

[OWWA MEMORANDUM OF INSTRUCTIONS NO. 003, s. 1998, February 16, 1998]

GENERAL GUIDELINES IN THE IMPLEMENTATION OF THE REHABILITATION PROGRAM FOR MENTALLY AND PHYSICALLY HANDICAPPED OVERSEAS WORKERS

In line with the thrust of the agency to ensure the welfare and well-being of Overseas Filipino Workers (OFWs), the following guidelines and procedures for the implementation of the Rehabilitation Program for Mentally and Physically Handicapped OFWs are prescribed:

I. GENERAL POLICY

The program aims to provide OFWS who have been mentally and physically handicapped with a support system that could aid them in overcoming their psychological and emotional traumas and thereby facilitate their reintegration into the mainstream of society.

II. OBJECTIVES

The objectives of the program are to:

1. Develop case profile of OFWs for appropriate case management;
2. Enhance the coping mechanisms and abilities of OFWs through an integrated approach to social work;
3. Establish support system for OFWs within the family and the community;
4. Establish a referral system with government and non-government organizations for specialized medical, psychological and other interventions.

III. COVERAGE

Overseas Filipino workers who have been treated or hospitalized due to mental illness or physical handicap, due to amputation, loss of vision, etc. shall be covered by the program.

IV. IMPLEMENTING UNITS

The Regional OWWA Units (ROUs) and the Workers Assistance Division (WAD) of the Field Service Office (FSO) are the implementing units of the program. The Social Worker/Community Development Officer (CDO) is the focal person in undertaking the case work and other services as may be required by the program. The overseas welfare officers and center coordinators shall provide timely information regarding

on-site cases for case management.

The Field Service Office (FSO), the Internal Management and Service Office (IMSO), and the Overseas Operating Coordinating Center (OOCC) shall provide financial, administrative and other logistical support to the program.

V. *IMPLEMENTATION SCHEME*

The implementation of the program follows three (3) phases: (a) observation phase; (b) integrated social work, and (c) follow-up activities. There shall likewise be networking and referral system to be established by the Social Workers/CDO.

A. *Observation Phase.* The rehabilitation program starts even while the OFW is still physically recuperating at the hospital from physical amputation, mental illness or trauma. The Social Worker/CDO shall make regular visitations at the hospital where the OFW is confined to allow actual observation of the patient's physical and/or mental state. Further, the Social Worker/CDO should coordinate and make appropriate arrangements with the hospital and the patient's medical doctors to obtain the OFW's medical profile/history, whenever possible. This shall aid the Social Worker/CDO to identify appropriate strategies and approaches for the OFW's rehabilitation after his hospital confinement.

B. *Integrated Approach to Social Work.* The integrated approach to Social Work shall involve three (3) levels:

1. *Individual Session* — After release from the hospital, the Social Worker/CDO shall conduct individual sessions with the OFW. These sessions, whenever allowed, shall be undertaken at the residence of the OFW. The principal purpose of the sessions is to rebuild the self-confidence and trust of the OFW. There shall be at least one (1) such session in a week or as may be required by the current psycho-social and emotional functioning of the OFW.

2. *Group Session* — From the individual level, the sessions could progress into group sessions with the OFW and his family and peers. Separate sessions with the family of the OFW may be arranged to prepare the members for the eventual return of the OFW into the family circle.

However, the advancement to the group level shall depend mainly on the results of the individual sessions as evaluated by the Social Worker/CDO. The purpose of the group sessions is the affirmation of the OFW's acceptability and belongingness within the circle of people who play significant roles in his life. The sessions could be conducted twice a month within a period to be determined by the Social Worker/CDO.

3. *Community Outreach* — The group sessions usually become the basis of the OFW's reintegration within the community. On the basis of his reactions and responses to the smaller group of individuals, he could proceed within the larger sphere of the community. This phase shall have to involve the OFW in community oriented activities under the guidance of the Social Worker/CDO. Networking with the LGUs particularly at the barangay level have to be coordinated by the Social Worker/CDO.