

# The Community Based Rehabilitation Programme of the University of the Philippines Manila, College of Allied Medical Professions

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## ABSTRACT

**Purpose:** *This paper reports the process of development of a CBR programme by UP Manila College of Allied Medical Professions, and its impact on the stakeholders: persons with disabilities, students and alumni, CBR workers, local leaders and the agencies involved in the programme.*

**Method:** *The impact of the programme was assessed through interviews, questionnaires, focus group discussions and review of secondary data and records.*

**Results:** *The programme results show that the condition of persons with disabilities has improved and there has been a remarkable change in their knowledge, attitudes and skills. The positive attitudes, skills and values of students were enhanced, and the CBR programme was a “character builder” for them as rehabilitation professionals. The CBR workers who participated in the programme learnt to appreciate the potential of persons with disabilities and to accept their limitations. Another key result was the pledge by local leaders to sustain CBR in their own villages.*

**Conclusions:** *The students and alumni reported that the CBR programme should be replicated for nation-building. The different stakeholders reported that it helped improve the quality of life of people with disabilities and contributed to community development.*

**Key words:** *Community-Based Rehabilitation (CBR), Transdisciplinary Approach (TDA), CBR workers*

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## INTRODUCTION

An undergraduate thesis (Magallona et al, 1972) by the first author paved the way for starting the Community-Based Rehabilitation (CBR) programme of the College of Allied Medical Professions of the University of the Philippines Manila (UPM-CAMP) in Bay, Laguna from 1973-1988, as part of the UP-Comprehensive Community Health Programme (UP-CCHP). Subsequently, the CBR programme was implemented in the municipality of Rodriguez (Montalban), Rizal in 1989 under the direction of the first author.

Two feasibility studies conducted by CAMP students brought out the reasons for selecting this municipality:

- It was not too far from Manila and yet it was basically a rural community;
- It was accessible by land transportation;
- The local leaders were supportive;
- The disability prevalence rate was 11%;
- The attitude of people towards persons with disabilities was in general positive, while some were passive;
- The first author, who was mandated to start and develop the CBR programme, had lived in the municipality for 5 years and had established a good rapport with the local leaders.

On 31st May 1989, the CBR training programme was formally launched. Prior to that, between November 1988 and May 1989, the first author undertook preparatory activities like data collection regarding the distribution of persons with disabilities, people's attitudes towards disability, finding families in the community for students to stay with, conducting inter-agency meetings and meetings with local leaders. The vision, mission, and goals of the CBR programme were finalised in an inter-agency forum and endorsed by the heads of different government and non-government agencies in Montalban, Rizal.

The vision was that "the community views and accepts persons with disabilities as individuals with dignity who can contribute to the development of the community and the larger society", while the mission was "the empowerment of persons with disabilities within their community through training, service and research".

The programme goals were to transfer the technology of rehabilitation to persons with disabilities and the community; to facilitate the integration of persons with disabilities in the mainstream of their community; and to facilitate prevention and early detection of disabilities through training, research and services.

**Table 1: Objectives of the programme and of the training**

PROGRAMME OBJECTIVES	TRAINING OBJECTIVES
<ol style="list-style-type: none"> <li>1. To train UPM-CAMP students in Community-Based Rehabilitation</li> <li>2. To plan, implement, and evaluate programmes and services that address the needs of persons with disabilities in the municipality through the               <ul style="list-style-type: none"> <li>• Home level care of persons with disabilities</li> <li>• Training of CBR workers</li> <li>• School Health Programme</li> <li>• Livelihood Project</li> <li>• Special Education Class</li> <li>• Organisation of persons with disabilities</li> </ul> </li> <li>3. To maximise community participation in all aspects of the CBR programme</li> <li>4. To ensure an effective transfer of rehabilitation technology to the persons with disabilities, families and community</li> <li>5. To empower persons with disabilities together with their families and the community</li> <li>6. To establish structures that will ensure the sustainability of the programme</li> <li>7. To train CBR workers and upgrade their skills accordingly.</li> </ol>	<p>At the end of the eight-week rotation, CAMP students should be able to:</p> <ol style="list-style-type: none"> <li>1. Appreciate the role of the allied health professionals in a community setting</li> <li>2. Integrate themselves in the life of their KMK together with the family, and community</li> <li>3. Identify how the condition of persons with disabilities is affected by the following factors:               <ol style="list-style-type: none"> <li>a. Biological/medical</li> <li>b. Environmental</li> <li>c. Socio-economic</li> <li>d. Cultural</li> <li>e. Political factors</li> </ol> </li> <li>4. To provide rehabilitation services to persons with disabilities through:               <ol style="list-style-type: none"> <li>a. Identification of the priority problems of persons with disabilities or Kaibigang May Kapansanan (KMK) with the KMK and family;</li> <li>b. Preparation, implementation and evaluation of the Family Care Plan (FCP) with the KMK and family;</li> <li>c. Training a family member of every KMK, possibly the KMK and a CBR worker, as primary caregivers;</li> <li>d. Preparation of instructional material and/or assistive device with the</li> </ol> </li> </ol>

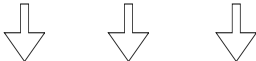
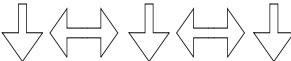
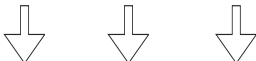
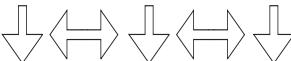
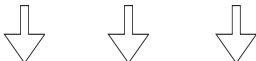
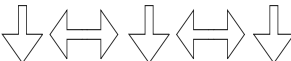
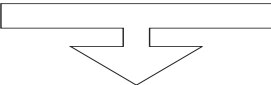
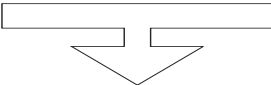
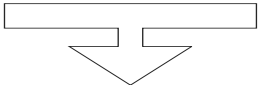
	<p>KMK, family member and a CBR worker; and</p> <ol style="list-style-type: none"> <li>e. Conducting of a family and/or neighbourhood (kapitbahayan) conference.</li> <li>5. To demonstrate caring and professional attitudes towards KMK, family, CBR worker and co-interns</li> <li>6. Enhance professional skills including time management and documentation of all activities comprehensively</li> <li>7. To appreciate and help develop the strategies used in doing CBR</li> <li>8. Refer problems related with KMK, family and activities related to other CBR Programmes and services through proper channels when necessary</li> <li>9. Actively participate in the different programmes and services in response to the needs of the KMKs</li> <li>10. Work effectively and efficiently with the other members of the team utilising the Transdisciplinary Approach (TDA).</li> </ol>
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### **Conceptualisation of Transdisciplinary Approach (TDA) in doing CBR**

The word “transdisciplinary” comes from the words “trans” which means beyond and “discipline” as mental or moral training or a chosen profession. If it is taken as an approach to rehabilitation, it means “going beyond one’s chosen profession” (Magallona & Wirz, 1994).

In developing the TDA, CAMP identified the essential differences between the Multidisciplinary Approach (MDA) and the Interdisciplinary Approach (IDA) in the light of the three aspects of caring for persons with disabilities: Evaluation, Planning and Management. Table 2 below shows the interaction of Occupational Therapy-Physiotherapy-Speech Therapy (PT-OT-SP) in the three approaches which may vary according to the needs of persons with disabilities.

Table 2

Aspects of Caring for PWDs	Multidisciplinary Approach (MDA)	Interdisciplinary Approach (IDA)	Transdisciplinary Approach (TDA)
Evaluation	OT      PT      SP 	OT                      PT SP 	OT/PT/SP with PWD and family
Planning	OT      PT      SP 	OT                      PT SP 	OT/PT/SP with PWD and family
Management	OT      PT      SP 	OT                      PT SP 	OT/PT/SP with PWD and family
Role of the PWD/ family in one's own rehabilitation process	OT      PT      SP  PWD as recipient of care	OT-PT-SP  PWD as recipient of care	OT/PT/SP  PWD with family as active participant

TDA maximises the resources of persons with disabilities in terms of energy, money and time. It is an alternative to the problem of not having enough therapists in the Philippines, especially in geographically inaccessible and difficult areas. It encourages the rehabilitation professional to look at persons with disabilities holistically, as human beings, and not merely as cases. It provides rehabilitation professionals more opportunities for professional growth through learning and sharing of expertise, encourages them to function as generalists and at the same time develop their own expertise since other members of the team consult and learn from them. The approach also encourages the family of persons with disabilities to be more involved in the rehabilitation process.

## Important Phases of the Programme

- Laying Down of Foundations (1988-1989): disability survey, educational campaign on prevention and rehabilitation of disabilities, caring for persons with disabilities at home with training of family member
- Firming Up of Foundations (1990-1991): first training of CBR workers in 1990
- Initiation of Other Programmes and Services (1991-1993): School Health Programme (SHP); Special Education (SPED) class; The Livelihood Project (LP)
- Expansion and Strengthening of CBR Services (1994-1995): School Health Programme (SHP), Special Education (SPED) class, The Livelihood Project (LP), CBR Workers' Training, Developing the Career Path of the CBR Workers
- Networking and Outreach to Nearby Towns (1996-1997)
- Ensuring the Programme's Sustainability (1998-1999): Organisation of the Montalban CBR Council, Organisation of persons with disabilities: Kapisanan ng mga Maykapansanan sa Montalban (KMKM)
- Preparations for Disengagement (2000-2003)
- Implementation of the three-year disengagement plan and active search for the next site of CAMP's CBR Programme (2004-2006): The revised manual for CBR workers entitled *Manwal para mga – "CBR worker as Caregiver"* written by the first author was published in 2004, and its English edition, *"Manual for CBR Workers and Caregivers"*, was published in 2005; implementation of the Executive order mandating all barangay captains to implement CBR in all *barangays* (villages); CBR workers' training on evaluation of KMKs, progress notes writing and community organizing; community organising activities of the interns in all *barangays* based on the most pressing needs of each *barangay*.

The search for the next site of CAMP's CBR Programme was done through UP Manila Committee on Community Health Development Programme (UPM-CCHDP) which was then being chaired by the author. The third CBR Programme of CAMP was integrated in UP Manila's Community Health and Development Programme (CHDP) in San Juan, Batangas in October 2007.

Five Years after the disengagement of CAMP, CBR was in the hands of the local government of Montalban, Rizal through establishment of a CBR clinic in each *barangay*.

## OBJECTIVE

A review was carried out with the aim of documenting the impact of the CBR programme in terms of clinical training, research and extension service delivery.

## METHOD

In order to document the impact of the CBR Programme, varied methods were used to gather data from different stakeholders. Data collection started in 2006 until CAMP disengaged from Montalban, Rizal in 2007. However, there were circumstances which affected the availability of the author to complete the documentation. This documentation as a research project was funded by the National Institutes of Health (NIH) and was only completed in 2011. The studies conducted during the implementation of CBR served as validation of the data gathered in the documentation of the programme.

### **Review of Records of Selected Persons with Disabilities or the Kaibigang May Kapansanan (KMK) Assigned to Interns**

#### Selection of Records

Each KMK's record was subjected to a records review to see if it was complete, i.e. if it had complete documentation of at least two implemented Family Care Plans (FCP) with endorsements. The records of the selected KMKs were reviewed with two objectives:

- a. To determine the degree of change in the knowledge, attitude and skills (KAS) of the selected KMK and/or family.
- b. To determine the clinical improvements in the KMK's condition as observed and recorded by interns.

#### Change in Knowledge, Attitude, Skills (KAS)

A tool with 30 items was used to determine the change in KAS: ten items on knowledge, ten items on attitude and ten on skills. The tool was used to record the changes in KAS after a thorough review of the records of the KMK, and comparing the first and last FCP. Each item is given a maximum of 5 points and a minimum of 1 point. Not applicable (NA) is indicated on items that are not applicable to the KMK. The highest score therefore is 150.

The quality of change is determined through the total scores using the scale below:

121-150	-	Excellent
91-120	-	Very Good
61-90	-	Good
31-60	-	Poor
1-30	-	Very poor

### Clinical Improvement

The qualifiers used are: remarkable improvement, minimum improvement and no improvement and regression.

The clinical improvement is remarkable if the change is in the performance of an Activity of Daily Living (ADL)/self-care activities, or a movement from one level of function to a higher one, and there is a significant change in the over-all functionality of the KMK. An example of a change in the level of performance is when a KMK is able to do his/her self-care activities from a status with maximum assistance to a level with minimum or no assistance.

The clinical improvement is considered minimum if there is an improvement, but not enough to make the KMK more functional or for him/her to move to a higher level of function.

### Pre-Post Test of OT-PT-SP Interns

The secondary data collection included information from an undergraduate thesis of a physical therapy student, produced in 2007, on the impact of the CBR experience on interns' attitudes towards, and perspectives of, CBR. The study team analysed the pre-post test, a 34-item tool which was used at the start and at the end of the rotation of all the interns who were placed in CBR since 2000. The study was limited to the academic years 2000-2001, 2001-2002 and 2003-2004 because these were the years when the same tool was used.

### Focus Group Discussion (FGD) of OT-PT-SP Interns

A FGD was conducted with every barangay (village) CBR team of interns from the last batch of students in the academic year 2005-2006. This was to ensure that the interns in each FGD share a common experience, since each barangay has varying experiences. Before the FGD, the mechanics of implementation with the



set of questions for the FGD and the informed consent forms were given to the interns, and the signed informed consent forms were then submitted to the researchers.

The FGD was held at the end of rotation of each batch of interns, either in the barangay hall closest to them or in the CBR conference room of the Municipal Health Centre. In both venues, privacy was ensured. The FGD was taped with the consent of the interns and was transcribed, encoded and classified for data analysis later.

### Interview of CBR Workers

The CBR workers were informed about the interview for the review and were asked to sign an informed consent form. The interview was conducted in a place accessible to them and privacy was ensured. Each CBR worker was asked 17 questions. The interview was taped with their consent, transcribed by a research assistant and responses encoded, categorised and analysed.

### Interview of *Barangay* Captains (elected local leaders)

Before the interview, the *barangay* captains were informed about the purpose and content of the interview and were asked to sign an informed consent form. They were given the option to be interviewed alone or together with the members of the Sangguniang *barangay* (legislative branch). Only one *barangay* opted not to be interviewed alone. The interviews were taped with the consent of the mayor and were transcribed, encoded and analysed.

### Alumni/Clinical Supervisors (CS)

A questionnaire was sent to the email address of the alumni/CS, with a letter of information about the research project. The completed questionnaires were sent back to the email address of the researchers.

### Government Organisations and Non-Government Organisations (GOs and NGOs)

A questionnaire with eleven items, together with a letter of information about the research project, was sent to the offices of the NGOs and GOs who were involved in the CBR Programme. Some of the completed questionnaires were collected by the co-author and some by the CBR worker coordinator.

### Review of the Previous Studies Conducted in CAMP's CBR Programme in Montalban (Rodriguez), Rizal

Since the start of CAMP's CBR Programme in 1989, five studies were conducted

at different stages of the CBR programme which were mostly evaluative and descriptive in nature.

These five studies - Portugal (1972), Cabahug et al (1993), Anastasio et al (2000), Santiago and Reyes (2001) and Bejar et al (2007) - were analysed in terms of the impact of the CBR Programme on the targeted stakeholders, and the methodology used in each study.

## RESULTS AND DISCUSSION

### Changes in Kaibigang May Kapansanan (KMK) or Persons with Disabilities

Out of 800 KMKs served by CAMP's CBR Programme, 292 (36.5%) were subjected to records review. 31.5% of the KMKs whose records were reviewed had an excellent change in their Knowledge, Attitude, and Skills (KAS), 42.1% had a very good change in KAS, and 18.2% had a good change. Therefore, 91.8% of the KMKs exhibited good to excellent change in KAS.

**Table 4: Distribution of KMK according to Length of Service and Clinical Improvement; Montalban (Rodriguez), Rizal, 1989-2006**

Length of Service (in years)	Clinical Improvement						TOTAL	
	Remarkable Improvement		Minimum Improvement		No Improvement/ (Regressed)		No.	%
	No.	%	No.	%	No.	%		
< 1 year	132	67	40	20	26	13	198	100
1-2 years	47	73	12	19	5	8	64	100
3-4 years	14	74	1	5	3 (1)	16 (5)	19	100
5-6 years	4	80	1	20	0	0	5	100
> 6 years	6	100	0	0	0	0	6	100
TOTAL	203	70	54	18	35	12	292	100

Table 4 shows the relationship between the length of service and the clinical improvement in the KMK's condition. It shows that out of 292 KMKs, 203 (69.5%) improved remarkably and 54 (18.5%) had minimal improvement. This means that 88% improved clinically. Furthermore, considering the length of service, out of the 198 served in less than a year, 132 (66.7%) had a remarkable improvement,

and similarly in 1-2 years of service, 47 (73.4%) had a remarkable improvement. Therefore, in a maximum of 2 years of service, more than 68% of the KMKs had a remarkable improvement.

**Table 5: Distribution of KMK according to change in KAS and Clinical Improvement, Montalban (Rodriguez), Rizal, 1989-2006**

Rating in Knowledge, Attitudes and Skills												
Clinical Improvement	Excellent		Very Good		Good		Poor		Very Poor		TOTAL	
	No	%	No	%	No	%	No	%	No	%	No	%
Remarkable	85	42	81	40	23	11	11	5	1	1	201	100
Minimum	6	11	26	47	18	33	5	9	0	0	55	100
None	1	3	14	41	12	35	4	12	3	9	34	100
Regressed	0	0	2	100	0	0	0	0	0	0	2	100
<b>TOTAL</b>	<b>92</b>	<b>100</b>	<b>123</b>	<b>100</b>	<b>53</b>	<b>100</b>	<b>20</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>292</b>	<b>100</b>

The findings on the two important elements in the empowerment process of the KMK and family - the change in KAS and the clinical improvement - are shown in Table 5. Among those who had a remarkable clinical improvement, 42% had an excellent change in their KAS, 40% had very good change and 11% had a good change. If the range from good to excellent change in KAS is considered, 94% or 189 out of 201 had a remarkable clinical improvement. This proved that a very good understanding of the KMK's condition changes attitudes and consequently improves compliance on the part of the family and the KMK. Furthermore, it enhances the interest of the KMK and family to continue the rehabilitation plan and participate more to improve one's condition.

### **Pre-Post Test of OT-PT-SP Interns**

The analysis of the pre-post test of interns in CAMP's CBR Programme is taken from the undergraduate thesis of Bejar et al (2007) with the first author as the advisor.

From the results, it can be concluded that the PT, OT and SP interns' perspectives and attitudes towards CBR have improved significantly over the years. Out of 100%, 71% of the questionnaire items had a positive impact for PT students,

while it was 76% and 62% for the SP and OT interns respectively. The use of the Transdisciplinary approach in treatment, the value of research in CBR and the importance of CBR in the community were also noted. PT and OT interns reported that they had a difficult time translating medical and technical terms into simpler terminology. Their CBR experience further strengthened the stand that training is necessary to be an effective rehabilitation worker, and that it is important to work together and to realise the value of CBR experience for professional growth.

It is thus seen that CBR indeed had a positive impact on the interns' perspectives and attitudes towards community service. The positive impact could be due to the inherent design of the programme and the attributes of the community itself. One of the programme's strengths was to have interns living and working with the community for two months. Their proximity to the people, local officials, and KMKs enabled them to interact, collaborate and relate to each other, thereby creating avenues for better planning and programme implementation. The interns were also able to understand the attitudes and values of the people, and to interact with them accordingly.

The programme's framework of working as a team, recognising the value of each team member, is considered to be another of its strengths. Each team member, be it the rehabilitation professionals, CBR workers, local officials or KMKs, were given equal opportunities during brainstorming, planning and execution of tasks. The Transdisciplinary approach in treatment also helped interns to widen their knowledge about other professionals' work, and gave them opportunities to practice collaborative decision-making skills and holistic evaluation and management of KMKs. Lastly, individual and group reflection ("nilay") activities done during the CBR rotation served as a way for interns to practise reflective learning, wherein they were able to evaluate their attitudes and perceptions regarding the community and their interactions with people. By identifying areas for improvement within themselves, the interns could provide better quality of service to other people, especially the KMKs.

The experiences of the interns, as reflected in their pre and post self-evaluation, may have been affected by the people they were able to interact with. Each intern's experience with CBR workers, KMKs or foster families was different. Also, differences in attitudes, lifestyle and personality are compounding factors which could have affected individual perceptions and attitudes towards the CBR experience.

## Focus Group Discussion (FGD) of OT-PT-SP Interns

During the FGD of interns, it became evident that they found CBR to have growth promoting and character building value. This was expressed in various ways. Some of the factors that contributed towards a meaningful and challenging CBR experience were their experiences with living with people in the community like their foster families; and relating to CBR workers and their KMKs, as well as some of the barangay (village) officials. In addition, meetings with the faculty-in-charge of their community, their co-interns, the clinical supervisors, programme organisation activities and personal factors were found to be helpful. On the other hand, the interns found the attitude of a few barangay officials and some of the CBR workers to be discouraging. This was attributed to their lack of orientation in CBR, and most of the active CBR workers then were newly trained.

However, regular reflection helped the interns in coping with their relatively negative experience. They had reflection time at the personal level and as a group, at the end of each week. By reflecting on their experiences, they gained the know-how and the strength to face the most difficult situations while doing CBR. This in itself helped promote growth and build character.

The use of the Transdisciplinary Approach (TDA) in addressing the needs of their KMKs was both helpful and effective in developing good teamwork and better care. TDA taught them to be selfless in sharing their expertise with one another, and at the same time to learn from one another.

In terms of preparation, supervision and degree of involvement in CBR, 41% claimed that their preparation through an introduction to CBR was helpful. Some though were of the opinion that there should be more fieldwork than theory. Once-a-week supervision by their clinical supervisors was adequate for most of the interns (33%), while 23% preferred more frequent supervision. All the interns found the degree of involvement sufficient for them to have a meaningful experience.

When asked about replicating CAMP's CBR programme nationwide, more than 50% believed it would benefit the KMKs, especially those in areas with no access to rehabilitation services, in terms of improving their quality of life. More persons with disabilities would become functional, thus increasing the nation's workforce and decreasing the number of dependent people. It would also result in a positive attitudinal change towards KMKs, and there would be less superstitious beliefs concerning disabilities.

A few interns expressed their concern that CBR, if replicated, would result in less income for the therapists, but they maintained that it would be very good for the training of OT, PT and SP interns of CAMP. The CBR workers would also benefit, provided there is a better system of recruitment, a good training programme and provision of sufficient allowance for them.

When asked the question, "If CBR is taken out of your curriculum, how will it affect your training? Your preparation as a professional?", the interns were emphatic about the retention of CBR in the training of OT-PT and SP interns. Statements like, 'It will be a big loss! It will be incomplete! It is a character builder!', showed how deeply they valued their training in CBR.

## **Interview of CBR Workers**

Among the 24 CBR workers who were interviewed, 13 or 54% were newly trained (1-3 years). This implies that most of the CBR workers with whom the last batch of interns worked were newly trained, yet 92% had been in continuous service, which was a manifestation of their commitment. One of the reasons why they stayed was the joy that they experienced as a group. 88% expressed that they were happy to be part of the group in spite of their differences.

In terms of the leadership style of the CBR workers' coordinator, 54% gave no preference while 13% preferred a CBR coordinator who was transparent and accountable, and 13% claimed that they were able to manage by themselves since their barangays were too far to be visited by the CBR coordinator regularly. They described the qualities of their leader as: knowledgeable, capable of having good interpersonal relations with people, kind, consults, allows them to participate, shares what she knows, listens, is transparent and accountable, the leader should find time to visit them in bad (sickness) and in good times (birthdays). Such descriptions signified what the CBR workers valued in a leader.

The most meaningful experiences for them were mainly the times when they were able to help KMKs without expecting anything in return, and when they learned a lot, made friends with many people, and a few times when they were with the clinical supervisors. They felt most lonely when they were not able to give time to their families and were unable to do any job other than their CBR work. In addition, they were saddened when the barangay officials failed to attend to their requirements in barangay clinics and to meet other financial needs.

The comments regarding how the CBR programme was managed reflects the CBR workers' appreciation that the programme was able to help so many KMKs and their families (58%). Others (42%) directly stated that the CBR programme was well managed and there was nothing negative to say. Furthermore, 87% claimed that their growth could be attributed to how the CBR programme was managed. It was in CBR that they were encouraged to participate, asked questions and learned to be appreciative of the talents of other people and to accept their limitations. Some of their growth areas were: they learned to deal with people, developed friendships and a positive attitude towards others, gained a wider perspective of the community, became mature and made greater effort to learn more. The remaining 13% mentioned that they also shared what they learned with their families.

The CBR workers identified what the leadership of CBR should focus on in order to be of greater help. These were: more support to the CBR workers (48%); conduct the training of CBR workers properly (26%); have sincerity, better coordination and good relationships by understanding other people (26%); and support for the interns (11%). In terms of their relationship with the interns, 67% expressed that they did not have problems with their interns and 26.67% claimed that they were taught and trained well by their interns. All of them said that they were given adequate supervision and some mentioned that they were not allowed to visit a KMK unless accompanied by an intern. The CBR workers reported how they fulfilled their roles at two levels: in caring for KMKs and by their participation in neighbourhood conferences (Talakayan). They worked closely under the supervision of their interns, in a spirit of give and take.

67% of the workers were confident that they would be able to sustain the quality of services extended to the KMKs even if the interns were no longer with them because they had been adequately trained. However, 24 % had reservations because they believed that they could handle the old KMKs, but not the new ones. About 10% expressed their need for more training in handling the elderly and to have someone to supervise them.

When asked what kind of support would be needed for them to sustain their services to the KMKs, they mentioned two things: equip the clinic (42%) and provide them the necessary supervision (13%). The workers stressed two aspects repeatedly: CBR should have more publicity so that it becomes better known and it should continue to help more KMKs.

## **Interview of the Barangay Captains (village elected leaders)**

All the barangay captains were aware of the status of the KMKs in their own barangay, including the level of awareness of their barangay on CBR, prevention activities, early detection of disabilities, OT-PT-SP and rehabilitation services. All of them appreciated the CBR services extended to their constituents. Consequently, they were ready to continue the CBR services by providing a space for their CBR clinic; giving their barangay CBR workers additional allowance, and even requesting for more and younger CBR workers; providing a space for the KMKM in baranga; planning for their contingency measures when UP pulls out of Montalban; and supporting a resolution to be passed by the Sangguniang Barangay instituting the CBR services in each barangay, in order to have a municipal ordinance regarding this

## **Responses of CAMP Alumni/clinical Supervisors (CS)**

The alumni were asked to reflect on how their CBR experience was helping them in their current practice as professionals, their preparation for their professional practice/clinical training, their options after graduation, CBR in OT-PT-SP curriculum, and their opinions on CBR and its role in community development/nation building.

On working at the grass-roots level, facilitation of participatory development programmes and empowering community constituents, the alumni were clear about raising consciousness and involvement of all stakeholders to address all the challenges in any community for a real transformative development. UPM- CAMP CBR had been successful in imparting this value to its alumni when they were students, by promoting Filipino values of social awareness and concern.

The other dimension of professional preparation which the alumni got from CBR was the TDA, a new and different approach in the rehabilitation of persons with disabilities. The values learned by the alumni included significant attitudinal change towards persons with disabilities. They learned to treat persons with disabilities with respect and dignity.

The alumni touched on two other learning strategies utilised in doing CBR: supervision and reflection. Supervision was not only done by the clinical supervisors but also by the community (the foster families of the interns), CBR workers, and at times the barangay officials. Reflection is an effective tool for supervision since it touches not only the knowledge and skills of the students but



also the change in attitudes, as well as the process that brought about the change. This gave quality and depth to the process the alumni went through as their CBR experience unfolded over a span of eight weeks.

Reflections on the effects on their professional training and what the students would miss if CBR is taken out of the OT-PT-SP curriculum, showed that the alumni believed that in such a scenario, their teaching skills, knowledge about home care, family support, attitudes towards persons with disabilities and their sense of confidence/independence would not have developed so well. They felt that the CBR experience was a character builder, providing values for the growth of the student as an individual and as a Filipino citizen.

The CBR training made them more concerned, not only about their own clinical training but also the development of the community. Participation and empowerment are two important concepts of community development. However it is impossible to achieve these goals without community participation and involvement. The alumni believed that CBR contributed to community development in terms of community participation at every stage in the development of the CBR programme, from planning to implementation and evaluation. The community was represented by the CBR workers who were trained and committed. Thus the alumni realised when they were students, that development does not rest upon the learned professionals, on the contrary, their role is to only 'assist the persons with disabilities and their communities in taking control of their health and in developing locally sustainable solutions to disability problems through the translation of clinical and technological knowledge into locally relevant information and self-help skills' (World Health Organisation, 2004).

In totality, while reflecting on their CBR experience, more than 93% of the alumni who responded to the questionnaire were in favour of UPM-CAMP's CBR being replicated nationwide so as to benefit more persons with disabilities, making them more productive citizens and thus contributing to nation building. Consequently, it is likely to create a very remarkable change in the attitude of the Filipino people in caring for and dealing with Kaibigang May Kapansanan (KMK), an attitude that is empowering and developmental in nature. Above all, the KMKs themselves will be active participants in their own rehabilitation process, an achievement envisioned by the UP-CAMP CBR Programme and achieved in Rodriguez, Rizal.

## Responses of Representatives from Government and NGOs

**Community Participation:** This was assessed in terms of how the CBR programme helped improve the collaboration among the GO and NGO, the participation of the persons with disabilities in the community, how the CBR helped the GO/NGO in advocacy on disability and the actual involvement of the GO/NGO with CBR. It was remarkable that 100% of the respondents claimed that CBR helped improve the collaboration among the GO/NGO because their actual involvement in the CBR programme resulted in greater involvement in advocacy for persons with disabilities. All of them believed CBR helped improve the participation of persons with disabilities in the community.

**Contribution to community development of Montalban:** This aspect focused on the benefits to the people in Montalban through the CBR programme, whether there was poverty alleviation among the persons with disabilities and change in their quality of life. There was 100% affirmation from the respondents regarding this.

**Leadership necessary to sustain the programme/ its replicability:** 89% of the respondents believed CBR should be replicated nationwide. All the respondents affirmed that the local government unit (LGU) should play a role to sustain CBR in Montalban. 44% felt that the LGU should be the lead agency in implementing CBR, while 33% felt it should be the LGU in collaboration with an NGO, and 11% opted for both for NGO alone and also for the collaboration of all the stakeholders.

## Review of Previous Studies Conducted in CAMP'S CBR Programme in Montalban (Rodriguez), Rizal

There were 5 studies conducted while CAMP's CBR programme was being implemented in Montalban (Rodriguez), Rizal. The two studies (Portugal, 1972; Bejar et al, 2007) concerning the impact of the programme on the students were undergraduate theses.

These studies were done 15 years apart. The first one was conducted during the first five years of CBR in Montalban, while the second was an exit study done in 2007. According to the study of Portugal, the CBR activities were effective in improving the understanding of the interns' expanded roles and functions as therapists in a community setting mainly as administrators and as trainers. What helped the interns were the weekly group reflections. As far as the other roles were concerned, as family members and as clinicians, there was no significant

improvement in their understanding because they understood these roles even before their CBR rotation. The interns did not have opportunities to function as community organisers and as researchers since the School Health Programme, which was the research project of CBR, started in 1995 and community organising was not yet the focus of the programme.

Bejar et al (2007) concluded in their study that CBR certainly had a positive impact on interns' perspectives and attitudes towards community service, as stated earlier.

According to the study of Cabahug et al (1993), CBR in its fifth year had made a remarkable impact on the lives of persons with disabilities. After having been treated through the CBR services, they claimed that they were aware of the objectives of the CBR programme and of the therapeutic process. Their positive response regarding the services of CBR and the effects in all categories was overwhelming. However, this did not hold true for their neighbours because they were not aware of the CBR programme, but they had accepted the conditions of their friends with disabilities or the *kaibigang may kapansanan* (KMK).

There was poor compliance in doing the therapy after the rotation of the interns, and in general the respondents were not aware of the other programmes and services of CBR like the School Health Programme (SHP), Livelihood project and Special Education Class (SPED). The CBR workers had been given the task of following-up with the family members and ensuring that the therapy was done properly and regularly. The record showed that there were only 4 active CBR workers in 1993-1994 and even fewer in the preceding years. So, the poor compliance could have been due to the limited number of CBR workers. It is to be noted that the CBR services had just been started in 1993. Information dissemination was done mainly through family and neighbourhood conferences. Most likely, the neighbours' acceptance of the condition of the KMK could be attributed to the impact of the neighbourhood conferences which were conducted only among the immediate neighbours. The community as a whole was lacking in awareness due to the limited coverage of the information dissemination.

The paper of Anastasio et al (2000) shows that there was participation in all aspects of the CBR programme. The levels of participation were defined according to Arnstein (1969). The participation of the CBR workers, interns, families who were part of the SHP and organizations of persons with disabilities proved to have positive effects.

The last study by Santiago and Reyes (2001) was an evaluation of the CBR programme from the perspective of the University of the Philippines. The results of the study showed that during its 11-year duration, the CAMP's CBR programme was able to attain its goal, and the programme and training objectives. The strengths of the programme were:

- Excellent clinical training programme that students responded to positively
- Effective programmes and services that benefitted persons with disabilities and their families
- Linkages that offered assistance in terms of programme implementation and resources, and
- Recognition by the municipal government

The weaknesses included:

- Some community members' lack of basic knowledge regarding programme objectives, that affected the degree of transfer of technology, and
- Lack of basic resources affect the quality of service delivery

## **Current Status of the CBR Programme**

After CAMP disengaged from Rodriguez Montalban, Rizal, the CBR programme is owned and managed by the local government. During her subsequent periodic visits, the first author noted the following developments in the current status of the CBR programme:

- Establishment of a CBR clinic in each barangay, managed by the CBR workers.
- Creation of a position of a municipal physical therapist.
- Provision of CBR Services by the CBR workers at the Municipal Health Centre, in addition to their work in their own CBR barangay clinic. Donations from the KMKs help in maintaining the clinic. The CBR workers are supervised by the municipal physical therapist, while the Municipal Health Officer (MHO) monitors their KMK load.

The transformations that took place in the CBR programme of CAMP included the change in viewing persons with disabilities as 'persons' instead of 'patients', and the change in roles of persons with disabilities and their families from 'recipients' to 'active participants.'

Since the SPED Centre was turned over to the local government unit in 2003, the CBR workers continued working with the school personnel in addressing the special needs of the children, particularly in speech, behaviour modification and mobility. The centre is now named as SJES (San Jose Elementary School)-SPED Centre. As on date, there are 86 children enrolled and 18 of them have already been mainstreamed in a regular school. An additional building was constructed and one of the CBR workers, a KMK who with cerebral palsy, started working as a volunteer in SPED Centre in 2009. The SJES-SPED Centre is now one of the recognised special education centres throughout the country.

At present, the CBR programme has expressed some needs: for a refresher course for CBR workers; for the development of an advocacy project; for inclusion of the CBR programme in the new development plan of the new local government plan; and for seed money for the Livelihood Projects of organizations of persons with disabilities.

## CONCLUSION

An academic body like the UPM College of Allied Professions which has pioneered Community-Based Rehabilitation since 1974 and ventured to take rehabilitation services to poor communities, has proved that it has a very vital role to play in using CBR to transform people, families and communities. In CAMP's attempts to prepare its graduates to do CBR, there has been transformative development among its students and alumni, among the kaibigang may kapansanan (KMK) or persons with disabilities, the family members, the CBR workers and the rest of the communities.

The documentation of CAMP's CBR programme has clearly identified the following as the contributions of UPM-CAMP as an academic institution to the development of CBR:

- Initiating CBR programmes in communities where there is a need to establish the disability pattern, create awareness on prevention, early detection and rehabilitation of persons with disabilities in order to enhance community participation and community development, and map out resources necessary for CBR
- Recruitment and training of CBR workers and family members
- Development of the career path of the CBR workers
- Building partnerships between rehabilitation personnel, persons with

disabilities and their families; improving community attitudes; and assisting persons with disabilities and their communities in identifying disability problems

CAMP was successful in fulfilling the above through its training strategies:

- Living with the community, preferably with the family of a person with disability.
- Reflection activities as an individual and as a group
- Use of Transdisciplinary approach (TDA) in caring for the KMK and in training the family members and CBR workers
- Students working with CBR workers to hone their skills
- Use of Family Care Plan in planning, implementing and evaluating the rehabilitation process of persons with disabilities with the family ( if possible with persons with disabilities)
- Family and/or neighbourhood conferences
- Group dynamics
- Activities to encourage students to plan, implement and evaluate with the community
- Not so frequent supervision so as to give the students time and space to learn from the community and to encourage self-directive learning
- Role modeling of the clinical supervisors to the students
- Maximum community participation, including persons with disabilities in all phases of the CBR programme

Academic bodies can play a key role in preparing future rehabilitation professionals to opt for doing CBR. Curricula must be tailored accordingly so that they will be prepared to do CBR even after they graduate. Having more rehabilitation professionals at the community level will mean that more people will assist the persons with disabilities and their communities to develop locally sustainable solutions to problems faced by them, including translation of clinical and technological knowledge into locally relevant information and self-help skills.

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## REFERENCES

- Anastasio MJR, Laurora J, Rebuena-Santos J, Santos M (2000). Ang Partisipasyon sa "Community-Based Rehabilitation Program" sa Montalban: Isang Pag-aaral, Term Paper.
- Arnstein, SR (1969). A Ladder of Citizen Participation, JAIP; 35 (4): 216-224. [lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html](http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html)
- Bejar KJ, Gomez MZ, Pancho MG (2007). Impact of CBR Experience in Rodriguez, Rizal AY 2000-2004 on Interns' Attitude and Perspectives Towards Doing CBR, Undergraduate thesis.
- Cabahug P, Calma MS, Clemente J, Jimenez G, Llamzon MA, Ruiz ME, Tinaza G (1993). An Evaluation of the Impact of the Community-Based Rehabilitation Programme on the Residents in Rodriguez, A Special Project.
- ILO, UNESCO, AND WHO (2004). CBR - A Strategy for Rehabilitation, Equalisation of Opportunities, Poverty Reduction and Social Inclusion, Joint Position Paper, World Health Organisation, Geneva.
- Magallona ML, Fajardo A, Magpili P, Perdon M (1972). Establishing a physical therapy service in Bay, Laguna.
- Magallona ML, Wirz S (1994). Transdisciplinary Approach: is the day of the Multi-therapist with us already?. Hexagon Publishing Ltd. Surrey, UK Human Communication; 3 (4): 12-13.
- Portugal MRK (1972). A Study on the Effectiveness of the Activities of the CBR Training Programme in Montalban in Improving the Interns' Understanding of their Expanded Roles and Functions as Therapists in a Community Setting, Undergraduate thesis.
- Santiago-David L, Reyes B (2001). Comprehensive Evaluation of the UP-CAMP Community-Based Rehabilitation Programme in Montalban, Rizal, NIH funded Research.