



Supporta Teknika para sa Pag-ugmad sa Pamilya
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P U L O N G



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PROJECT DESCRIPTION

TITLE : PULONG COMPILATION

GENERAL OBJECTIVE :

Pulong is one of the important services rendered by the Family Development Program (FDP), as it was implemented from 2007 to 2010¹ by SACMI, FORGE, VINE, SAMA, with the technical support of STePs and in partnership with Inter Aide². It is designed for information dissemination in FDP area. It helps the communities understand some issues and concerns they are facing. In this compilation, our objective is to introduce the methodology used by FDP in conducting “Pulong” in the areas covered by the Family Development Program. This compilation, includes samples of topic implemented in the areas, these topics are chosen to best suits to the needs of the beneficiaries.

SUMMARY

Pulong is conducted in the FDP areas of intervention once a month, and if necessity comes to conduct a particular Pulong, it is conducted to cater the immediate needs of families. The pulong topics are categorized into the following: economic, child development, health, and legal issues of the families. Implementing a pulong in the area lasts for about an hour and a half depending on the topic; in a very short hour, information are disseminated considering the availability, knowledge level and most importantly the needs of the families. Since, it is identified that families are not so particular in involving themselves in such community gathering as they prioritize their family living, the duration of the pulong must be kept short.

¹ The Family Development Program (FDP) methodology is described in the Family Development Approach Documentation Set, available upon request and on line at http://www.interaide.org/pratiques/pages/urbain/social/Cebu_Family_Development_Approach_2009_up_dated-06-7-10.pdf

² Inter Aide is a French NGO specialized in the implementation of development programs – More information at <http://www.interaide.org>

BENEFICIARIES:

The Pulong is open to everybody in the area whether “FDP families” (families benefiting from FDP home-based follow-up) or “Non-FDP”; it is however recommended for the beneficiaries who need to be informed.

JUSTIFICATION

The baseline of conducting the pulong in the community is the family profiles³, identifying the issues and concerns that can be addressed in a form of group discussion or a pulong. As a matter of fact, FDP deals with issues and concerns confronting the families and communities – there are government and non-government organizations helping but their services could not cope with the demands of the necessity of the community, therefore FDP conducts community trainings to address the needs in terms of knowledge, capacity building and enhance confidence in accessing free services from the other organizations to respond to their immediate needs.

³ Most tools used by the Family Development Program are presented in the Family Development Approach Documentation Set, available upon request and on line at http://www.interaide.org/pratiques/pages/urbain/social/Cebu_Family_Development_Approach_2009_updated-06-7-10.pdf

PULONG**Definition:**

It is a term used when training is conducted outside the office. It is less formal and usually within the community. In the context of FDP, pulong is a discussion of topics relevant to the needs of the families and in the community.

Objectives:

With the aid of different resources of information, the Family Development Program disseminates information that will meet the needs of the family thorough:

- a. allowing the families to gain new knowledge, acquire new skills, and employ creative methods of clarifying issues and concerns encountered in the community and even ways on how they can solve their own problems;
- b. contributing to appropriate behavior and action, and better life conditions.

Introduction

The Pulong module is based on an interactive-participatory approach. It is postulated that the whole group actively participates in the process of learning, allowing individual participants to share and exchange their knowledge and problems, and then together search for optimal solutions as well as answers to their common issues.

Training in the community setting or “*Pulong*” is organized as one of the services provided by the Family Development Program which usually last from 1 hour to 1 ½ hours depending on the types of topic. Pulong is conducted as an alternative information-giving method opted by FDP team to enrich the families’ abilities to gain new knowledge, acquire new skills, and employ creative methods of clarifying issues and concerns encountered in the community and even ways on how they can solve their own problems.

Pulong Setting

- The families’ knowledge and abilities are valued and constitute the base for new information;
- The families have an opportunity to impart what they have experienced and even to analyze certain situations in a comfortable atmosphere, without anyone forcing or constraining their responses;
- It sets an opportunity for the participants to learn through sharing and participation;
- Participation in the Pulong is voluntary and the families are invited but they are not obliged to join.

Additionally, the participatory nature of Pulong provides the unique opportunity to study the families' behavior and family orientation in the safe environment of a Pulong session, rather than a real life situation that poses threats and risks. Pulong allows for learning without the anxiety or discomfort that result from a 'wrong' answer.

PHASE 1: NEEDS ASSESSMENT

The first step in Pulong should be a **needs assessment**. A needs assessment is a systematic exploration of the gaps between the current situation and the desired or necessary situation in relation to the issue in question. The *analysis of the current situation* includes determining the present state of skills, knowledge, and abilities of the current and/or future target audiences. This analysis also examines specific organizational goals, climate, and internal and external constraints.

The *analysis of the desired* or necessary situation focuses on the necessary standards for change, as well as the skills, knowledge, and abilities needed to accomplish these successfully. It is important to identify the desired or necessary conditions for organizational and personal change, and not just observe the current practices. A distinction must be made between the actual needs and the perceived needs, or wants.

The difference between the current and the desired or necessary situation will identify the needs, purposes, and objectives of the Pulong.

To facilitate a needs assessment, it might be helpful to consider the following questions:

- A. What do the participants want or expect from the Pulong?
- B. What administrative support and materials are already available?
- C. What do the participants know?

D. What does the facilitator know?

E. What are the goals and objectives of the Pulong in terms of:

- The desired changes in knowledge, skills and attitudes of the participants, and how to assess whether the goals/objectives have been achieved?
- The concepts developed and recorded and materials produced for use at future workshops (e.g. Pulong manuals or toolkits), and/or newsletter or journal articles, brochures, etc.

PHASE 2: GOALS AND OBJECTIVES

- All Pulong should have a clear goals statement which introduces the concepts that will be delivered in the session – in general terms, an answer to the question “why is this session occurring?”, for example, “Increased awareness, understanding and knowledge about HIV and AIDS”

The next step in developing Pulong is to identify the **Pulong objectives**. The Pulong objectives should be based on the findings of the needs assessment and the goals statement. They should be the *central focus* of the facilitator's preparation and should be explained clearly to the participants. Clarifying these objectives will aid in the process of selecting the appropriate content and structure for each session.

The types of learning objectives include the following:

- *Cognitive* - what the participant will perceive, comprehend or remember. The participant should clearly receive information and develop knowledge.
- *Affective* (attitudinal) - what the participant will feel, value, become committed to or enthusiastic about. The participant will become sensitive to the issue in question.
- *Behavioral* - what the participant will be able to do, perform, demonstrate, use or explain. The participant will acquire or reinforce skills.

A learning objective is the response expected from the participant. It is not:

- a goals statement;
- a course title; or
- what the instructor intends to do.

Effective Pulong aims at improving:	knowledge + skills + attitudes
to contribute to:	appropriate behavior and action, and better life condition

Criteria for Developing Learning Objectives

The learning objectives should [be]:

- Relevant to the participant's needs
- Consistent with the overall learning goals.
- Consistent with the knowledge and skills of the trainers.
- Stated in behavioral terms.
- Stated in clear language. It is useful to use the language that can be understood by the majority.
- Narrow, specific and measurable.
- Achievable within the time of the Pulong.
- Achievable in terms of learning resources.
- Incorporate varied and interactive Pulong techniques. To secure and retain active engagement from participants, it is best to vary the teaching techniques used throughout the course.
- Reflect flexibility of the Pulong session and its adaptability to the participants' needs.
- Suitable for evaluating learning results.

In general, Pulong objectives are **SMART**, which means **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **R**eliable, and **T**ime-bounded.

Writing the Pulong Objectives

1. Begin the objective with a statement of the expected result, e.g. "As a result of this session, the participants will be able to..."
2. Select the appropriate verb - be sure to use an action verb, e.g. identify, write, organize, utilize, create, define, apply, analyze, conduct, evaluate, develop.
3. Complete the learning objective with the content of the relevant course segment, e.g. "As a result of this session, participants will be able to understand the ways of transmission of the HIV/AIDS virus and know about the means of prevention".

PHASE 3: ORGANIZING A PULONG

Logistical Aspects

There are three important logistical considerations in preparing for a Pulong:

Administrative Support:	Scheduling, invitations
The Venue:	Furniture
Materials and Equipment:	For preparation and for workshops

Administrative Support

The facilitator will need to know how much administrative support can be expected.

- Who can the facilitator call upon for day-to-day advice and support?
- Who is responsible for setting the schedule of events and for sending invitations? (Each FDW will invite their beneficiaries, and they are responsible also for the follow-up.)
- [Optional] Is clerical support available and if so, how much and from whom e.g. stationery supplies, typing, photocopying, collating and binding, purchasing materials and equipment needed for workshops?

The Venue

Ideally, the following conditions should be met in respect to the location for a Pulong workshop:

- The workshop should be held in the community, e.g. chapel or any open space.
- The venue used should be large enough to hold all participants comfortably
- Seating facilities should be comfortable

It is advisable to check the Pulong venue in advance for the availability of relevant resources. Check for:

◦ Electricity (optional)	Where are the electrical outlets, will you need an extension cord and an adapter?
◦ Furniture	Are there enough chairs and tables and is it possible to move them around?
◦ Walls	Is it possible to post materials on the walls or will you have to bring flip chart stands/use blackboard?

Materials and Equipment

The necessary materials and equipment will depend on the Pulong methods that are used. Some will be needed for preparation (e.g. computer, printer & photocopiers) and others during the workshop itself. No list of materials would ever be complete but here are some ideas to begin with - you can brainstorm and create your own checklist.

Materials

- large and small sheets of paper
- pens, markers of different colors
- scotch tape
- chalk

Equipment

- adequate number of chairs (including extras) – Table(s) if needed.
- any objects used to put large sheets of paper on the walls. An option is a flip chart by the wall where there is open access (*flip-charts are the large white writing pads with holes that allow them to be fixed to the special stand*)
- if the pulong is taking place outside, make sure you choose a shady area / hour, and a place and time that is quiet enough for everybody to hear – not near a karaoke stand for instance!).

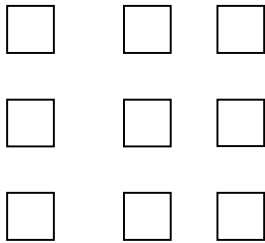
In case some resources are unavailable, make necessary arrangements ahead of time, or use your creativity to find substitutes to support the Pulong exercises.

Suggestions for set-up

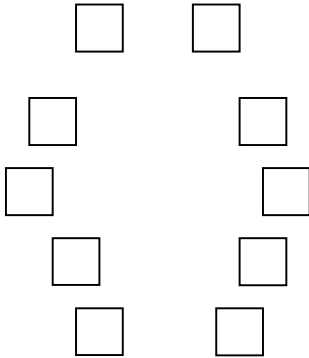
Certain ways of arranging physical Pulong set-up facilitate an open and equal learning environment for all the participants of the Pulong session (including the training team).

- It is advisable to arrange the furniture so that the participants are able to face one another. This kind of set-up promotes open communication and the sharing of ideas. One common way to facilitate this is to organize the table and chairs in a U-shape, with the facilitator and visuals located in the front.
- Another effective arrangement for smaller groups is a circle. Chairs should be easily moveable around the Pulong venue, depending on the conditions and types of Pulong activities (for example, to conduct smaller working groups).

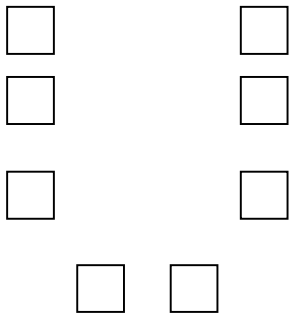
ROWS and COLUMNS



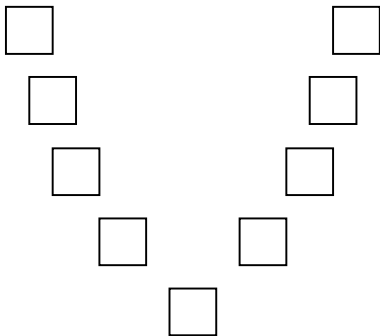
CIRCULAR



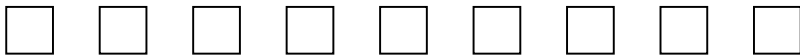
U FORMATION



V-FORMATION



STRAIGHT FORMATION



Note: Facilitators should use their own judgment for whether or not tables are necessary. A traditional Pulong venue set-up with tables in rows, however, is generally not effective. A more relaxed set-up is better for encouraging open communication.

PHASE 4: PREPARING THE PULONG:

STRUCTURE AND CONTENT

In preparing the Pulong structure and content the facilitators should consider the following:

What they intend to do:	Goals and objectives
How are they going to do it:	Content, methods and materials
How will they know if they have succeeded:	Monitoring and evaluation

Content is a sequenced list of topics to be covered with an indication of the amount of time to be spent on each. A parallel list of methods should be developed to be used in covering the content topics. It is also useful to prepare a parallel list of materials and services that will be required for each topic given the number of participants. During planning it is useful to set out the contents, methods and materials in parallel rows.

General guidelines for planning the structure of the Pulong and the content of the course material:

- Be specific and address the needs of the participants.
- Do not attempt to evenly divide the time between all topic areas.
- Build in flexibility.
- Have reserve materials on hand. Be prepared for unexpected questions and problems.
- Prepare general time guidelines for each session, but remember the need for flexibility.
- Prepare brief and usable Pulong outline. Use visual support throughout.
- Build in early participation. Involve the participants as early as possible in the session.
- Consider the team approach to planning Pulong structure.

Monitoring and Evaluation determine the extent to which the Pulong was successful in achieving its objectives and goals. The pattern of monitoring and evaluation may take several forms, either formal or informal; open response or directed questionnaire; during, at the end or sometimes after the workshop.

Samples:

Evaluation - Talking Glass

Topic: Malnutrition

1. What is malnutrition?
2. What are the severe kind of malnutrition and its measures?
3. After hearing the discussion, is there any plan for the family and how?

Evaluation - Cabbage Ball

1. (3 questions) How did you feel about our topic discussed?
2. (3 questions) What portion or area of the discussion struck you?
3. (3 questions) What are your plans or plan of action in relation to your present situation?

PHASE 5: People Management

I. Participants

Planning for Participants Needs

The level of physical comfort of Pulong participants will have a direct impact on the outcome of the learning exercise. Keep these basic facts in mind:

- Venue should never be filled beyond capacity.
- Time factor: A Pulong workshop may last from 1 hour to 1 ½ hours. A 5-minute period could be used also for warm-up activities and games.
- Allow participants to stretch and stand occasionally.

II. Facilitator

A facilitator:

- Ensures the effective flow of communication within a group so that the participants can share information and arrives at decisions respected by each participant.
- Poses problems and encourages group analysis.
- Stimulates participants to think critically and motivates them towards action.
- Does not change or ignore any decisions reached by the participants through consensus.
- Is sensitive, both to the verbal and non-verbal communications that occur in the group.
- Is sensitive to the feelings, attitudes, culture, interests and any hidden agenda that may be present in a group.

Facilitators are not teachers in the traditional sense; their role is rather to facilitate the process of learning by the participants, to be an intermediary between new knowledge, fresh ideas and the group. The responsibility of a facilitator is to build a relationship with the group participants. To this end, while working with the

group, the facilitator should demonstrate in practice her/his belief in the principles of non-violence and gender equality. In most cases, facilitators work in pairs – as a training team.

Facilitators can either be from STePs team (technical support staff) or inside of the partner organization organizing the Pulong (FDP staff). Normally, facilitators are from the organization; however, for topics that are beyond the FDWs' expertise, they can ask assistance from STePs or from partners within the consortium. Combining internal and external (technical support staffs) facilitators as a team, creates an especially effective Pulong, as each facilitator brings different skills and knowledge to the sessions. For example, STePs facilitator can bring the overall knowledge and skills for facilitating a Pulong workshop on a particular issue, while the internal facilitators bring knowledge of the organization in relation to the Pulong issue and his/her experience in the area about the different services, share his/her experience.

It is important that the selection of facilitators be based on the following criteria:

The facilitator(s) must have:

- expertise in the subject matter;
- ability to use interactive teaching methods;
- observance of professional boundaries;
- awareness of their own values, biases, and comfort with diversity;
- understanding of group, child and adult learning processes.
- flexibility while conducting exercises and the unanticipated situations that arise in them;
- ability to establish an informal, warm, and supportive atmosphere using a relaxed approach;
- ability to handle participant resistance and denial;
- possess self-discipline and time management skills.
- ability to remain open to the feedback of participants.

NOTE:

1. *The facilitator should have knowledge of the historical and current background on the topic in relation to the participants' life setting;*
2. *The facilitator should know which local laws are ratified in relation to the topic of Pulong;*
3. *The facilitator should be aware of any issues of current concern in relation to the audience being trained.*

TIPS FOR FACILITATORS

General Instructions for the Training Team

Before the Workshop:

1. Outline the objectives of Pulong;
2. Outline the course methodology to be used;
3. Define what is expected from the facilitator with regard to the course.

During the Workshop:

1. Deliver brief presentations; adhere to time limits and to the assigned topic;
2. Make practical recommendations;
3. Use examples. Newspaper articles and hypothetical examples to help illustrate your point more clearly.
4. Use visual aids, such as handouts, chalkboard or flipchart with textual graphics, charts, maps, posters, photographs, etc.
5. Encourage active group participation.

Ensure that any comments/recommendations are consistent with the standards set out in the Pulong materials.

How to resolve conflicts

To resolve a conflict, a facilitator should be able to sense the **ADI**, where

A is for Agreement

D is for Disagreement

I is for Irrelevance

Agreements should be explored, disagreements respected and any irrelevances identified so that the focus will be on reaching an agreement. Exploring **Ds** can be also be explored to widen the **A**.

What is the effective way of learning the facilitation skills

An effective way of learning facilitation skills is through observing how effective facilitators handle a group in a certain activity. A good facilitator is like a sponge. They are never content with the skills and knowledge they have, and are aware that their capacity for learning is endless.

In keeping with the sponge image, effective facilitators learn from everything. In each course they conduct, they gain new insights and apply these to the text course based on their understanding.

10 Handy Ways for the Facilitator

1. Grasp firmly

Have a good grip over the subject matter being tackled. As a facilitator, you should determine the direction and flow of the discussion. Always be prepared. Have a contingency plan up your sleeve, e.g., in case where you invited guest speakers do not turn up, have a plan B.

2. Be open

Encourage an atmosphere conducive to learning and sharing of ideas and where everyone feels welcome and important. Facilitation is like building a team where has something to share and learn. A facilitator should be open and sincere.

3. Watch for the point

By encouraging others to share and participate, the range of discussion may expand and deepen. Without a good grasp of subject, the discussion may get watered-down and lose track. You should see the various points, the pros and cons, the “what ifs” and other considerations. In the end, you should be able to summarize the discussion.

4. Know your limits

Know your limitations and those of your participants. Have an idea of what is achievable and practical and what is not.

5. Learn how to count

Be aware of how many participants are responding, how many are sleepy, how frequently they leave the venue and how many are no longer listening. This can help you decide whether it is time to change or adjust the discussion

6. Watch your wrist

Effective management of time is a skill and an attitude you should possess. Time is subjective. A too tight or rigid timetable would make the discussion seem like a military drill. On the other hand, too lax and liberal in handling the session would give the discussion the feel of the drinking party.

7. Have an artist's touch

Creative approaches and techniques encourage participation. Remember, you should not have to be skilled in theater, drawing, etc. sometimes providing crayons to participants and encouraging them to express their answers through simple sketches is enough to ensure participation. As a facilitator, you are an artist of compassion and if you are really committed to motivating the community to change, you are also an artist of passion.

8. Learn the traffic signals

As an effective facilitator, you must know when to stop, wait a while and go. You should be able to stop, look and listen throughout the discussion. Remember a polite traffic enforcer is well liked by the public.

9. Learn how to salute (learn how to respect and appreciate)

Remember to learn respect and the ability to recognize everybody's contributions. Practice humility; as a facilitator you do not have the solutions, they come from the participants.

10. know your left and right (recognize your left and weak points)

After every Pulong, you should assess or evaluate (whether in a formal or in formal setting, quantitative or qualitative, oral or written, feedback should be gathered). In doing this, a facilitator is able to tell what parts of the Pulong were successful. There is no perfect score in facilitation. There is always room for improvement.

PULONGS MODULES

MALNUTRITION

Estimated Time: 1 hour

I. Materials & References:

- a. Materials: manila papers, masking tape, marking pens
- b.. Visuals: picture of the different kinds of malnutrition & food pyramid
- c. reference: Family Health Guide (DOH)

II. Methodologies

- Group sharing
- Workshop
- Interactive discussion

III. Introductory Activities

Rationale

Good health provides longest, fullest and useful life. Health is the real wealth in life especially when all of the family members and the community as a whole can benefit from it. Malnutrition would result when the body could not receive the food & its nutrients that the person need.

🎵 Group Dynamics (action song)

*Water melon, water melon
Papaya, papaya,
Banana, banana
Banana, banana
Fruit salad, fruit salad.*

Expectation Setting of Participants & Facilitators

IV. Statement of the Pulong's Objectives

After the pulong, the participants will be able to:

- a. Define and understand what malnutrition is.
- b. Identify the kinds, cause & the effects of malnutrition.
- c. Raise the awareness on the precautionary measures.

V. Procedure

Workshop (the groupings will depend on the number of participants)
5 to 10 minutes

Divide the group into two small groups. Let the members of the group choose a documentor, a facilitator and a reporter. Each group will be given manila paper & marking pens.

- Let the participants share & discuss on what foods they were taking in everyday.
- After the sharing-discussion, presentations of output will follow.

Processing

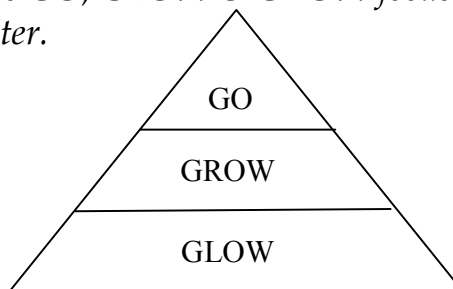
Ask the participants with the following questions:

- How did they feel about the activity?
- What did they observe with their outputs?
- Is there foods that are common? What are they?

Put their outputs in one side to be referred with while the input is on-going.

Input on Go, Glow & Grow Foods using the Food Pyramid

There are three major food groups, the GO, GLOW & GROW foods. The food pyramid is one tool to help us eat better.



Fruits and vegetables are **Glow foods**, they help you have shiny hair and sparkly eyes. Fish, beans (and also meat & dairy products) are **Grow foods**, they help you to grow big and strong.

Rice (and also grains, cereal, bread, potatoes, pasta) gives us energy to get up and go – jump, play, run, work all day: **‘Go’ foods**. All of these foods contain the nutrient carbohydrate which provides our bodies with energy needed to run, swim, jump and cycle, as well as B vitamins, which help convert food into the energy needed by our muscles.

Have you ever wondered what athletes eat to keep their bodies in tip top shape? They need energy foods to help them ‘get up and go’, and foods to help them grow strong bones and muscles. In short, they need a balanced diet – one that provides the right balance of nutrients to help the body to grow and be active. Our bodies need lots of these nutrients, but you can’t get them by just eating one type of food, and so you have to eat a variety of foods. To show you what we mean, we’ve put some of your favorite foods into ‘Go,’ ‘Grow’ and ‘Glow’ groups. Find out what different foods do for you.

Fish, chicken, eggs and baked beans help us grow strong bones and muscles. All of these GROW foods contain protein, a nutrient which is important when you are growing or when you need to repair a wound or injury. Foods that help build strong bones also contain calcium, whereas other 'Grow' foods provide us with iron which is important to keep our blood healthy.

A healthy diet helps children grow and learn. It also helps prevent [obesity](#) and weight-related diseases, such as diabetes. The following guidelines will help you give your child a nutritious diet:

- Offer five servings of fruits and vegetables a day
- Choose healthy sources of protein, such as fish (lean meat, nuts and eggs)
- Serve rice (and whole-grain breads and cereals) because they are high in fiber
- Broil, grill or steam foods instead of frying them
- Limit fast food and junk food
- Offer water and fresh fruit juices instead of sugary fruit drinks and sodas

Malnutrition

Malnutrition is the condition that develops when the body does not get the right amount of the vitamins & minerals and other nutrients it needs to maintain healthy tissues and organ function.

Indicators of Malnutrition

- ***Irritability***
Bad moods can happen to everyone, but if you are in a bad mood constantly, this may be a sign you are not getting enough nutrients to keep your energy sustained and your spirits high.
- ***Exhaustion***
Eating regularly helps keep your metabolism active by burning the energy provided by nutrients in the food you eat to keep you moving along throughout the day. Denying yourself certain nutrients or any nutrients will cause you to feel tired and worn out before the day has even started.
- ***Weight Loss***
Losing weight is likely the goal of your diet, but excessive weight loss and loss of appetite are major signs that you are malnourished. Consulting with a nutritionist, and following a diet plan will help you lose weight the right way while maintaining your appetite.

- ***Weak Muscles***

Your body requires enough protein to repair wounds and grow muscle. Protein nutrients are essential to keeping you healthy and preventing you from feeling weak.

- ***Skin Changes***

A clear sign of malnutrition is how your skin changes. Skin is a vital, and sometimes forgotten, organ of your body and requires water and nutrients from the food you eat to keep you safe from viruses and bacterial infestations.

- ***Hair Changes or Loss***

Putting your body in a state of malnutrition will cause your hair to fall out or become dry, brittle and dull.

Kinds of Severe malnutrition

1. **Marasmus** - is a form of severe protein-energy malnutrition characterized by energy deficiency. Body weight may be reduced to less than 80% of the normal weight for that height.

What to do:

- Bring the child to the nearest hospital.
- Provide cereals like sweet potato, rice, beans, green and leafy vegetables and fish.

2. **Kwashiorkor** - is a childhood disorder caused by lack of nutrients, including protein in the diet characterized by protein deficiency.

What to do:

- Bring the child to the nearest hospital.
- Provide food that are high in protein - fish, chicken, eggs, legumes & etc.

3. **Xerophthalmia** - dry eyes and can be associated with systemic diseases due to lack of Vitamin A. This results from inadequate function of the lacrimal glands which produce tears and the condition begins with night blindness.

What to do:

- Bring the child to the nearest hospital.
- Provide the child with green leafy & yellow vegetables.

4. **Anemia** - is a decrease in normal number of red blood cells (RBCs) or less than the normal quantity of hemoglobin in the blood characterized by iron deficient.

What to do:

- Consult the health worker.
- Provide the child with liver, eggs, green leafy & yellow vegetables.

5. **Goiter** - the abnormal enlargement of the thyroid gland. It is important to know that the presence of a goiter does not necessarily mean that the thyroid gland is malfunctioning. A goiter can occur in a gland that is producing too much hormone, too little hormone, or the correct amount of hormone. One of the most common causes of goiter formation is iodine deficiency.

What to do:

- Consult to the health worker.
- Provide the patient with seafoods like fish, seashells & seaweed.

VI. Open Forum

VII. Synthesis

Malnutrition is the insufficient, excessive or imbalanced consumption of nutrients. A number of different nutrition disorders may arise, depending on which nutrients are under or overabundant in the diet.

Malnutrition is the gravest single threat to the world's public health. Improving nutrition is widely regarded as the most effective form of aid. Emergency measures include providing deficient micronutrients through fortified sachet powders, such as peanut butter, or directly through supplements.

VIII. Evaluation - Talking Glass

1. What is malnutrition?
2. What are the severe kind of malnutrition and its measures?
3. After hearing the discussion, is there any plan for the family and how?



Pulong in Crossing, Carreta (SAMA)

PULMONARY TUBERCULOSIS

Estimated Time: 1 hour

I. Materials and References

- a. Materials –Cartolina, manila papers, scotch tape, pentel pens
- b. Visual aids –Illustration of the normal lungs and the lungs infected with Tuberculosis and visual aids of the causes, Signs and Symptoms, Preventive measures to follow and treatment of Tuberculosis.
- c. References –Green book from the Barangay Health Center and input from *Jung*, a French representative from InterAide.

II. Methodologies

- ~brain storming and small group discussion
- ~ Workshop
- ~lecture

III. Introductory Activities

a. Rationale

To address the common grave health condition in the area which is the problem on Pulmonary Tuberculosis (TB), the FDP is implementing this kind of Pulong to assist some families in the area in identifying common causes of TB, its signs and symptoms, the possible intervention to address Tuberculosis through the use of community resources in partnership with the Barangay Health Center.

b. Group dynamics

~Provide an energizer. It can be action songs like “Peel Banana, *Ang Kinabuh*i and/ I have Two Hands.”

c. Expectations setting of participants and facilitator

- The facilitator will ask participants what was informed to them about the ongoing activity and what they expected from the content to be discussed by the facilitator. Then, the facilitator will have to present about her/ his expectations too from the participants.

Guide questions:

1. I expect that the topic will focus on...
2. I want that the facilitators will...
3. I hope that the participants will...

IV. Statement of the Pulong’s Objective/s

- a. Participants to share ideas about the topic
- b. Facilitators to give basic and easy to remember input regarding the topic
- c. Come up with better and effective ways to address the problem on Tuberculosis through community resources

V. Procedure (Pulong Proper)

1. Group the participants into four. Each group is given a topic to discuss the following:
 - a.) Causes of tuberculosis/ *hinungdan sa sakit*
 - b.) Symptoms of TB/ *sintomas sa Tuberculosis*
 - c.) Preventive measures and treatment of TB/ *mga pamaagi sa paglikay ug pagtambal sa TB*

2. Presentation of Outputs (Five minutes per group)

<i>Group1 : Signs and Symptoms of Tuberculosis</i>	<i>Group 2: Causes of Tuberculosis</i>	<i>Group 3: Ways to prevent and treat Tuberculosis</i>

3. Presentation of the Input

Note: It is prohibited among facilitators to impose or prescribe herbal treatments or any medicines for TB treatment since the FDP can only maximize the Pulong as venue to encourage families to really seek assistance from registered medical doctors/ professions for any health treatment. If there will be Barangay Health staff present during the Pulong, then allow them to share possible institutions that could help patients with Tuberculosis.

Please see Annex A for reference

VI. Open Forum

During the presentation of the input, the facilitator shall allow participants to ask questions or share in the discussion per topic (merging inputting and open forum for a clearer discussion of the said concern).

VII. Synthesis

Allow participants to review the activity. What the group did from the start and until the discussion ends and then present the highlighted topics tackled in the pulong on Tuberculosis.

VIII. Evaluation

1. What topic you like best?
2. What topic you like least?
3. What you want to improve from the activity?

Annexe A.

<i>Group1 : Signs and Symptoms of Tuberculosis</i>	<i>Group 2: Causes of Tuberculosis</i>	<i>Group 3: Ways to prevent and treat Tuberculosis</i>
High fever for more than 1 week	<i>Tubercule Bacillus</i> on the lungs (highly contagious)	Prevention: 1. Separate personal things and utensils of TB patients from others 2. TB patients should not just spit anywhere and cover one's mouth with a clean cloth when coughing 3. Proper hygiene 4. Proper Nutrition
Cough	Airborne	Treatment: 1. Go to the Barangay Health Center for laboratory exam; sputum test and X-ray - for Adults and mantox exam for children 2. Proper medication as prescribed by doctors
Sweating at night Abrupt loss of weight Vomit blood	Infection from TB victims when their utensils are used by another person	



Pulong in Tabay, Carreta (SAMA)

IMMUNIZATION

Estimated Time: 1 hour

I. Materials and References

- a. Materials – immunization schedule, meta-cards, manila papers, scotch, tapes and scissors.
- b. visual aids – pictures, graphs and others,
- c. references – Family Health Guide of DOH

II. Methodologies

~ workshop and interactive discussion

III. Introductory Activities

- a. Rationale

Vaccination is important for children’s health to acquire substantive protection against diseases.

- b. Group Dynamics

Daghang baki sa may sapa

Malipayon sila

Walay ikog, dako’g baba

Kusog nga mokanta

Ogak gak gak, ogak gak gak

Ogali galigak

Ogak gak gak, o gak gak gak

Ogali galigak.....

- c. Expectation Setting of participants and facilitator

IV. Statement of the Pulong’s Objectives

- a. To provide the correct information on what is vaccination and its different processes & kinds.
- b. To heighten the parents’ awareness how important vaccination is.

V. Procedure (Pulong Proper)

Workshop:

1. Divide the participants into 2 sub-groups.
2. The facilitator will post the different schedules for each immunization (based in the barangay health center).

3. Each group will be provided with meta-cards bearing the different kinds of Immunization.
4. Each group will post these meta-cards on the board according to the schedule in two (2) minutes.

Processing/ Deepening/Input:

A vaccine is an antigenic preparation used to produce active immunity to a disease, in order to prevent or reduce the effects of infection by any natural or 'wild' pathogen. Many vaccines require multiple doses for maximum effectiveness, either to produce sufficient initial immune response or to boost response that fades over time. Vaccine schedules are developed by governmental agencies or physicians groups to achieve maximum effectiveness using required and recommended vaccines for a locality while minimizing the number of health care system interactions.

The different kinds of vaccinations are available in the nearest barangay health centers.

Kinds of Vaccinations:

1. Tetanus toxoid - to protect the child from tetanus. The 1st vaccine (TT1 & TT2) will be provided during the first pregnancy and booster shot for the next pregnancy.
2. BCG - **Bacillus Calmette-Guérin** (or **Bacille Calmette-Guérin, BCG**) is a vaccine against [tuberculosis](#). This is to be given once to children ages 0 - 12 months. At the age of seven - given another single dose and 1 booster shot. BCG vaccine is 80% effective in preventing tuberculosis for a duration of 15 years.
3. DPT - refers to a class of combination vaccines against three infectious diseases in humans: [diphtheria](#), [pertussis](#) (whooping cough) and [tetanus](#). The vaccine components include diphtheria and tetanus toxoids, and kill whole cells of the organism that causes pertussis.
4. Oral polio - The polio vaccine helps decrease your risk of becoming infected with polio. Vaccines work by causing your body to make antibodies against certain germs. Antibodies are special cells in your blood that protect the body and fight infection. After you receive the polio vaccine, these antibodies remember the polio germs. Once you are exposed to these types of germs, your body quickly recognizes them. The antibodies become active and your body is better able to fight the germs. There are two types of polio vaccines, the oral polio vaccine (OPV) and the inactivated polio vaccine (IPV). This vaccine is made from live polio germs that are weakened. It is given as drops in the mouth that are swallowed. OPV goes through the digestive tract and out of the anus (rear end). This keeps the disease from being spread to other people.

5. Measles - is a vaccine used against measles. Since 2005, the measles-mumps-rubella-varicella combo (MMR vaccine) vaccine became available, which had measles as well as some other diseases in it. The most common side effect is a fever, which occurs in about 5%-15% of patients.

VACCINATION SCHEDULES

KINDS	Intend for		Against
	The Mother	For the child	
Tetanus toxoid 1, 2	While pregnant		Tetanus when the child is born.
BCG 1		0 to 12 months Another dose when 7 years old.	tuberculosis
DPT 1, 2, 3		1 ½ month to 12 months. Advisable for a 1 month interval for every dosage of the DPT.	diphtheria , pertussis and tetanus
Polio 1, 2, 3		1 ½ month to 12 months old. Advisable for a 1 month interval every polio dosage.	Polio
Measles		9 to 12 months old.	Measles

VI. Open Forum

~this is the part where clarifications, questions and sharing are catered.

VII. Synthesis

- There are some children that experience fever after vaccination – it is normal. Don't worry, just do sponge bath and provide more fluids.
- Vaccines will be completed before reaching the child's age of 1 year in order to ensure the complete protection against diseases.
- It is necessary to complete the needed doses of the different vaccines.
- Go to the nearest health center for the vaccination schedules.
- Keep the child's vaccination record for future use.

VIII. Evaluation – Spider web

IX.

1. What is immunization?
2. What are the different kinds of immunization or vaccination?
3. What are the vaccination/immunization schedule at the barangay health center?
4. What will you do in order to benefit the different vaccines? (*makapahimulos niini?*)
5. After hearing the pulong, what are your plans as an application to your family?



Pulong in Lapyahan (VINE)

DENGUE H-FEVER

Estimated Time: 1 Hour

I. Materials and References

- a. Materials – Cartolina, manila papers, masking tape and pentel pen.
- b. visual aids – Chart and metacards
- c. references – DOH flyer

II. Methodologies

- a) Participatory discussion thru questions and answers, inputs and sharing of experiences

III. Introductory Activities

1. Rationale (Importance of the topic as a guide to early detection and prevention of the disease)
2. Group dynamics
- Ice breaker (“Kabahin sa Katilingban”)
3. Expectation setting:
 - i. The participants expect to know the early signs and symptoms of dengue and to be guided on what to do and where to go.
 - ii. The facilitators will be able to share inputs about dengue and ways on how to prevent it.

IV. Statement of the Pulong’s Objective/s

- a. to enhance people’s awareness about dengue
- b. to know the early signs and symptoms
- c. to prevent the spread of the disease

V. Procedure (Pulong Proper)

1. Discussion:

Dengue is a viral type of sickness which resulted from mosquito bites. The mosquito carrying dengue are *Aedes Aegypti* and *Aedes Albopictus* a mosquito that usually bites during day and lives inside the home and its surroundings

B. Signs and symptoms

- Fever that will lasts 2-7 days
- Head pains
- Muscle pain or spasm
- Physically weak
- With reddish type of skin rashes

- Stomach pains
- Nose bleeding
- Gum bleeding
- Continuous vomiting
- Color of stool is black

C. How can we prevent dengue?

- Do not pile up any kind of things that stagnates the water to avoid having mosquitoes around.
- Clean thoroughly all the flower holders or flower vases once a week and replace the water everyday.
- Cover all the water containers so the mosquito cannot get inside and lay their eggs.
- Inspect and clean your roof cellars regularly, so the rain water will not stagnate.
- Use mosquito net if you sleep during daytime and install on your windows and doors to avoid mosquito bites.
- Do not give aspirin to persons infected with dengue disease.

D. Where to go?

1. Barangay Health Center
2. Mandaue City Health Department
3. Eversely Child Sanitarium

VI. Open Forum

Participants who had experienced dengue in the family shared to the group how they feel about it and what they did to treat/cure the patient. It was also clarified that lots of fluids should be taken ("mangagaw" juice, apple tonic, etc.) by the patient in order to increase platelet counts.

VII. Synthesis

The facilitators reviewed the topic to check the level of understanding among the participants. It was also reiterated that cleanliness should be observed at all times by avoiding breeding places for mosquitoes.

VIII. Evaluation

The participants were divided into 2 groups. They were given metacards written with "sakto" or "dili." The facilitator asked questions pertaining to the prevention of dengue and they raised their metacards to answer the questions. This time, participants became aware about dengue and learned some tips on how to avoid or prevent the disease.



Pulong in SAMA

DEWORMING

Estimated Time: 1 Hour

I. Materials and References

- A. Materials – Masking tapes
- B. Visual Aids – Poster
- C. References – Flyers on Deworming from the Barangay Health Center

II. Methodologies

- A. Discussion – Lecture
- B. Distribution of medicines for deworming after the Pulong

III. Introductory Activities

- A. Greetings and Introduction of the Resource Persons (Barangay Councilor, Barangay Secretary, 3 Barangay Health Workers, Participants & VINE Team)
- B. Expectation Setting (Participants)

The following expectations were raised by the participants:

- i. to be given priority as to the health concerns of the people in the Dumpsite
- ii. to acquire knowledge on the proper procedure of deworming children
- iii. to receive free medicines for deworming

IV. Statement of the Pulong's Objective/s

After the session, participants will be able to:

- A. Gain knowledge about deworming
- B. Know when to deworm and at what age the child should undergo deworming
- C. Able to avail medicines for deworming
- D. Share insights on their own practice in deworming their children

V. Procedure

Discussion

The Resource Person discussed about deworming and what are the reasons the child should undergo deworming. He also clarified the difference of the said “worm” to the worm we commonly know. Some examples that mostly cause why there are children who really need deworming are also discussed so as to have proper hygiene. Another Resource Person (BHW) also discussed (along with giving flyers to the participants) on how to get away from having this kind of “bacteria” (worm).

How to prevent deworming

- Where slippers all the time
- Wash your hands before eating
- Nails should be kept clean, and should be cut
- Wash your hands after using the comfort room
- Always use spoon and fork when eating

It is also being stressed out by the BHW that in the process of deworming the parents should see to it that the child is physically in good health.

VI. Open Forum

- Participants asked regarding some misconceptions in the process of deworming.

The Resource Person explained that deworming can be done every 6 months or twice a year, depending on the condition of the child. The child should be physically healthy when deworming so that the medicine can effectively remove the worms inside the stomach.

- Questions regarding the services of the Barangay especially deworming, immunization and other health related services, which they themselves can't avail because nobody from the Barangay would visit their area.

The participants were informed that a Barangay Health Worker was assigned in their area to ensure that health concerns of people can be addressed. They were also encouraged to visit the Barangay Health Center every third Monday of the month for free check-up and medicines.

VII. Synthesis (Application)

- Part of the synthesis of this activity is the distribution of medicines for deworming to the participants and the actual procedure on how to deworm children.
- The Resource Persons assured the participants to avail the services from the Barangay especially on health related concerns after all “These services were made for them.”

VIII. Evaluation:

- Were you able to raise your concerns to the Barangay Representative and BHW?

The participants were given the opportunity to express their health concerns to the Barangay Personnel whom they looked as public servant who could reach out to the people in the Dumpsite by extending health services to them.

- Did you learn something from the discussion?

They were able to understand the importance of deworming as well as the right time and procedure on how to deworm children.



Pulong in Umapad (VINE)

COMMON ILLNESSES

Estimated Time: 1 Hour

I. Materials and References

Materials – Manila papers, metacards, masking tape and pentel pen.
visual aids – flyers
references – DOH flyers

II. Methodologies

Presentation/Discussion of the different kinds of common illnesses such as pneumonia, measles and dehydration.

III. Introductory Activities

Introduction of participants and facilitators
Ice breaker (“Kamusta ka?”)
Expectation setting:

Participants – to be aware what are the common illnesses in the area and be able to identify what to do if infected.

IV. Statement of the Pulong’s Objective/s

- a. to know the common illness in the area
- b. symptoms/treatment
- c. where to go (agencies)

V. Procedure (Pulong Proper)

Draw out of the participants’ ideas about common illnesses.
Discuss the different kinds of common illnesses including its symptoms and prevention as follows:

1. Pneumonia one of the illnesses which cause death to children aging 0-4 years old

Symptoms:

- ii. cough
- iii. high fever
- iv. rapid breathing
- v. less appetite

What to do?

- Serve the child with nutritious food
- Drink a lot of water
- Always breastfeed the child
- Always clean the nose for an easy breathing
- Consult a doctor (health center or a clinic, hospital)

2. Measles (Tipdas) – is a highly contagious disease caused by a virus. It affects mostly children. It is easily and very rapidly transmitted through air or direct contact. Children who suffer from measles may experience complications including pneumonia, encephalitis, blindness, deafness, ear infection, diarrhea and dehydration. Complications due to measles can cause death.

Who can get measles?

- any person young and old who has not been vaccinated against measles.
- A child who has been vaccinated may not necessarily develop enough protection against measles and so she/he needs to be vaccinated again.
- Not all persons who say they had measles really had measles. There are other diseases that may look like measles with rashes which may be mistaken for measles

Signs and Symptoms:

- a child with measles usually has maculopapular rashes all over the body for 3 days or more.
- she/he also has fever and at least any one of the following:
- cough, runny nose and reddish eyes

What to do?

- measles vaccination starting 9 months of age.
- when the child has a slight fever, give him/her paracetamol every four hours.
- give him/her plenty of fluids
- if the child is breastfeeding, continue doing so.
- Ensure that the child has enough rest and sleep.

Where to go?

- nearest Barangay Health Center
- nearest clinic in the community
- Mandaue City Health Department
- Eversely Child Sanitarium

3. Dehydration (Kalibanga) – excessive loss of water from body tissues. It is accompanied by a disturbance in the balance of essential electrolytes.

Symptoms:

- High fever
- Watery stools
- Diarrhea
- Dry skin

- Sunken eyes
- Vomits
- Combultion

What to do?

- Drink a lot of fluid to replace the liquid released by your body.
- Eat food with less oil
- Consult directly to the nearest health center

Where to go?

- Barangay Health Center
- Mandaue City Health Department
- Eversely Child Sanitarium

VI. Open Forum

Some of the participants shared that they usually apply herbal medicines as first aid treatment and taking over the counter medicines. But if symptoms persist, they usually go to the doctor for proper medication and treatment.

VII. Synthesis

The facilitator summarized the topics discussed by highlighting the important points on what to do in times of illness. Adults should always be alert and vigilant in observing children’s condition before it is too late.

VIII. Evaluation

The participants were given metacards written with the different symptoms of the following diseases. Each one was told to paste the metacards according to their understanding in order to check whether they learned something. The following table showed their answers.

Pneumonia	Measles	Dehydration
cough high fever rapid breathing less appetite	a child with measles usually has maculopapular rashes all over the body for 3 days or more. she/he also has fever and at least any one of the following: cough, runny nose and reddish eyes	High fever Watery stools Diarrhea Dry skin Sunken eyes Vomits Convulsion

FAMILY PLANNING

Estimated Time: 1 Hour

I. Materials and References

- Materials – manila papers, masking tape and pentel pen.
- visual aids – Family Planning contraceptives (condom, pills, injectable) and flip chart
- references – Family Planning flyers

II. Methodologies

- a. Group dynamics and Participatory discussion

III. Introductory Activities

- b. Greetings & Introduction of Resource Person (Dr. Debbie Catulong)/Guests (Inter Aide Representative & STEPS)
- c. Rationale
The facilitator started the activity by asking the participants what they understand about Family Planning. One of the participants answered that it's a way of birth control and spacing on the desired number of children.
- d. Ice breaker (Family planning jingle “huwag patsamba-tsamba”)
- e. Expectation setting:
 - > The participants will be able to know the facts on the different family planning methods
 - > The resource person could impart the effective family planning methods as a way birth control/child spacing and clarify some misconceptions about Family Planning

IV. Statement of the Pulong's Objective/s

- > To discuss what is Family Planning
- > To know the facts and effective ways of the different FP methods
- > To enable the participants to decide together with their husbands later on what method to use

V. Procedure (Pulong Proper)

Discussion:

- A. Why do we need to plan a family?

1. Family planning helps save women's and children's lives and preserves their health by preventing untimely and unwanted pregnancies, reducing women's exposure to the health risks of childbirth and abortion and giving women, who are often the sole caregivers, more time to care for their children and themselves. All couples and individuals have the right to decide freely and responsibly the number and spacing of their children and to have access to the information, education and means to do so.

2. Family planning includes educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. Raising a child uses significant amounts of resources: time, social, financial, environmental. Planning can help assure that resources are available.

B. Human Reproductive System

Using the illustration in the flip chart on the Male and Female Reproductive System, it was explained where does the sperm cells and the egg cells meet in order to fertilize an ovum which would eventually form into a baby in the woman's uterus.

C. Different Family Planning Methods

1. TUBAL LIGATION - cutting and tying of the Fallopian Tube	
A. How it works?	<ul style="list-style-type: none"> • A safe, simple surgical method of FP for women performed by trained health providers. • It requires a small incision in the woman's abdomen for the fallopian tube to be cut and tied. With the tubes blocked, the woman's egg can't meet the man's sperm. Woman continues to have their menstrual periods.
B. How effective?	<ul style="list-style-type: none"> • Very effective
C. Who should use it?	<ul style="list-style-type: none"> • For women who have reached their desired family size and are sure that they will not want more children • For women who have just given birth but decided to have permanent FP • Breastfeeding mothers
D. Advantages:	<ul style="list-style-type: none"> • Permanent, safe and effective • No interference with sex • Does not affect a woman's ability to have sex • Increased sexual enjoyment because there is no need to worry about pregnancy • No supplies to get, no effect on breast milk • Helps protect against ovarian cancer
E. Disadvantages:	<ul style="list-style-type: none"> • Usually painful at first but pain goes away after a day or two • Feeling of discomfort in first 2 days • Requires minor surgery by a specially trained provider • Does not protect against STDs and HIV/AIDS
F. Side Effects:	<ul style="list-style-type: none"> • None
G. How to do it?	<ul style="list-style-type: none"> • Women should discuss first with the partner about the choice of this method • Seek advice from any medical practitioner if this method fits for you • Set a schedule with the doctor or trained provider for the minor surgery • Rest is required for at least two (2) days after the surgery

2. VASECTOMY - cutting and tying of vas deferens	
A. How it works?	<ul style="list-style-type: none"> • Simple, surgical method for men performed by trained health providers • It requires small incision on the scrotum for the vas deferens to be cut and tied • This keeps out of a man's semen
B. How effective?	<ul style="list-style-type: none"> • Very effective
C. Who should use it?	<ul style="list-style-type: none"> • For men who have reached their desired family size and are sure that they will not want more children
D. Advantages:	<ul style="list-style-type: none"> • Can be done in a clinic or an office in less than an hour • Permanent, single, quick procedure leads to lifelong, safe and very effective FP • No interference with sex • Very convenient • Does not affect a man's ability to have sex • No supplies to get, no repeated visits required
E. Disadvantages:	<ul style="list-style-type: none"> • May require the use of condom or abstinence for the first 20 ejaculations on the first 3 months, whichever comes first after surgery • Feeling of discomfort in the scrotum after the procedure, usually for 2 to 3 days • Requires minor surgery by a specially trained providers • Does not protect against STDs and HIV/AIDS
F. Side Effects:	<ul style="list-style-type: none"> • None
G. How to do it?	<ul style="list-style-type: none"> • Men should discuss the choice of method to the partner • Ask advice from the doctor if this method would fit you • Set a schedule with the doctor or health provide for the surgery • Rest is required for at least two (2) days after the surgery

ARTIFICIAL METHODS:

1. DEPOT-MEDROXYNOGESTERONE ACETATE (DMPA) INJECTABLE:	
A. How it works?	<ul style="list-style-type: none"> • Inhibits and prevents ovulation • Thickens the cervical mucus, making it difficult for sperm to pass through the vagina to the uterus • Does not work by disrupting existing pregnancy
B. How effective?	<ul style="list-style-type: none"> • Very effective especially when injections are given regularly or every 3 months apart
C. Who should use it?	<ul style="list-style-type: none"> • Generally, all woman of any age, even those who smoke • Breastfeeding mothers • Fat or thin • Woman who may currently have some diseases or any hypertensive
D. Advantages:	<ul style="list-style-type: none"> • Very effective, convenient, one injection prevents pregnancy for at least 3 months • No estrogen side effects • Does not influence with sex and increases sexual enjoyment because there is no need to worry about pregnancy • Helps prevent certain cancers and non-deficiency anemia • Lessens seizures in women with epilepsy
E. Disadvantages:	<ul style="list-style-type: none"> • Delayed return of fertility • Requires regular (3 months interval) visits to the Health Center • Does not protect against sexually transmitted disease as STD and HIV/AIDS
F. Side Effects:	<ul style="list-style-type: none"> • Moodiness, nausea • Light spotting to heavy bleeding to amenorrhea, are normal especially in the first year • Weight gain, headaches, breast tenderness, none are dangerous
G. How to do it?	<ul style="list-style-type: none"> • An injection (shot) of Depot may be given immediately after abortion or delivery of a baby; however, if you are breastfeeding some doctors may delay it for 6 weeks • The "shot" is given by a doctor or qualified health care provider; it requires a prescription • It is given every 12 weeks (more or less 3 months)

2. CONDOM - a sheath or covering made to fit over a man's erect penis	
A. How it works?	<ul style="list-style-type: none"> • Help prevent pregnancy and STDs by keeping the sperm and any disease org in the semen out of the vagina • Prevent any disease org in the vagina from entering the penis
B. How effective?	<ul style="list-style-type: none"> • Must be used correctly every time to be highly effective • Prevent STDs, HIV/AIDS, gonorrhoea, syphilis, chlamydia and trichomoniasis
C. Who should use it?	<ul style="list-style-type: none"> • Sexually active men of all ages
D. Advantages:	<ul style="list-style-type: none"> • Prevent pregnancy and STDs • Convenient, easy to keep and obtain • May be used without seeing a health provider • Men can stop using it anytime • No hormonal side effects • Will not interfere with any other medicines • Helps prevents premature ejaculation (helps men last longer during sex)
E. Disadvantages:	<ul style="list-style-type: none"> • Latex rubber and lubricant may cause allergy to some • May decrease sensation • Couple must take time to put the condom on the erect penis before sex • May weaken if stored too long or in too much heat; may break during sex
F. Side Effects:	<ul style="list-style-type: none"> • None
G. How to do it?	<ul style="list-style-type: none"> • Check the expiry date before use • Open the condom wrapper but don't tear it with teeth or use scissors • Hold the teat end of the condom between your forefinger & thumb • If needed, pull back the foreskin to expose the head of the penis • Roll the condom to the length of the erect penis • After sex withdraw the penis while it is still erect making sure you hold the condom on while withdrawing • Never re-use a condom

3. IUD - Intra Uterine Device - small flexible plastic T-shaped device with copper wire, inserted into a woman's uterus through her vagina	
A. How it works?	<ul style="list-style-type: none"> • Works chiefly by preventing the sperm and egg from meeting • It makes it hard for the sperm to move through the woman's repro tract and reduces the ability of the sperm to fertilize and egg.
B. How effective?	<ul style="list-style-type: none"> • Very safe and effective with efficacy lasting up to 10 years.
C. Who should use it?	<ul style="list-style-type: none"> • Safe for almost women of any age, even for those who smoke, are currently taking antibiotics or anti-convulsants, for breast feeding and hypertensive
D. Advantages:	<ul style="list-style-type: none"> • Very convenient, no need to do anything at time of sexual intercourse • A single insertion leads to effective long-term prevention • No hormonal side effect, no effects on amount of milk from breast feeding moms • No reaction to any medicine • Helps prevent ectopic pregnancies
E. Disadvantages:	<ul style="list-style-type: none"> • Menstrual changes are common in first 3 months • Can only be inserted by a trained provider • Does not protect against STDs and HIV/ AIDS • Must be periodically / regularly checked by trained provider
F. Side Effects:	<ul style="list-style-type: none"> • Longer and heavier periods, spotting • Feeling of discomfort in hypogastric area immediately after insertion
G. How to do it?	<ul style="list-style-type: none"> • Talk to the health practitioner about the risks associated with this method and go over other birth control options with you • Get a pelvic exam to make sure you are healthy and have not contracted an infection or STDs • Have IUD inserted by the doctor into your uterus with a string leading down to your vagina. It can stay in place for several years depending on the type • Schedule a follow up visit to examine the IUD and ensure that it has stayed in place • Use condoms if necessary. Although it can protect you against pregnancy, you are still at risk for contracting an STD

4. PILLS – Oral contra – contain 2 hormones similar in a woman’s body	
A. How it works?	<ul style="list-style-type: none"> • Inhibits ovulation (release of the mature egg from the ovary) • Thickens the cervical mucus, making it difficult for the sperm to pass through • Does not disrupt pregnancy
B. How effective?	<ul style="list-style-type: none"> • Very safe and effective especially when taken everyday
C. Who should use it?	<ul style="list-style-type: none"> • Safe for almost all women of any age
D. Advantages:	<ul style="list-style-type: none"> • Very convenient, no need to do anything on time of sexual intercourse • Regulates menstruation and helps prevent menstrual cramps • Can be used for as long as a woman does not want to get pregnant • Can be stopped anytime a woman is ready to get pregnant, fertility returns soon after stopping • Can help prevent certain cancers, anemia (low iron) and menstrual cramps, irregular bleeding and other medical conditions
E. Disadvantages:	<ul style="list-style-type: none"> • Woman who smoke or who are 35 years old or older and are hypertensive, diabetic are not advised to take the pill unless they are under the care of a doctor • Does not protect against STDs and HIV/AIDS
F. Side Effects:	<ul style="list-style-type: none"> • Especially in the first few months, some women experience nausea or vomiting, bleeding between periods or “spotting”, weight gain, mild headache or moodiness. • None of these side effects are dangerous and generally become less or disappear in a few months.
G. How to do it?	<ul style="list-style-type: none"> • Take the first active pill in the pack within 5 days after the start of one's period • Take the pill at the same time of each day • Use an alternative method of contraception, such as condom, if you forget 2 or more oral contraceptive in one cycle • Continue to take one pill a day until the pack is finished • Be sure to read and follow the instructions inside the pill package • If a woman wants to become pregnant, she can just stop taking it

NATURAL METHODS:

Are methods used to help a couple determine when sexual intercourse can and cannot result to pregnancy by knowing when the woman's ovulation period is. During each menstrual cycle, one of a woman's ovaries releases an egg. This process is called ovulation. A woman is most likely to become pregnant if sexual intercourse takes place before or after ovulation (14 days before start of their menstruation).

1. CERVICAL MUCUS	
A. How it works?	<ul style="list-style-type: none"> • In this method, the days before and after ovulation are determined by checking the woman's cervical mucus. When a woman is most likely to become pregnant, the cervical mucus is stretchy, clear and slick. The mucus during this time looks and feels much like an uncooked egg white.
B. How effective?	<ul style="list-style-type: none"> • Not very effective : 90 % to 80% effective (10 to 20 pregnancies per 100 couples) only if practiced correctly – which requires a complete knowledge of one’s own body and cycle.
C. Who should use it?	<ul style="list-style-type: none"> • Any women at all ages.
D. Advantages:	<ul style="list-style-type: none"> • Increased self-awareness and knowledge of their fertility. • Increased reliance on their resources rather than a family planning program or other sources of contraception. • Increased independence from costly or distant medical services. • Freedom from artificial substances and the side effects or potential medical risks of other methods • Reduced re-supply costs associated with commodity-based methods • Enhanced communication and intimacy with partner • Encourages male involvement in family planning • For some, the ability to adhere to religious and cultural norms
E. Disadvantages:	<ul style="list-style-type: none"> • The commitment, motivation and cooperation of both partner is necessary. • For women using symptom-based methods, keeping daily records of fertility signs and symptoms • When used for pregnancy prevention, a couple may experience stress as a result of not being able to have unprotected intercourse for several days in a row during the fertile days • Does not protect against STDs and HIV/ AIDS 10 to 20% unplanned or unwanted pregnancies
F. Side Effects:	<ul style="list-style-type: none"> • None

2. CALENDAR RHYTHM	
A. How it works?	<ul style="list-style-type: none"> • Based on calendar calculations of previous menstrual cycles to determine fertility periods.
B. How effective?	<p>Not very effective : 90 % to 80% effective (10 to 20 pregnancies per 100 couples) only if practiced correctly</p> <ul style="list-style-type: none"> • Depends on the accuracy of the method in identifying the woman's actual fertile days • A couple's ability to correctly identify the fertile time • The couple's ability to follow the rules of the method they are using
C. Who should use it?	<ul style="list-style-type: none"> • Women who have no variation in the length of their menstrual cycles to know when they are ovulating. (usually 14 days before the start of their period – still ovulation cannot be planned for sure) • A woman who has irregular menstrual cycles may still be able to tell when she is ovulating by watching for the changes in her body
D. Advantages:	<ul style="list-style-type: none"> • Increased self-awareness and knowledge of their fertility. • Increased reliance on their resources rather than a family planning program or other sources of contraception. • Increased independence from costly or distant medical services. • Freedom from artificial substances and the side effects or potential medical risks of other methods • Reduced re-supply costs associated with commodity-based methods • Enhanced communication and intimacy with partner • Encourages male involvement in family planning • For some, the ability to adhere to religious and cultural norms
E. Disadvantages:	<ul style="list-style-type: none"> • The commitment, motivation and cooperation of both partner is necessary. • For women using symptom-based methods, keeping daily records of fertility signs and symptoms • When used for pregnancy prevention, a couple may experience stress as a result of not being able to have unprotected intercourse for several days in a row during the fertile days • Does not protect against STDs and HIV/AIDS <p>Unplanned and unwanted pregnancies</p>
F. Side Effects:	<ul style="list-style-type: none"> • None

VI. Open Forum

- Question: Is withdrawal a family planning method?

Answer: No, it is not a method at all because there is a great possibility of becoming pregnant.

- Question: Is ligation free?

Answer: Ligation is not free because it is no longer subsidized unlike before. But for the vasectomy, it is free in Sacred Heart Hospital by appointment.

VII. Synthesis

The facilitators summarized what had been discussed and highlighted their decision as to what method to use together with their husbands but with proper consultations with medical experts.

VIII. Evaluation

The participants were divided into 4 groups. Each group selected a leader to share what they learned about the different methods (condom, pills, injectable, IUD, ligation and vasectomy). Each representative shared a common purpose which is to plan as to the desired number of children to have in order to become responsible parents too.



Pulong in Tabay, Carreta (SAMA)

BASIC EDUCATION ON STI, HIV/AIDS (SESSION I)

Estimated time: 1 hour & 30 minutes

Session I Topics : Sexual and Reproductive Health Rights
Sex, Gender and Sexuality
Human Reproductive System
Basic Sexually Transmitted Infection (STI) Information

Possible Methodology: Lecture-discussion
Interactive Group Discussion
Brainstorming
Workshop
Picture Matching Exercise
Structured Learning Exercise

I. Statement of the Pulong's Objective/s

Objectives:

- Increased awareness, understanding and knowledge about Reproductive Health, Sexual & Reproductive Health Rights, Human Reproductive System and Sexually Transmitted Infection
- Know the definition of sex, gender and sexuality
- Gain knowledge of the different agencies (government or private) that could provide health and social services to people with Sexually Transmitted Infection (STI) and those with possible STI infection

II. Procedure

Discussion Proper

A. Begin the session by asking the participating families their level of awareness, knowledge and understanding regarding Reproductive Health and Sexual & Reproductive Health Rights

What is our idea/understanding about Reproductive Health?

Definition: Health - According to World Health Organization, HEALTH is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity

Definition: Reproductive Health is a state or condition of a person's physical, mental and social aspects in all sorts of the reproductive system

Sexual and Reproductive Health Relates to:

- Copulation
- Rights and Responsibilities
- Personal Relationship
- Safe Pregnancy/Delivery
- Access to Correct Information
- Protection from Harmful Reproductive Health Practices

Every person has Dignity, Integrity and Valuable Rights. What are these Rights and Responsibilities?

Right to:

- Life
- Liberty and Security of Person
- Equality & Free from all Forms of Discrimination
- Freedom of Thought
- Information and Education
- Choose Whether or not to Marry or Have a Family
- Decide When or Have Children
- Health Care & Protection
- Development

B. Discuss the definition of Sex, Gender and Sexuality

Definition: Sex- is the genetic and physical or biological identity of a person which indicates whether one is male or female. It also refers to the biological differentiation between male and female. It is based on genes, hormones and genital at birth.

Definition: Gender - refers to the socially differentiated roles and characteristics attributed by a given culture to women and men. It is a group of socio-cultural expectations on how people should think, feel, behave and to a certain extent even the way they look.

Definition: Sexuality - is the total expression of who we are as human beings. It encompasses our whole psychosocial development – values, mental attitudes, physical appearance, beliefs, emotions, like and dislikes, our spiritual selves, and

all the ways in which we have been socialized. It involves our sexual identity and psychic orientations- our entire self concept. It begins at birth and last a lifetime.

C. Discuss the topic on Human Reproductive System using a visual aid

Note: Introduce the topic by presenting the pictures of female and male reproductive systems highlighting the following internal parts.

FEMALE	MALE
<p>Vagina :</p> <ul style="list-style-type: none"> - female organ of copulation receives the penis during sexual intercourse - passageway for the menstrual blood and fetus during delivery 	<p>Penis :</p> <ul style="list-style-type: none"> - male organ of copulation
<p>Cervix :</p> <ul style="list-style-type: none"> - chief source of the mucous secretion during menstrual cycle and in pregnancy 	<p>Urethra;</p> <ul style="list-style-type: none"> - passageway both for urine and seminal fluid
<p>Ovaries:</p> <ul style="list-style-type: none"> - two almond shaped organs - production of female hormones, egg cell - provision of female hormones : estrogen & progesterone 	<p>Testes:</p> <ul style="list-style-type: none"> - production and release of sperm cell - production of male hormone called testosterone

INPUTS - DISCUSSION:

If the man & woman have unprotected sexual contact, there is a great possibility that infections will be passed from an infected person to another. These infections can be also passed to a baby during pregnancy, delivery or breastfeeding causing serious complications. Eventually, the infected person would either manifests symptoms of the disease or they would be asymptomatic. The female and male sex organs are affected primarily with these sexually transmissible infections (STIs).

D. Introduce the topic of Sexually Transmitted Infection (STI)

Definition: Sexually Transmitted Infection - infections that are passed from an infected person to another during unprotected sexual intercourse or sexual contact.

TABLE 1 - MOST COMMON SEXUALLY TRANSMITTED INFECTION

Bacterial	Viral	Protozoal	Skin Parasites
1. Gonorrhoea 2. Syphilis 3. Chlamydia	1. Genital Herpes 2. Genital Warts 3. HIV (Human Immuno-Deficiency Virus)	1. Trichomoniasis	1. Pubic Lice

TABLE 2 - SIGNS/SYMPTOMS OF STI

Types of STI	Complications	Signs/Symptoms	Mode of Transmission
1. Gonorrhoea	Inflammation of the pelvic organs	- yellowish, thick and foul smelling discharges - pain or discomfort in passing urine - pain in the pelvic area	Unprotected Sex
2. Syphilis	Abnormal discharges from the vagina or penis and the anus	- open sore or sores on the genitalia; painless open sore or sores - infection will spread to the brain, heart or to all parts of the body if untreated	Unprotected Sex
3. Chlamydia	- Pneumonia - Infertility	- pain or discomfort in passing urine varying from slight to severe	Unprotected Sex
4. Genital Herpes	Cold Sores or Fever Blisters	- painful shallow ulcers on the genital area - tender, reddish and itchy blisters on the genital area	Unprotected Sex
5. Genital Warts	Lesions are associated with cervical cancer	Lesions appear as single or multiple soft, cauliflower growth and painless	Unprotected Sex
6. Trichomoniasis	Infertility	- Foul smelling and unusual vaginal discharge - Painful or itchy genitals - Pain in the pelvic area	Unprotected Sex
7. Pubic Lice	Sores or Blisters	- Crab louse confined to the pubic hairs and around the anus - Mild to severe itching to affected parts; itchy scratches in the genitalia	- Unprotected Sex - Sharing of personal articles (towel, shorts)

PREVENTION AND CONTROL

If you have this type of STI ...

- 1. Go to a clinic and health center immediately
- 2. Consult your partner to a doctor
- 3. Always follow your doctor’s prescription
- 4. Consistent and correct use of condom

Always Remember, if you have STI...

- 1. Do not self-medicate by using coconut meat/water, drinking soap suds and any forms of medicines
- 2. Do not drink alcohol during your medication period
- 3. Avoid sexual contact

AGENCIES OR INSTITUTIONS THAT CAN PROVIDE SERVICES:

- 1. Nearest Health Center in your Area
- 2. Social Hygiene Clinic
Cebu City Health Office
Gen. Maxilom Ave. Ext., Cebu City
- 3. Department of Health
Region 7
Osmeña Blvd., Cebu City

1. Open Forum

III. Evaluation

- a. Ask the participants insights, learnings and experiences during the pulong
- b. Inform the participants of the next pulong



Pulong in Lawis, Barangay Alaska Mambaling (SACMI)

BASIC EDUCATION ON STI, HIV AND AIDS (SESSION II)

Estimated time: 1 hour & 30 minutes

Session II Topic : HIV and AIDS

Possible Methodology : Lecture - discussion
Brainstorming
Interactive Group Discussion
Workshop
Structured Learning Exercise

I. Statement of the Pulong's Objective/s

Objectives:

- Increased awareness, understanding and knowledge about HIV and AIDS
- Know the laws promulgated by the government to protect the rights and privacy of persons with HIV and AIDS
- Gain knowledge of the different agencies (government or private) that could provide health and social services to people with HIV and AIDS

II. Procedure

Discussion Proper

- A. Introduce the topic by asking the participating families their level of awareness, knowledge and understanding regarding HIV and AIDS and their difference

Questions:

1. What is our idea/understanding about HIV and AIDS ?

HIV	AIDS
<p>HIV (Human Immuno Deficiency Virus) is a virus or micro-organism that has successfully entered the human body and attacks the body's immune system. It weakens the body's ability to fight off life-threatening disease.</p>	<p>AIDS (Acquired Immune Deficiency Syndrome) is a state or condition and the terminal stage of HIV infection. This is also a condition wherein the different types of illnesses will occur.</p>

2. What is the difference between HIV and AIDS?

HIV	AIDS
<ul style="list-style-type: none"> - no signs or symptoms - with medication (Antiretroviral Therapy) to reduce HIV- related complications but can't be cured 	<ul style="list-style-type: none"> - The person with AIDS shows different signs and symptoms; presence of different types of diseases and opportunistic infections (such as but not limited to Kaposi's Sarcoma that is caused by Herpes related virus, Pneumocystic Pneumonia and non- Hodgkin's Lymphoma - No medication and can cause death

B. Discuss How HIV is Transmitted, Who Are at Risk of HIV and the Possible Situations that HIV Cannot be Transmitted

Questions:

1. How is HIV Transmitted?

HIV can spread by having direct contact with four (4) body fluids like blood, semen, vaginal fluids/secretion and breastmilk. HIV can only be transmitted by:

1. Infected semen and vaginal fluid through sex contacts whether vaginal, anal or oral
2. Infected blood and blood products by blood transfusion, organ transplant and sharing of contaminated needles and syringes
3. Perinatal transmission through placenta entry, during delivery and breastfeeding

Who Are at Risk of HIV?

1. Recipients of contaminated blood and blood products
2. Multiple sexual partners
3. Sexual partners of infected persons
4. Intravenous drug users
5. Children breastfeed by a mother with HIV
6. Men having sex with men

HIV Does Not Spread Easily. It Cannot Be Transmitted Through:

1. Other body fluids like urine, saliva and vomit
2. Sneezing / Coughing
3. Eating, drinking and sharing from common utensils
4. Insect bites
5. Using the shower rooms and restrooms previously used by an HIV infected persons
6. Air, water and food
7. Casual contact like shaking hands, hugging and kissing with persons infected with HIV

C. Discuss the Ways How a Person Can Be Protected from HIV Infection

Question: What Should Be Done to Prevent/Protect a Person from Getting Infected with HIV?

- A - Abstinence
- B - Be Faithful
- C - Consistent and Correct Condom Use
- D - Don't Use Injectable/Intravenous Drugs
- E - Education, Early Diagnosis and Treatment

D. Discuss the Laws Promulgated by the Government

Question: What are the existing laws that protect the rights and privacy of person/s with HIV and AIDS ?

Discussion:

On February 13, 1998, Republic Act No. 8504 (Philippine AIDS Prevention and Control Act of 1998 or AIDS Law) was promulgated and the Implementing Rules and Regulations (IRR) was formulated on April 13, 1999. The rules and regulations of RA 8504 states that medical confidentiality will be given to a person who is tested positive of HIV.

Key Features of RA 8504:

1. Make policies and prescribing measures for the prevention and control of HIV/AIDS in the Phils.
2. Instituting a nationwide HIV/AIDS Information and Education Program
3. Establishing a Comprehensive HIV/AIDS Monitoring System
4. Strengthening the Phil. National AIDS Council for the purpose of preventing or controlling the spread of HIV/AIDS

PENALTIES FOR NON-ADHERENCE TO R.A. 8504

1. 6-12 years imprisonment
2. Administrative sanctions such as fines, suspension or revocation of professional license
3. Cancellation or revocation of permit and license/accreditation of a particular institution, hospital, clinic, laboratory and establishments/enterprise

- E. Introduce the different Agencies that Can Provide Health and Social Services to Person/s with HIV and AIDS

AGENCIES/INSTITUTIONS WITH HIV ANTIBODY TEST (HAT)

Person/s with HIV or infected with HIV can go to any hospitals (government or private), clinic, laboratory, institutions with HIV testing like the following :

- Vicente Sotto Memorial Medical Center (VSMC) - B. Rodriguez St. Cebu City
- Cebu City Health Office Social Hygiene Clinic - Gen. Maxilom Ave. Ext., Cebu City

AGENCIES/INSTITUTIONS WITH SERVICES FOR PERSON/S WITH HIV AND AIDS

- Nearest health center, clinic and hospital in your area
- Cebu City Health Office Social Hygiene Clinic - Gen. Maxilom Ave. Ext., Cebu City
- Sexual Health Clinic - City Health Compound, SB Cabahug St., Mandaue City Health Dept., Centro Mandaue City
- Department of Health (Region VII) - Osmeña Boulevard, Cebu City

Note: Example of Services - Referral, Counseling, HIV/ AIDS Information and Education, Diagnosis, Treatment

III. Evaluation

- Request the participating families to share their insights, learnings and understanding of the topics discussed during the pulong



Pulong in Lapyahan, Labugon (VINE)

CHILD'S STAGES OF DEVELOPMENT

Estimated time: 1 hour and a half

I. Materials and References

1. Picture of a child whose age ranging from 0-6 years old
2. Cartolina
3. Manila paper
4. Pentel pen
5. Scotch tape
6. Metacards

II. Introductory Activities

III.

Child development refers to the changes that occur in human that begins at birth and eventually ends in the adolescence stage— thus an individual progresses from being dependent to being self reliant individual. How a person shows in his grown up years tells us how he was mold in the days of his/her childhood. We can question probably a child why he shows behaviors that aren't appropriate for his age, a lot of reasons my cause the characteristic he is showing, that is why, experts' study shows that nurturing is not that easy as we taught. Hence, experts posited that the roles of parents are needed for an optimum level of development the child should have. That is why for us to understand differences and how child develops, sited in this module are the different milestones, rearing practices and roles of parents for us to understand and help children to be nurtured and to develop skill in the way that is appropriate for their age and nature.

IV. Statement of the Pulong's Objective/s

For the Facilitator:

The facilitator is expected to:

- a. discussed thoroughly the importance of parents in rearing children;
- b. explained simply the milestone and limitations of children in particular age;
- c. enumerate some roles of the parents and their responsibility in rearing children.

For the Participants:

After the session, participants are expected to share more knowledge about infancy and childhood development through:

- expressing needs of their children;
- identifying the child's milestones and limitations in particular ages;
- understanding the role of the parents in rearing children;
- discussing/sharing different rearing practices with other parents.

V. Procedure

1. Introduction

- Getting To Know You (GTKY includes the introduction of the facilitator, co-facilitator including representative from STePS and all the participants in the pulong.)
- Title of the Pulong
- Expectation setting/setting of standard

2. Pulong Proper

The facilitator will show a picture of a child, after the facilitator will give time to the parents to look at the picture and then the facilitator will ask the following questions to the participants:

- What can you say about the picture?
- What are the children doing?
- Have you seen this action to your child?
- What age do you think is the child in the picture?
- What do you think are the needs of a child?
- As parents, what can you do for these children?



Note: This picture is only an example, you can change or use any appropriate picture.

Before discussing the five spheres of Child's development, facilitator is going to define first what Child Stages of Development is:

Child Stages of Development

= is a process every child goes through.
 = this process includes learning and mastering skills like **sitting, walking, talking, and skipping, and tying shoes.**

3. Discussion

- Facilitator will now discuss the five spheres of Child's Development relating to the picture.
- It's good also if the facilitator will use some of the observations and experiences of the parents during the questioning.

EMOTIONAL

- the ability of a child to develop his feeling towards the people surrounding him. This is the ability of a child to express his anger, anxiety, fear and being happy.

Ex. : A child shows anxiety when carried by unfamiliar person.

Shows distress when toys are kept.

MOTOR

- the ability of the child to learn and use small and large muscles—specifically on their fingers, hands, legs, and feet.

Ex.

FINE MUSCLE (SMALL MUSCLE)

Picking up small objects, hold a spoon, turn pages in a book, or use a crayon to draw.

GROSS MUSCLE (LARGE MUSCLE)

Sitting-up in a chair with support / then sitting without support

Learning to pull up to a stand holding to a furniture.

Crawling, walking...

Knowing how to skip (playing jumping rope).

COGNITIVE

- this is the ability of a child to learn differences such as shapes, forms, sounds, color alphabets and numbers and even solving problems.

Ex. : Recognizing small number of objects

Response to sample directions like, “give me that ball”

SELF HELP

- This is the ability of the child to help themselves and gain self control. This is characterized how the child care for himself in day to day activities.

Ex. :Feeding oneself (e.g. finger or thumb)

For 5 to 6 years old, dresses self completely without assistance.

LANGUAGE AND SOCIALIZATION

- The ability of a child to interact to its environment(other children/person) and the ability to both understand and use language.

Ex. :Six old baby smiling

A ten month old baby waving bye bye.

A two year old boy telling or naming his playmates.

Having friends with age mates.

(Note: The facilitator will discuss these spheres relating and by asking experiences of the parents for them to interact and share some insights they gain from rearing their children.)

4. WORKSHOP/ACTIVITY/GAME

- In this part, facilitator is given the chance to choose what workshop or activity to be used. Sample below is taken in the reference of the previous module containing the developmental milestones.

SAMPLE WORKSHOP

- Facilitator will divide the participants in to two groups depending on the number of attendees.
- After, the facilitator will give a metacard or a cartolina strip containing an age of a child from 4 months to 6 years old.
- Then the facilitator will choose some of the obvious milestone characterized by the children during these ages. (see attached samples)
- Once the group has correctly guess the age of a child facilitator will discuss some inputs in rearing and role of the parents particularly in the milestone chose.

5. DISCUSSION

“BEHAVIORAL AND PHYSICAL CHARACTERISTICS WITH ROLES AND RESPONSIBILITIES OF PARENTS AND SOME BELIEFS AND PRACTICES IN THE COMMUNITY”.

- ✚ Facilitator is given the chance to choose the most applicable and most common characteristic practices in the community.

Example: for a six month old baby

BEHAVIORAL AND PHYSICAL CHARACTERISTICS	ROLES AND RESPONSIBILITIES OF PARENTS	BELIEFS
Loves to such his toes; explores body using mouth and hands	Keep toes of child clean. Allow him to suck his toes.	The child is asking for another baby.

- ✚ See attached reference.
- ✚ After the discussion, facilitator will do the **synthesis** of the discussion.

VI. Evaluation

In this part, facilitator is ask to provide activity that will check the participants regarding their:

- **Insights**
- **Learnings**
- **Discoveries**
- **Feedback**
- **Questions**

SAMPLE ACTIVITIES:

- Passing of Ball
- Cabbage
- Complete the Sentence
- Bunot Bunot
- Sharing of Feelings
- Q & A



LEGAL RIGHTS and RESPONSIBILITIES OF PARENTS AND CHILDREN PART 1

Estimated Time: 1 hour and 30 minutes

I. Materials and References

- a. Materials –Cartolina, manila papers, scotch tape, pentel pens
- b. Visual aids –Visual aids on the rights and responsibilities of parents from the Family Code of the Philippines, 4 Broad Rights of Filipino Children based on the guidelines from the UNCRC, sample pictures showing rights with corresponding responsibilities of parents Filipino children
- c. References –United Nations’ Convention on the Rights of Children and Filipino Family Code guidelines, UNICEF coloring books on the Rights and Responsibilities of children

II. Methodologies

- ~ Small group discussion
- ~ Brainstorming through games
- ~lecture/ Input

III. Introductory Activities

a. Rationale

Every citizen of a country has rights and in every home each member plays significant roles for the development of every Filipino family in the society. Parents have rights under the Family Code of the Philippines and Children have rights too under the United Nations’ Convention on the Rights of the Child guidelines. But with every right a Filipino is enjoying, there is always a corresponding responsibility that should be followed under the Philippine law. The following things are to be discussed in this Pulong...

b. group dynamics (10 minutes)

Introduce an activity called *Paint Me A Picture* (Different Scenario of a family in various settings wherein all family members are enjoying their rights). Divide the participants into 3 groups and provide a situation where in the group will have to show/present (i.e., a family playing in the park or family members taking part in doing the household chores). Allow the group to discuss and plan for the scenario in 30 seconds and let them freeze for 15 seconds every time each scenario is shown. The facilitator will choose which has the best presentation. There shall be five scenarios and the group that gains higher points will win in the game and will receive a special applause from all the participants as a reward.

- c. Expectation setting of participants and facilitator (10minutes)
 1. The participants will form a circle.
 2. Each participant has to pass a ball within the circle while singing *Bugsay-Bugsay sa Barutong Gamay*. Every time the song ends, the one who last received the ball will share her/his expectation about the activity.
 3. Three to five participants are expected to share.

IV. Statement of the Pulong's Objective/s

General Objective:

Actualizing parents' duties and responsibilities in meeting children's rights

Specific Objectives:

- a. Participants to share ideas about the topic
- b. For the participants to identify the legal definition of a Child
- c. To be able to understand and determine the rights and responsibilities of a Child and a Parent

V. Procedure (Pulong Proper)

Workshop 1: Ang Pagka-ginikanan (10 minutes)

Mechanics:

6. Place in the center the word PAGKA-GUINIKANAN and ask participants to write on the board (at least 2-word description about pagka-ginikanan) what they understood about the word.
7. If participants have difficulty to write, then allow a maximum of 3 volunteers to just share in the group on how they understand *parenting* and their role/duties as parents.
8. Allot 15 minutes (including processing of the activity) only in this workshop.

Input:

The facilitator shall present the definition of "*Pagka-ginikanan*" and the legal rights & responsibilities of parents to their children. As a follow-up to the previous workshop, allow parents to define a Child... (Please see Annex C for the basic rights of children + parents)

Workshop 2: A Child is ... (15 minutes)

Methodology: Small Group Discussion

Mechanics:

1. Divide the group into four and give them writing materials for the group presentation.
2. Ask each group to draw / illustrate their definition or description about the Child
3. Allot 10 minutes for the brainstorming and making of the presentation
4. Allow groups to present their output through *Gallery presentation/exhibit*

Presentation

Input: A Child is...

- Anyone below the age of 18 years
- Persons who are 18 years or older but are unable to care for themselves or protect themselves from abuse or exploitation because of a mental or physical disability are considered children (According to Philippine law)

- Children have rights too...

Workshop 3: Four Basic Rights of Children and the corresponding responsibilities (20 minutes)

Input:

Present and explain the four broad areas of CRC (Survival, development, participation and protection)

Mechanics:

Provide each participant one picture of 1 child right and let them identify what basic right the picture shows. Allot 10 minutes only

VI. Open Forum

During the presentation of the input, the facilitator shall allow participants to ask questions or share in the discussion per topic (merging inputting and open forum for a clearer discussion of the said concern).

VII. Synthesis

Allow participants to review the activity. What the group did from the start and until the discussion ends and then present the highlighted topics tackled in the *pulong* on Legal Rights and Responsibilities of Parents and Children.

Note: Give high emphases on the corresponding duty of every child's right and connect it with the first workshop

VIII. Evaluation

1. What topic you like best?
2. What topic you like least?
3. What you want to improve from the activity?

4 Basic Rights of Filipino Children

- **SURVIVAL** - The right for food, shelter, medicine, physical and emotional care
- **DEVELOPMENT** - The right to enhance talents, skills, the right to education and learn from own mistakes
- **PARTICIPATION** - The right to be involved in making family decisions, affiliation in clubs or organizations/Non-curricular activities
- **PROTECTION** - The right to be protected from any forms of exploitation and abuse



Pulong in Tabay, Carreta (SAMA)

PARENTING AND CHILD DISCIPLINE (Part 2)

Estimated Time: 1 hour and 30 minutes

I. Materials and References

- a. Materials –Cartolina, manila papers, scotch tape, pentel pens
- b. Visual aids –3 Parenting Styles, Tips on Effective Child Discipline
- c. References –Quiz from SunStar Magazine; www.parenting.umn.edu- Ronald L. Pitzer Professor of Social Work, Project Director of Positive Parenting, University of Minnesota Extension Service; and UNICEF Book on Child Discipline

II. Methodologies

- ~brain storming and small group discussion
- ~ Workshop
- ~lecture

III. Introductory Activities

a. Rationale

Parenting is quite a challenging task among parents and they usually have common concerns in dealing with children of different ages. Some may vary in dealing with them as it will depend on what kind of child discipline is practiced at home. Based on the data from the **UNICEF Book on Filipino Ways to Discipline children**; the most effective ways should be based on the age of children, their capacity and it must be based on the situation. Indeed being a parent is never an easy task and that's what the facilitator is going to tackle in this *Pulong*.

b. Group dynamics

~Tai Chi Exercise with a background song of "I have Two Hands"

c. Expectation setting of participants and facilitator

-The facilitator will ask participants what was informed to them about the ongoing activity and what they expected from the content to be discussed by the facilitator. Then, the facilitator will have to present about her/ his expectations too from the participants.

Guide questions:

1. I expect that the topic will focus on...
2. I want that the facilitators will...
3. I hope that the participants will...

IV. Statement of the Pulong's Objective/s

General Objective:

Actualizing parents' duties and responsibilities in meeting children's rights

Specific Objectives:

- a. Participants to share ideas about the topic
- b. For the participants to identify the Different Parenting Styles
- c. For the participants to differentiate Child Discipline from Punishment
- c. To be able to understand and determine ways to effectively deal with children

V. Procedure (Pulong Proper)

Workshop 1: Parenting Styles...

1. Provide one strip of paper and a pen per participant and allow each to answer a quiz on parenting styles.
2. Allow to participants to sum up their answers. Since there are only 3 choices Situation A, B or C. Let the participants count all their As, Bs and C answers.
3. Allow at least 3 volunteers to write their scores on the board; only those with the highest scores of A, B and C.
4. The facilitator will have to present the description of each answer or category that the participants chose. Allow a short processing of their answers.

Please see Annex D for the Quiz

Workshop 2: Discipline or Punishment?

Mechanics:

1. Group the participants into two and provide each group 15 minutes to discuss their own styles of parenting/how they applied their rights as parents to their children. The group has to agree what style is best for their children.
2. Each group is given a specific situation wherein they have to apply their own parenting style.
2. After the 15-minute discussion and preparation, each group has to present one's idea through a 5-minute play presentation.

Input:

Discipline isn't about punishment; it's about teaching your child to behave in a way that fits with your family rules and is widely socially acceptable. It is teaching decision-making and helps a child develop empathy and self-control.

There isn't one right way to get children to behave themselves. The child's temperament, your parenting style and the situation will all influence the methods you use. (Please see Annex E)

Tips on encouraging good behavior:

1. **Teach by example** / modeling
2. **Put yourself in your child's shoes.** Think back to how you felt as a child and how unfair the adult world often seemed.
3. **Have routines.** These help your child feel secure and there'll be less need for conflict if your child expects things to happen in a certain way or at a particular time. For example, he'll (eventually) know it's bedtime after he's had a bath and brushed his teeth.
4. **Set reasonable limits.** Children seldom feel secure if they're allowed to do what they want. In fact, some may behave worse to discover what the boundaries are.
5. **Keep family rules to a minimum.** Young children can be overwhelmed by too many rules that they can't possibly remember, never mind stick to.
6. **Be realistic.** A lot of the behavior parents call naughty or disobedient is just a normal part of development. Younger toddlers want to touch everything to find out how it works. Older toddlers are trying to assert their independence. If you talk with other parents you'll probably find they too are having - or have had - similar experiences.
7. Use **distraction** to get your child's attention away from inappropriate behaviors.
8. Stop inappropriate behaviors with a firm '**no**' while looking your child in the eyes.
9. Physically **move** your child when he is misbehaving, especially if he didn't respond to your firm 'no.'
10. Use **extinction** to remove attention from undesirable actions. As long as your child can't hurt him, you can walk away and not give him attention or an audience for acting inappropriately, especially if he's having a temper tantrum. Giving too much attention to your child when he misbehaves can reinforce bad behaviors.
11. Use **natural consequences** (rewards) to let your child learn the results or consequences of his actions. For example, if he throws a toy out the window, then he can't play with it anymore.
12. Use **logical consequences** (rewards), for example, if he doesn't put away his bike, then you will do it, but he won't be able to ride it for the rest of the day. For older children, not filling the car with gas can have the consequence of not getting to use the car this week, etc.
13. Use **time-out** to remove positive reinforcement or attention when he misbehaves.

14. **Withholding privileges** is a very effective discipline technique, especially for older children. Find things that he likes or especially enjoys (playing video games, renting movies, going to the mall, talking on the phone), and then take it away as a consequence for misbehaving

VI. Open Forum

During the presentation of the input, the facilitator shall allow participants to ask questions or share in the discussion per topic (merging inputting and open forum for a clearer discussion of the said topic).

VII. Synthesis

Allow participants to review the activity. What the group did from the start and until the discussion ends and then present the highlighted topics tackled in the Pulong.

VIII. Evaluation

1. What topic you like best?
2. What topic you like least?
3. What you want to improve from the activity?

Annex A

QUIZ TO IDENTIFY PARENTING STYLES OF PARTICIPANTS:

1. What will you do if you are talking with another person and your child is seeking attention from you, you will say?
 - a. don't disturb me, you know already
 - b. play first and we will talk later
 - c. put down the phone and talk to your child

2. It's breakfast time and your child is asking about your food. You will....
 - a. tell her that you cook pinakbet and you should eat this because it is a good food for the children
 - b. tell the child that the child can choose from the three kinds of food that you prepare
 - c. Ask and give the child the food she likes to eat.

3. It's time to rest in the evening but your child is still playing, you will?
 - a. tell the child to sleep and if not (as if you're threatening the child)
 - b. ask the child if he likes to sleep alone or she/he needs somebody to encourage her/him to sleep
 - c. Give the child the right to decide when she/he wants to sleep

4. If your child misbehaves while accompanying you buys things, shopping or at the grocery...
 - a. call the attention and threatened the child if she/he will not follow
 - b. talk with the child if it's is possible he/she behave or else they will go home
 - c. leave the child whatever he or she likes to do

5. If you are doing laundry, what will you discuss with your child?
 - a. tell the child to sit down and stay foot
 - b. let the child choose if she or he likes to play near you, or to participate in your work if she or he knows how to wash clothes or just wait until his/her father/mother finish washing clothes
 - c. let the child do whatever she/he likes

6. If your child has assignment of homework, you will...
 - a. always remind him/her of the assignment
 - b. accept that it is the child's responsibility to make an assignment
 - c. just wait when the child likes to do his/her assignment

7. Regarding money matters, as parents, you believe that...
 - a. the child should be given allowance if he or she will do household chores
 - b. the child should help find work and knows how to handle his or her own money
 - c. the child should be given money anytime

8. When changing clothes in the morning, you will....
 - a. choose the clothes the child will wear
 - b. let the child choose which f the prepared clothes to wear
 - c. let the child choose what he or she wants/prefers to wear

9. When cleaning the room of the child you will....
 - a. remind the child to put together/fix all the scattered things in the room and if not...
 - b. close the door and tell the child the consequences if the room is not clean
 - c. clean the room yourself.

10. In getting up in the morning, you....
 - a. will be the one to wake up your child
 - b. will give the child an alarm clock and tell him or her that it is his her responsibility to wake up early
 - c. will leave the child to wake up on his/her own.

11. If your children quarrel or fight with each other....
 - a. tell them to stop fighting or else....
 - b. Tell them that they are big enough and how to solve their problem
 - c. not to consider the conflict among children as a problem because it is part of growing up.

12. If your child wants to get out during cold times, you....
 - a. remind the child to wear coat or a jacket
 - b. believe that your child knows now to decide when she/he wears a jacket or a coat.
 - c. will not consider it a problem whatever the child wears.

13. If your child will not eat at the right time, you will say...
 - a. you can eat or leave the dining table
 - b. if you will eat, I will give you biscuits
 - c. would you like another food? What do you want?

14. When watching television, you...
 - a. discuss with the child the appropriate show to watch
 - b. explain with the child what the show is all about
 - c. let the child watch whatever shows he/she prefers

15. As a whole, you feel that...
 - a. the parents really know all the need of the children.
 - b. the role of the parents is to provide guidance to their children so that they will be respected
 - c. the role of the parents is to provide food so that the children will survive.

A- AUTOCRATIC PARENT

B- DEMOCRATIC PARENT

C- EASY-TO-RIDE/ PERMISSIVE PARENT

Note: There is no one effective discipline style that a parent must since it must be based on the age, the attitude and capacity of children, the way a parent treats her/ his child and the situation that influences the style.

Annex B : Parenting Styles

Authoritative parenting, according to Lawrence Steinberg, is the reasonable balance of three major aspects of parents' behavior toward their children- nurturance, discipline and respect. The balance of these three is critical for effective parenting, and holds across cultures and economic circumstances.

Democratic parenting style/ Parental Responsiveness (*love, warmth, nurturance*): Parental responsiveness is the extent to which parents respond to the child's needs in an accepting, supportive manner. It is a very powerful force in the development of children, and most children probably do not get enough. Nurturance helps children feel loved, secure, and cared about, and it fosters children's acceptance of discipline and parental demands. There are many ways to respond and nurture children, including listening attentively spending time with children, being available, and giving more attention to that which pleases and less to that which does not ("catch them being good").

Autocratic parenting style/ Parental Demandingness (*discipline, control*) Demandingness is the extent to which a parent expects and demands responsible behavior from children. This dimension includes both setting and enforcing rules or limits on children. In order to be enforced, rules must be clear, reasonable, developmentally appropriate, fair and just, mutually agreed upon, flexible, and emphasize what *to* do rather just what *not* to do. Enforcement of rules is much more than just punishment. Indeed, punishment is probably the least effective of the alternatives available. Monitoring and understanding children's behavior, preventing misbehavior, rewarding good behavior, and guidance are more effective tools.

Parents vary on how they balance these **two dimensions**. Some parents are warm and accepting while others are unresponsive or even rejecting. Some parents are demanding and expect a great deal of their child, while others are permissive and demand very little. The four *parenting styles* created by the interplay of high and low parental responsiveness and *demandingness* are shown in the following graph.

		Demandingness (control)	
		High	Low
Responsiveness (warmth)	High	<i>Authoritative</i>	<i>Permissive</i>
	Low	<i>Autocratic</i>	<i>Unengaged</i>

- Parents who are *responsive* but not at all *demanding* are **permissive**.
- Parents who are equally *responsive* and *demanding* are **authoritative**.
- Parents who are *demanding* but not very *responsive* are **autocratic**.
- Parents who are neither *demanding* nor *responsive* are **unengaged**.

Source: www.parenting.umn.edu - Ronald L. Pitzer Professor of Social Work, Project Director of Positive Parenting, University of Minnesota Extension Service)

UNCRC (United Nations Convention on the Rights of the Child)

Estimated Time: 1 Hour

I. Materials and References

- ◆ Materials – Manila papers, masking tape and cartolina.
- ◆ visual aids – pictures/posters
- ◆ references – RA 7610 Documents

II. Methodologies

- workshop
- lecture/discussion
-

III. Introductory Activities

- Greetings and Introduction (participants and facilitators)
- Ice breaker (Action Song – Sampung Mga Karapatan)
- Expectation Setting:
 - > Participants
 - i. to understand the rights of children
 - ii. to know the laws protecting children

IV. Statement of the Pulong’s Objective/s

After the session, participants are expected to:

- a. Enhance their knowledge regarding:
 - * the 4 Major Rights of the Child
 - * the child as defined under the UNCRC
 - * the guiding principles of UNCRC
- b. Share insights among the 4 Major Rights

V. Procedure

Overview of the UNCRC (discussion – lecture)

UNCRC – United Nations Convention on the Rights of the Child sets the standard on the children into a legal instrument. The rights to which every child is entitled, regardless of where he/she was born or to whom, regardless of sex, religion or social origin. The convention offers a vision of the child as an individual and as member of the family and community with the rights and responsibilities, appropriate to his and her age and stage of development. Adopted into international law by the UN General Assembly on November 20, 1989, 10 years after it was drafted. The Philippines ratified the Convention in July 26, 1990.

NOTE: Before mentioning the 4 Major Rights of the Child, facilitator will draw out from the participants if they know what these rights are.

The 4 Basic Rights of the Child

- SURVIVAL
- DEVELOPMENTAL
- PROTECTION
- PARTICIPATION

Workshop: Matching of Pictures

Procedure:

1. The participants were divided into 4 groups
2. They were given pictures of the Rights of the Child
3. Representatives of the groups pasted pictures on the board according to its category: SURVIVAL, PROTECTION, DEVELOPMENTAL, and PARTICIPATION

Discussion:

The child as defined under the UNCRC – every human being below the age of eighteen (18) or above 18 years old but is not capable of protecting oneself. The 4 major Rights of the Child are the following:

SURVIVAL

- * Right to life
- * Right to adequate standard of living and cultural activities
- * Right to parental care and support
- * Right to health
- * Right to a name, nationality and identity
- * Right to social security

DEVELOPMENT

- * Right to information
- * Right to leisure, recreation
- * Right to education

PARTICIPATION

- * Right to opinion
- * Right to freedom of expression
- * Right to enjoy and practice his own neglect religion, culture and language
- * Right to freedom of association
- * Right to privacy

PROTECTION

- * Right to protection against physical abuse
- * Right to protection against sexual abuse
- * Right to protection against and abandonment

Note: While discussing every right, facilitator will check every now and then outputs of the participants on the board.

VI. Open Forum

There were no questions being raised by the participants, instead they shared their own experiences in managing the behavior of children as well as the discipline being imposed at home.

VII. Synthesis

The Pulong conducted is in line with the celebration of Children’s Month, as defined by UNCRC – the child is any human being below the age of eighteen (18) years old. It was reiterated that for every right, there’s a corresponding responsibility that goes along with it. As we always remember that the said convention has some guiding principles. These are the following: 1) non-discrimination; 2) best interests of the child; 3) survival and development; and 4) participation

VIII. Evaluation: (Questions being asked to the participants)

What are your learnings after attending the pulong?

Most of their answers are the following:

- They realized that corporal punishment (beating, pinching, name calling, etc.) is not good for the child as this would hamper their growth and development.
- They became aware on the laws protecting children which served as their guide in providing discipline to them which should be in consonance to the level of understanding as well as the capacities of children depending on their age.



Pulong in Puntod 1, Barangay Alaska Mambaling (SACMI)

ANTI CHILD TRAFFICKING

Estimated Time: 1 hour and 10 minutes

I. Materials and References

- c. Materials –Cartolina, manila papers, scotch tape, pentel pens
- d. Visual aids –Visual aids on the definition of a Child, 3 Elements of Human Trafficking, Television, DVD player and “Red Leaves Falling” CD.
- e. References –Philippine Republic Act 9208 and the United Nations’ Convention on the Rights of Children

II. Methodologies

- ~ Small group discussion
- ~ Brainstorming and workshops
- ~Film showing
- ~lecture/ Input

III. Introductory Activities

a. Rationale

Trafficking nowadays is so rampant not just in urban areas but especially in mountain and rural communities which does not only affect adults but currently involved children as victims. Unfortunately, perpetrators or abusers are no longer illegal recruiters, foreigners, strangers or neighbors but many parents were reportedly committing human trafficking to their very own children/ other members of the family.

b. Group dynamics (10 minutes)

~Provide an energizer like action songs like “Peel Banana, *Ang Kinabuhi*, I have Two Hands and Sampung Palaka” or Name game.

c. Expectation setting of participants and facilitator (10minutes)

1. The participants will form a circle.
2. Each participant has to pass a ball within the circle while singing *Bugsay-Bugsay sa Barutong Gamay*. Every time the song ends, the one who last received the ball will share her/his expectation about the activity.
3. Three to five participants are expected to share.

IV. Statement of the Pulong’s Objective/s

Specific Objectives:

- a. Participants to share ideas and feelings about the topic
- b. For the participants to understand what human trafficking means and the 3 elements of trafficking
- c. Identify preventive measures not to become victims of human trafficking
- d. To be able to identify institutions on where to go and what to do if someone from the community is victimized by syndicate for trafficking

V. Procedure (Pulong Proper)

Input:

The facilitator shall present first the definition of human trafficking and its elements which are the Act, Purpose and the Movement and the brief background of the Republic Act 9208 or the Anti-Trafficking in Persons Act.

Film viewing: (25minutes)

Guide Questions:

1. Describe the different characters in the story
2. What happened? And how did you feel?
3. How is it related to the trafficking case and the three elements?

Input: A Child is...

- Anyone below the age of 18 years
- Persons who are 18 years or older but are unable to care for themselves or protect themselves from abuse or exploitation because of a mental or physical disability are considered children (According to Philippine law)

Human Trafficking is the selling, harboring and transfer of persons from one place to the other place for the purpose of exploitation and abuse. Selling of human organs, prostitution and pornography is included in this aspect.

Three Elements of Human Trafficking:

ACT-threat, fraud, black mail, payment for debt

MOVEMENT- transfer from one place to another place

PURPOSE-exploitation, slavery, debt bondage, prostitution or pornography

VI. Open Forum

During the presentation of the input, the facilitator shall allow participants to ask questions or share in the discussion per topic (merging inputting and open forum for a clearer discussion of the said issue).

VII. Synthesis

Allow participants to review the activity. What the group did from the start and until the discussion ends and then present the highlighted topics tackled in the *pulong* on Anti-Child Trafficking.

VIII. Evaluation

1. What topic you like best?
2. What topic you like least?
3. What you want to improve from the activity?

COMMUNICATION

Estimated Time: 1 hour & 15 minutes

I. Materials & References:

- a. Materials: worksheet, pencil
- b. Visuals: Communication Model & XYZ Model
- c. Reference: Handouts on Effective Communication provided by STePs

II. Methodologies

- a. Dyad sharing
- b. Message relay
- c. Interactive discussion

III. Introductory Activities

a. Rationale

Effective Communication - communication is effective when the stimulus as initiated and intended by the sender, or source, corresponds closely to the stimulus as it is perceived and responded to by the receiver.

b. Group Dynamics

Dinhi malipayon, didto malipayon
 Bisan asa malipayon.
 Dinhi malipayon, didto malipayon
 Bisan asa malipayon

// Sayaw, sayaw ug dyotay
 Kamot ikaway-kaway
 Hawak ikiay-kiay
 Tuyok gamay.//

c. Expectation Setting of Participants & Facilitators

IV. Statement of the Pulong's Objectives

- a. To appreciate the importance of Effective communication - sender & receiver.
- b. To identify ways to maintain a harmonious relationship through learning effective communication.

V. Procedure

Message Relay (7 to 10 minutes)

- Ask the participants to form a line.
- The facilitator will provide the message to the first participant and he/she will relay it to the next participant until all participants receive the message.
- Ask the last participant to speak out the message relayed.

Workshop (10 minutes)

- Ask the participants to find their partner / by two (dyad).
- Ask each pair to sit with each other's back and ask them who will be the **receiver** and **sender**.
- The facilitator will provide each group with a worksheet.
 - The receiver will be provided with a pencil and a bond paper.
 - The sender will be provided with the worksheet.

Processing: ORID (10 minutes)

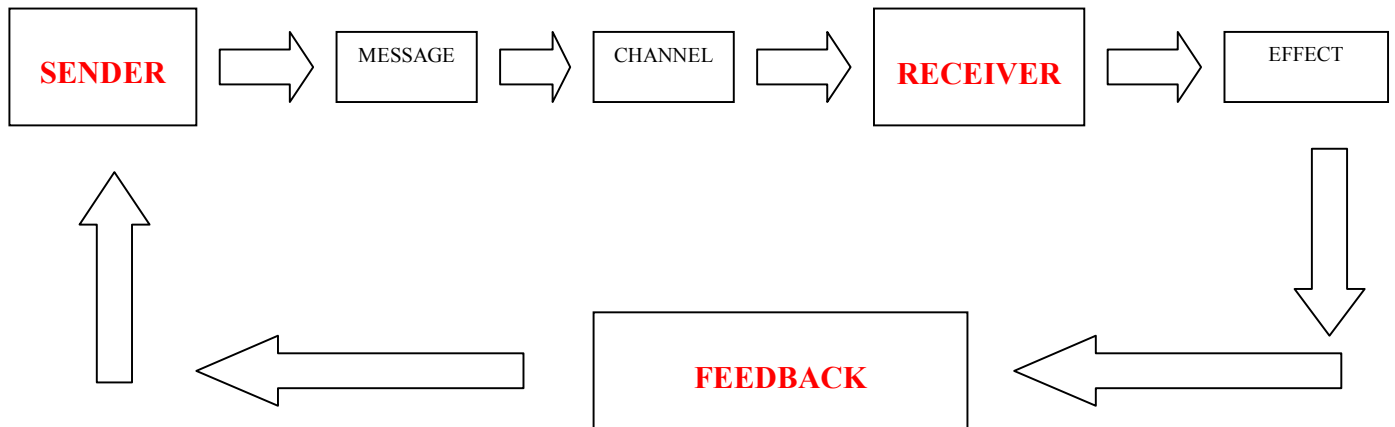
Input-Discussion (15 minutes)

Definition of Communication

Communication is a process of transferring information from one entity to another. Communication processes are sign-mediated interactions between at least two agents which share a *repertoire* of signs and *semiotic* rules. Communication is commonly defined as "the **imparting** or interchange of thoughts, opinions, or information by speech, writing or signs".

Communication is a process whereby information is enclosed in a package and is channeled and imparted by a sender to a receiver via some medium. The receiver then decodes the message and gives the sender a feedback. All forms of communication require a sender, a message, and an intended recipient, however the receiver need not be present or aware of the sender's intent to communicate at the time of communication in order for the act of communication to occur. Communication requires that all parties have an area of communicative commonality.

Elements of Communication:

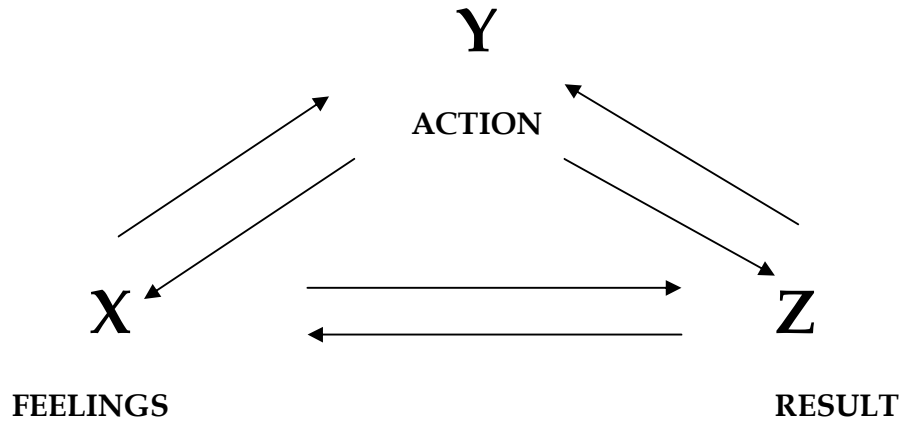


- Sender** - one who transmit the message.
- Receiver** - one who receives the message (intentional or not)
- Message** - The content of the message passed on.
- Channel** - The means or medium through which message is transmitted.
- Effect** - Result of the message (understanding, disagreement)
- Feedback** - The return communication where the effect is transmitted as message from the receiver who now become the sender and the sender as the receiver.

Patterns of Communication:

- **Placating** - doesn't want the other person to get mad.
- **Blaming** - faultfinding. The other person has always done something wrong so the other will regard you as strong.
- **Computing** - using big words and acting as if situation is insignificant, small and harmless. Hides insecurity about handling the situation.
- **Distracting** - direct attention away from what you want said. Behave as if stress or situation is not there.
- **Leveling** - direct, appropriate, real, open and truthful communication. The only response that can heal wounded relations, build bridges between people and break barriers.

XYZ Model - Ways in responding the message.



VI. Synthesis

The importance of communication can be summed up in only few words:

- Happiness
- Success
- Harmonious relationships with the people around you

Benefits of effective communication:

- Rewarding and harmonious relationships with others
- Easily build rapport with partners, friends, & new acquaintances.
- Getting what you want.
- More time for yourself and others.
- Satisfaction and success in life.

Failing to communicate effectively:

It is often our failure to communicate effectively that leads to:

- Professional setbacks
- Personal disappointment
- Breakdown of important relationships
- Wasting energy and time on frustration and dramas
- Not reaching our full potential

VIII. Evaluation - Talking Tree

1. How do you feel about the topic discussed?
2. What came into your mind on the discussion process?
3. What are your plans or plan of action after hearing the topic?

STRENGTHENING HUSBAND-WIFE RELATIONSHIP

through Gender-Sensitive Partnership

Estimated Time: 1 hour and 30 minutes

I. Materials & References:

- a. Materials: meta-cards, manila paper (kraft paper), masking tape, marking pens
- b. Visuals: picture
- c. References: parent Effectiveness Seminar Module Three (DSWD)

II. Methodologies

- d. Group sharing
- e. Workshop
- f. Interactive discussion
- g. Role playing

III. Introductory Activities

Rationale

Recognizing gender sensitivity can open doors to sharing of parental duties and responsibilities. It can lead you and your partner to good practices like open communication, respect, consideration, courtesy and cordiality for each other.

Group Dynamics (look for a partner)

Kumusta ka? Tayo ay masaya.

Pumalakpak, pumalakpak

Ituro ang paa.

Tadyak sa kanan, tadyak sa kaliwa

Umikot ka, umikot ka

Humanap ng iba

Expectation Setting of Participants & Facilitators

IV. Statement of the Pulong's Objectives

- a. Discuss roles and tasks of husbands and wives.
- b. Explain gender sensitivity in husband-wife relationship.
- c. Identify patterns of marital communication that leads to marital conflicts.
- d. Define manifestations of marital conflicts.
- e. Describe ways to improve husband-wife relationship.

V. Procedure

Activity 1:

Introductory Statement:

Today you will examine your relationship with your partners and how you both work as husband & wife. You will ask the question: how gender sensitive are you in your partnership?

Workshop and group sharing

Divide the participants into 4 groups. Group 1 will list down as many activities of a father in the family. Group 2 will do the same for all the activities of a mother. Group 3 will list down all the activities of a teen-age daughter while group 4 will list down all the activities of a teenage son in a typical Filipino family.

After the groups have exhausted their respective list, have the manila paper posted. Ask them to check those activities that are common for both female & male members of the family.

Processing:

Process the activity by asking the following questions:

- Who has the most work/activities/assignments? Why?
- How is the activity/assignment of the young members related to that of the older ones? Why?
- What can you say about the activities of each family member?
- Is it possible to share or distribute the workload to all the family members so no one member is over-burdened? How?

Key Learning Points:

- Women are burdened with multiple duties & responsibilities once they become a wife and a mother.
- Even the working wife is faced with care giving for the children and husband as well as management of the husband.
- Our culture seems to dictate that the men take care of earning an income while the duties and responsibilities pertaining to the household and children are left to the women.
- There is clearly an inequality of distribution of duties and responsibilities between the husband and wife.
- Husband & wife should both be gender sensitive. Being gender sensitive means that both the husband and wife are aware of each other's skills and capabilities. They are not confined to the mindset of "This is what a husband should do and this is what a wife should do."
- Gender sensitivity can be achieved if both partners are respectful, cooperative and supportive to each other.

- Gender sensitivity can be taught to our children by distributing the workload according to interest, ability and competence and not according to gender.

Input on SEX and GENDER (to better understand the difference and better dealings with each other).

Sex - Sex is the physiological differences of a male or a female variety with genetic traits.

Gender - The socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

Activity 2 – can maximize a picture showing the scenario below:

Ask for 2 volunteers and ask them to act as a husband and wife with the following scenario:

Wife is very tired from finishing up all the house chores. She then prepares to go to bed as it is getting very late. Husband arrives late from drinking with friends. Wife gets up and nags him. They start blaming each other for failures, misdeeds and inadequacies. The whole episode turns into a big squabble.

Remind the rest of the participants to listen and observe the two actors. Ask them to make a mental note of the specific reasons why the husband and wife are quarreling. You can stop the role playing after around 5 minutes or less.

Processing

Process the whole activity by asking the participants the following questions:

- Is the scene familiar to you? Do you often observe this kind of situation in your community?
- What did you observe when there is a conflict or a misunderstanding between husband and wife?
- What do you think should be done by both husband and wife to improve their marital relationship?

Write down all key responses of participants on the board.

Key Learning Points

- Marital conflict is inevitable in marital life, however you can prevent and minimize it.

- Recognizing the patterns of marital communication that lead to marital conflicts can help you prevent it.
- Patterns of marital communication that leads you to marital conflicts are

(let participants brainstorm and find answers):

- Blaming
- Counting each other's faults
- Mocking / Criticizing
- Distracting

- Common manifestations of marital conflicts include:

(let participants brainstorm and find answers):

- Verbal abuse - yelling, recounting faults, name calling, cursing, etc.
- Physical abuse - slapping, punching, kicking, pulling hair, choking, etc.
- Financial problems - always asking for money, lack of income, using money as threat to fidelity or to keeping children
- Emotional abuse - excessive jealousy, loss of trust and respect, infidelity, etc

- Ways you can improve your husband-wife relationships:

(let participants brainstorm and find answers):

- Praise each other regularly
- Focus on the positive and not the negative
- Affirm each other's love, faith and trust as often as possible
- Share roles, duties and responsibilities
- Be on the level with each other (leveling in communication)
- Use language of the heart before language of the mind
- Practice your religion - respect in self and others
- Redirect negative feeling to constructive and productive channels
- Find time to enjoy each other's company regularly.
- In other words, it takes two to improve a relationship.
- Both of you should work hard at building each other's self-esteem, adopting gender sensitivity, practicing open and honest marital communication and worshipping God in unity both in word and indeed.

VI. Open Forum

VII. Synthesis

The best way to maintain a stable and harmonious relationship between husband and wife can be achieved through open & cordial communication. Husband and wife should be sensitive to each other's natural characteristics and need to avoid friction and conflict in dealing with each other.

Better relation between husband and wife can be achieved through improved marital communication. Improved marital communication, dialogue, leveling and listening to each other's feelings and thoughts reflected in verbal and non-verbal messages.

VIII. Evaluation - Cabbage Ball

- 1. (3 questions) How did you feel about our topic discussed?
- 2. (3 questions) What portion or area of the discussion that struck you?
- 3. (3 questions) What are your plans or plan of action in relation to your present situation?



Pulong in Crossing, Carreta (SAMA)



Pulong in Ermita (FORGE) for Valentine's day 2009

FAMILY BUDGET and SAVINGS

Note: Pre-requisite for PPT members

I. Materials & References:

Cartolina	Sand
Manila paper	Bottle
Rocks	Water
Stones	Scotch Tape
Masking Tape	Pentel Pens
Markers	

II. Statement of the Pulong's Objectives

Objective

After the session, the participants are expected to:

1. determine the importance of family budget and savings
2. identify needs according to priorities
3. share some insights on how to control different practices affecting the budget of the family.

III. Procedure

A. Introduction

- Getting To Know You (GTKY includes the introduction of the facilitator, co-facilitator including representative from STePS and all the participants in the pulong.)
- Title of the Pulong
- Expectation setting/setting of standard
- Objectives

B. Story Telling: *The Ant and the Grasshopper*

Once there lived an ant and a grasshopper in a grassy meadow.

All day long the ant would work hard, collecting grains of wheat from the farmer's field far away. She would hurry to the field every morning, as soon as it was light enough to see by, and toil back with a heavy grain of wheat balanced on her head. She would put the grain of wheat carefully away in her larder, and then hurry back to the field for another one. All day long she would work, without stop or rest, scurrying back and forth from the field, collecting the grains of wheat and storing them carefully in her larder.

The grasshopper would look at her and laugh. 'Why do you work so hard, dear ant?' he would say. 'Come, rest awhile, and listen to my song. Summer is here, the days are long and bright. Why waste the sunshine in labor and toil?'

The ant would ignore him, and head bent, would just hurry to the field a little faster. This would make the grasshopper laugh even louder. 'What a silly little ant you are!' he would call after her. 'Come, come and dance with me! Forget about work! Enjoy the summer! Live a little!' And the grasshopper would hop away across the meadow, singing and dancing merrily.

Summer faded into autumn, and autumn turned into winter. The sun was hardly seen, and the days were short and grey, the nights long and dark. It became freezing cold, and snow began to fall.

The grasshopper didn't feel like singing any more. He was cold and hungry. He had nowhere to shelter from the snow, and nothing to eat. The meadow and the farmer's field were covered in snow, and there was no food to be had. 'Oh what shall I do? Where shall I go?' wailed the grasshopper. Suddenly he remembered the ant. 'Ah - I shall go to the ant and ask her for food and shelter!' declared the grasshopper, perking up. So off he went to the ant's house and knocked at her door. 'Hello ant!' he cried cheerfully. 'Here I am, to sing for you, as I warm myself by your fire, while you get me some food from that larder of yours!'

The ant looked at the grasshopper and said, 'All summer long I worked hard while you made fun of me, and sang and danced. You should have thought of winter then! Find somewhere else to sing, grasshopper! There is no warmth or food for you here!' And the ant shut the door in the grasshopper's face.

It is wise to worry about tomorrow today.

Processing:

1. Questioning:

- a. What are the positive and negative attributes of the ant and the grasshopper?
- b. What are the consequences of the action they have done during the sunny days?

2. Open Discussion

Facilitator solicits answers from the participants while the co-facilitator will write them down on the white board or in the manila paper.

4. Summarize the answers given from the participants.

Word Meaning Discussion:

(Note: Facilitator will introduce and discuss the word meaning to the participants)

What is Savings?

Something kept from being used, an amount of income or money that is not spent or used.

Money set aside for the future.

What is Budget?

Plan for allocating resources, a plan specifying how resources, especially money/income will be allocated or spent during a particular period.

Money for particular purpose, the total amount of money/income allocated or needed for a particular purpose or period of time.

Workshop A.**1st activity: Stone, sand and water game.**

The game objective is to show that putting first the most important expenses will help to ensure that they will fit in a tight budget.

Materials: Prepare 2 empty bottles, sand and 6 stone with different sizes. Ask 2 volunteers from the participants to do the activity and the rest will observe.

Procedure:

1. Show the participants that both sets are exactly the same: water, sand and stones.
2. Ask the first person to fill the bottle first with the water, sand, small stones and bigger stones.
3. After that, asks the second person to do the same thing but in reverse order: big stones, small stones, sand and last water.

Processing

After the activity, ask the participants the following:

- a. What did they observe when the first person did the activity? How about the second one?

Expected answer: Water overflows from the 1st glass and not from the 2nd glass.

- b. Ask the feelings of the two volunteers while doing the activity.
- c. What did they learn from the game?

B. 2nd activity: "I-apply 'ta" (Budgeting game)

Workshop A: List what to purchase or pay using the play money (for 1 month budget)

Materials: Play money, strips of paper or drawing of things to buy or to purchase by the family, manila paper, pens and masking tape.

Procedure:

1. The participants are given play money equivalent to one-month family expenses.
2. They use the play money to purchase or pay bills according to one-month consumption.
3. They must fit the amount given to them for one-month family consumption.

Workshop B: Prioritizing

Importante ug Gikinahanglan (Important and Urgent)	Importante pero dili Dinalian nga Panginahanglan (Important but not Urgent)
Dili Importante pero Gusto Maapil (Not Important but want to include)	Dili Importante ug Pwedeng Dili I-apil (Not important and don't want to include)

Procedure:

1. After purchasing for one-month family consumption, the participants will analyze and decide which they purchased or paid are important or not.
2. They will paste (manila paper provided) their most important expenses, less important and not important at all.

Processing:

- a. Ask the participants about their feeling about the game: purchasing, paying and deciding which is important and not important.
- b. What did they learn from the activity?

IV. Synthesis:

Message: Knowing how to prioritize will make your budget easier as you will ensure that there is money for the most important expenses. The big stones represent our most important expense the small stones our less important expense and so on... Put the big stones first since it is your main priority followed by the others. **When we put the big ones first, there were no difficulties or overflowing experienced since you are able to control it.** On the other hand, when you prioritize less important things it will create you trouble on your budget.

Definition:

What is need?

Something that is useful, necessary or required that is lacking.

Ex. Food, shelter, clothing

What is want?

Something that somebody desires something but still can live without it.

Ex. Cellphone, Cosmetics, soda, junkfoods

Reflect on the difficulties to stick to a budget.

- What are the different factors or practices that make their saving habit difficult?

Expected answers:

- a. Stopping to work when there is extra money available for consumption in a few days.
- b. Always sharing/lending money to relatives or neighbors.
- c. Buying less needed products like Coke, junk foods, cigarette and others.
- d. Vices like gambling.

Over-all Synthesis of the training:

- The importance of family budget and savings
- Difficulties to stick to a budget
- Prioritizing family expenses

V. Evaluation

- In this part, the facilitator will provide activity that will check the participants regarding their:
 - Insights
 - Learnings
 - Discoveries
 - Feedback
 - Questions
- Inform the participants on the next schedules of Pulong (when, where and what) and other activities related in the program.





Pulong in Labugon Mahayahay (VINE)



DREAM ABOUT PROJECT

Family Budget and Savings "Piso Pisong Tigom" Project

Estimated time:

I. Materials & References:

- Forms: Dream Card, Dream Chart and Dream Tree
- Visual for the short story of Minay and Minoy
- Pencils, pens, cartolina, masking tape, crayons

II. Introductory Activities

- Getting To Know You (GTKY includes the introduction of the facilitator, co-facilitator including representative from STePS and all the participants in the pulong.)
- Title of the Pulong
- Expectation setting/setting of standard
- Objectives

III. Statement of the Pulong's Objectives

Objective

After the session, participants are expected to:

- a. identify their projects for their family.
- b. Identify ways and means to achieve their project
- c. Share some insights the importance of having a project for the family

IV. Procedure

A. Identifying and realizing the project of the family

1. The Story of Minay or each organization can make their own success story relevant to the situation of the community.

*** Here is a success story of a family whose life improved once they identified their dream and work hard for it.

Minay is married and had twins. Her husband is a tricycle driver. Both of them have “vices” (playing cards and cock fighting). Due to their vices and money conflict, the couple quarrel and neglect their twins who become malnourished. When the children needed to be hospitalized, the couple realizes that this situation is not what they dreamt for their family when they got married. They decided to have a small business for the wife and start to save through a rotating saving group (paluwagan). When it was their turn to get the savings, they started a small food business. Over the time, their business gets bigger. Now their children are healthy, the couple has a better relationship, and they control their vices. Little by little, they are achieving their goals. (Real story adapted to the pulong’s objective).

After that, discuss with participants the following:

- *Recalling of the story:*
 1. *Who are the characters of the story?*
 2. *Describe Minoy and Minay (behavior, nature of work, vices)*
 3. *What are the challenges the family is facing with?*
 4. *What motivated them to change? (Emphasize on their goals and dreams in the story)*
- *How did they become successful and what are their qualities?*

NOTE:

~once the participants are done identifying and ranking their dream project, the Facilitator will ask one participant to share his/her dreams.

~before jumping to the next part, facilitator should link this dream card to the Dream Chart so that the participants can identify the use of the dream card and how to achieve their dreams.

i. Dream Chart

Process:

Basing on their top 1 identified dream projects from the dream card, the facilitator asks the participants to use the dream project chart on how to go about the achievement of the dream project based on the income and expenses of the family including the time frame to achieve the dream.

(Name) _____

Dream Project of the Family	Estimated Number of Months To Achieve Your Dream Project	Estimated Amount Needed for the Dream Project

IN		OUT		OTHERS EXPENSES	
Incomes :		- rent:	-	- advances:	-
- your income :	-	- food:	-	- loans:	-
- income of your husband / wife	-	- school:	-	- ...	-
- other income (parents or adult children still living at home)	-	- health:	-		
		- electricity/gaz:	-		
		- communication:	-		
		- transportation:	-		
		- water:	-		
		- leisure:	-		
		-	-		
TOTAL		TOTAL		TOTAL	

Total IN
- total out	-
TOTAL LEFT at the end of the month	

How much for the unexpected expenses?	
---------------------------------------	--

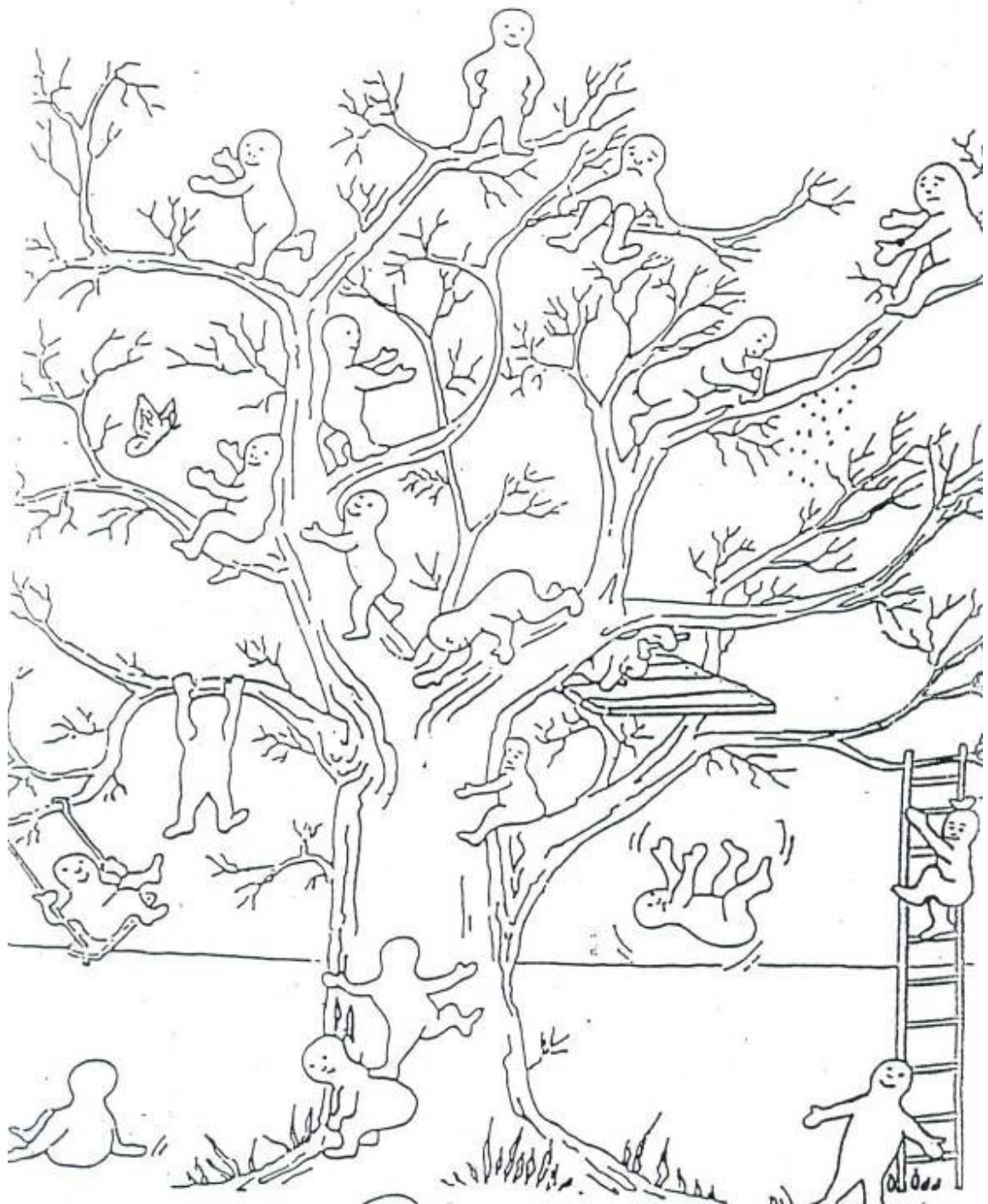
Total left at the end of the month for the saving:	
--	--

Note: When you present the chart make an example when you explain each part for the participants to really understand how to fill-up the form.




Total Amount left at the end of the month for the saving: how much each member can set aside for the budget of the dream project.

V. Dream Tree

- ✚ The facilitator again will provide a copy of the Dream Tree to the participants.
- ✚ After, the facilitator will explain the things in the dream tree, the representations of the tree and the human figure.
- ✚ The participants will be asked to color or highlight and or by simply encircling the human figure which represents where they are now in terms of achieving their dream projects.
- ✚ Upon knowing that everyone has done already in the activity, facilitator will ask at least 2 volunteers to share some of their output: 1 for almost there and the other 1 has difficulty in achieving it.



Representations:

-  *Tree - is the dream of the member / participants*
-  *Human figure - is the member itself*
-  *Branches - represents the level of attainment*

VI. Ways To Achieve My Dream

- Ask the participants what they think is the best thing to do to achieve their dreams.

Expected answer: **to save**

Other ways:

- PPT or Savings (refer to the table on the next page for the samples.)
- Skills training (TESDA or any organizations offering skills training)
- Referrals to other organizations with programs and services that can cater to the dream projects identified by the members

Example: joining cooperatives

VII. Evaluation

- In this part, the facilitator will provide activity that will check the participants regarding their:
 - Insights
 - Learning
 - Discoveries
 - Feedback
 - Questions
- Inform the participants on the next schedules of Pulong (when, where and what) and other activities related in the program.

Example: small tips on how to save (Based on family expenses)

If you don't drink RC during weekdays you will save:

Price 7 P

	In one week	In one month	In one quarter	In half year	In a year	Two years	Five years
Savings	35 P	140 P	420 P	910 P	1,820 P	3,640 P	9,100 P

If you don't smoke during weekdays you will save:

Price 7.5 P (10 cigarettes / day)

	In one week	In one month	In one quarter	In half year	In a year	Two years	Five years
Savings	38 P	150 P	450 P	975 P	1,950 P	3,900 P	9,750 P

If you save "baon" money

Price 10 P

	In one week	In one month	In one quarter	In half year	In a year	Two years	Five years
Savings	50 P	200 P	600 P	1,300 P	2,600 P	5,200 P	13,000 P

If you save 1 Peso/day

Price 1 P

	In one week	In one month	In one quarter	In half year	In a year	Two years	Five years	10 years	15 years
Savings	7 P	28 P	84 P	182 P	365 P	730 P	1,820 P	3,640 P	5,460 P

If you save 3 Pesos/day

Price 3 P

	In one week	In one month	In one quarter	In half year	In a year	Two years	Five years	10 years	15 years
Savings	21 P	84 P	252 P	546 P	1,095 P	2,190 P	5,460 P	10,920 P	16,380 P

If you save 5 Pesos/day

Price 5 P

	In one week	In one month	In one quarter	In half year	In a year	Two years	Five years	10 years	15 years
Savings	35 P	140 P	420 P	910 P	1,825 P	3,650 P	9,100 P	18,200 P	27,300 P



Pulong in Tabay, Carreta (SAMA)

BIRTH REGISTRATION

Estimated Time: 1hour and 10 minutes

I. Materials and References

- a. Materials –Cartolina, manila papers, scotch tape, pentel pens
- b. Visual aids – Live Birth form (6 copies), sample forms of negative certificates (from the local civil registrar’s office and from the National Statistics Office), Affidavit of disinterested persons (2 copies), sample forms of a stamped/ authenticated Birth Certificates from LCRO and NSO. Please see Annex A1 for the Delayed Birth Registration Requirements
- c. References –Brochure made by the National Statistics Office (NSO) and Plan Philippines; NSO and Local Civil Registrar’s requirement forms

II. Methodologies

- ~brain storming and small group discussion
- ~ Workshop
- ~lecture

III.Introductory Activities

- a. Rationale

In answer to the current issue on delayed birth registration, the FDP is implementing the Pulong to assist some families in the area to identify difficulties in registering births and present possible intervention and mobilize resources to address the said concern among poor families.
- b. group dynamics

~Provide an energizer like action songs like “Peel Banana, *Ang Kinabuhi*, I have Two Hands and Sampung Palaka.”
- c. expectation setting of participants and facilitator

- The facilitator will ask participants what was informed to them about the ongoing activity and what they expected from the content to be discussed by the facilitator. Then, the facilitator will have to present about her/ his expectations too from the participants.

IV. Statement of the Pulong's Objective/s (5 minutes)

The following objectives are written in a manila paper and are presented to the participants:

- d. Input on the definition and importance of Birth Registration under Civil Registration is presented to the community.
- e. An updated information as to the process of delayed birth registration at the NSO and Local Civil Registrar's Office is given to participants.
- f. People are encouraged to share ideas and knowledge on the topic for the information of other participants

V. Procedure (Pulong Proper)

- a. The participants are divided into 3 and each group is tasked to assign one reporter and one documenter.
- b. The facilitator will provide one piece of cartolina and a marking pen for each group. A question is written on each cartolina for the group to answer. **Group 1** is assigned to discuss about the definition and importance of Birth Registration or what the participants understand about "*Pagparehistro sa natawhan.*" While **Group 2** on the other hand, is assigned to list down the requirements to register the birth of an individual with a corresponding amount per document required. **Group 3** is also assigned to discuss the barriers why people aren't able to register their births in the local civil registrar's office.
- c. Allot 15 minutes for each group to discuss and write answers on the cartolina. After 15 minutes, the assigned reporters from the 3 groups will post their output to present their answers.(10 minutes)
- d. After the reporting, the facilitator introduces the definition of Birth Registration which falls under civil registration.
- e. The facilitator then presents the advantages of having registered one's birth, the disadvantages of not having registered one's birth, and the barriers that may prevent people to register birth of children.
- f. Then follows the presentation of the requirements to register the birth; with the corresponding current prices spent for each needed document.
- g. The facilitator then discusses the possibility to get discounts from some helping institutions for the birth registration. A brief introduction about the CNSP (Children In Need of Special Protection) is included to inform participants that children

under the said category can get a free registration in the local civil registrar's office and in the National Statistics Office. *"The government provides a free registration of birth to children who aged from 0 to 30 days old. Parents are encouraged to immediately process the registration of their new born and not to merely depend on the local midwife or any hospital staff before it's too late for them to realize that there may either be problems on the names recorded, concern on the father's acknowledgement of the child's birth or no record at all of the child's birth.(20minutes)*

Note: During discussion, the facilitator has to acknowledge the output made by the participants by placing their answers opposite the visual aids.

VI. Open Forum (10 minutes)

During the open forum, everyone is given a chance to ask questions. There could be questions that may be indirectly related to delayed birth registration like change of surnames and clerical errors of name, gender or age; in this case the facilitator will introduce procedures on how to process and where to ask legal assistance regarding the concern.

VII. Synthesis

The Summary of the Pulong written in a manila paper is discussed and a small piece of paper regarding the delayed birth registration requirements is given to each participant. (5 minutes)

VIII. Evaluation

~ A quiz/game is done to measure the knowledge gained by the participants in the Pulong. (5 minutes)



Pulong in Crossing (SAMA)

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