery, including Personnel, (c) Products, and (d) Funding Sources; (4) stakeholders' meetings; and, (5) wheelchair service provision site visits, particularly in government hospitals, non-government organizations, university-based clinics.

Generally, there is a limited policy framework specified for wheelchair services. National and local level policies, programs, structure recognize the right to access products and services related to rehabilitation and address the special needs and welfare of PWDs including those with mobility disabilities. Executive and legislative positions at the national, provincial, municipal, city, and barangay levels have particular power and mandates that relate to the PWDs and their welfare. Despite this policy framework and structure, however, there are Policy and Program gaps such as lack of information and awareness, limited standards on wheelchair services, prioritization issues, and concerns on support mechanisms in terms of policy, structural, and funding.

Wheelchair service provision was initially introduced in the Philippines by the Latter Day Saints Charities Foundation (LDSC) in 2010 and has been sustained until the present in coordination with partner governmental and non-government organizations. These services were provided to the main stakeholders in the wheelchair sector: the persons with disabilities (PWDs) particularly people with mobility impairments and their families who are at the center of developing and implementing service provision. Relevant stakeholders and service providers in the wheelchair sector include: (1) government sources/organizations; (2) non-governmental organizations; (3) international funding organization; (4) educational institutions and professional organizations; (5) private wheelchair manufacturers and suppliers; (6) disabled people's organizations (DPOs) and wheelchair users.

Majority of wheelchairs and wheelchair products are imported as there are only two local manufacturers that produce basic wheelchairs. There are three models of wheelchair service delivery, primarily through distribution method (1) welfare system through the government social welfare department or NGOs, (2) center-based with or without trained rehabilitation personnel and (3) community-based which involves LDS in

partnership with local organizations. A key component of service delivery is the team of relevant wheelchair provision professionals. While there is no formal and specific wheelchair service provision structure that exists in the Philippine health or welfare system, teams including a Physiatrist, Medical Doctor, Rehabilitation Personnel, Community-based Rehabilitation Worker, Wheelchair Technician, Social Worker, Peer Group Trainer work together. However, most of these professionals, while having relevant skills, do not possess specialized knowledge and skills related to wheelchair provision. Identified gaps in Service Delivery were in the areas of limited service providers/services, lack of information, and limited specialized capacity and service structure.

With the three known wheelchair manufacturers in the country, only two are active while other sources are privately owned companies that sell imported brand new and pre-owned wheelchairs. Gaps identified in the area of Products and Corresponding Sources were limited awareness on appropriate wheelchair services, limited access to appropriate products, limited number of products available, and limitations in the industry, such as in products and spare parts and in public-private partnerships to explore development of wheelchairs and related products and limited technical and financial support to further develop wheelchairs and related products.

There is also limited standard wheelchair service training and general topics related to wheelchairs have not been integrated into the educational curriculum. Only a few schools have faculty members who have relevant trainings and had started to integrate aspects of the wheelchair training into their curriculum. Under this area, the following were raised as gaps: limited knowledge on PWD rights; and limited training opportunities.

Stakeholder meetings, which were attended by 117 participants, identified short-term (within 6 months), medium-term (6 months to 2 years) and long-term (more than 2 years) priorities for the development of the PSWP Strategic Plan for Wheelchair Service Provision in the Philippines. These priorities in the areas of **Capacity Development, Advocacy and Awareness Raising, Policy and Program Development, and Resource Generation** will form bases of the PSWP Strategic Plan which is believed to fully realize the enabling needs of people with mobility disabilities. This will further pave opportunities for persons with mobility disabilities to fully participate in the community by involving multi-sectoral representation in wheelchair service provision and distribution of similar or related assistive devices.

I. Introduction

A. Background to the Needs Assessment

The World Health Organisation (WHO) and the World Bank (WB) estimate that 15% of the world's population has a disability, 2.2% of which have very significant functioning difficulties. The major causes of disabilities, which include old age and non-communicable diseases, such as diabetes, cardio-vascular diseases and cancer, are all increasing while road traffic accidents and psychosocial disorders contribute significantly to increasing disability. The World Report on Disability estimated that about 1% of world population is in need of a wheelchair, as cited in Accelovate (2015).

While figures related to disability in the Philippines have not been established, the WHO estimate is usually utilized to estimate vis-à-vis the country's population which has reached its 100 million mark and is steadily increasing (PSA, 2015). By 2025, it is expected to be more or less 120 million (NSO, 2014). Based on global estimates, it can be extrapolated that 1.2 million Filipinos will need a wheelchair in less than a decade. However, the question still remains whether the infrastructure is in place to support access to products and services to address this need.

Wheelchair provision addresses one of the many rights enshrined in the United Nations (UN) Convention on the Rights of Persons with Disabilities (PWDs). As one of the most commonly used assistive devices for persons with impairment in personal mobility, the wheelchair enhances this ability to move in the manner and at the time of one's own choice. (UN, 2008).

In this regard, the preparation of a Strategic Plan for Wheelchair Service Provision in the Philippines was proposed. As such, a needs assessment study was conducted and aimed at the following results:

- 1) *Baseline information on the country's wheelchair sector in terms of:*
 - a. Relevant Stakeholders
 - b. Policy and Program
 - c. Service Delivery
 - d. Available Products and corresponding sources
 - e. Relevant Training/s
- 2) *Identified gaps in wheelchair service delivery in the Philippines in the areas of:*
 - a. Policy and Program
 - b. Service Delivery
 - c. Available Products
 - d. Relevant Training/s
- 3) *Strategic priorities for Wheelchair Service Provision in the Philippines.*

As such, this particular report presents the current situation, gaps and strategic priorities of wheelchair service provision in the country and is divided into four parts: introduction, methodology, key findings and conclusions. In the interest of brevity, the annex section of the report contains the contact details of relevant stakeholders discussed in the main body.

B. Country Profile

1.1. Geography. The Republic of the Philippines is a tropical archipelago in Southeast Asia, bordered by the sea on all sides. It is comprised of 7,641 islands and divided into three main geographical areas: Luzon (northern), Visayas Island Group (central) and Mindanao (southern). The country has multi-terrain with a mixture of mountains, volcanoes, plains, islands and cities of varying urban development. Located in the Pacific Ring of Fire, the country is frequently visited by various natural disasters such as typhoon and earthquakes. The country experiences at least 20 typhoons yearly and has daily earthquakes but most of which are not felt by the general population. As such, disaster risks associated with these hazards put Filipinos at regular risk for acquired property and continual change of environment.

1.2. Political Governance. The Philippines is a democratic state with multiple branches and tiers of government. The national government is focused on formulating national policies to be implemented at the local level. Each local level is headed by an elected local chief executive whose power ranges from initiating the institution of local government policies so that plans, programs, projects and activities recommended by the national government are appropriated and prioritized at the provincial, city, municipality and barangay levels. Annex A shows the different administrative regions with its corresponding provinces, cities and municipalities.

In terms of wheelchair service provision, government funding for wheelchair distribution is at the city and provincial levels. Citizens would usually need to submit a request with or without a doctor's prescription either at the local chief executive office or to an office in charge of person with disability affairs and senior citizens (most likely the social welfare office). Approval of this request would be subject to availability of funds to procure the wheelchair by the government.

1.3. Population. Based on the mid-decade 2015 census by the Philippine Statistics Authority, the Philippine population was pegged at 100.9 million with a growth rate of 1.72 %. There are 337 persons per square kilometer with 62.4 percent of the population (57.3 million) between 15-64 years old. There are more than 20 million households in the country, with an average household size of four.

According to the 2010 census, majority of Filipinos still live in the rural areas (54.7%) compared to the urban (45.3%) areas.

The most populous areas are found in Region IV-A (CALABARZON) with 14.41 million residents, followed by the National Capital Region (NCR) with 12.88 million and Region III (Central Luzon) with 11.22 Million.

1.4. Culture and beliefs. Present Filipino culture is a conglomeration of local and foreign cultures. Traces of foreign culture are embedded in the Philippines culture, language, beliefs and practices due to Spanish, American and Japanese colonialization and migration of nearby Asian neighbors. The Philippines is officially a secular state but majority of Filipinos have a Christian faith as attributed to the Spanish and American Colonialization. Because of this faith, most Filipinos are ingrained to take on serving and sacrificing for others. This is evident in the line of work as numerous Filipinos take on a service type of profession or work.

Filipinos are also like their Asian neighbors who highly value family ties and many choose to work outside the country in order to bring in money to the support the family to provide various needs including wheelchairs.

1.5 Health System. The main executive agency that pertains to health is the Department of Health (DOH) which is tasked to ensure that all Filipinos would have access to quality basic public health services and regulation of health services and products. The Secretary of Health manages the various retained government hospitals, bureaus, offices and services under the department (See Annex B).

For the past decade, Philippine health programs target mostly infectious diseases such as Tuberculosis and HIV AIDS. Unfortunately, there are no national health statistics on the common causes of disability. One can only infer that disabilities can be part of the sequelae of those living with prevalent non-communicable conditions in the Philippines which are cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.

Health services can be accessed through public health system or through private health facilities. With devolved funding for public services and limited national funding, current public health facilities are lacking at all levels of health care. Construction and development of the physical infrastructure of health facilities and hiring of health personnel at the community level is dependent on the priority of the local chief executive. At the community level, there are only 18,366 primary health care facilities in the country serving 42,029 *barangays*.

Health care is more available with the private sector as there are only 730 public hospitals versus 1,082 private hospitals (PSA, 2010). Only 70 of the government tertiary hospitals are funded by the DOH National budget, the rest of the public hospitals are funded by local governments or have partnerships with the private sector to sustain health services.

II. Methodology

Data gathering for this needs assessment proceeded through (1) desk review of government policies and programs, (2) interviews done face-to-face, and through telephone and online correspondence, (3) online and paper-based survey, (4) stakeholders' meetings, and (5) probable wheelchair service provision site visits, particularly in government hospitals, non-government organizations, university-based clinics.

The researchers searched online and reviewed documents that contained relevant national government policies and programs concerning disability and wheelchair service delivery in the public health and social systems, among others (See Key Findings Section A.1).

Open-ended questions were used during interviews and focused on four key areas in wheelchair service provision: **(1) Policies and Programs**, **(2) Service Delivery**, including Personnel training, **(3) Products**, and **(4) Funding Sources**. The questions aimed to gather information from and perspective of various stakeholders on existing gaps in wheelchair service provision.

Online correspondence with service providers were also constantly done to get updates on how wheelchair services were made available and done.

Due to the geographic make-up of the Philippines, stakeholders' meetings were conducted in cities with the biggest population per major island group: City of Manila in Luzon; Cebu City in Visayas; and, Davao City in Mindanao. The meetings were also maximized to conduct additional interviews and paper-based survey forms.

Each stakeholder meeting had at least 30 participant representing the following stakeholders: wheelchair users and their families, rehabilitation professionals with or without wheelchair provision training, key government agencies or local government offices (usually social work and health), wheelchair importers and manufacturers, non-government organizations specifically catering to persons with disabilities or who have a programs for PWDs, rehabilitation service providers and academic institutions teaching physical therapy, occupational therapy and prosthetics-orthotics (See Annex C for Stakeholder Meeting Participants).

The stakeholder meetings lasted for a maximum of 6 hours (See Annex D for Sample Stakeholder Meeting Agenda). During the meetings, the stakeholders were initially oriented on wheelchair service provision and how PSWP was formed to act as a committee to push for the realization of such services in the country. Participating stakeholders were then given time to share among themselves through the Wheelchair Café Activity, the current situation of wheelchair provision in their areas. After they have learned about the overall situation in their area/region across the country, the participants were asked through the Stoplight Activity on what would be the strategic priorities in the immediate/short-term (6 months), medium-term (12 months) and long-term (24 months) for wheelchair service provision and advocacy in the Philippines.

III. Key Findings

The next section highlights the combined results of the desk review, interviews, survey responses and stakeholder meetings and presents the following subsections: Situation of Wheelchair Sector in the Philippines and Strategic Priorities for Wheelchair Service Provision in the Philippines.

A. SITUATION OF WHEELCHAIR SECTOR IN THE PHILIPPINES

1.0. Policy and Program

Generally, there are limited policies specified for wheelchair services. However, there are state level policies that recognize the right to access products and services related to rehabilitation.

1.1. National Policies Supporting Wheelchair Service Provision

1.1.1. The 1987 Philippine Constitution. The State recognizes its role in protecting and promoting the right to health of its people (Article 2 Section 15) and recognizes its responsibilities (Article 13 Section 11) towards priority for the needs of the under-privileged, sick, elderly, disabled, women and children. In recognition of the unique needs of PWDs Article 13, Section 13 mandates the establishment of a special agency for persons with disabilities for their rehabilitation, self-development and self-reliance, and their integration into the mainstream of society. This agency is known today as the National Council on Disability Affairs (NCDA).¹

1.1.2. The Local Government Code (LGC) – Republic Act 7160. A primary enabling act, the 1991 Local Government Code (LGC), represented a major step forward in decentralizing and devolving government responsibilities to the local government units (LGUs). Majority of the frontline services including services for PWDs were relegated to the LGUs.

What seemed like a comprehensive program for PWDs at the national/policy level, cross-cutting through different agencies, would now become the

National Policies Supporting Wheelchair Service Provision in the Philippines

- The 1987 Philippine Constitution
- RA 7160: The Local Government Code
- RA 7277: Magna Carta for Disabled Persons
- RA 9442: Amendments to Magna Carta for Disabled Persons
- RA 10070: PDAO Law
- EO 437: Encouraging Implementation of CBR

¹ The Executive Order 709 which renamed the National Council for the Welfare of the Disabled Persons (NCWDP) to what is now known as NCDA, also encouraged local government units (LGU) to create local committees on disability affairs and designate a coordinator for PWD programs and services. Executive Order 676 of 2007 transferred the agency directly under the office of the President. Previously the agency was under DSWD.

responsibility of one person at the local government level, the Social Welfare and Development Officer (Sec 483). The City Health Officer, who is a licensed medical practitioner, is not mandated to look into disability issues, but solely on public health issues (Sec 478) and would look and treat disability as merely a health issue.

1.1.3. Magna Carta for Disabled Persons - Republic Act 7277. Signed into law in 1992, this provides for the rehabilitation, self-development and self-reliance of disabled persons and their integration into mainstream society. Outlined in the Magna Carta are the rights and privileges of a PWD in terms of Employment, Education, Health, Auxiliary Social Services, Telecommunications, Accessibility, Political and Civil Rights. Relevant to the provision of assistive devices are Chapters 3 (Health), 4 (Auxiliary Social Services) and 6 (Accessibility).

The Department of Health (DOH) is mandated to institute a National Health Program in coordination with NCDA for the (a) prevention of disability, (b) recognition and early diagnosis of disability and (c) early rehabilitation of the disabled (Sec. 18). The law also directs the DOH to establish medical rehabilitation centers in government provincial hospitals and to formulate and implement a program to enable marginalized disabled persons to avail of free rehabilitation services in government hospitals (Sec 19). Part of promoting rehabilitation (Sec 20), the department shall train its field personnel in the provision of medical attention to PWDs, ensuring that its field health units have the necessary capabilities to fit prosthetic and orthotic appliances.

In Section 21, the Magna Carta identified the Department of Social Welfare and Development (DSWD) to develop and implement auxiliary social services for PWDs including assistance in the acquisition of prosthetic devices and medical intervention of specialty services, and provision of after care and follow-up services for the continued rehabilitation in a community-based setting of PWDs.

1.1.4. Amendments to the Magna Carta - Republic Act 9442. After 15 years of implementation, the Magna Carta for Disabled Persons was amended in 2007 to include provisions on incentives and privileges and prohibitions on verbal, non-verbal ridicule and vilification. Too, the amendments included a provision that in order to avail the 20% discount privilege PWDs will have to show their PWD IDs. In 2017, a review of the IRR in availing medical and health services discounts and privileges was initiated by DOH and was released by the end of March 2017. Included in this IRR are guidelines in availing rehabilitation services and discounts when purchasing wheelchairs.

1.1.5. Republic Act 10070. In addition to these amendments, this law, enacted in 2010, attempts to ensure a mechanism for implementation at the local government level of programs and services for PWDs. As such it mandates local government units (LGUs) to establish a specific office, Persons with Disability Affairs Office (PDAO) in every province, city and municipality.

According to Carmen Zubiaga of NCDA, there are currently only 64 PDA Offices throughout the country. Of the 81 provinces, 114 cities, 1,496 municipalities throughout the country, the 64 PDA Offices represents a mere 3.7% of the LGUs implementing RA 10070. Not all of the 64 offices are under the LGU. However, during the wheelchair

stakeholders conference in March 2014, the majority suggests that in reality, there is even less than 3.7% of LGUs that had created the PDAOs nationwide.

1.1.6. Executive Order 437 Community Based Rehabilitation (CBR) Programs for PWDs.

The State recognizes the need for an effective approach in providing comprehensive rehabilitation services, promoting rights and empowerment of PWDs at the community level. This is reflected in the 2005 executive order as it encourages all LGUs to adopt the CBR Program in delivering services to their constituents with disabilities and to allocate funds to support the program (Sec. 2.a.). Ideally, the implementation of the CBR program in accordance with the policies and implementing guidelines set by NCDA is under the local executive.

1.2. National Government Agencies and their Role in Supporting Wheelchair Service Provision

The different policies identified corresponding government agencies responsible for the disability sector programs in the country. At the national level, all government agencies, ideally, should have programs for PWDs with the National Council for Disability Affairs (NCDA) in charge of coordination among the various government agencies. While at the level of the LGUs, the key person tasked with implementing and driving disability related programs is the Social Welfare and Development Officer.

1.2.1. National Council on Disability Affairs (NCDA)². The NCDA is the national government agency mandated to formulate policies and coordinate the activities of all agencies, whether public or private, concerning PWDs issues. It is the lead agency tasked to steer the course of program development for PWDs and the delivery of services to the sector. Carmen Zubiaga emphasized that NCDA, however, is only a coordinating body and not an implementing agency. It is not vested with the necessary powers and budget allocations to implement programs on disability.

1.2.2. Department of Social Welfare and Development (DSWD). Executive Order 123 of 1987 mandates DSWD to care, protect and rehabilitate the physically and mentally handicapped and the socially disabled constituents, for effective social functions (Sec 4. a). It gave the department the power to coordinate all activities pertaining to the implementation of programs and services for the disabled, the aging and other socially disadvantaged (Sec 5. p). DSWD has ideally various bureaus and divisions that have programs relevant to wheelchair service provision (See Annex E) but Section 13.c identified the Bureau of Disabled Persons Welfare of the DSWD as the specialized area responsible for disability prevention and rehabilitation of the physically, mentally and socially disabled persons. The other bureau and attached agencies that are also relevant to wheelchair service provision need to be engaged more to be oriented on the need for appropriate wheelchairs with accompanying services so that there would be a more solid directive to institutionalize appropriate wheelchair services.

² NCDA's board is composed of department heads of DSWD, DOH, DOLE, DepEd, DILG, DTI, DPWH, DTC, DFA, DOJ, PIA & TESDA. It also includes two representatives from NGOs with national network on PWDs, two PWDs representing legitimate PWD organizations, and two representatives from civic groups and cause-oriented organizations concerned with the welfare of PWDs all of whom are appointed by the President of the country upon the favorable recommendation of the Chairperson.

1.2.3. Department of Health (DOH). The disability program of DOH revolves around the implementation of Chapter 3 (Health) in the Magna Carta for People with Disabilities specifically to (a) institute a national health program for PWDs, (b) establish medical rehabilitation centers in provincial hospitals, and (c) adopt an integrated and comprehensive Health Development Program which shall make essential health services available to PWDs at an affordable cost.

With the frontline services of the DOH devolved to the local government units by virtue of the Local Government Code, the final implementation of its services for PWDs now rests with the LGUs.

Currently, the National Program for Persons with Disabilities is in line with the DOH thrust to promote wellness. Health policy directives are also influenced by current initiatives to provide PhilHealth Insurance packages for PWDs. One package involves providing access to wheelchairs and wheelchair services to those who qualify with mobility impairments. Other guidelines have also been reviewed on the implementation of a 20% discount to health services for PWDs.

1.2.4. Other Relevant National Agencies

Various government agencies have attached agencies or bureaus that are mandated to look into the needs of wheelchair users in various ways. Despite forming core teams and bureaus in various government agencies, champions are seldom seen pushing the wheelchair advocacy due to frequent changes in persons handling programs and priorities of each agency.

The **Department of Labour and Employment (DOLE)** has an attached agency, the Employees Compensation Commission(ECC), which provides access to procure wheelchairs and avail rehabilitation services needed by workers who develop-related injuries.

The **Department of Education (DepEd)** Bureau of Elementary Education Special Education Division has formed, in 2011, an Advisory Council for the Education of Children and Youth with Disabilities (AECYD). Ideally, the core group comprised of NGOs and development agencies should regularly meet up with the DepEd secretary to look into researches on inclusive and special education and advise the department on consensus priorities for action.

For medical device regulation, the DOH has a Bureau of Health Devices and Technology that works with the Bureau of Food and Drugs and the **Department of Trade and Industry (DTI)** to ensure that medical products follow global and ISO standards.

1.3. The Role of Local Government Units (LGUs) in wheelchair service provision.

With the devolved government functions and responsibilities to the local governments, majority of the front line services including services for PWDs were relegated to the LGUs

as mandated by the Local Government Code. The local chief executive therefore exercises broad powers, authority and functions relevant to provision development of disability programs including access to wheelchair services. For cities and municipalities, the **Mayor** has the authority over, among others, the (1) law enforcement including that of the Magna Carta, PDAOs and appropriations for PWDs, (2) delivery of basic services and provision of adequate facilities, (3) all programs, projects, services, and activities of the municipal government, (4) formulation and implementation of local plans, with the assistance of the **Local Development Council (LDC)** and the **Sangguniang Panlungsod /Sanggunian Bayan** (local legislative councils), and (5) appointment of the local social welfare and development officer.

The **Social Welfare and Development Officer** is primarily responsible for (1) facilitating the implementation of welfare programs for the disabled, elderly, (2) coordinating with government agencies and NGOs the promotion and protection of all needy, disadvantaged, underprivileged groups or individuals, (3) providing advice to the local chief executive and recommendations to the local *Sanggunian* on all matters related to social welfare and development services. Unfortunately, disability is just one among the fourteen sectors that said officer is in charge of.

At the provincial level, similar functions are carried out by the **governor** and the **Sangguniang Panlalawigan** and by the **Punong Barangay** or **barangay captain** and **Sagguniang Barangay** at the **barangay** (community) level.

2.0. Relevant Stakeholders

2.1. Persons With Disabilities (PWDs) and their Families In the Philippines

Filipinos view disability through various lenses, the traditional predominant mindset is that of a charity. While this may be considered a good system of direct support for persons with disabilities (PWDs), it defeats the more important principle of equal access to opportunities. However, as more PWDs are oriented on their rights, there is increasing clamor for realization of rights, for removal of barriers and for increased facilitators to enable participation.

The PWDs, particularly people with mobility impairments and their families are at the center of developing and implementing service provision. However, there is limited national data on Filipinos needing mobility devices (WHO, 2011). The current national registry being managed by the National Council of Disability Affairs (NCDA) and the Department of Health (DOH) is still unable to reflect the current total number of persons with disabilities per classification at the local government level. The common causes of mobility impairments in the country are generally grouped into pre-natal and post-natal factors. A study on specific causes, however, needs to be done.

The current national sources for estimating persons with disabilities are the (1) 2010 National Statistics Office (NSO) Census and (2) 2011 Department of Social Welfare and Development (DSWD) Household Disability Survey. The latest Census of Population (POPCEN 2015) did not include questions on disability, which PSA assured will be included in the 2020 Census of Population and Housing (2020 CPH), hence the reference to 2010 census figures.

The 2010 NSO survey included six items from the Washington group of questions indicating functional limitations. Those counted were individuals who were aged 5 years and over. Those with mobility issues are the second common functional difficulty among Filipinos (600,079 of the respondents) next to those who had difficulty seeing.

Meanwhile, the DSWD 2011 survey to identify families that will be included in the National Household Targeting System (NHTS) for Poverty Reduction, indicated disability-specific data on those potentially needing a wheelchair: 14% with orthopaedic impairment, 15% with multiple impairments, and 26% classified with other impairment. Among adults, majority of cases referred have stroke and spinal cord injury (SCI) while children with cerebral palsy comprise the bulk of pediatric referrals.

A comparison of regional population distribution of identified households with PWD and the total regional household population shows that (1) ARMM has the highest percentage (68%) of its household population has a member with a disability, (2) all the regions in Mindanao showed high percentage estimates ranging from 26% (Region XI) to 41% (Region IX), and (3) the least percentage estimate is in NCR (10%).

These estimates are way beyond the World Disability Report 15% global estimate of the population with some form of disability. The large variations in the results of the disability surveys done in the country may be attributed to the (1) problem in definition of disability, (2) problem with enumerator knowledge on disability, (3) stigma attached to disability, (4) problems in processing data, (5) absence of organization authorized to make decisions about various problems in the survey process, and (f) different understanding about registration, population census, surveillance study among disability-related government organizations. (Mori, 2009)

Providing access to services remains a challenge to Filipinos and having limited or no access to health services such as habilitation and rehabilitation in areas that are surrounded by human conflict and poverty predisposes individuals to acquiring disability. Behind these figures and estimates is the glaring fact that disability places "a set of extra demands or challenges on the family system; most of these demands last for a long time". These include "financial burden associated with getting health, education, and social services; buying or renting equipment and devices; making accommodations to the home; transportation; and medications and special food". (Murphy, 1982).

2.2. Service Providers and other Stakeholders

Wheelchair service provision was initially introduced in the Philippines by the Latter Day Saints Charities Foundation (LDSC) in 2010 through partner organizations comprised of governmental and non-government organizations. Until now, the LDSC has been committed to promoting appropriate wheelchair services throughout the country by providing basic and supportive wheelchair training to partner organizations and

hospitals. Through the trainings, more than 1000 Filipinos have been made aware of the concept of appropriate wheelchairs and have experienced conducting assessment and fitting of appropriate wheelchairs to recipients during these trainings. However, one should take note that most of the trainees were unable to sustain the practice of wheelchair service provision having no regular access to a wide variety of chairs and having no time to take on the practice of providing wheelchairs.

The De La Salle University (DLSU) Cavite was also given the opportunity by LDSC to undergo advanced wheelchair service training and has offered wheelchair training based on the LDSC and WHO curriculum, twice in 2013 and in 2014. Most of the trainees are health professionals coming from tertiary hospitals and academic institutions. However, most were also unable to practice regularly due to lack of referrals and access to the much needed appropriate wheelchairs for their clients.

Other initiatives to educate people about wheelchair service provision came from the United States Agency for International Development (USAID) funded Management Services for Health (MSH) which trained therapists and individuals belonging to strategic organizations such as the academe, wheelchair manufacturers and non-government organizations that cater to wheelchair users using the World Health Organization Wheelchair Service Training Packages.

In most parts of the country, people who need wheelchairs are identified by the following: doctors, therapists, barangay health workers, Persons with Disabilities (PWD) Affairs Office and parents' support groups. Reports from service providers revealed that clients needing wheelchairs would often need to travel an average of an hour to reach the service facility.

Wheelchair assessment and prescription is often performed by therapists, non-government organizations and service providers trained by LDSC since they have access to basic and intermediate wheelchairs. The background of these service providers are varied but most are healthcare professionals and social workers.

The stakeholders and service providers in the wheelchair sector include: (1) government sources/organizations; (2) non-governmental organizations; (3) international funding organization; (4) educational institutions and professional organizations; (5) private wheelchair manufacturers and suppliers; (6) disabled people's organizations (DPOs) and wheelchair users.

2.2.1. National and Local Government Sources / Governmental organizations

The General Appropriations Act (GAA) explicitly states that one percent (1%) of total yearly budget of all national government agencies (NGAs) and instrumentalities including Government Financial Institutions and Government owned and controlled corporations is allotted for disability-related programs and projects (Executive Order 417 of 2005). In reality, however, this 1% is shared with the Senior Citizens program which has a stronger voice in lobbying for budget allocation.

The Philippine Charity Sweepstakes Office³ (PCSO), which accepts requests for wheelchairs, provides medical assistance programs to Filipinos. This program can be accessed by submitting the required documentation.⁴ What this means is a series of visits to different agencies prior to approaching the PCSO. This process may take at least one month or more and is highly dependent on the initiative of the individual to move their case forward and is also dependent on the (1) availability of a social worker, (2) knowledge of suppliers in the area, and (3) relationship established by suppliers with PCSO.

The Philippine Health Insurance (PhilHealth) and the United Nations Children's Fund (UNICEF) have formulated PhilHealth insurance packages for children with disabilities. The PhilHealth is the National Health Insurance Program, similar to a social insurance program for all Filipinos. For more than 2 years of lobbying⁵, PhilHealth has launched its expanded Z-MORPH Packages in February 2017. MORPH stands for Mobility Orthotics Rehabilitative Prosthetic Help Package. The expanded Z-MORPH packages are expected to include provision of basic and intermediate wheelchair services offered by interested accredited hospitals and to cover for the therapy needs of children with developmental disorders, low-vision needs, hearing aid needs and mobility devices needs. However, this has yet to be implemented. The Implementing Rules and Regulations (IRR) of the packages are currently being developed and are expected that by the end of 2017 to 2018, PhilHealth members can start availing these packages.

The Department of Health (DOH) has likewise picked up on the need to address the lack of wheelchair services in the public health system. In preparation for the roll-out of the PhilHealth Z-MORPH by 2018, the Department has facilitated trainings on the WHO Wheelchair Service Training Package (WSTP) to its personnel. To date, 44 clinicians have been trained on the basic level and 16 on the intermediate level by the Philippine Society of Wheelchair Professionals (PSWP) trainers.

With the devolved system of governance, most of the funding sources for programs are at the local government level. Funding can be potentially made available in the local government units to support programs (i.e. including assistance for mobility devices) for PWDs. Based on reports of service providers, clients would have a mixed source of funding at the local level. Some people would rely on the government or supportive NGOs such as partners of LDS. Others would try to approach the local chief executive at various levels, i.e. governor, municipal or city mayor, barangay captain, so they could access necessary funds to procure the cheapest wheelchair which is usually a hospital/transport type of wheelchair. Such requests are dependent on the priority of leaders at the local government level. The following scenarios are presented as anecdotal references.

In General Santos City⁶, the local government used to allocate a specific budget for appropriation of assistive devices. However, due to (1) influx of donors for donated wheelchairs approaching the DSWD, (2) absence of lobbying from DPOs (3) non-

³ As narrated by Fernando Santos, Independent Commercial PO Manufacturer

⁴ 1) a letter of request (2) original or certified true copy of medical abstract from the attending physician (3) two official price quotations from two different companies (4) a whole body picture of the PWD to the PCSO office.

⁵ by Dr Josephine Bundoc

⁶ Focal Person on Disability Affairs, DSWD,GSC

implementation of previously budgeted programs due to lack of human resource⁷, the local government opted not to provide specific funding for assistive devices in the succeeding years.

In Cebu City⁸, representatives of legislators are present in the lobby of a provincial hospital to provide medical assistance to the constituents of an elected official. Included in the medical assistance provided by the elected official is the payment to cover the cost of 10 rehabilitation sessions with a physical therapist (PT) or occupational therapist (OT) from the provincial hospital. Payment is directly made by the office of the elected official to the hospital.

The funding mechanism within DSWD has no specific guidelines but Filipino citizens can request for wheelchairs from the local DSWD office who would: (1) provide cash as partial financial assistance to purchase the mobility device should there be some budget allocated for auxiliary social services OR (2) purchase a transport type of wheelchair then distribute/award it in the presence of the local chief executive or other local government officials.

2.2.2. Non-governmental/faith-based/civic organizations

In the absence of implementing rules and guidelines for provision of assistive devices by the government through the social work department, NGOs, faith-based organizations, and civic groups provide the much needed wheelchairs and services for PWDs. The LDS runs the most extensive wheelchair program nationwide by partnering with non-government organizations, local government units and government hospitals to distribute wheelchairs free of charge throughout the country. Partners are first trained as recognized assessors to provide basic and intermediate wheelchairs appropriately. Beneficiaries receive the wheelchairs free of charge with an agreement that family member/friends of the beneficiaries will need to do 40 hours community service. The wheelchair professionals are not expected to charge for the delivery of the service.

Other faith-based organizations Operation Blessing, Tzu Chi Foundation, Knights of Columbus, etc; civic groups such as Rotary Club, JCI, etc.; foundations like the GMA Kapuso Foundation, ABS-CBN Kapamilya Foundation also provide wheelchairs to 'beneficiaries'. Other international NGOs such as Handicap International support community-based rehabilitation programs and other programs related to provision of assistive devices as a result of an emergency also provide wheelchair free of charge to identified project beneficiaries.

2.2.3. International funding organizations

Particularly, the United States Agency for International Development (USAID) funded the conduct of WHO WSTP Trainings through the Management Services for Health (MSH) and for a wheelchair research initiative through Jhpiego. Through the USAID funding, MSH organized one (1) Basic, one (1) Intermediate, and two (2) Manager's Trainings using the WHO Wheelchair Service Training Packages. Two Stakeholder's alignment meetings were also organized at the national level. These were organized with local

⁷ A budgeted program that does not get implemented at the end of the budget cycle reflects as a negative performance on a staff. This in turn affects the staff's yearly performance/efficiency rating which is link to the yearly performance bonus.

⁸ As observed by author and narrated by representative of Cong. Benhur Salimbangon

partners such as Tahanan Walang Hagdanan, Inc. and Freedom Technology, Inc., a wheelchair manufacturer, and University of the Philippines, Manila, a national university.

Other organizations such as Handicap International (HI) and Christoffel Blinden Mission (CBM) have sought to provide wheelchairs through partner local organizations post-disaster. Most of the wheelchairs were given through a distribution method to targeted beneficiaries.

Other groups such as AAR Japan would commission local service providers trained on wheelchair provision to conduct community outreach wheelchair provision with follow-up visits.

2.2.4. Educational institutions and professional organizations

Prior to 2010, wheelchair service education primarily relied on academic universities offering physical and occupational therapy. Wheelchair assessment and prescription was integrated among subjects that discussed interventions for those with mobility impairments. Rehabilitation schools have difficulty providing opportunities to practice those wheelchair service skills taught in the undergraduate levels. For example, in the University of the Philippines Manila, both the OT and PT curriculum have topics on wheelchair assessment, prescription and mobility skills. However, during internship since there are no wheelchair programs in the rotation centers, students are not exposed to wheelchair service management unless faculty would have access wheelchairs that can be given to clients in clinics.

Most of those who have undergone wheelchair service provision training have not practiced because of lack of access to products or found it hard to start a wheelchair service practice.

For years, professional bodies in the country linked with wheelchair advocacy includes the Philippine Physical Therapy Association (PPTA), Philippine Academy of Occupational Therapists (PAOT), Philippine Society of Prosthetists and Orthotists (PSPO), Philippine Association of Rehabilitation Medicine (PARM) and National Association of Social Workers, Inc. (NASWI). However, none of these organizations have subspecialties or special interest groups focused on wheelchair service provision.

However, in 2015, during the national wheelchair stakeholder's meeting where representatives from DOH, PPTA, PAOT, wheelchair users, disabled people's organizations, academe among others recommended formation of a new body to act as a core group that will promote appropriate wheelchair service provision in the Philippines through advocacy and training. This event gave birth to organizing the Philippine Society of Wheelchairs Professionals (PSWP).

2.2.5. Private wheelchair manufacturers and suppliers

Wheelchairs can easily be bought with or without a prescription. Discounted prices, at 20% less, will apply if wheelchairs are bought with a prescription from a doctor. Units bought are usually from medical supplies stores or big pharmacies which sell wheelchairs from a range of Php 2,500 (50 USD) to Php 50,000 (1,000 USD). Commonly sold ones are the cheapest units. Twenty percent discounts are given if the person with

disabilities IDs are shown along with a medical prescription showing the need for the wheelchair.

Majority of the wheelchair supply in the Philippines is imported from China. Other wheelchairs are also imported from USA, Japan and Spain. According to medical supplies dealers, wheelchairs that are frequently bought are transport/hospital type chairs with size 18" since it has the cheapest price. None of the suppliers have a staff trained in wheelchair service provision.

There are also local manufacturers, Tahanan Walang Hagdan, Inc. (TWH) and Indoplas Philippines, Inc. TWH has been in operation for more than 30 years. Most of the workers are wheelchair users themselves and they have produced basic wheelchairs mostly catering to beneficiaries identified by organizations and companies supporting their operations. Yet, there is a threat of closing down due to labor disputes filed against the organization.

Indoplas Philippines, Inc is a relatively new local manufacturer who produces transport chairs sold in known pharmacies and medical supplies stores.

Some hospitals and service providers, mostly from Visayas and Mindanao also used to procure wheelchairs from another local manufacturer based in Mindanao, Freedom Technology Inc. However, due to bankruptcy, its operations were forced to stop in 2016.

Meanwhile, wheelchair suppliers comprise of companies that import orthopedic style wheelchairs made available as part of their range of medical products in their stores. These include, among others: pharmacies such as Mercury Drugstore, Rose Pharmacy, Watson's; medical suppliers/ importers/sellers; and, surplus shops which sell second hand items from Japan resellers. Enterprising wheelchair users also refurbish a limited number of second hand wheelchairs from the US and sell them as 'customized' wheelchairs.

2.2.6. Disabled people's organizations (DPOs) and wheelchair users

Various DPOs exist in the Philippines and facilitates lobbying for services and programs to be provided for PWDs. This includes Alyansa ng May Kapansanan Pinoy (Akap-Pinoy), the Katipunan ng Maykapansanan sa Pilipinas Inc (KAMPI), member-organizations of the Federation of PWD Cooperatives, and the Federation of DPOs.

One local DPO, the Las Pinas Federation for persons with disabilities has successfully lobbied with the government through the Bottom-Up Budgeting process for 2016 to allocate funds for assistive devices including basic and intermediate wheelchairs with accompanying services. However, not all cities and municipalities have organized DPOs or should they have one, this DPO is not empowered enough to boldly claim programs that realize the PWDs' right to health as reflected through the access to appropriate assistive devices and services such as wheelchairs and wheelchair services.

3.0. Service Delivery

As indicated in earlier sections, wheelchairs are easily purchased from suppliers; Filipinos will seldom seek services such as a wheelchair assessment to buy a wheelchair. Once a family member needs a wheelchair, it is often sourced free of charge from non-government and faith-based/socio/civic organizations, local government units, usually through the social work office or family members would make a contribution towards buying the chair or solicit from the local government social work office to procure the chair.

Chairs are primarily given through distribution method. Recipients seldom receive user training unless the service providers are trained under the LDSC Wheelchair Program or through the WHO Wheelchair Service Training Programs. However, since the LDSC is now entering into agreements with key tertiary government hospitals throughout the country, wheelchair services are now provided on a scheduled basis, usually twice weekly or monthly. Currently, there are three hospitals LDSC has partnered with: Southern Philippines Medical Center, Cagayan Valley Medical Center and Vicente Sotto Memorial Medical Center. Wheelchair service provision is mainly integrated as part of the rehabilitation services but these hospitals are encouraged to partner with local governments and other organizations in order to serve a bigger population through wheelchair outreach missions.

Wheelchair service providers report that they handle referrals for children as young as 3 years old to adults. Filipino adults needing wheelchairs are usually size 14"-16". Commonly referred health conditions needing a wheelchair are those with stroke, cerebral palsy, spinal cord injury and chronic renal failure. Upon follow-up, service providers have noted that wheelchairs are utilized an average of 4-8 hours a day. Once the wheelchairs break down, the family would have to seek for other funding sources or donors of new wheelchairs to ensure that the wheelchair user would still be able to use their wheelchairs.

3.1. Models of Service Delivery

In Table 1, the different service models in the country are presented against the backdrop of the following steps in wheelchair service provision outlined in the WHO Guidelines: Referral, Assessment, Prescription, Funding/ Ordering, Product Preparation, Fitting, User Training, Follow-up/ Repair/ Maintenance.

Table 1. Wheelchair Service Delivery Models in the Philippines

Wheelchair Service Step	Welfare System	Health facilities	Community-based
Referral	PWDs either self-refer or are referred by community workers to the Provincial/ Municipal/ City Social Worker (SW) or local government office(r)	PWDs either self-refer or are referred by other specialization	PWDs identified by partner organization network
Assessment	SW/LGU staff/ officer receiving the referral has not received training on wheelchair assessment, conducts a generic assessment (i.e. contact details, type of disability, and if knowledgeable of wheelchair measurement: small, medium, large), takes a photo of the PWD and prepares a case history.	Conducted by a medical doctor. In rehabilitation facilities, the Physiatrist sees the patient first.	Conducted by a trained wheelchair assessor using the LDS assessment form
Prescription	SW/LGU staff/officer notes whether the PWD will need a small wheelchair (kids) or a medium/large wheelchair (for adults). Prescribed wheelchairs often do not fit recipients are of the hospital type.	Physiatrist gives a generic prescription for a wheelchair.	Trained wheelchair assessor indicates in the LDS wheelchair assessment form type and size of wheelchair
Funding/ Ordering	SW/LGU staff/officer submits case histories to the Focal Person on Disability in the City/Municipality Social Welfare & Development Office. Focal Person is responsible for matching the requirement of the PWD with donors affiliated to them. In the absence of donors, wheelchairs are purchased by the local government under the barangay or municipal social welfare budget.	PWD has the option to (1) seek assistance from DSWD/PCSO or other funding agencies OR (2) pay for own wheelchair. With option 1, PWD then undergoes the service model for welfare system. Should they buy the wheelchair from a pharmacy, they will be given a 20% discount if they present a prescription and their PWD ID Card or senior citizen's ID card.	Wheelchairs are provided free of charge. Service Team is not expected to charge service fees. Local partner organisation is responsible for logistics of transporting the wheelchairs from the LDS warehouse in Manila. A wheelchair release form (WRF) is issued by partner organisation to trained personnel/ organizations before release of wheelchairs from the warehouse.
Product Preparation	Most of the wheelchairs distributed are standard orthopedic wheelchairs that come in a ready to assemble form. Local government employees set them up prior to distribution	With option 2, PWDs are referred to pharmacies to purchase the wheelchair. Most of the wheelchairs available are standard orthopedic wheelchairs of	Prescribed basic wheelchairs arrive in boxes. Available wheelchairs are standard orthopedic wheelchairs, Rough Rider. The UCP Liberty Chairs are

Wheelchair Service Step	Welfare System	Health facilities	Community-based
		varying prices.	assembled in the warehouse and modified on site by the trained wheelchair assessor with or without assistance from a technician. INTCO Intermediate chairs are assembled and modified by the trained wheelchair assessor on-site.
Fitting	Distribution of wheelchairs is by matching the available wheelchairs for donation to the size (i.e. general body built) of the PWD.	If Rehab Personnel (PT/OT) has theoretical knowledge on wheelchair fitting, they may offer advice on wheelchair modifications/ adjustments. However, no adjustments are made on site because of lack of workshop facilities in most health facilities.	Trained wheelchair assessor is responsible for fitting
User Training	On some occasions, a person will demonstrate on stage how to use the wheelchairs. Often, no training is given.	If Rehab Personnel has theoretical knowledge on wheelchair mobility, they may offer advice on wheelchair mobility skills.	Trained wheelchair assessor provides training with recipients. For basic wheelchair recipients, they are provided with an instruction manual as reference.
Follow –up/ Repair/ Maintenance	It is the responsibility of the PWDs and their families to repair & maintain the wheelchair. There are instances when wheelchairs break-down this is sold to junk shops for spare parts as an additional income. There is no existing system for follow up of recipients. Another request is made for a new wheelchair once it is broken. There will be no assurance that they can get a new one.	It is the responsibility of the PWD and their families to repair & maintain the wheelchair.	LDS regularly conducts follow-up of basic wheelchair recipients through the church missionaries. They designed a coding system which incorporates the certification number of the person who did the assessment. Through this coding system, they are able to trace the product quality and the quality of service provided to the PWD and their families.

Three models of wheelchair service provision are described in the preceding table. The first model is welfare system through the government social welfare department or NGOs⁹. Another model is center-based¹⁰ with or without rehabilitation personnel trained on wheelchair service. A third model is community-based which involves groups such as the Latter Day Saints in partnership with local organizations that have undergone their wheelchair training course¹¹.

3.2. Wheelchair provision professionals

A key component of service delivery is the team of relevant professionals related with wheelchair service provision. However, no formal and specific wheelchair service provision structure exists in the Philippine health or welfare system. Individual members work in isolation with no formal referral system in place. In the Philippines, the ideal composition of wheelchair service provision team includes Physiatrist, Medical Doctor, Rehabilitation Personnel, Community-based Rehabilitation Worker, Wheelchair Technician, Social Worker, Peer Group Trainer. Each professional role and current background on wheelchair service provision in the Philippines is detailed in the succeeding section. It is worth noting however that most of these professionals in the Philippines do not possess specialized knowledge and skills related to wheelchair provision.

The **Physiatrist** is the head of the rehabilitation team in hospitals and as such is responsible for the initial assessment of clients prior to referral to either an OT or a PT. The Philippine Association of Rehabilitation Medicine has a registry, nationwide, of only 250 physiatrists, most of whom are concentrated in urban areas and cover at least three rehabilitation centers. Data on distribution of physiatrists and rehabilitation centers per region is provided in *Annex F*. However, they do not have specific training on wheelchair prescription during residency training. Physiatrists depend on the referral from primary care physicians and physicians of various specialties (i.e. orthopedic surgeons, general surgeons, developmental pediatricians, general pediatricians, cardiologists, internists, neurologists, nephrologists, family medicine, etc).

Medical Doctors, in general, can prescribe wheelchairs if their clients have difficulty walking or have limited mobility. They are important referral sources especially in the absence of a physiatrist in their area. But wheelchair prescription is not also taught in the five year medical education program.

Rehabilitation Personnel who can be either an Occupational Therapist or a Physical Therapist, are usually responsible for further wheelchair assessment, specific prescription, fitting, training and follow-up in health facilities. While wheelchair provision is one of the topics in the undergraduate courses, most of the OT and PT schools have not yet updated their curriculum to integrate the WHO Guidelines on wheelchair service provision in less resource settings.

For community-based clinics or programs, some support **CBR Workers** trained by NGOs who do not necessarily have medical background, have experience in working with PWDs but in most cases, are not active or trained in wheelchair provision.

Wheelchair Technicians are tasked to oversee technical requirements in the service provision, however, more often, are nonexistent in most hospitals or health facilities so the wheelchair clinicians are reliant on general technicians of the health facility or an accompanying family or community member to assist him or her in adjusting or modifying the wheelchairs.

⁹ As described by Social Workers and PWDs during interviews.

¹⁰ As described by Physical Therapists and Occupational Therapists during interviews.

¹¹ As described by a Latter Day Saints Representative during interview.

The **Social Worker** is responsible for service provision at the local level and plays a very varied role as referral source, service provider (clinician) and manager of community resources available. However, most do not possess the required knowledge in wheelchair provision.

Peer Group Trainers take charge of mobility skills training among PWDs. This not only helps with employment for PWDs, but also serves as a source of motivation for the user being trained. The wheelchair manufacturer, Tahanan ng Walang Hagdanan, Inc., employs this effectively.

3.3. Network of Wheelchair Providers

Table 2 briefly outlines some of the service providers in each of the region of the country. Annex G presents the complete listing of location, contact information, and brief description of these service providers and the corresponding types of services provided in the wheelchair sector.

4.0. Relevant Training/s

The review of curriculum of key service personnel, such as Physiatrist, PT, OT, Social Worker, who are involved in providing and distributing wheelchairs in the country identified in the earlier section finds that general topics related to wheelchairs have not been integrated into the curriculum. A number of universities like UP Manila and Velez College whose faculty members attended the MSH-organized WSTP Trainings have started to integrate aspects of the wheelchair training into their curriculum.

There are also initiatives that integrate the WHO WSTP Basic Level in the PO curriculum of the Philippine School of Prosthetics and Orthotics under the auspices of United Cerebral Palsy and EXCEED. Selected faculty members have undergone a training of trainers last May 2017.

Furthermore, there are at least three groups that have been trying to provide formal wheelchair service provision training: the LDSC, De La Salle University Health Sciences, Philippine Society of Wheelchair Professionals

4.1. Latter Day Saints Charities Foundation (LDSC). The LDSC conducts wheelchair assessment training at three different levels: (1) Basic (2) Intermediate (3) Advance. To date, they have trained 500 individuals from diverse professional backgrounds and provided more than 5,000 wheelchairs.

4.2. De La Salle Health Sciences Institute College of Rehabilitation Sciences (DLSHSCRS). The DLSHSCRS is the first university in the country that has offered wheelchair service training as part of their continuing education courses. It started conducting this seminar-workshop in 2015.

4.3. Philippine Society of Wheelchair Professionals, Inc. (PSWP). Trainers from PSWP have been contracted by the Department of Health (DOH) to train various DOH personnel from hospitals across the country. At least 44 personnel, majority of whom are Physical Therapists, were trained on the basic level and 16 clinicians on the intermediate level.

Table 2. List of Institutions with Wheelchair Service Providers in the Philippines

Area/Services Provided	Service Providers
Luzon	
Basic	Bahatala Bicol Medical Center Bicol Regional Training and Teaching Hospital Go Forward Governor Celestino Gallares Memorial Hospital Jose B. Lingad Memorial Regional Hospitals Local Government of Navotas Philippine Cerebral Palsy, Inc (PCPI) Provincial Government of Bataan St Luke's Hospital University of Northern Philippines
Basic and Intermediate	Baguio General Hospital & Medical Center Batangas Medical Center Cagayan Valley Medical Center De la Salle School of Health Sciences Cavite Dr. Paulino J. Garcia Memorial Research & Medical Center Jeffrey B. Montes Clinic Local Government of Mandaluyong Mariano Marcos Memorial Hospital and Medical Center Philippine General Hospital (PGH) Philippine Orthopedic Center (POC) Quirino Memorial Medical Center (QMMC) UP College of Allied Medical Professions (UP CAMP)
Visayas	
Basic	Provincial Government of Ilo-Ilo, Provincial Government of Cebu Vicente Sotto Memorial Medical Center Western Visayas Medical Center
Intermediate	CHAMPS Therapy Center
Mindanao	
Basic	Davao Regional Medical Center Mayor Hilarion A. Ramiro Sr. Regional Training and Teaching Hospital Northern Mindanao Medical Center
Basic and Intermediate	Cotabato Regional and Medical Center Southern Philippines Medical Center
National	
Basic	Alyansa na may Kapansanan-Pinoy(AKAP-Pinoy)
Basic and Intermediate	God is Able Foundation Physicians for Peace

5.0. Available Products and Corresponding Sources

In the Philippines, there are only three known wheelchair manufacturers. One of the manufacturers, Freedom Technology filed for bankruptcy last 2016 and has not opened since yet. The two remaining wheelchair manufacturers are: Tahanang Walang Hagdanan, Inc. (TWH), located in Cainta, Rizal, which started manufacturing standard orthopedic wheelchairs

since its creation in 1973; and, Indoplas Philippines, Inc., a Filipino-owned company established in 1978 and has since been producing and supplying premium quality medical devices.

Other sources are privately owned companies that sell imported wheelchairs. Users have the option to purchase wheelchairs over the counter, i.e. from Mercury Drug Stores, Rose Pharmacy and American Wheelchair Stores or order a customized product based on individual preference, i.e. from Team Ventures and Sunrise Medical Services). 'Off the shelf' standard orthopedic wheelchair imported from China is priced around US\$100 in pharmacies. Team Ventures provides an option of a brand new wheelchair at US\$1,900 or for US\$1,050 a pre-owned wheelchairs or second hand wheelchairs imported from the US where minor modifications are done locally by a trained technician to ensure proper fit.

Annex H presents a listing of products available to wheelchair users and corresponding sources.

6.0 GAPS IN WHEELCHAIR SERVICE PROVISION IN THE PHILIPPINES

As a result of the desk reviews and stakeholders consultations conducted as well as of the team's observations, the current situation points to several issues and gaps in the wheelchair sector in the Philippines. These were identified as bases in the development of a comprehensive strategic plan for wheelchair service provision that will fully realize the enabling needs of people with mobility disabilities. This will further pave opportunities for persons with mobility disabilities to fully participate in the community by involving multi-sectoral representation in wheelchair service provision and distribution of similar or related assistive devices.

6.1. Policy and Program

There are national and local policies and structure that address the special needs and welfare of persons with disabilities including those with mobility disabilities from the 1987 Philippine Constitution and 1991 Local Government Code that set the general state and local government policies and principles to specialized domestic laws such as the RA 7277 and 9442 (Magna Carta for PWDs and corresponding amendments, RA 10070 (Creation of PDAO) and Executive Order 437 (CBR Programs for PWDs).

Executive and legislative positions at the national, provincial, municipal, city, and barangay levels have particular power and mandates that relate to the PWDs and their welfare. There is the National Council for Disability Affairs, a dedicated office for policies, program and activities concerning PWD issues and concerns but is more of a coordinating rather than an implementing agency. As such it lacks the necessary powers and budget allocations to implement programs. Government departments such as those in charge of Social Welfare, Health, Labor and Employment, Education, Trade and Industry, among others,

Despite this policy framework and structure, however, there are gaps in terms of policy and program in the areas information, standards, prioritization, and support mechanisms, as indicated and elaborated in the section below.

6.1.1. Lack of information. There is limited information and thus limited awareness on appropriate wheelchair provision and services as indicated by stakeholders from Mindanao, Visayas.

6.1.2. Limited standards. There are limited government policies explicitly stating standards and parameters for wheelchair provision and products, both local and imported. In fact, stakeholders mentioned that this is the least priority in the Visayas. There is also lack of implementation of duty-bearers of policies that ensure the well-being of current and potential wheelchair-users as well as high importation fees for assistive devices.

6.1.3. Prioritization Issues. Lack of prioritization of wheelchair service programs was also pointed out by stakeholders from Luzon and Mindanao.

6.1.4. Concerns on support mechanisms. This relates to gaps in various policy, structural, and funding support. There is concern on specific government agency/ies at various levels of government who will not only coordinate but actively lead in ensuring implementation and monitoring of provision of mobility devices in the country. While the Department of Social Work and Development is mandated to provide auxiliary social services for PWDs, there is no specific department memo or order mandating local social welfare offices on how much of their budget should be earmarked for assistive devices. There is lack of a monitoring mechanism or data collection system to keep in check how much of the wheelchair service needs are being addressed by both the public and private sector. Stakeholders from the Visayas shared that there is limited involvement of PDAO, persons with mobility impairments, parents' and family support groups, and PWD organizations in local development planning.

Stakeholders from Mindanao stated the limited linkages and networks supporting appropriate wheelchair provision. Majority of the stakeholders identified non-government organizations as the major source of wheelchairs. There are unclear guidelines on financial support system for those with limited resources to procure needed wheelchair and related products and to access service-related costs. There are also concerns on sustainable funding not only for the services but for the actual procurement of the product and transport from the manufacturer or importer warehouse to the service facilities.

6.2. Service Delivery

As noted, majority of wheelchairs and wheelchair products are imported as there are only two local manufacturers that produce basic wheelchairs and sourced from LGUs, NGOs and faith-based/socio/civic organizations, and PWDs' family. There are three models of wheelchair service delivery, primarily through distribution method (1) welfare system through the government social welfare department or NGOs, (2) center-based with or without trained rehabilitation personnel and (3) community-based which involves LDS partners working with other local organizations. Identified gaps were in the areas of limited service providers/services, information, and specialized service structure and capacity.

6.2.1. Limited service providers/services. There is the problem of limited wheelchair services, both public and private sectors, and very few service providers distributed across the country. There is also an observed distribution of inappropriate wheelchairs. In Mindanao, only the Southern Philippines Medical Center, a government hospital provides wheelchair services. Aside from serving the city of Davao, they accommodate outreach activities to nearby areas such as the province of Saranggani. Wheelchair services are seldom provided since wheelchairs are donated by various non-government organizations or are given out by politicians. Service providers are discouraged to go into wheelchair services as the process of providing wheelchairs consumed a great amount of time and modification for intermediate service is not an easy task, as mentioned in the Luzon stakeholders' meeting. Moreover, there is

lack of a registry or directory of service providers, technicians, clinicians, manufacturers and suppliers of wheelchair products.

6.2.2. Lack of information. A similar concern on inadequate information including brief description features, estimated cost, etc. on available wheelchair products in the country. With the increased awareness of the need for appropriate wheelchairs, stakeholders will begin to inquire where to refer those needing the services. Visayas and Luzon stakeholders identified this area as a major concern while some Luzon stakeholders even suggested that more wheelchair users should be engaged for optimal participation to pursue this advocacy.

6.2.3. Lack of specialized service structure and capacity. There is no formal and specific wheelchair service structure in the Philippine health or welfare system. Team of professionals related with wheelchair service provision work with no formal referral system in place and while these professionals have related basic capacities but most lack the specialized knowledge and skills related to wheelchair provision.

6.3. Relevant Training/s

There are at least three groups that have been trying to provide formal wheelchair service provision training. As such, there is limited standard wheelchair service training and general topics related to wheelchairs have not been integrated into the educational curriculum. Only a few schools have faculty members who have relevant trainings and had started to integrate aspects of the wheelchair training into their curriculum. Under this area, the following were raised as gaps: limited knowledge on PWD rights; and limited training opportunities.

6.3.1. Limited knowledge on PWD rights. This limited knowledge of PWDs and their organizations on their rights leads to having few from the sector advocating for the need to address their having access to a variety of wheelchairs with accompanying service provision. There is also limited awareness of DSWD focal persons at various levels of government as well as of most wheelchair distributors on appropriate wheelchair service provision.

6.3.2. Limited training opportunities. The absence of formal training centers that would develop technicians and fabricators of wheelchairs was pointed out during the stakeholders' consultations. Too, there are limited training opportunities and targeting programs that will enable and empower DPOs to participate in grassroots consultations for budgeting that will allocate local government funds for disability programs. This was similarly found out in Mindanao and even the least priority for those in the Visayas. Training programs that have integrated or have been updated with the latest standards for wheelchair service provision for wheelchair service team professionals are observed to be limited as well.

6.4. Available Products

As noted, there are at least two known wheelchair manufacturers in the country and several privately owned companies that sell imported brand new and pre-owned wheelchairs. Gaps identified were limitations in the areas of awareness, access, number of products, and local industry.

6.4.1. Limited access to products. Various service providers have voiced this as a major gap. Stakeholders from the Visayas cited the issue of lack of access to appropriate wheelchairs while stakeholders from Mindanao stated that SPMC has only LDS chairs as an option. Luzon

stakeholders pointed to the need to tackle how to access appropriate chairs that are affordable to the Philippine consumers.

6.4.2. Limited number of chairs. Those who were trained under the WSTP package felt they were equipped to provide chairs however they are unable to practice what they learned since there is a limited number of chairs that are available or are funded. Service providers are also looking for chairs that need lesser equipment and is less time consuming in adjusting and modifying since they see that wheelchair services are going to be integrated with the existing rehabilitation services they are providing.

6.4.3. Limited local industry. According to stakeholders, there are many limitations in the local industry of wheelchair. There are limited products and spare parts that are not readily available. Hence, there is a need to place related products such as cushions in available wheelchair. The local wheelchair manufacturers and producers need to consider multiple designs of materials that can be used for (1) different terrains such as on water, muddy, rough roads in rural and even in urban areas, (2) different temperature, particularly heat that easily causes chair tires to burst or disintegrate, and 3) limited space. As such, foldable and easily transportable chairs should be a vital feature for more effective implementation of BP 344 or Accessibility Law.

The limited public-private partnerships to explore development of wheelchairs and related products and limited technical and financial support for those who wish to further develop wheelchairs and related products were also observed.

B. STRATEGIC PRIORITIES FOR WHEELCHAIR SERVICE PROVISION IN THE PHILIPPINES

As a result of the stakeholders meetings, which were attended by at least 117 participants, the following priorities for the development of the PSWP Strategic Plan for Wheelchair Service Provision in the Philippines were identified: advocacy and awareness raising, capacity development, policy and program development, and resource generation.

1.0. Short Term Priorities and plans for the next six (6) months

1.1. Capacity development

Partnering with the LGU/Government. This refers to the plan of LGUs to come up with training for assessors which would address the need to increase awareness of appropriate wheelchair service provision and to ensure that there will be wheelchair service providers at various levels and settings.

1.2. Advocacy and awareness raising

Partnering with trained wheelchair service providers. Information dissemination campaigns on appropriate wheelchairs including its proper use and maintenance and possible means of acquiring it could be done to increase the amount of referrals to service providers. This will help them justify the need to establish wheelchair services in their facilities.

Partnering with Disabled People's Organizations (DPOs)/Parent Support Groups. DPOs and parent support groups can help promote and inform their networks during consultative meetings on the importance of appropriate wheelchair provision with fellow DPO federations, stakeholders and local government units. With a broader network of wheelchair service provision advocates, there will be more voices lobbying for the initial resolution for provision of appropriate wheelchairs.

1.3. Policy and program development

Partnering with the LGU/National Government. There is also a plan to develop policies that will address the common needs of children with disability. It is also aimed to enhance the existing policy of the department in providing assistive device such as wheelchair.

2.0 Medium Term Priorities and Plans for six (6) months to two (2) years

2.1. Capacity development

Partnering with National Professional Organizations/Academe. Training and other capacity development activities can be done with these organizations to ensure the constant supply of service providers. Strategic partnerships formed would seek to advance wheelchair service provision as a potential subspecialty of the rehabilitation professions.

2.2. Policy and program development

Partnering with National government agencies and LGUs. National government agencies and LGUs are always reviewing their programs and are keen on revising or enhancing the same to make these more beneficial to their constituents. By targeting key government agencies of national and local coverage, continuous provision of appropriate assistive devices to PWDs will be ensured.

2.3. Resource generation

There is a need to explore sustainable sources of funding since the need for wheelchair services will always be there. And as people would become aware of the need for services and wheelchair products, funding is necessary to ensure that these people would have equitable access to the wheelchair services and products that will enable them to participate.

3.0. Long Term Priorities and Plans for more than 2 years

3.1. Policy and program development

Partnering with DPOs/Parent Support Groups A bigger network of advocacy groups could ensure that there is budgetary allocation for an effective system of wheelchair service provision. Grass-roots level involvement would complement and contribute to the development and eventual implementation of wheelchair guidelines.

3.2 Advocacy and Awareness raising

Partnering with the Academe /National Professional Organizations There is a long term need to integrate the WHO guidelines on wheelchair service provision in the curriculum of physical therapists, occupational therapists and prosthetist-orthotists

Partnering with National Government Agencies /LGU Constant coordination at multiple levels of government agencies to find champions who will assist the advocacy in obtaining sufficient and sustainable funding from different government agencies for wheelchair service provision programs. Exploratory initiatives can also be done to look into developing local wheelchair manufacturing industry involving partnerships with international NGOs who have been doing low-cost wheelchair production and interested local DPOs.

IV. Conclusions

Wheelchair service provision in the Philippines is in a challenged state much like the challenge and impairment of persons with mobility disability, other wheelchair users and their families and carers as well as wheelchair service providers.

While an existing policy framework, that recognizes the rights and welfare of persons with disabilities, is in place, there are limited enabling measures and specialized programs that address the same. Providing and getting access to wheelchair and allied services remain a challenge for Filipinos who similarly have limited or no access to health services such as habilitation and rehabilitation in areas where poverty, health conditions, disaster risks, and human conflict predispose individuals to acquiring disability. Mobility and other relevant impairment place a burden on the health system and family support system, which in the Filipino context, is extended until needed. To enhance service provision and delivery, the wheelchair industry providers and health professionals, who despite the motivation and efforts, are also in need of specialized capacities through policy, structural, manpower and material complement.

On the other hand, similar to this situation, hope and opportunities are not wanting for wheelchair service provision. With multiple stakeholders determined in moving this advocacy forward, opportunities to collaborate and cooperate abound particularly in terms of interventions directed towards (1) raising awareness of policy makers, the public and the stakeholders, (2) developing capacities of individuals, their families, service providers and advocates, (3) advancing relevant policy and programs, and (4) generating resources to develop and continuously support wheelchair service provision. As such, these set the strategic priorities for the continued efforts of the Philippine Society of Wheelchair Professionals (PSWP) and its partners. As more professionals are trained and empowered to become wheelchair service providers by different groups, it is imperative to put in place sustainable measures that will provide easy access to a variety of chairs and will further the interest and support to the advocacy.

The challenges will remain but with these prospects and strategies utilized in addressing to gaps, it will also pave opportunities for persons with mobility disabilities to fully participate in the community by involving multi-sectoral representation in wheelchair service provision and distribution of similar or related assistive devices. As such, the Philippine society looks forward to advancing the state of wheelchair service provision that appropriately promotes the well-being of Filipino wheelchair users and other service stakeholders.

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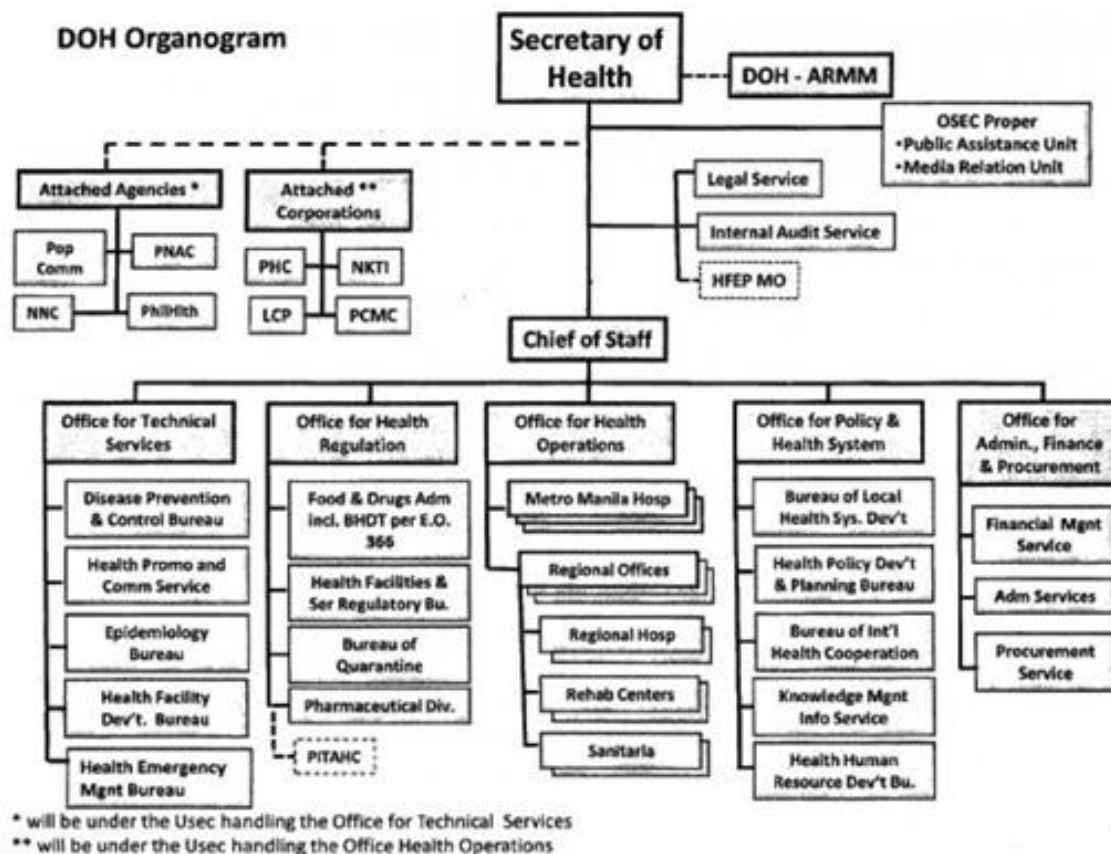
Annexures

Annex A: Administrative Regions in the Philippines and Provinces and Cities

Region	Provinces and Major Cities	
Cordillera Autonomous Region (CAR)	Abra Apayao Benguet Baguio City	Ifugao Kalinga Mountain Province
I (Ilocos)	Ilocos Norte Ilocos Sur	La Union Pangasinan
II (Cagayan Valley)	Batanes Cagayan Isabela	Nueva Vizcaya Quirino
III (Central Luzon)	Aurora Bataan Bulacan Nueva Ecija Pampanga	Angeles City Tarlac Zambales Olongapo City
IV - A (Calabarzon)	Batangas Cavite Laguna	Quezon Lucena City Rizal
IV – B (MIMAROPA)	Marinduque Oriental Mindoro Palawan	Puerto Princesa City Romblon
V (Bicol)	Albay Camarines Norte Camarines Sur	Catanduanes Masbate Sorsogon
VI (Western Visayas)	Aklan Antique Capiz	Guimaras Iloilo
VII (Central Visayas)	Bohol Cebu Cebu City	Lapu-lapu City (Opon) Mandaue City Siquijor
VIII (Eastern Visayas)	Biliran Eastern Samar Leyte Tacloban City	Northern Samar Southern Samar Samar (Western Samar)
IX (Zamboanga Peninsula)	Zamboanga del Norte Zamboanga del Sur Zamboanga City	Zamboanga Sibugay City of Isabela

Region	Provinces and Major Cities	
X (Northern Mindanao)	Bukidnon Camiguin Lanao del Norte Iligan City	Misamis Occidental Misamis oriental Cagayan de Oro City
XI (Davao)	Davao del Norte Davao del Sur Davao City	Davao Oriental Compostela Valley Davao Occidental
XII (SOCCKSARGEN)	North Cotabato Sarangani South Cotabato	General Santos City (Dadiangas) Sultan Kudarat Cotabato City
XIII (CARAGA)	Agusan del Norte Butuan City Agusan del Sur	Surigao del Norte Surigao del Sur Dinagat Islands
Autonomous Region in Muslim Mindanao (ARMM)	Basilan Lanao del Sur Maguindanao	Sulu Tawi-tawi
Negros Island Region (NIR)	Negros Occidental Bacolod City Negros Oriental	
National Capital Region (NCR)	City of Manila City of Mandaluyong City of Marikina City of Pasig City of San Juan Quezon City Caloocan City City of Malabon City of Navotas City of Valenzuela	City of Las Pinas City of Makati City of Muntinlupa City of Paranaque Pasay City Taguig City Pateros

Annex B: Department of Health Organizational Structure



Source: DOH Website

Annex C: Stakeholder Meeting Participants, By Category and Area

STAKEHOLDER CATEGORY/AREA	Luzon	Visayas	Mindanao
Government Agency - National	10	5	4
Government Agency - Regional	0	4	3
Local Government Representatives	3	7	9
Individual Service Providers	11	4	4
Service Provider - Institution	3	4	7
Academic Institutions	5	10	2
Professional Organizations	4	2	3
PWD Support Group	2	6	0
Parent Support Group	1	4	0
Wheelchair Suppliers	3	2	0
Subtotal*	47	48	33
Actual Number of Participants	43	45	29
Actual Total Number of Participants	117		

*NOTE: Some participants were doing multiple representations

Annex D: Sample Wheelchair Stakeholder Alignment Meeting Agenda

Wheelchair Service Provision in the Philippines
Stakeholder Alignment Meeting
Blu Radisson Hotel, Cebu, May 12, 2017

Purpose: To provide an opportunity for key stakeholders to meet each other, share experiences and ideas regarding wheelchair provision in Mindanao, Philippines and formulate an action plan towards building sustainable wheelchair service provision as the way forward.

Specific objectives:

- To **introduce the PSWP**, present their work to date and key concerns regarding wheelchair provision in the Philippines
- To **work together to identify and prioritize issues** regarding current status of wheelchair service provision (including access to services, quality of wheeled mobility devices and maintenance and repair services) to meet the populations needs across the life course, giving consideration to both gaps and possibilities.
- To **formulate a plan of action for future initiatives** that can be implemented within the next two years to create an actionable strategy for sustainable wheelchair service provision which considers social, environmental, economic and policy responsibilities.

Time	Agenda for the Day
8:00 – 8:30	Welcome refreshments and Registration
8:30 – 8:45	Opening Ceremony Opening Remarks
8:45 – 9:05	Setting the Scene: Orientation to the Day's Activities
9:05 – 9:30	Stakeholder Introductions and Expectations
9:30 – 10:30	Understanding the Context of Wheelchair Provision in Visayas A
10:30 – 10:45	BREAK
10:45 – 12:00	Understanding the Context of Wheelchair Provision in Visayas B
12:00 – 1:00	LUNCH
1:00 – 1:45	Working Together for Change
1:45 – 2:30	Future Actions

[illegible]

A. **Operations and Programs Group (OPG)** – focused on developing, implementing and managing social welfare and development service and programs.

1. Social Technology Bureau – develops and enhances customer-driven social protection technologies
 - Family and Women Welfare Technology Development Division
 - Children and Youth Welfare Technology Development Division
 - Older Persons/Persons with Disabilities/Indigenous
2. Protective Services Bureau – provides, supervises and monitors technical assistance and resource augmentation for responsive and efficient implementation of social welfare and development (SWD) programs and projects
 - Community-Based Welfare and Development Program Division
 - Center/Residential Care Services Division
 - Risk Reduction and Management Program Division
3. Poverty Reduction Programs Bureau (PRPB) – manages SWD core programs and projects for poverty reduction

Policy Development and Planning Bureau (PDPB) - formulates, monitors and evaluates policies and plans of the department and of the social protection sector along social welfare and development and social safety nets

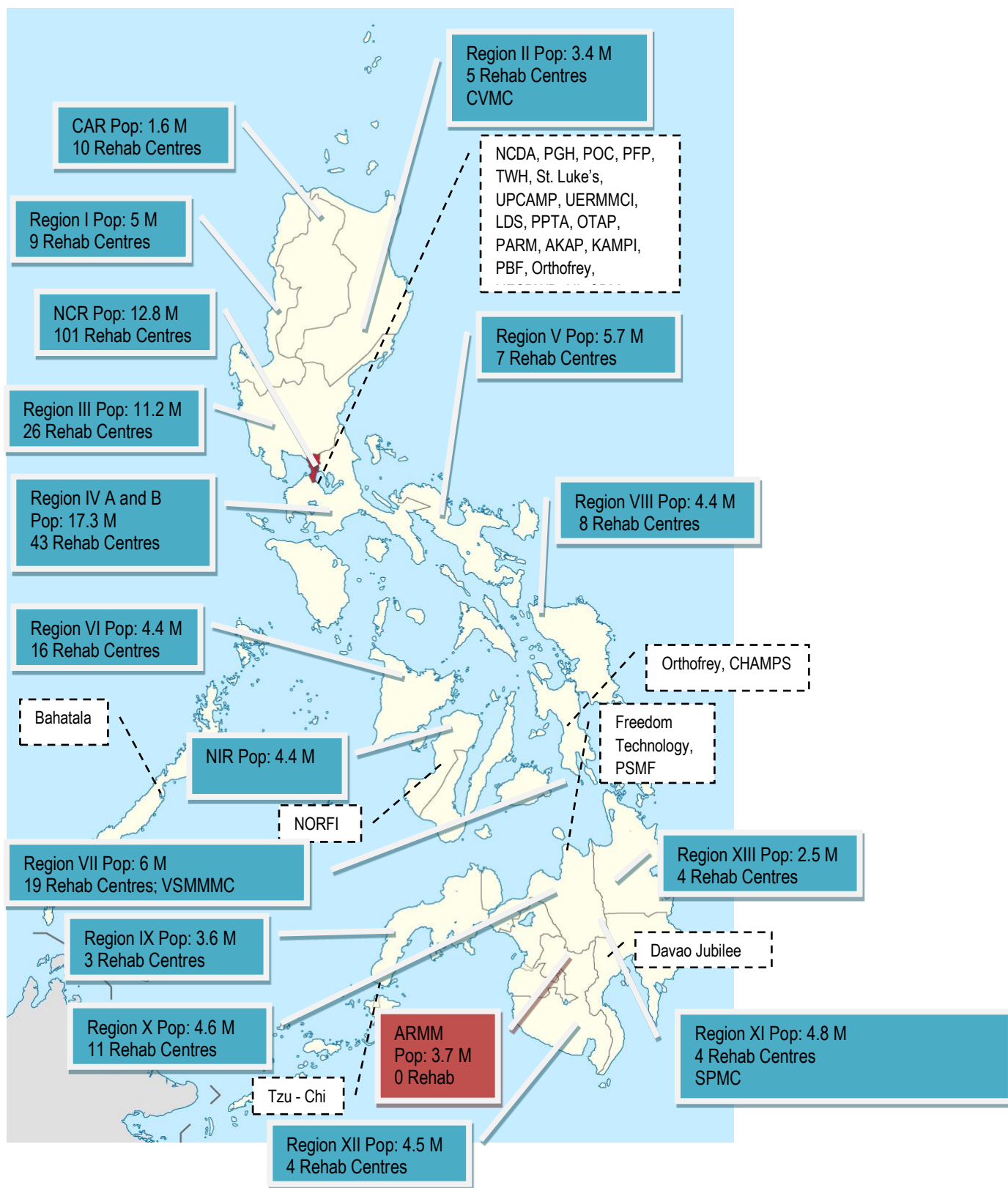
- Planning and Monitoring Division
- Policy and Research Division

Batasang Pambansa Complex, Constitution Hills, Quezon City
Trunklines: +632 931-8101 to 07
<http://www.dswd.gov.ph/contact-us/>

Annex F: Physiatrists and Rehabilitation Centers in the Philippines, By Region

Region	Total Regional Population based on 2010 Census	No. of Hospitals/Rehab Center with Physiatrist
CAR	1,616,867	10
NCR	11,855,975	101
I	4,748,372	9
II	3,229,163	5
III	10,137,737	26
IV	15,354,474	43
V	5,420,411	7
VI	7,102,438	16
VII	6,800,180	19
VIII	4,101,322	8
IX	3,407,353	3
X	4,297,323	11
XI	4,468,563	4
XII	4,109,571	4
XIII	2,429,224	4
ARMM	3,256,140	0
Total	92,335,113	270

Source: Philippine Academy of Rehabilitation Medicine Website



Based on 2015 PSA Census of Population

Annex G: List of Health Facilities, Institutions and Organizations with Trained Wheelchair Service Providers

Alyansa na may Kapansanan-Pinoy (AKAP-Pinoy)

Address: Camp General Emilio Aguinaldo

Website: Facebook Page @AkapPinoyInc

Email: akap.pinoy@yahoo.com

President: Capt. Oscar Taleon

Baguio General Hospital & Medical Center

Address: Baguio General Hospital Driveway, Baguio, 2600

Website: <http://bghmc.doh.gov.ph/>

Email: bgh_mc@yahoo.com

Executive Director: Ricardo Runez, MD

Contact number: (074) 442-3165, (074) 442-6230, (074) 442-4216

Batangas Medical Center

Address: Bihi Road, Kumintang Ibaba, Batangas City, Batangas 4200

Website: <http://batmc.doh.gov.ph>

Email: batmedcen@yahoo.com.ph

Executive Director: Ramoncito C. Magnaye, MD

Contact number: (043) 723-0165, (043) 723-0517

Bicol Medical Center

Address: BMC Rd, Naga, Camarines Sur 4400

Website: <http://bmc.doh.gov.ph/>

Email: bmc.nagacity@gmail.com

Executive Director: Maria Estrella B. Litam, MD

Contact number: (054) 472-3434 local 100, (054) 811-2013

Bicol Regional Training and Teaching Hospital

Address: Rizal Street, Legazpi City, Albay 4500

Website: <http://brtth.doh.gov.ph/>

Email: brtth_cares@yahoo.com

Executive Director: Rogelio G. Rivera, MD, MHA, CEO VI

Contact number: (052) 483-0016, (052) 483-1088, (052) 483-1089

Cagayan Valley Medical Center

Address: Dalan na Pagayaya, Regional Government Center, Carig Sur, Tuguegarao City, Cagayan, 3500

Website: <http://cvmc.doh.gov.ph/>

Email: cvmcr2@gmail.com

Executive Director: Eduardo Badua

Contact number: (078)302-0000, (078) 304-3789

Mayor Hilarion A. Ramiro Sr. Regional Training and Teaching Hospital

Address: Mindog Maningcol, Ozamiz City, Misamis Occidental 7200

Website: <http://mharsrth.doh.gov.ph/>

Email: mharsrth@yahoo.com

Executive Director: Jesus Martin S. Sanciangco III, MD, FPPS

Contact number: (088)521-0440 Loc. 106, (088) 521-0022

Northern Mindanao Medical Center

Address: Capitol Rd, Cagayan de Oro, Misamis Oriental 9000

Website: <http://nmmc.doh.gov.ph/>

Email: joechan592000@yahoo.com

Executive Director: Jose C. Chan, FPOA, FPCS, MHA, FPCHA

Contact number: (088) 856-5490

Philippine Cerebral Palsy, Inc (PCPI)

Address: Sacred Heart Street San Antonio Village, Makati

Website: <http://philippinecerebralpalsy.org/>

Email: cerebralpalsyinc1956@gmail.com

Executive Director: Preciosa Diane D. Deluria

Contact number: (02) 895-1786, (02) 897-2273, (0920) 425-0200

Philippine General Hospital (PGH)

Address: Taft Avenue Ermita, Brgy 670 Zone 72, Manila, Metro Manila 1000

Website: <http://www.pgh.gov.ph/en/>

Email: pgh@post.upm.edu.ph

Medical Director: Gerardo Legaspi, MD

Contact number: (02) 554-8400, (02) 523-7123

Philippine Orthopedic Center (POC)

Address: Maria Clara St, Santa Mesa Heights, Quezon City, Metro Manila

Website: <http://poc.doh.gov.ph/>

Email: poc.medicalcenterchief@gmail.com

Medical Chief: Jose Brittanio S. Pujalte, Jr. MD

Contact number: (02) 711-4276

CHAMPS Therapy Center**Address:** 530 A. C. Cortes Ave, Mandaue City, Cebu 6014**Website:** <https://web.facebook.com/pg/Children-and-Adults-in-a-Multitude-of-Play-champs-Therapy-Centre-533520739995623/>**Email:** champstherapycenter@gmail.com**Contact number:** (032) 318-5075, (0922) 846-6160, (0917) 620-1700, (0922) 837-1865**Cotabato Regional and Medical Center****Address:** Sinsuat Avenue, Rosary Heights, Cotabato City, Maguindanao 9600**Website:** <http://crmc.doh.gov.ph/>**Email:** crmc_12@yahoo.com**Executive Director:** Helen P. Yambao, MD**Contact number:** (064) 421-2192, (064) 421-2340**Davao Regional Medical Center****Address:** Tagum, Davao del Norte**Website:** <http://drmc.doh.gov.ph/>**Email:** drh_tagum@yahoo.com, info@drhtagum.gov.ph**Executive Director:** Bryan O. Dalid, MD**Contact number:** (084) 216-9127**De la Salle School of Health Sciences Cavite****Address:** Governor D. Mangubat Avenue (formerly Congressional Road), Dasmariñas, 4114 Cavite**Website:** <http://www.dlshsi.edu.ph/>**Email:** hasy@dlshsi.edu.ph**President:** Br. Augustine Boquer FSC, EdD**Contact number:** (046) 481-8000**Dr. Paulino J. Garcia Memorial Research & Medical Center****Address:** Mabini Street, Cabanatuan City, Nueva Ecija 3100**Website:** <http://www.drpgmrmc.doh.gov.ph/>**Email:** dr_pgmmrmc_cabanatuan@yahoo.com,

dr_hubertolapuz@yahoo.com

Executive Director: Huberto F. Lapuz, MD, MHA, FICS, FPCHA, CSe**Contact number:** (044) 463-8888 loc. 132**God is Able International Foundation Inc.****Website:** <http://www.godisableintl.org/>**Email:** contact@godisableintl.org**Executive Director:** Lito Tetangco**Contact number:** (02) 583-5155, (0917) 350-0211**Provincial Government of Bataan****Address:** Capitol Compound, Capitol Drive, San Jose, Balanga City, Bataan, 2100 Philippines**Website:** <http://www.bataan.gov.ph/home/>**Email:** webmaster@bataan.gov.ph**Governor:** Albert S. Garcia**Contact number:** (047) 237-7955, (047) 237-1058, (047) 237-2413**Provincial Government of Cebu****Address:** DILG Building, Capitol Compound, Escario Street, Cebu City, Cebu**Website:** <http://www.cebuph.gov.ph/>**Email:** pio@cebuph.gov.ph**Governor:** Hilario P. Davide III**Contact number:** (032) 236-3626, (032) 254-3454**Provincial Government of Iloilo****Address:** New Iloilo Provincial Capitol Building, Muelle Loney St, Iloilo City Proper, Iloilo City, 5000**Website:** <http://www.iloilo.gov.ph/>**Email:** governors@iloilo.gov.ph**Governor:** Arthur D. Defensor, Sr.**Contact number:** (033) 509-5093**Quirino Memorial Medical Center (QMMC)****Address:** P Rizal Street, Project 4, Quezon City, Metro Manila 1109**Website:** <http://qmmc.doh.gov.ph/>**Email:** qmmc_doh@yahoo.com**Executive Director:** Evelyn Victoria E. Reside, MD, FPCP, FPCCP, MAS**Contact number:** (02) 421-2250**University of Northern Philippines****Address:** Quirino Boulevard, Vigan City, Ilocos Sur 2700**Website:** <https://unp.edu.ph/>**Email:** unp_op@yahoo.com, unp@unp.com**President:** Gilbert R. Arce**Contact number:** (077) 722-2810, (077) 722-2810**UP College of Allied Medical Professions****Clinic for Therapy Services and Community Based Rehabilitation Program****Address:** UP Manila Compound, Pedro Gil Street, Malate, Manila 1004**Website:** <https://www.upm.edu.ph/camp>**Email:** camp@mail.upm.edu.ph**Head:** Jocelyn Christine B. Marzan, PhD, CCC-SLP**Contact number:** (02) 524-5113, (0927) 374-9077, (0922) 898-4371

Governor Celestino Gallares Memorial Hospital**Address:** 0053 M. Parras St, Tagbilaran City, Bohol 6300**Website:** <http://gcgmh.doh.gov.ph/>**Executive Director:** Mutya Kismet T. Macuno, MD, FPPS, FPSNB, MDM**Contact number:** (038) 411-3181, (038) 501-7532, (038) 411-4868, (038) 411-4869, (038) 501-7531 local 204**Jose B. Lingad Memorial Regional Hospitals****Address:** Mac Arthur Highway Bgy., San Fernando, Pampanga 2000**Website:** <http://www.jblmrh.doh.gov.ph/>**Email:** jblmgh_2012@yahoo.com.ph**Executive Director:** Monserrat S. Chichioco, MD, FPSP, MBA-H**Contact number:** (045) 961-3363**Local Government of Mandaluyong****Address:** 4th Floor, BOC Building, Maysilo Circle, Mandaluyong, Metro Manila 1550**Website:** <http://www.mandaluyong.gov.ph/>**Email:** citymayor@mandaluyong.gov.ph**Mayor:** Carmelita "Menchie" Aguilar Abalos**Contact number:** (02) 531-0194**Mariano Marcos Memorial Hospital and Medical Center****Address:** 6 San Julian, Batac, Ilocos Norte 2906**Website:** <http://mmhmc.doh.gov.ph/>**Email:** mmmh_doh@yahoo.com, marl_otayza@yahoo.com**Executive Director:** Maria Lourdes K. Otayza, MD**Contact number:** (077) 792-3144, (077) 658-8121, (0919) 209-0184**Vicente Sotto Memorial Medical Center****Address:** B. Rodriguez Street, Sambag II, Cebu City 6000**Website:** <http://vsmmc.doh.gov.ph/>**Email:** gmajr27@yahoo.com**Executive Director:** Gerardo M. Aquino, MD**Contact number:** (032) 253-9891 to 98**Western Visayas Medical Center****Address:** Q Abeto St., Mandurriao, Iloilo City 5000**Website:** <http://wvmc.doh.gov.ph/>**Email:** westernvisayasmedicalcenter@yahoo.com**Executive Director:** Joseph Dean Nicolo, MD**Contact number:** (033) 321-2841 to 50 Local 134, (033) 321-1797, (033) 321-2802, (033) 321-1797, (033) 321-2802**Zamboanga City Medical Center****Address:** Dr. Evangelista St., Sta. Catalina, Zamboanga City, Zamboanga del Sur 7000**Website:** <http://zcmc.doh.gov.ph/>**Email:** romeo.ong@zcmc.doh.gov.ph**Executive Director:** Romeo A. Ong, MD**Contact number:** (062) 991-0573; (062) 991-2934**Physicians for Peace****Address:** Silahis Arts and Artifacts Bldg 744 General Luna Street Intramuros, Manila**Website:** <https://physiciansforpeace.ph/>**Email:** physiciansforpeaceph@gmail.com**Chairman:** Teodoro J. Herbosa, MD**Contact number:** (02) 241-5009

Annex H: List of Wheelchair Products and Corresponding Sources

Wheelchairs manufactured by TWH



Folding Orthopaedic Wheelchairs : Price range Php 8,000 – 17,900 (USD 160 - 358)

Folding Aisle Wheelchairs :
Php 14,450 (USD 289)



Motorized Trike – product development, price unavailable

Customized wheelchair for high level Spinal Cord Injury User – Php 22,670 (USD 455)

One- Hand Drive – product development price unavailable

Sports Type: Php 18,200 (USD 365)



Folding Orthopaedic Wheelchairs(Pedia): price range Php 8,800 – 16,000 (USD 176 - 320)

Reclining Wheelchair: price range Php 12,600 – 22,800 (USD 252 - 456)



General Sports Type: price range Php 10,000 – 18,500 (USD 204 - 370)

Sportswheelchair (Basketball): Php 10,200 (USD 204)

Imported wheelchairs available through Various organizations and Medical Supplies Stores



Breezy Brand Folding Orthopaedic Wheelchairs
Php 30,000 – 50,000
(USD 600 - 1000)

Comfort Brand
Aluminum Folding Aisle
Wheelchairs:
Php 28,000
(USD 560)



Intco
Standard Wheelchair
(Price unavailable)

Persona Brand
Adult Wheelchair:
Php 3000-3500
(USD 60-70)

Persona Brand
Adult Wheelchair Heavy Duty:
Php 5000-7000
(USD: 100-140)

Persona Pedia Wheelchair
(Price unavailable online)



PRD Care Standard
Adult
Php 3100-6300
(USD 62-126)

PRD Care Standard
Adult
12" Php 3000 (USD 60)
14" Php 4500 (USD 90)

Sureguard Wheelchair
Php 7000-7500
(USD 140-150)

Sureguard Standard Adult
Php 2600-3500
(USD 52-70)



Solitaire Standard Adult
Php 2500-2800
(USD 50-56)



(Brand not Identified)
Aluminum
Lightweight Wheelchair:
Php 29,000
(USD 580)



(Brand not identified)
Pediatric Wheelchair
Php 4500
(USD 90)



(Brand not identified)
Travelling/Transport Wheelchair
Php 4500
(USD 90)



(Brand not identified)
Standard Wheelchair
Php 5000
(USD 100)



(Brand not identified)
Transport Wheelchair
Php 4800
(USD 96)



(Brand not identified)
Transport Wheelchair
Php 3500
(USD 70)



(Brand not identified) Standard Wheelchair
XL Php 5300
(USD 106)



(Brand not identified)
Lightweight Chair
Php 9800
(USD 196)



(Brand not identified)
Lightweight sports
wheelchair
Php 18000
(USD 360)



(Brand not identified)
Transport Wheelchair
Php 5000-5500
(USD 100-110)



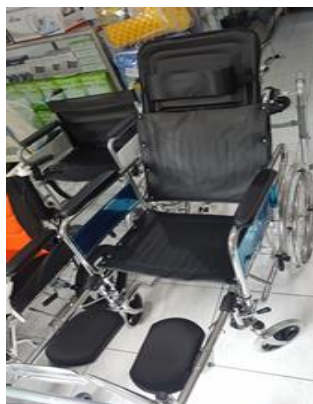
(Brand not identified)
Wheelchair with commode
Php 4800
(USD 96)



Comfort Brand
Aluminum Lightweight
Reclining Wheelchair:
Php 39,000
(USD 780)



Indoplas Reclining with
Commode
Php 6300
(USD 126)



Sureguard Reclining
Wheelchair
Php 8000-8500
(USD 160-170)



Persona Brand Reclining Wheelchair –
Price unavailable



(Brand not identified)
Reclining Wheelchair
Php 6500-7000
(USD 130-140)



(Brand not identified)
Reclining
Wheelchair with
commode
Php 8000
(USD 160)



(Brand not identified)
Reclining
Wheelchair with commode
Php 5500
(USD 110)



(Brand not identified)
Electronic Wheelchair
Php 38000
(USD 760)



Motorized Wheelchair
Attachment: price range
Php 45,000 – 51,800
(USD 900 - 1,036)



Electric Standing Wheelchair: Comfort Brand
Php 128,000 (USD 2560)