

Regional Memorandum Order
No. 007, series of 2020

GUIDELINES IN THE IMPLEMENTATION OF "NEW NORMAL" DELIVERY OF SOCIAL AND VOCATIONAL REHABILITATION TRAININGS AND ACTIVITIES OF THE NATIONAL VOCATIONAL REHABILITATION CENTER (NVRC)

I. RATIONALE

The National Vocational Rehabilitation Center (NVRC) a non-residential facility under the Department of Social Welfare and Development — National Capital Region (DSWD-NCR) has been providing social and vocational rehabilitation trainings and activities to Persons With Disabilities and Other Vulnerable Groups since 1954 for their eventual employment and reintegration in their communities. The center is long used to delivering social and vocational rehabilitation trainings and activities through **face to face** interaction in the classroom.

The Global outbreak of Corona Virus or COVID 19 affecting the whole country with ten (10) confirmed infected cases on March 8, 2020 compelled the government to place the entire Philippines under state of public health emergency through Proclamation 922 signed by President Rodrigo Duterte, as such, training and educational institutions were one of the many establishments forced to shut down specially in Metro Manila and did not exempt NVRC, as means to enforce necessary physical distancing as a major measure to avoid the spread of COVID 19.

The COVID-19 pandemic threatens all members of society. The persons with disability trainees/clients rights to live freely in the community, right for education, right for health and right for employment among others are in high risk due to environmental and institutional barriers that are imposed in the COVID-19 response. The trainees of NVRC who are still in social and vocational rehabilitation stage those depending on the center's support for their daily living and those employed graduate trainees/clients who abruptly lost their jobs, find themselves isolated and unable to survive. Further, those persons with disabilities who already expressed their intention to enrol at NVRC with the hope to improve their psycho-social functioning and acquire vocational skills for future employment were denied due to the Global Pandemic.

On June 1, 2020, President Rodrigo Roa Duterte, through the Inter-Agency Task Force (IATF) declared General Community Quarantine (GCQ) in the National Capital Region (NCR) allowing several establishments to operate, that includes training and educational institutions. The

COVID 19 threat is still looming the country with **83,673** infected cases and 1,947 reported deaths based on the DOH report as of July 28, 2020, and counting.

Hence, the commercial establishments and institutions must operate in a "new normal" context wherein everyone must conform with the national policies and guidelines against the threat of COVID=19.

In recognition to the above-premise, NVRC is compelled to consider and deploy new learning modalities to become responsive in its provision of social and vocational trainings and activities to Persons with Disabilities and Other Vulnerable Groups, including distance learning. The distance learning is relatively new to NVRC and the mechanisms needed for its full operationalization are in its working progress. One mechanism in this challenging endeavour is the "Learning From Home (LFH)"platform to support the needs of trainees/clients in developing their psycho-social functioning and vocational skills and to support their daily living until they will be successfully employed in either open, self and sheltered employment. New courses for the blind were also developed to accommodate those compelled to beg on the streets

The adaptation of the blended learning system of LFH and LTFL prevents the spread of COVID 19 virus. This drives the trainee to pursuit of knowledge, hence self-regulation is also strengthened. The blended learning approach can also stimulate or strengthen the family relationships at home because LFH is viewed as a natural, experiential aspect of life that as the members of the family/guardians are involved with one another in daily living. For the staff, the adaption of the blended learning compelled them to adjust their learning instructions and tools, from conventional to digital which provide them additional knowledge and skills in providing social and vocational rehabilitation trainings and activities.

Recognizing the above premise pursuant to the Administrative Order No. 3 series of 2020, COVID 19 Response and Recovery Plan (2020-2022) issued by Secretary Rolando Joselito D. Bautista on April 29, 2020, the National Vocational Rehabilitation Center (NVRC) under the Department of Social Welfare and Development-National Capital Region (DSWD-NCR) adapts the following guidelines in the delivery of social and vocational rehabilitation trainings and activities responsive to the needs of Persons With Disabilities and Other Vulnerable Groups.

II. LEGAL BASES

The Philippines is a signatory to the international laws and covenants and enacted national policies that aim to protect and promote the rights and welfare of the Persons with Disability. The following legal bases are based on international and national legal instruments:

A. International Covenant

1. The United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) which the country ratified in 2008 aims to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity". This was preceded by the Convention on the Rights of Person with Disabilities Optional Protocol adopted on 13th of December 2006 at the UN Headquarters in New York, and opened for signature on 30th of March 2007. It is the first comprehensive human rights treaty of the 21st century and is the first human rights convention to be open for signature by the regional integration organizations.

- 2. The United Nations General Assembly Resolution 62/139 issued on December 18, 2007 declaring April 2nd of every year starting in 2008 as World Autism Awareness Day (WAAD). The declaration invites UN Member States, relevant organizations, civil society, including non-governmental organizations and the private sector, to observe the WAAD in order to raise public awareness about autism throughout the society.
- 3. Incheon Strategy for the Persons with Disability- The Biwako Millennium Framework for Action for Persons with Disabilities in Asia and the Pacific (1993-2002, Japan) which promote the following core principles:
- Principles of Inclusive (disability mainstreaming, "twin track approach")
- Barrier-free (removal of all kinds of barriers, physical barriers, universal design and barriers of social attitudes)
- Social model of disability
- Rights-based human rights (universal and global) and civil rights (domestic) based

B. National Law

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1. Republic Act No. 7277 – January 22, 1992 An Act Providing For The Rehabilitation, Self-development and Self-Reliance Of Disabled Person and the Integration Into the mainstream Of society and for other purposes.

CHAPTER I, SECTION 9. Vocational Rehabilitation Consistent with the principle of equal opportunity for disabled workers and workers in general, the State shall take appropriate vocational rehabilitation measures that shall serve to develop the skills and potential of disabled persons and enable them to compete favourably for available productive and remunerative employment opportunities in the labor market.

The **Department of Social Welfare and Development** shall design and implement training programs that will provide disabled persons with vocational skills to enable them to engage in livelihood activities or obtain gainful employment.

SECTION 10. Vocational Guidance and Counselling The Department of Social Welfare and Development shall implement measures providing and evaluating vocational guidance and counselling to enable disabled persons to secure, retain and advance in employment. It shall ensure the availability and training counselor and other suitability qualified staff responsible for the vocational guidance and counselling of disabled persons.

Page 3, Special Education Needs, the provision of the special equipment, facilities or resources, modifications of physical environment and specialized teaching techniques needed by persons with disabilities.

2. Republic Act No. 2615 of 1959

An Act to amend certain sections of the Republic Act No. 1179, entitled "An Act to provide for the promotion of vocational rehabilitation of the blind and other handicapped persons and their return to civil employment and to create a National Council on Rehabilitation. It provides for the establishment of nine (9) Regional Vocational Rehabilitation Training Centers and

also extends the six months period of Vocational Rehabilitation Training for the Disabled Trainees to a period of one year."

3. Republic Act No. 997 of 1956 (Re-organization Plan 50)

"An Act Amended the Republic Act No. 997 of 1956 providing the establishment of the **Pilot Rehabilitation Training Center (now NVRC)**. Section 23, Item No. 2 of Re-organization Plan 50, also provides for the administration of the sheltered workshop under the Pilot Rehabilitation Training Center (now RSW) for the disabled persons. The PRTC has a dual purpose of training clients and production of goods for sale in marketing outlets, provides for the re-organization which defines the organizational functional structure of the Office including that of the Vocational Rehabilitation Sector at the Regional Office."

4. Republic Act 1179 of 1954

"An Act to Create a Social Security System Providing Sickness, Unemployment, Retirement, Disability and Death Benefits for Employees. It also provides for the promotion of the vocational rehabilitation of the blind and other disabled and their return to civil employment. It further provides for the establishment of the **Office of Vocational Rehabilitation (OVR)** which is incharge of implementing the major programs or vocational rehabilitation programs of the former Social Welfare Administration (SWA)."

C. Government Agencies/Inter-Agency Issuances

1. TESDA Circular No. 66-A series of 2020 dated June 27, 2020, Amended/Supplemental Guidelines on the TVET Arrangements Towards the New Normal During the COVID-19 Crisis, states that actions to be taken by the institutions/training centers, public and private, in preparation for the resumption of classes, should be in accordance with the IATF-EID guidelines. More importantly, plans and actions should strictly follow the health protocols of the Department of Health. School operations may be adjusted accordingly.

Implementation arrangement under General Community Quarantine (GCQ), letter c, states that all other training programs may be implemented by all institutions offering TVET through the following training delivery modalities:

- i. Full online/E-learning trainings;
- ii. Distance Learning for TVET programs:
- iii. E-learning component of Blended Learning for TVET programs
- 2. The Inter-Agency Taskforce for the Management of Emerging Infectious Diseases (IATF-EID) Resolution No. 47, series of 2020 dated June 19, 2020 which further amends the Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines to include policies on the resumption of Technical-Vocational Education and Training (TVET) for areas placed under community quarantine.
- **3. IATF Resolution No. 41, series of 2020, May 29, 2020,** declaring NCR under General Community Quarantine and approving the opening of classes on August 24, 2020 but emphasizing no face-to-face class instructions.

4. Inter-Agency Task Force Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines, May 15, 2020to harmonize and codify existing policies of the IATF and member-agencies pertaining to community quarantine, which shall be applied to all regions, provinces, cities, municipalities and barangays placed under community quarantine.

D. DSWD Issuances

- 1. Administrative Order No. 3 series of 2020, COvid 19 Response and Recovery Plan (2020-2022), directing respective offices to formulate their respective Strategic Contribution Recovery Plan under "new normal" context.
- 2. AVRC Manual of Operation 2007, serves as the operational procedures for the efficient and effective implementation of the programs and services, including the provision of gratuity allowance to trainees of the National and Area Vocational Rehabilitation Centers.
- 3. Administrative No. 05, series of 2005, Guidelines in the Implementation of the Enriched Curriculum of the Vocational Rehabilitation Centers seeks to upgrade the training courses of the vocational rehabilitation centers to enable the trained persons with disabilities meet the demand of the competitive labor markets.

E. Regional Issuances

- **1. NVRC Manual of Operation 2017,** defining the NVRC Vision, Mission Goals, policies and the Standard Operating Procedures (SOP) in giving integrated and coordinated programs and services to its target clientele including expanding the coverage of gratuity allowance of trainees to include food and room rental expense
- 2. Regional Memorandum Order No. 001 series of 2012, Guidelines on the Provision of Gratuity to Trainees/Clients of the National Vocational rehabilitation Center (NVRC), establishing a clear policies and procedures in providing gratuity or cash assistance to subsidize the transportation expense of the trainees while undergoing social and vocational rehabilitation trainings
- 3. Regional Memorandum Order No. 005 series of 2018, An Order Amending PMO No. 001 Series of 2012 Known as "Guidelines on the Provision of Gratuity to Trainees/Clients of the National Vocational Rehabilitation Center (NVRC)", where revisions and additional provisions were needed to align to current trends and needs of persons with disabilities and other vulnerable group trainees

III. OBJECTIVES

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General Objective:

This guideline aims to make the delivery of programs and services of NVRC more responsive to the needs of persons with disabilities and other vulnerable groups under the "new normal" context.

Specific Objectives:

Specifically, it aims to:

- Establish a "Blended Approach" of Learning From Home (LFH) and Face-To-Face Learning (FTF) platforms;
- 2. Establish defined standard operating procedures in providing integrated and coordinated programs and services to clientele under the "new normal" context;
- 3. Build awareness to the public in understanding the needs and advocating the rights of the persons with disabilities and other vulnerable groups to be inclusive of the government's response to COVID-19 pandemic.

IV. DEFINITION OF TERMS

Blended Learning Approach— refers to the combined instructional learning approach of Learning From Home and Face-to-Face Learning

Disability- refers to (1) a physical or mental impairment that substantially limits one or more psychological or anatomical function of an individual or activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment.

Face to Face Learning (FTFL)— refers to a live learning instructions done in a classroom setting.

Learning From Home (LFH) – refers to learning instructions wherein trainees learn at home through take home learning materials with family/guardian support.

New Normal – refers to the emerging behaviours, situations and minimum public health standards that will be institutionalized in common or routine practices and remain even after the pandemic while the disease is not totally eradicated through means such as widespread immunization (source: A Guide to The New Normal v.1, Department of Health, August 25, 2020)

Other Vulnerable Groups – refers to trainees of the National Vocational Rehabilitation Center who are Out of School Youth, Recovered Drug Dependent, Released Prisoners, Arrested PTB Cases and Persons with HIV

Persons with Disability – refers to trainees of the National Vocational Rehabilitation Center, who are suffering from restrictions or different abilities, as a result of a mental,

physical or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being who are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response.

Rehabilitation – refers to the "new normal" reasonable accommodation that provides opportunity for recovery of the basic right of the persons with disabilities and other vulnerable groups to move within the mainstream of society and engage in gainful and meaningful employment.

Rehabilitation Team – refers to the multi-disciplinary team of the center who formulates, implements, monitors and evaluates the progress of trainees in relation to their vocational goals under the "new normal context".

Subsidy – refers to the grant provided to all NVRC admitted trainees in the form of: gratuity allowance for transportation, mobile load, food and accommodation; educational supplies, Information and Technology gadgets & equipment needed to acquire required competencies on social and vocational rehabilitation courses through Learning From Home platform for their eventual reintegration in the society.

Trainees - refers to persons with disability and other vulnerable group who are registered as clients of NVRC.

Social and Vocational Rehabilitation – refers to a program in a "new normal" setting to develop the competencies and potentials of persons with disabilities and other vulnerable group to enable them to compete favourably for available "new normal" productive and remunerative employment opportunities in the labor market.

V. SCOPE AND COVERAGE

This guideline applies to the delivery of all NVRC programs and services for Persons With Disabilities and Other Vulnerable Group trainees living in Metro Manila and adjacent regions.

VI. GENERAL POLICY

- 1. The learning from home instructions shall require the participation of family members or guardians who promote understanding that learning is a natural and experiential aspect of life and the members of the family/guardians are involved with one another.
- 2. The modules and Instructions shall ensure that the center focuses on the delivery of relevant, responsive, and effective social and vocational trainings and activities which provide support.
- Management and delivery systems of social and vocational trainings and activities shall consider diversity of learners and their contexts with strict observance of the protocols of Hand Washing, Wearing of Face Masks and Physical Distancing, among others, against COVID 19 threats.

- 4. Learning resources are aligned to the blended learning approach and supportive of the various social and vocational rehabilitation trainings and activities and modes of delivery, including those for learners with special needs shall be made available as subsidy.
- 5. All applicants either walk in or referred by MUST be referred first to the Medical Service to undergo initial physical examination and medical assessment to check COVID 19 symptoms or history of exposures. Issuance of medical clearance shall be given to clients if found cleared. Only after issuance of medical clearance, if found cleared by the Medical Office III, shall clients may proceed to SAS for intake interview and to other services for initial assessment. This rule shall also apply to all applicants registered online before they are being referred to other services for initial assessment.
- Center's office and training facilities must be recalibrated in conformity with physical distancing and Occupational Health and Safety (OHS) standards adhering to the Inter-Agency Taskforce for the Management of Emerging Infectious Diseases (IATF=EID) Resolution No. 47, series of 2020.

VII. IMPLEMENTING PROCEDURES

A. Pre-Implementation Stage

The following preparatory activities in the implementation of modified approaches for the delivery of all NVRC programs and services for Persons With Disabilities and Other Vulnerable Group shall be undertaken:

- A.1. Establish internal protocols and signages in compliance with the the national protocols in the implementation of COVID-19 contingency measures.
- A.2.Procurement of COVID-19 Hygiene Kits and PPE for trainees and staff to be used during FTFL
- A.3 Procurement of training equipment such as tablets, USB and transistor radio for LFL
- A.4 Conduct mapping and profiling of families with Persons With Disabilities living in NCR to determine number of target potential trainees
- A.5.Establish online registration system in coordination with the Regional Monitoring and Information System Office
- A.6.Modify module of instructions of all Services to conform with the blended learning approach on LFH and FTFL
- A.7. Develop a digital learning instructions and hand-outs for LFH platform
- A.8. Develop assessment tools to evaluate performance of clients on LFH

- A.9 Develop verifiable competency assessment and evaluation tools to determine progress of trainees on Learning from Home approach and Face-to-Face Learning
- A.10 Develop a new Training Program for trainees that may equip individual capacity while at home to produce basic needs (e.g. Arts & Crafts using waste materials, Home Gardening)
- A.11. Develop new courses for the blind trainees
- A.12. Conduct Industry Survey on "new normal" work competencies and requirements of different industries for OJT and employment accommodation of NVRC trainees
- A.13. Facilitate continuous partnership with DOLE for livelihood assistance to NVRC trainees.

B. Actual Implementation Procedures

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The "new normal" delivery of all NVRC programs and services for Persons With Disabilities and Other Vulnerable Group trainees shall include the following:

B.1.Trainee Admission/Enrolment Procedures

The trainee admission shall be done on the following approaches:

B.1.1.Admission/Enrolment Process

B.1.1.1. Online Registration

There shall be an established online registration system in the Social Adjustment Service (SAS) where applicants can fill out the registration form. Registered applicants shall be informed of their schedules for initial assessment.

B.1.1.2. Walk-in Registration

All walk-in applicants shall be first referred to the Medical Officer III for physical check up to determine symptoms of COVID 19. If applicant is found to have the virus symptoms, he/ she shall be referred immediately for testing. If found to have no symptoms of the virus, applicant shall be referred for initial assessments by the different services.

B.2.Initial Assessment Process

The initial assessment process follows the conventional process based on the existing NVRC Manual of Operations with the strict observance of COVID 19 preventive measures and policies established in the center.

Those who applied through online registration shall be referred to the Medical Officer III and shall follows the process stipulated in B.1.1.2.

B.3. Preparing Trainee for Blended Learning

- B.3.1. Trainee, upon admitted, shall be provided with social and vocational rehabilitation training schedule covering the period from three (3) to twelve (12) months depending on the trainee's rehabilitation goal, where expected learning outcomes are defined:
- B.3.2. The first day schedule of the Trainee shall be allotted for a face-to-face orientation on the procedures, policies and requirements for blended learning for him/her to acquire competencies and graduate; A walk-through/hands-on instructions on the use of gadgets (tablets, transistor radio) with the digital learning instructions shall also be conducted with the trainee:
- B.3.3. Learning Contract or "kasunduan" to conform with the center's policies and requirements for achieving the trainee's goal shall be administered:
- B.3.4. Trainee shall be then issued with tablet or transistor radio together with the 1st Module digital learning instructions.

B.4. Provision of Social and Vocational Rehabilitation Trainings and Activities

The "new normal" delivery of Social and Vocational Rehabilitation Trainings and Activities shall apply a "blended learning approach" of Learning From Home (LFH) and Face-to-Face (FTF) learning as described below, while still remaining true to the framework of DSWD Rehabilitation and Competency-Based Learning set by the Technical Education and Skills Development Authority (TESDA):

B.4.1.Learning From Home (LFH)

This approach emphasizes a more spontaneous and less structured learning environment in which the Trainee's interests drive his/her pursuit of knowledge.

For the meantime, the Learning From Home is **NOT** an **ONLINE** platform, rather it is **literally** studying at home with **TAKE HOME** learning instructions packaged in **digital forms**. For example, videos with sign language learning instructions that can be saved and viewed in a tablet by deaf or sighted trainees and audio learning instructions that can be saved and listened to by blind trainees in a transistor radio with USB port. This is in consideration of the financial incapability of the poor and vulnerable clients/trainees of NVRC for internet connections and the center's readiness for online learning, notwithstanding consideration for online learning in the future.



B.4.1.1. LFH Procedures

- Trainee shall be provided with modular digital learning instructions, Information Sheet, Task Sheet, educational supplies and materials and Self-Assessment Questionnaire Form based on the expected learning outcomes per module in their training schedules;
- The trainee shall study at home with the support of family/guardians four (4)
 days a week with the use of tablet or transistor radio where the modular digital
 learning instructions designed for the 4-day period were saved, and
 Information Sheet and Task Sheet shall also be provided as their additional
 references;
- 3. There shall be an established communication line or system in the form of but not limited to text messaging or video chat to ensure that there is an interaction of trainees and trainers/staff during LFH for the purpose of clarifications on the part of the trainee and monitoring on the part of the trainer/staff.
- 4. To determine knowledge, skills and attitude gained for the given 4 days LFH, the trainee shall:
 - Answer the Self-Assessment Questionnaire for knowledge gained to be submitted during the face-to-face learning to be checked by the Trainer/Staff:
- If in the given 4-day schedule has required skills application, trainee shall practice the skills at home based on the digital demonstration and Task Sheet provided;
- 5. The same process shall be carried out for the succeeding weeks until all modules are completed and learned by the trainee.

B.4.2. Face-to-Face Learning (FTFL)

This approach is a live learning instruction wherein trainees and the Rehabilitation Team are physically present in the center for **one** (1) day a week. This shall be the venue for LFH **knowledge** assessment and evaluation, **skills** demonstration and practical applications of psycho-social functional and vocational skills. To ensure physical distancing, a maximum of five (5) trainees shall be allowed in each course during the FTFL instructions.

B.4.2.1. FTFL Procedures

i. Trainee, upon entry to the center, shall be assessed first by the Medical Officer III for signs and symptoms of COVID-19 before proceeding to FTFL class session. If in case the trainee was found to have the symptoms of COVID-19, he/she shall immediately be referred to the testing center for swabbing and shall be advised that s/he shall be re-scheduled until further notice.

- ii. If found to have no signs and symptoms of the virus, the trainee shall proceed to the designated room assignment to attend training sessions.
- iii. The Trainer/Staff shall evaluate trainee's Learning From Home (LFH) performance through the filled up Self-Assessment Questionnaire, question and answer method (recitation) and return demonstration using the Performance Checklist Form
- iv. If during the return demonstration by a Trainee, s/he failed to properly execute, the trainer/staff shall perform actual demonstration and let the trainee repeat his/her return demonstration.
- v. The Trainer/Staff shall process KSA learned for the week (4 days LFH & 1 day FTFL);
- vi. The Trainer shall provide the next module or lesson in digital form including Information Sheet, Task Sheet, educational supplies/materials and Self-Assessment Questionnaire to be taken home by the trainee for succeeding 4-day week Learning From Home.

As part of the curriculum of the center, the Trainee, after being assessed and evaluated by the Trainer to be competent shall be recommended for On-the-Job Training (OJT) for three (3) months to practice and improve his/her competencies in an actual industry workplace.

If however, not competent for industry job requirements, the trainee shall be considered as graduate and rehabilitated and shall be referred to Local Government Units (LGUs) or shall be referred back to family for further interventions.

B.5.FTFL Protocols Against COVID-19

The following protocols against COVID-19 shall be strictly observed in the center:

B.5.1.Recognition of COVID 19

B.5.1.1.For the Guards on Duty

- i. Security Guard on duty shall take body temperature upon entrance of all staff, trainees and visitors;
- ii. Immediately isolate at holding area if trainee/staff/visitor has fever of 37.5 degrees Celsius and above and report immediately to the Medical Officer III.
- iii. Ensure confidentiality of trainee/staff/visitor detected with 37.5 body temperature.

iv. Those with cough shall not be allowed to enter and be advised to go home. For trainees and staff, they shall be reported to the Medical Officer III for Medical Assessment.

B.5.2.Protection from Exposure

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B.5.2.1.For the Guards on Duty

- Ensure self-disinfection and sanitation of the working table/area all the time and sanitize anyone who enters the center
- ii. Strict enforcement of the "no face mask, no entry policy"
- iii. Practice proper hygiene and sanitation and shall not touch the face with unwashed hands.
- iv. During the time in and out of staff, trainees and visitors shall be reminded on the following measures:
 - a. Advise them to use their personal pens in logging in and out from the log book;
 - b. Clients and visitors shall be provided with separate pens which are being sanitized every after use.
 - c. Advise staff/trainees/visitors to follow established physical distancing.
 - d. In observance to "one-hand" rule, the Guard on Duty shall be the one to log in/out of the trainees and staff's Daily Time Records (DTR)

B.5.2.2. For the NVRC General Staff

- STAY AT HOME when feeling sick and OBSERVE proper coughing and sneezing etiquette and HAND HYGIENE. WEARING a FACE MASK is a MUST.
- ii. Make sure PHYSICAL DISTANCING is being observed when doing intake/initial interviews and FTFL instructions.
- iii. Every Service shall provide a waiting area outside their respective offices to observe physical distancing and avoid crowding while waiting to be called by the RTM or concerned staff.
- iv. ONE PERSON IS ALLOWED during interview.

- v. ALL STAFF are reminded to clean their hands frequently using soap and water at least 20 seconds or using a 70% alcohol-based sanitizers.
- vi. As much as possible, encourage phone or virtual communication with stakeholders to sustain partnership and related coordination.
- vii. Reduce physical contact between staff (during meetings or during breaks). Avoid areas when providing services.
- viii. If close contact is unavoidable, keep it less than 15 minutes. Arrange the timing of meal breaks to reduce the number of people sharing staff room, pantry or kitchen.
- ix. Ensure there is only one to two persons in a comfort room. Supply soap or appropriate hand sanitizer. Post a sign on the main door indicating when one of the toilets is in use to ensure that only one person at a time enters.
- x. Ensure that only the staff who are essential to the scheduled activity are present to the workplace or venue and minimize the presence of third parties.
- xi. Sustain a routine environmental cleaning and consider additional measures.
- xii. Clean the working premises frequently especially working tables, receiving area or counters, door handles, chairs and other surfaces that people touch often and provide good ventilation, if possible.
- xiii. Strictly follow the proper disposal of Personal Protective Equipment (PPE). Provide and place in a yellow plastic bag after use.
- xiv. Avoid excessive workload among utility workers by taking appropriate measures such as taking initiative in cleaning workplaces. All services shall observe 5S.

B.5.2.3.For the NVRC Trainers

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- i. Enhance cleaning procedures including 15 minutes actual skills demonstration on trainees to deep clean demonstration suits and common areas. ii. Ensure meeting the Minimum Standard Guidelines relating to sanitation and hygiene.
- Body temperature screenings of Trainers at the start of training session or demonstration with trainees shall be a must to ensure that they are well and ready to conduct training.

- iii. Staggered schedule of skills demonstration or training sessions shall be practiced to minimize social contact and ensure to avoid gathering in waiting areas.
- iv. Implement 15-minutess turn-over period between each session or skills demonstration/return demonstration for both trainees and trainers to perform the necessary sanitation protocols.
- v. Ensure physical distancing on seat arrangement and maintain a maximum of 5 trainees in a room.
- vi. Provide frequent reminders to trainees that wearing masks, gloves and other PPE will help to prevent o spread of corona virus, Hence, shall be frequently practiced.
- vii. For Massage Trainers, use clean linens, including blanket for each trainee. Change linens and pillows after use. Sanitize massage bed every other trainee's use. The application of lubricants and effleurage (gliding) strokes are prohibited.
- viii. Throughout the day, wipe frequently-touched areas with disinfectant.

B.5.2.4.For Trainees In the Center

- Submit self for physical check up to the Medical Officer III and provide accurate information regarding queries on COVID-19 prior to attending training sessions/demonstrations.
- ii. For the blind trainees, avoid sneezing in the crook of elbows as this could pose risk since they usually hold onto the sighted guide by holding the elbow.
- iii. Clean with soap and water or other cleaning agent to disinfect surfaces being touched.
- iv. The trainees using wheelchairs shall keep at least 6 feet from each other whenever possible for the reason that their heads are lower than the people standing thus, prone to respiratory droplet from an infected person. Wash face in addition to hands after training session. Use antibacterial solution to clean frequently-touched surface such as wheel, brakes and push rim of a manual wheelchair throughout the day. For a power or automatic wheelchair, clean the joystick and any controls, armrest and any parts of hands touch.
- v. For the trainees who are using other assistive devices like walkers, cranes, white canes and others, regularly wipe those with antibacterial products.

B.5.2.5.For Trainees in On-the-Job Training (OJT)

 NVRC shall adhere to the existing guidelines and protocols of the partner OJT sites of the trainees; The trainees shall be provided with Personal Protection Equipment/Materials (PPE) as recommended herein based on the requirement of partner OJT sites.

B.5.3.Recommended Personal Protection Equipment/Materials

- i. Face Mask for mouth and nose protection
- ii. Non-Sterile or Disposable Gloves for hand protection
- iii. Scrub Suits and Apron for body protection
- iv. Goggle and Face Shield for eye protection
- v. Shoe covers for foot protection
- vi. Head cover or hairnet is an option

B.6.Gratuity Allowance of Trainees

The provision of gratuity allowance shall be based on the approved LFH and FTFL training schedules of trainee with specific learning outcomes and self-assessment tools which shall be concurred by the Rehabilitation Team and approved by the Center Head. These documents shall be attached to the trainee's Daily Time Record (DTR) necessary to facilitate the release of fund from FO-NCR.

Those attending the training through LFH shall be equivalent to an 8-hour training day. Hence, the amount for complete 8-hour training day prescribed in the existing guidelines in the provision of gratuity allowance shall be followed. For the FTFL, the computation shall be based on the actual time-in and time-out of trainees in their Daily Time Record (DTR).

The purpose of the provision of gratuity allowance to trainees as prescribed in the existing guidelines includes transportation expense, food and accommodation. Since trainees shall not be incurring transportation expense during Learning From Home, the supposed expense for transportation shall be used by trainees for mobile or load allowance needed in communicating with their respective trainers/staff for clarifications about the take home lessons.

C. Post-Implementation Procedures

The post-implementation activities shall include, but not limited to the following:

- C.1. Conduct a workshop to evaluate the efficiency and effectiveness of the implementation of the "new normal" delivery of social and vocational rehabilitation trainings and activities to Persons With Disabilities and Other Vulnerable Groups which shall be part in the NVRC Program Evaluation Review (PREW).
- C.2 Enhancement of implementing procedures of the "new normal" delivery of social and vocational rehabilitation trainings and activities to Persons With Disabilities and Other Vulnerable Groups based on the PREW evaluation for the succeeding year implementation or to determine sustainability of the practice.

VIII. SOURCE OF FUND

The budgetary requirement for the implementation of this guideline shall be part of the Work and Financial Plan (WFP) - Direct Release Fund of NVRC.

IX. MONITORING AND EVALUATION

The internal monitoring and evaluation of the day-to-day operations of the Center shall be undertaken by the National Vocational Rehabilitation Center Implementing Team headed by the Training Center Superintendent with all the Services' Heads as members.

A. Basis for Monitoring and Evaluation

The Basis for Monitoring and Evaluating the Efficiency and Effectiveness of NVRC New Normal Delivery of its Program and Services include the following:

a.1. Work and Financial Plan

This is the basis for monitoring and evaluating the efficiency and effectiveness of the New Normal Delivery of Program and Services to persons with disabilities and other vulnerable groups.

a.2. COVID-19 Recovery Plan: Strategic Contribution Implementation Plan

This is the basis for monitoring and evaluating the overall performance of the center in terms of Administration and Organization Management, Case Management, Program Management, Helping Interventions Management and Physical and Safety Management as support to the implementation of this guideline.

a.3. Service Plan.

This is the basis for monitoring and evaluating the operational performance of a particular service or as a unit in the new normal delivery of their respective services.

a.4. Case Management and Intervention Plan

This is the basis for monitoring and evaluating the transformational enhancement and development of trainees under the new normal context.

B. Monitoring and Evaluation Tools

b.1. Narrative Accomplishment Reports

These reports are regularly submitted (monthly, quarterly, mid-term and annual reports) by each service. It provides relevant details in determining whether the implementation of their respective service plans and Work and Financial Plan are in the right track or not which shall be the basis of the NVRC Implementing Team's evaluation analysis for necessary plan adjustments.

b.2. Trainees Monitoring and Evaluation Reports

These reports provide information on the progress or improvements of the trainees during their rehabilitation and development phases with the LFH and FTFL platforms, including issues and concerns for appropriate interventions.

b.3. Monthly Unit Meeting

This is conducted to assess the effectiveness of service delivery for the trainees.

b.4. Monthly General Staff Meeting

This is conducted to consolidate and evaluate the performance of the Center as a whole including issues and concerns for appropriate management policy action.

b.5. Mid-Year Evaluation

This is undertaken every after six (6) months of operation to find out if set objectives are met. It is also a venue to identify and define better strategies and approaches for program and services implementation. This is done with the whole NVRC staff.

b.6.Program Implementation Review (PIR)

A management tool in evaluating the efficiency and effectiveness of the delivery of program and services. This is conducted every after one (1) year of operation with the General Staff and representatives from the Field Office. The result shall be the basis for NVRC's future development direction.

b.7.Rehabilitation Team Meeting

This is a monitoring mechanism in tracking down the Rehabilitation and Development progress of trainees.

b.8.Periodic Home/Community Visits

This is done to monitor and evaluate compliance with signed contract by support groups and other stakeholders in the implementation of the trainees' intervention plan.

X. INSTITUTIONAL ARRANGEMENT

National Vocational Rehabilitation Center

A. Office of the Training Center Superintendent with the Administrative Staff

 Continuous provision of capability building activities to all staff to ensure efficient and effective implementation of the "new normal" delivery of social and vocational rehabilitation trainings and activities to Persons With Disabilities and Other Vulnerable Group.

- Monitor compliance with the guidelines set herein and document areas for improvements.
- Review curriculum and instructions to ensure that the organization focuses on the delivery of relevant, responsive, and effective social and vocational rehabilitation trainings and activities which all other strands and services provide support.
- Set clear parameters in the Rehabilitation Team for where/how trainees can ask questions and express their concerns, and for determination of trainees' progress.
- Establish policies, standards and guidelines relevant to assessment and quality assurance of curriculum and learning delivery processes based on Technical Education and Skills Development Authority (TESDA) and existing laws on rehabilitation of persons with disabilities
- Monitor compliance with COVID-19 internal protocols that need to be observed in the center.
- Submit quarterly and semestral accomplishment to the Field Office.

B. Social Adjustment Service (SAS)

- Facilitate the case management processes for each trainee as prescribed in the Manual of Operation and as set herein.
- Refer trainee's needs to other center services and agencies/organizations.
- Manage the online registration of applicants.
- Maintain data banking of trainees served and profile data of Persons With Disabilities gathered from the LGUs.
- Prepare case study reports for each trainee.
- Recommend qualified trainees for gratuity allowance.
- Provide Learning From Home and Face-to-Face social adjustment training and activities to trainees
- Provide report to the center head on case management plan implementation on a quarterly and semestral basis

C. Allied Services (Medical/Dental and Psychological and Vocational Guidance)

- Conduct initial assessments on the COVID 19 exposure, physical and psychological fitness of applicant for training.
- Refer applicants found to have exposure or infection on COVID 19 for testing or treatment.

- Provide awareness-building on COVID-19 prevention and updates to both trainees and staff.
- Monitor both trainees and staff on COVID-19 infections on a daily basis (for staff) and weekly basis (for trainees).
- Monitor compliance of trainees and staff with the use of PPE and observance of physical distancing.
- Provide report to Center Head and FO Management on the status of monitoring and compliance with the Center's COVID 19 Contingency Plan.
- For VGPS to provide Learning From Home and Face-to-Face psychological and vocational guidance activities.
- Submit monthly progress reports of trainees.
- Submit quarterly and semestral Service Plan Implementation Reports.

D. Training Service

- Enhance curricula and instructions on the delivery of a relevant service.
- Provide Social and vocational trainings and activities to trainees.
- Evaluate training performance of each trainee and submit progress report to SAS.
- Develop and recommend designs on learning management and delivery models for different learning groups / types of learners in accordance with the learning system where the learners are engaged.
- Develop and manage the training and development program ofthe Training Staff in coordination with the Technical Education and Skills Development Authority (TESDA).
- Submit quarterly and semestral Service Plan Implementation Reports.

E. Placement Service

- Provide Learning from Home and Face-to-Face Pre-Employment Seminar to trainees prior to their On-the-Job Training (OJT).
- Continuous scouting and engagement with different industries for the establishment of OJT and job placement sites.
- Refer trainee-graduates for employment.

- Monitor employed graduates and submit monitoring reports to SAS.
- Submit quarterly and semestral Service Plan Implementation Reports to the Center Head.

Field Office-NCR

A. Office of the Regional Director

As the lead in the executive determination of policy plans, provides directional support and guidance in the implementation of this guideline.

B. Office of the Assistant Regional Director for Operations

Provides coordination support in the effective implementation of this guideline.

C. Office of the Regional Center Coordinator

Oversees, monitors, and provides technical assistance to the Training Center Superintendent and NVRC staff in the performance of case management of the clients

D. The Social Welfare Specialist for Persons With Disabilities

Monitors and provides technical assistance in the facilitation of efficient and effective management of case of Persons With Disabilities.

E. Regional Monitoring and Information System Office (RMISO)

Provide technical assistance in the establishment of online registration and online learning.

XI. EFFECTIVITY

This policy shall take effect immediately upon its approval subject for modification/amendment.

Signed in the 16th day of November 2020 in the City of Manila.

VICENTÉ GREGORIO B. TOMAS

Regional Director