

# TRAINING-WORKSHOP ON GENDER EQUITY, DISABILITY AND SOCIAL INCLUSION MAINSTREAMING

23-26 November 2021, Via Google Meet Platform

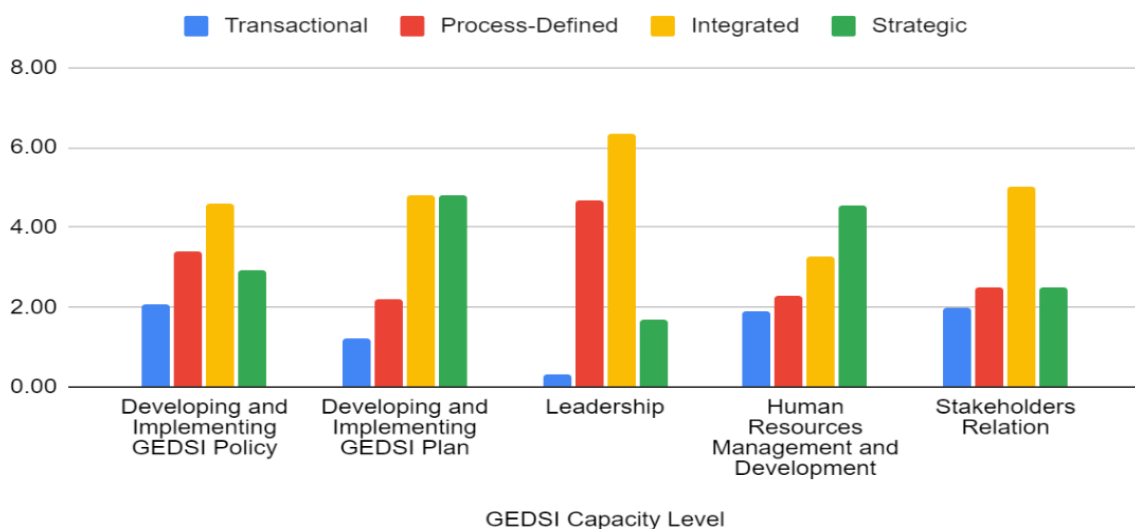
## I. BACKGROUND AND INFORMATION

The "Training-Workshop on Gender Equity, Disability, and Social Inclusion (GEDSI) Mainstreaming" is part of Ms. Norilyn Quesada-Rivera, Ms. Wina P. Beltran, and Mr. Rolly Laganga's group Re-entry Action Plan (REAP) implementation as DSWD scholars in Australia Awards Alumni Engagement Program – Philippines. (AAAEP-P). The team (Nori, Wina, and Rolly) chose the Pantawid Pamilyang Pilipino Program (or 4Ps) based on feasibility and increased impact. The program has over 4.4 million program beneficiaries.

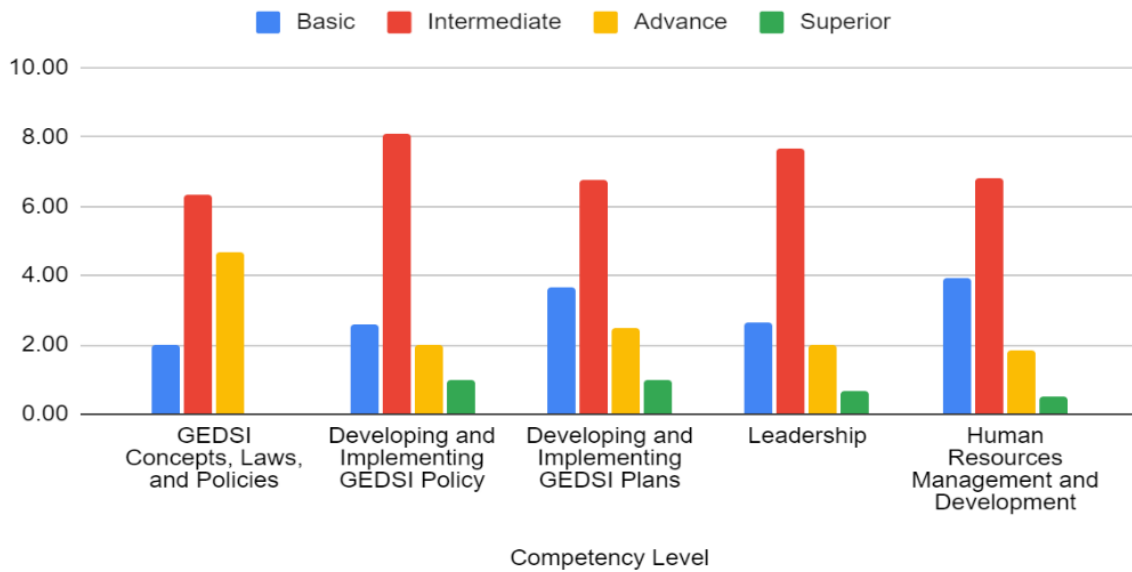
Furthermore, the project is critical for the case management team to operationalize the notion of disability and social inclusion in the case management process to meet the Department's outcomes and targets by 2024 - 1 million 4Ps household-beneficiaries are self-sufficient.

From 10 June 2021 to 14 June 2021, a survey was conducted using the GEDSI scorecard. Thirty-two participants were identified, but only thirteen respondents completed the survey. The GEDSI scorecard measures an organization's competency and capacity level. Below are the two (2) diagrams that illustrate the competency and capacity level of 4Ps staff based on the GEDSI scorecard.

### Transactional, Process-Defined, Integrated and Strategic



## Basic, Intermediate, Advance and Superior



After administering the GEDSI Scorecard, the survey result indicated that the competency level of the respondents is advanced, which means they can perform complex and multiple GAD mainstreaming tasks independently but need a deeper understanding of the concepts of disability social inclusion towards its operationalization. Hence, the group is recommending a competency-building program for the case management team of the Kilos Unlad Pilot Areas on the concepts, laws, and policies on disability and social inclusion.

There is a need to develop a training module on disability and social inclusion for the competency-building program. Also, to incorporate disability and social inclusion indicators in the Learning Needs Assessment on GAD being used by the Department.

Addressing the competency gap (understanding of disability and social inclusion concepts, laws, and policies) of the case management team (Kilos Unlad Pilot Areas) is crucial to strengthen the case management process for 4Ps households-beneficiaries.

## II. OBJECTIVES

Both the REAP and the training objective are to strengthen the competencies of case managers (Pantawid Case Management Team of the Kilos Unlad Pilot Areas) on mainstreaming the GEDSI perspective in the social case management process towards the improvement of the level of well-being of the 4Ps household beneficiaries.

Specifically, the Training-Workshop on Gender Equity, Disability and Social Inclusion (GEDSI) Mainstreaming are as follows:

- Situate the gender issues of 4Ps households experiencing disability and social exclusion concerns from 4Ps statistics;

- Discuss and understand the GEDSI concept in gender mainstreaming in the Pantawid program;
- Sharing of practices in case management of 4P households with PWD members, over-age children who have not finished their primary and secondary education, and members of Indigenous communities; and
- Formulate action plans for GEDSI to engage its beneficiaries in responsive case management.

Likewise, the training module will be evaluated and enhanced based on the result of the training workshop.

### **III. PROFILE OF PARTICIPANTS**

Most of the participants from the 4Ps were Social Workers and Project Development Officers from Regions II, NCR, CALABARZON, VIII, IX, and CARAGA. The team targeted 32 participants, eventually 40 interested 4Ps staff who registered for the activity. Please see **Annex 1** for the list of participants.

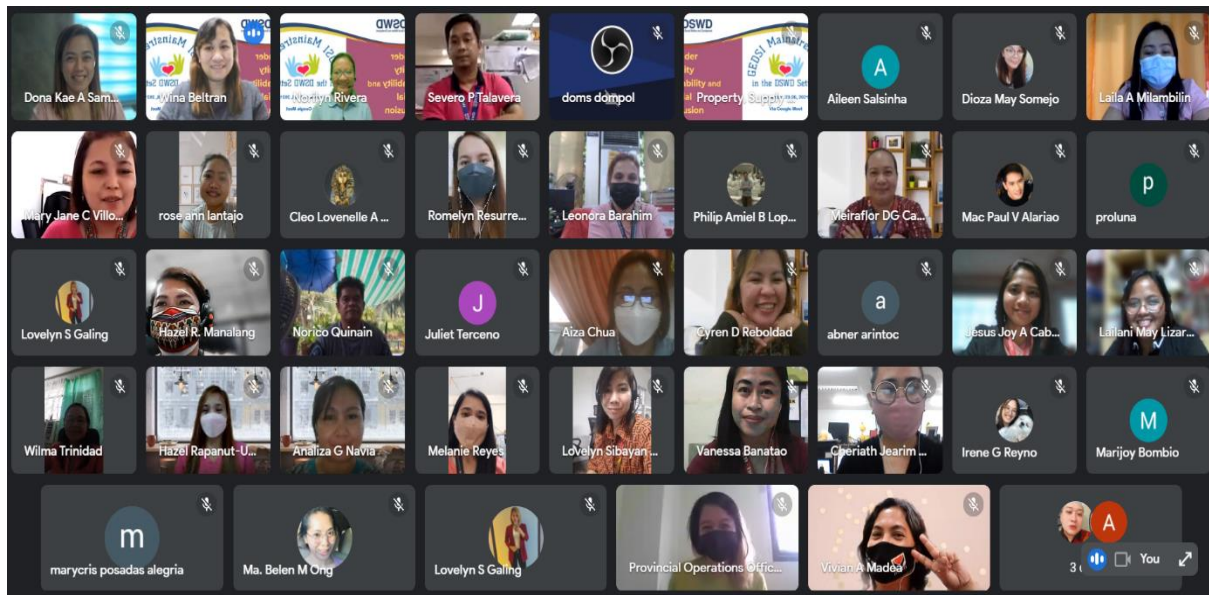
### **IV. HIGHLIGHTS OF THE TRAINING-WORKSHOP ACTIVITY**

Generally, these were the highlights of the four-day training-workshop activity:

1. Participants could share the “face” of social exclusion and document the different interventions to address it. Social exclusion exists in the lives of 4Ps household-beneficiaries, particularly IP households, households with Persons With Disabilities, Solo parents as household heads. As a result, GEDSI as a strategy assisted the case managers in making the KU process responsive to improved levels of well-being among 4P household beneficiaries. It confirms to the case managers that the GEDSI dialogue should be ongoing.
2. Participants were able to deconstruct the problem of why social exclusion happens and how to address it through the PDIA worksheet 1, 2, 10 (**Annex 2**). Our group modified worksheet 10 in the context of DSWD 4Ps implementation. The elements of PDIA worksheets 1, 2, and 10 help the case management team convey their problem analysis more concisely.
3. Participants were able to develop an action plan for three years to address the disability and social exclusion with the 4Ps household beneficiaries.

The daily highlights are as follows:

**DAY 01 – 23 November 2021**  
(Annex 3 – Day 01 Presentation)



Undersecretary Luzviminda C. Ilagan gave the opening remark as the Chairperson of the DSWD Gender and Development Technical Working Group and was followed by the following. Undersecretary Ilagan highlighted the need to continuously level up the gender mainstreaming in the Department guarded with new perspectives for better service.

- Levelling of expectations
- Overview of the training syllabus (Objectives, Processes, Schedules, House Rules, and Expected output)
- Levelling of Expectations (**Annex 4**)
- Presentation of the Results of the Self-Assessment on GEDSI

A video presentation was shared through youtube.com. A “Share-it-off” activity provided an opportunity for the participants to contextualize the GEDSI scenarios initially.

The following are some of the highlights of the participants' reflections on social exclusion, as well as explanations of what they (as case managers) did:

**Social exclusion happens in 4Ps implementation.**

“During the pandemic, several Pantawid partner-beneficiaries face increased vulnerability to social exclusion due to quarantine protocols, mobility issues, and other limitations brought about by CoViD-19. For instance, hand washing, which is considered one of the primary tools to prevent the spread of the virus, may not be an issue for most but a problem for those who have no access to clean water. It is also true in accessing alcohol, masks, etc.”

“Some LGU's our Pantawid beneficiaries were excluded in some of the programs and services offered by our partner agencies like : (DOLE - their TUPAD project). As feedback, Pantawid Benes “naman daw sila” so they were given enough services and provided with interventions thus it is given to other poor households naman na di pa nabibigyan with any services.”

“They are affected by the lack of access to social services, education, and health, especially those which are from far-flung communities who have little to no access to basic needs.”

“Race or the tribe. A long time attended a community activity in a GIDA wherein the area is an IP community, specifically the Yakan tribe. The majority who attended were male, while the female was left at home because of their culture and traditions that women stay home to take care of the children while men will look for a living. It was also observed that the BLGU compositions are all male.”

“For IP HHs, they are more vulnerable to social exclusion due to their limited knowledge, skills or even access to information, technology and opportunity to improve their capacities. Lack of information, limited opportunity, policy constraints, political and economic reasons. The exclusion could be a product of limited consultation, insufficient use of available data, etc.”

“They are being excluded because the Local Government Units and National Government Agencies have this idea that all their needs are being provided by DSWD, specifically the Pantawid Pamilyang Pilipino Program.”

“Social exclusion sometimes happens to 4ps beneficiaries because they refuse to participate or avail the assistance offered to them and feign ignorance when being questioned. There are some cases that even them, the beneficiaries, question their capabilities or abilities on the set goals given by the agencies.”

“IP households are being assessed based on the outside influences of the dominant culture as indicated in the SWDI.”

**What we did as case managers or program implementers.** Conduct case management to help the affected beneficiaries avail/access the needed intervention.

- We conducted a Rapid Assessment of the Situation of People living in the GIDA Areas (IPs, Non-IPs), then developed projects under Support Services and Interventions.
- Provide information on the menu of various programs and services of the different lined agencies and some Civil Society Organization partners.
- Partnerships were formed with National Government Agencies and Civil Society Organizations to institutionalize convergence efforts in providing necessary intervention to 4Ps beneficiaries, resulting in a

simplified process. Such as but are not limited to coordinating with the designated District Supervisor to enroll 4Ps indigenous children. Coordination with Local Civil Registrar for their registration and issuance of birth certificates. In addition, the program's objective to facilitate the distribution of solo parent IDs to all concerned 4Ps beneficiaries was coordinated and clarified with the LGU.

- Partnership with LGUs and other stakeholders is one of the steps to address partner-beneficiaries practical and inclusion needs during this Pandemic.
- They provided constant guidance towards my beneficiaries, especially those in difficult situations. Most times, encourage them to continue to pursue life and refer them to different agencies suitable to their needs.
- We are educating them for their rights through raising awareness during the Family Development Session giving equal rights to men and women.
- We intensified capability building, specifically Gender Sensitivity & Gender Perspective Training to Parent Leaders.

Please check **Annex 5** for further information on the participants' experiences with social exclusion and how they (as case managers) address it. The padlet was used by the training team to collect their reflections.

In the afternoon session, Ms. Rivera and Ms. Beltran process the participants' reflections while discussing the GEDSI as a framework and concept. At the end of the session, participants wrote the following thought on why it is vital to address the issue of disability and social exclusion. Please see **Annex 6** for further information on the Day 1 activity evaluation.

**No One Is Left Behind.** The poor, families with disabled members, households headed by a single parent, and families from indigenous communities are among the most vulnerable sectors of our society. To combat intergenerational cycles of poverty and a holistic approach in dealing with the clients aiming towards social justice and equality.

**We need to deliver more sensitive social services to the people.** To better serve the marginalized and disadvantaged sectors, we must solicit the help of all stakeholders to provide equal opportunities and attention.

**If not recognized and handled, it can lead to discrimination and marginalization.** These challenges and issues may lead to more complex and severe social problems. As a Department employee, today's talk inspires me to change and shift my perspectives toward a more receptive attitude.

**To acquire balance and ensure that all have access regardless of social identity.** Most of our Pantawid beneficiaries, particularly indigenous peoples, women, people with disabilities, and the elderly, continue to endure marginalization and prejudice from the general public and partners and service providers. Addressing the issue of disability and social isolation is crucial since

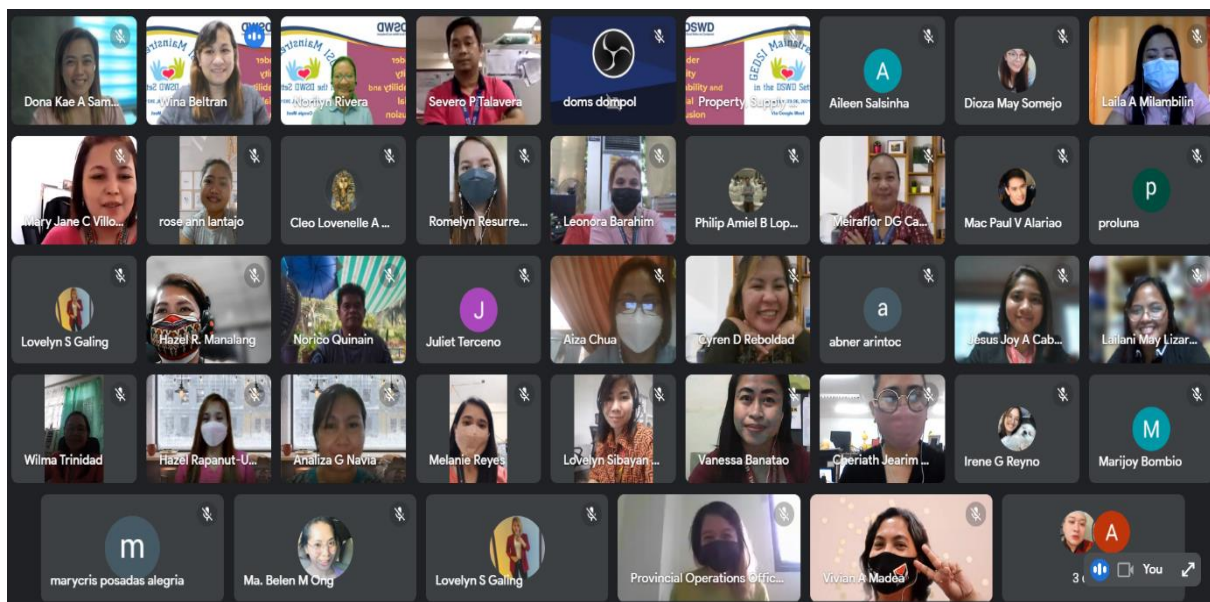
it can lead to a more complex situation. As duty bearers, we must ensure that their rights are respected and receive the required interventions and services.

**Social exclusion is often a cause of poverty, conflict, insecurity, and marginalization.** Suppose we are to deal with it effectively. In that case, we must first recognize where it is an issue, then better understand it, and, where appropriate, engage with other lined agencies, LGUs, civil society organizations, and other stakeholders to address it.

The facilitators gave synthesis, emphasizing the following points:

1. Biases lead to discrimination and marginalization; they increase the impact of structural vulnerabilities and diminish the potential for agency. Gender inequity comes about when these biases are not recognized and addressed.
2. Most of us have been involved in this journey of 4Ps household beneficiaries. Somewhere along the way, we can say to ourselves that we significantly contribute and learn a lot from helping them. We stay as DSWD personnel because we believe that change can happen, especially now that we see around 838,483 4Ps household beneficiaries as self-sufficient. However, back in our minds, there is so much to be done to pull the 1 Million 4Ps household beneficiaries by 2024 from below the poverty line.

## DAY 02 – 24 November 2021 (Annex 6 – Day 02 Presentation)



Following the preliminary remarks, a video message from DSWD Secretary Joselito Rolando D. Bautista was aired to provide macro perspectives on the day's program. It was followed by Ms. Norilyn Q. Rivera's discussion on the DSWD Strategy Map 2028, which linked the activity and the Department's commitments to one of its constituents, the 4.4 million 4Ps household beneficiaries.



**Current Situation:** In the DSWD Strategy 2028, the commitment of the Department of Social Welfare and Development is that by 2024, **1 million 4Ps households will be self-sufficient**. However, here is the current situation of 4Ps households as of 30 June 2021:

- 1 in every 20 4Ps households has a Person with Disabilities (PWDs).
- Out of the total 4,262,439 4Ps households, 194,228 (4.6%) households have PWDs. The total number of households with Male PWD members is 165,501, and female PWD members are 28,727.
- About 645,503 (15.1%) are Indigenous Peoples. The total number of IP Male Headed Households is 492,069, while for Female-Headed Households is 153,434.
- 371,344 children Not Attending School due to early pregnancy, early parenthood, early cohabitation, and child labor.

After discussing the DSWD Strategy and the current situation of the 4Ps household beneficiaries, workshop 1 instruction was given. The PDIA worksheet 1 was used to determine the problem in light of the existing circumstances of the 4Ps households. The participants were given three and a half hours to discuss their workshop 1 output.

Workshop 2 instruction was given in the afternoon session. Using the PDIA worksheet 2, the participants could deconstruct the problems identified in workshop 1. The participants were given two hours to discuss their workshop 2 output. Please see **Annexes 8 to 9** for the workshop 1 & 2 output, respectively.

Participants were able to showcase their work later in the day. The facilitators provided their feedback and comments on the workshop output2 following the parameters listed below:

1. Is the problem considered the current context of 4Ps?
2. Do the causes (Why does it matter?) and sub-causes (Why does this happen?) help us identify opportunities for change and points of engagement?
3. Can we categorize the opportunities for change at your level as the case management team, Regional level, and NPMO level?

At the end of the session, participants wrote the following thought on why it is vital to address the issue of disability and social exclusion:

**The knowledge, lens, and actions taken are essential in dealing with disability and social exclusion problems.** We must address disability and social exclusion since these people have needs like us. And for them to survive, they must have access to these necessary programs and services. I have a Dyslexic younger sister, and although having specific needs, these are the exact requirements that everyone else has. And, as with my sister's situation, it is my



and our family's job to provide her with assistance and meet her requirements. As public servants, we must be their (PWD, Not Attending School Children) keeper, ensuring that their needs are met and that we are not leaving them behind.

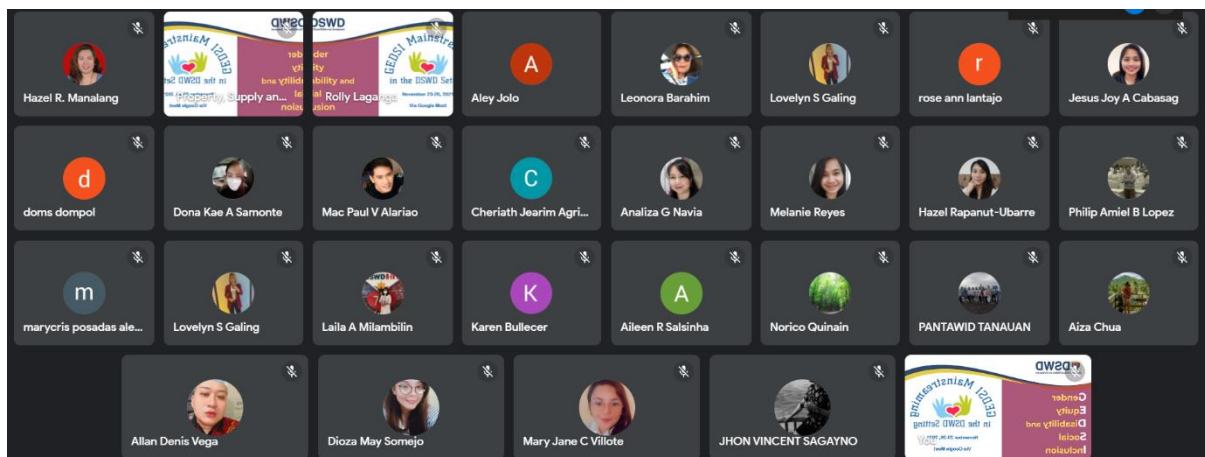
**To better understand and meet their immediate needs and provide additional opportunities for them to grow and contribute to development.** It greatly affects the overall delivery of our service to the people who matter.

**To achieve our Department's goals.** We must equip them with opportunities and enable them to participate in decision-making. We must address the hurdles that impede the growth of individuals or sectors to ensure that everyone has equal access regardless of their socio-economic condition or life situation.

**Health outcomes for people with disabilities can be improved by in-depth case management and proper intervention toward program sustainability by providing access to quality, affordable health care services.**

Please see **Annex 10** for further information on the Day 2 activity evaluation.

### DAY 03 – 25 November 2021 (Annex 11 – Day 03 Presentation)



Following the preliminaries on Day 03, the participants' presentations of workshop 1 to 2 output were continued. The enriched experiences and sharing produced a detailed result from the participants, which the training team did not expect.

Following that, workshop 3 was held before Session 2, concluding the process by analyzing the problem and its causes and recommending an action plan. Based on the analysis in the previous session, the participants discussed some suggestions for transforming the Kilos Unlad team of the DSWD Field Offices. These initial actions should be appropriately specified to build momentum, with an accurate output of what is done to establish and develop the foundation for an action-oriented working culture.

The actions are identified (what will the team do next month?).

Using the PDIA worksheet 10 with modifications made by the training team to be responsive to the context of the activity. The participants were given two hours and fifteen minutes to discuss their workshop 3 output. Please see **Annex 12** for the outputs on Day 03.

See Table 1 for the DSWD Field Office 4A output to preview the result of Workshop 3.

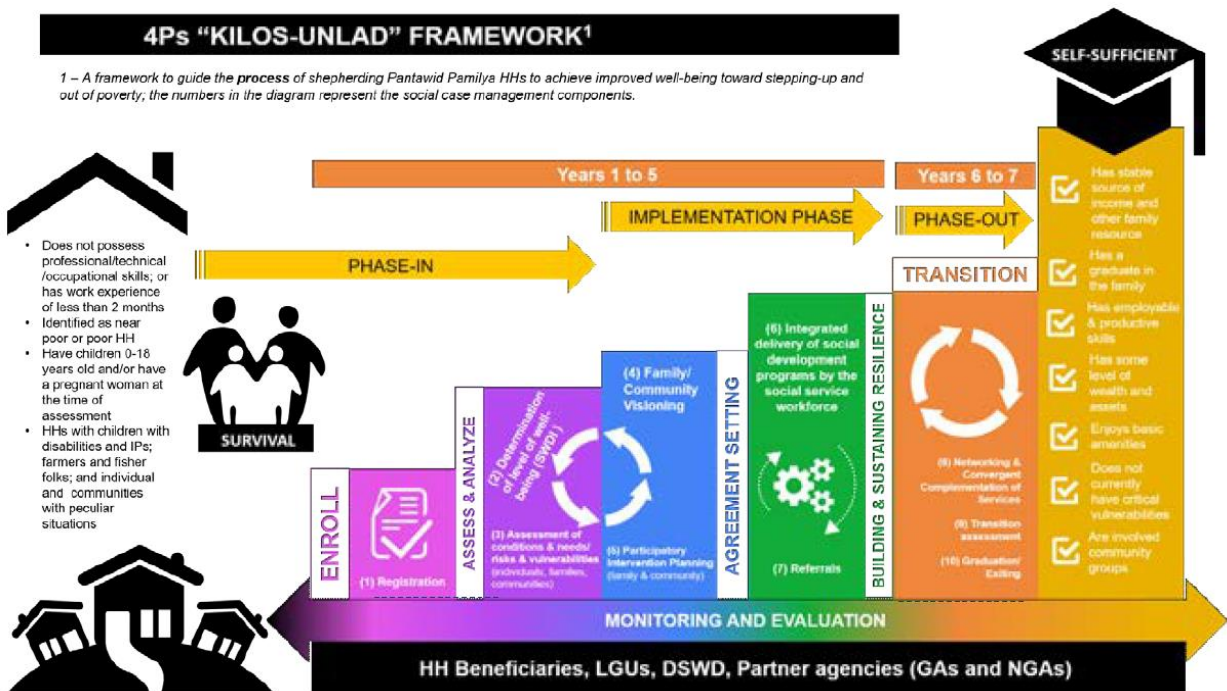
Table 1.

**WORKSHEET 3: SELF-CHECK**

<b>Cause 1: Not attending school children are at risk of any form of violence and prone to vices, early pregnancy/cohabitation.</b>
<b>The idea of how to address the cause or sub-causes. (This is our action in response to entries indicated in Worksheet 2. Why does this happen?)</b>
<p><b>Lack of positive affirmation and support from the family.</b></p> <p>In responding to the identified sub-cause "lack of positive affirmation and support from the family", different strategies shall be employed which aims to mediate between the not attending school children and their parents through the conduct of sessions, focused group discussion and mediation session to level off the expectations as children and parents and how this can help for the eventual encouragement of the children in returning to school. The intervention will use working with individuals and groups as a helping method which eventually will go through the process of agreement setting through the formulation of the household intervention plan anchored to the family visioning exercises.</p>
<p><b>Output:</b></p> <p>1. Fifty households (parents and children) have attended the FGD and workshops.                  2. Other underlying problems were identified. (Should there be special cases, a referral shall be made immediately)                  2. 10% of the participants were able to commit to attending school.</p>

<b>Action steps (what you will do in the one month period)</b>					
<b>What will be done?</b>	<b>Who will be responsible?</b>	<b>Support Needed</b>	<b>Date of Accomplishment</b>	<b>Remarks</b>	<b>Status of the Activities</b>
Initial meeting and consultation with the not attending school children	Case managers, not attending school children, child psychologist	Logistics/venue and materials	December 10, 2021	Virtual or face to face activity following the minimum health protocol within the municipality	For consultation and planning of the team.
Mini-Workshop with parents with discussion on their parenting styles	Case managers and parents	Logistics/venue and materials	December 14, 2021	Content of discussion will be based on the result of the initial consultation with the children.	For consultation and planning of the team.
Joint session (through FGD) for the parents and children to level-off expectations on the concept/ household family visioning and intervention planning	Case managers, not attending school children and parents, child psychologist	Logistics/venue and materials	December 17, 2021	The activity will basically deal with the mediation between the children and the parents.	For consultation and planning of the team.
Monitoring of the household intervention plan	Case Managers, not attending school children and parents	Education services and other services from the social service workforce as applicable.	December onwards	This shall be continuously done by the case manager in partnership with the household.	For implementation
Referral and implementation of interventions in response to the concerns and/or underlying problems that may arise.	Case Managers, households, LGU, POO and CMU	Resources of the Social Service Workforce as needed	December onwards	For implementation as the need arises	For implementation
<b>How will we know if the output is reached?</b> Status on the attainment of the expected output shall be provided in a form of documentation of activities and feedback report after the one (1) month implementation of the plan. With the following success indicators: Fifty households (parents and children) have attended the FGD and workshops, a percentage of identified special cases referred, and 10% of the participants were able to commit to attending school.					

Ms. Beltran spoke about Session 2. The session included a presentation of the 4Ps Kilos Unlad Framework and Processes for context development, followed by the workshop 4 mechanics for participants to incorporate the GEDSI into the 4Ps program's social case management process.



The presentation of workshop output 4 will be on Day 4. At the end of the session, participants wrote the following insights on how our workshops have helped you to improve case management for 4Ps household beneficiaries:

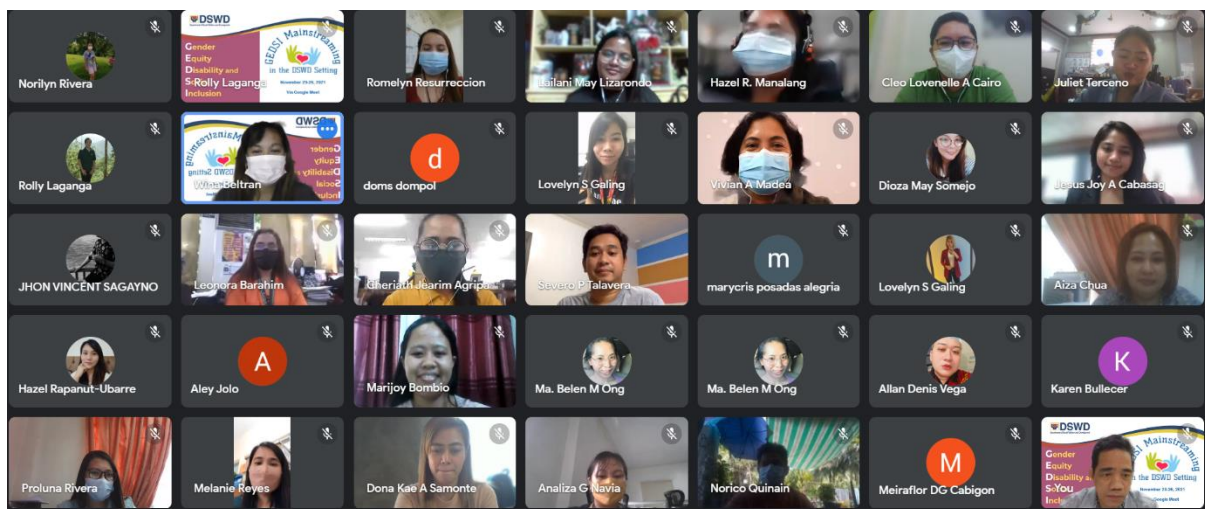
- The workshops that we have done since Day 1 have helped give me additional knowledge on **how we can improve our work towards case management of our socially excluded beneficiaries.**
- **I am learning from my colleagues' own working experiences on similar cases that we face daily.** However, the work and responsibilities of case managers are cumbersome and huge. The caseloads (more than 800 households for City or Municipal Link and more than 38,000 households for Social Welfare Officer 3) plus the **workloads that we have are too much for an individual if we want intensive case management on our partner beneficiaries.** It is in addition to the numerous urgent deliverables required of us daily.
- Aside from the inputs and knowledge that the training workshop has offered us since Day 1, I genuinely believe that the following **recommendations** would assist the field staff in providing the essential case management to our partner beneficiaries:
  - **Reducing the caseloads of City & Municipal Link (C/ML) to 300** from 500 households **per C/ML to help them in focusing on their caseloads - survival, subsistence, self-sufficient households, persistently non-compliant households, NAS children, among others** aside from the workloads/reportorial and other related tasks that they comply with daily, weekly, monthly, bi-monthly, and semestral.

- **Reducing the caseloads of Social Welfare Officers 3 to 15,000** from 20,000 households to help us focus and prioritize providing technical assistance and give qualitative follow-ups, case conferences, spot-checking, home visits, and case reviews on our caseloads.
- **Capacitate non-Registered Social Workers (RSW) City/Municipal Action Team (C/MAT) members on case management** to level-off and be conversant in carrying out deliverables and enhanced competencies among all program staff. It will allow the SWO 3 to support the C/ML with other case management activities such as home visits, case conferences with non-compliant homes, and referrals.
- **No more augmentation of 4Ps staff in other programs' activities and deliverables because we all have Individual Performance Contract (IPC) to deliver.** Other programs should hire the appropriate number of staff to produce their deliverables because 4Ps workers sacrifice their deliverables and ultimately receive a satisfactory rating in the IPC rating due to missed deadlines and missed compliance.

Please see **Annex 13** for further information on the Day 3 activity evaluation.

#### DAY 04 – 26 November 2021

(Annex 14 – Day 04 Presentation)



The online platform is faster to create and more cost-effective; however, the negative is that it inhibits the interaction between participants and facilitators. Most participants execute various tasks throughout the training period. On the last day of the training program, the attendees understood the connection between each workshop, which they enjoyed. All short and long-term action plans were presented (Workshop outputs 3 and 4), followed by the synthesis (based on participant insights), next steps, and closing ceremonies. Please refer to **Annex 15** for the results of workshop output 4.

Participants were able to showcase their work. The facilitators provided their feedback and comments on the workshop output<sup>2</sup> following the parameters listed below:

1. Does the action plan help you as a case manager, GAD focal person, or program implementer to communicate or initiate change towards responsive case management?
2. Are the identified activities doable within the next month?
3. Can we categorize the “identified output” as change into policy, people, program, and process?

At the end of the session, participants wrote the following insights on What is your AHA MOMENT!:

- GEDSI is an eye-opener for all of us. AWESOME! Productive!
- Pay attention and work for a change.
- We are hoping 300 caseloads per C/ML will be approved.
- The inputs and comments of Ms. Nori and Ms. Wina on our outputs and also the sharing of best practices of the participants
- That’s a lot more to do, especially with my new learnings at GEDSI.
- This course provided me with new information on GEDSI and case management, which would assist me in my role as case manager focus in the province of Zamboanga City.
- I have a significant obligation to make social case management more inclusive for and with vulnerable groups often overlooked in the mainstream, such as Persons with Disabilities, IPs, and our Not Attending School (NAS) Children.
- Challenges along the implementation of the action plan are accepted
- More training on disability.

The facilitators presented the following points as the ways forward or next steps for the participants and the training team:

1. **For the participants.**
  - a. Feedbacking and possible implementation of their one-month action plan.
  - b. **One-day training on Disability** to be facilitated by Leonard Cheshire Disability Philippines Foundation, Inc. **on December 16, 2021**. It is in time for Disability Month.
  - c. Inclusion of the action plan to the Regional FY 2022 GAD Plan and Budget after the issuance of the FY 2022 General Appropriations Act (GAA), Office Performance Contract (OPC), Division Performance Contract (DPC), and IPC for FY 2022 onwards.
2. **For the training team.**
  - a. Finalization and sharing of the training syllabus and modules to the 4Ps NPMO and RPMO for replication.
  - b. Endorsement of the recommendations based on the workshop output to 4Ps NPMO for appropriate action.



## V. OVERALL RESULTS OF EVALUATION

These are some of the remarks made by the 36 participants as members of the DSWD Field Office NCR, 4A, 2, 8, 9, and Caraga case management teams:

1. The workshops help us deepen our understanding of the actual situation and plan out activities that will resolve the current situations through sharing experiences from the field.
2. The workshops that we have done since Day1 have helped give me additional knowledge on how to improve our work towards case management of our socially excluded beneficiaries. I am learning from my colleagues' own working experiences on similar cases that we face daily.
3. A good training indeed I had a lot of realizations with the presentations of every region. It guided us on the steps that are more effective to help our IP, PWD, from social exclusion.
4. Challenged to do more and fulfill the moral duty with the heart
5. Excellent sharing of experiences and ideas can lead us to GEDSI case management
6. We dig out on the challenges, and it helps us as a team identify solutions for case management and good case intervention. In the Pantawid Program, more heads are better than one when addressing social exclusion.

The participants rated the training workshop **EXCELLENT** based on the **overall average evaluation**. Please see **Annex 16** for further information on the participants' daily evaluations.

## VI. RECOMMENDATIONS

**The following are the team's recommendations:**

1. As we strengthen social protection programs and implement social welfare services, social exclusion persists in all DSWD programs; thus, it is critical to hold GEDSI training workshops with program implementers regularly to ensure inclusive delivery of services for and with the poor, particularly those who are easily socially excluded due to their intersectional identity and circumstances, i.e., IP households, households with Persons with Disabilities, and single-parent households. The experience of the 4Ps KU team can serve as a reference for the Department on how essential GEDSI can be in the program management team's perspective. **(DSWD GAD TWG and 4Ps NPMO)**
2. Use of the GEDSI scorecard to assess the maturity level of various offices in the DSWD to ensure that possible social exclusion in the workplace is discussed, that all personnel is aware of the social exclusion occurring in the workplace, and that the concerned offices are empowered to address it because we cannot give what we do not have meaning if one or more DSWD personnel experience social exclusion, it will be challenging to apply it with the Department's target clients. **(DSWD GAD TWG and 4Ps NPMO)**

3. Continues development of the training module by the 4Ps National or Regional Program Management Office submitted by the team for the GEDSI training workshop. **(4Ps NPMO)**
4. To advocate for the automatic inclusion of a household member with a disability as the grantee of the 4Ps. **(4Ps NPMO)**
5. To support pending legislation for sexual reproductive health, particularly for adolescents and young adults, including improving interventions for teenage parents. **(DSWD GAD TWG and 4Ps NPMO)**

## VII. ANNEXES

Please access all the annexes using this link: <https://tinyurl.com/2p8dtxsa>

<b>Annex</b>	<b>Document Title</b>	<b>Description of the Document</b>
<b>1</b>	Registration of the Participants	The document is the profile of the forty participants disaggregated by sex (Female - 33 and Male - 7)
<b>2</b>	Worksheet Template 1 to 4	Templates used by the participants to facilitate their discussion and output
<b>3</b>	Day 1 PowerPoint Presentation (PPT)	PPT used during the Day 1 Nov. 23, 2021 discussion with the participants
<b>4</b>	Let's level off!	Result of the expectation setting with the participants
<b>5</b>	Share it off!	Result of activity 1 with the participants, gathering their reflection
<b>6</b>	Day 1 Evaluation	Participants evaluated the first day's session, activities, recommendations, and insights.
<b>7</b>	Day 2 PowerPoint Presentation (PPT)	PPT used during the Day 2 Nov. 24, 2021 discussion with the participants
<b>8</b>	Workshop Output 1	Participants' output understands that complex problems do not have a single solution, thus they performed an initial problem analysis (causes) and deconstructed it using the "5 Why thought process" to uncover sub-causes. These will serve as the foundation for their action planning (short and long-term).
<b>9</b>	Workshop Output 2	




<b>Annex</b>	<b>Document Title</b>	<b>Description of the Document</b>
<b>10</b>	Day 2 Evaluation	Participants evaluated the second day's session, activities, recommendations, and insights.
<b>11</b>	Day 3 PowerPoint Presentation (PPT)	PPT used during the Day 3 Nov. 25, 2021 discussion with the participants
<b>12</b>	Workshop 3 (Self-Check) Output	Based on their analysis from workshops 1 and 2, participants were allowed to create a short-term action plan to integrate GEDSI into their work as GAD and case management focal persons. They described the specific output and activities of what was done to construct and develop the foundation for an action-oriented working culture in preparation for workshop 4.
<b>13</b>	Day 3 Evaluation	Participants evaluated the third day's session, activities, recommendations, and insights.
<b>14</b>	Day 4 PowerPoint Presentation (PPT)	PPT used during the Day 4 Nov. 26, 2021 discussion with the participants
<b>15</b>	Workshop 4 output	Documentation of the workshop 4 output of the participants processed during the plenary session with the training team.
<b>16</b>	Day 4 Evaluation	Participants evaluated the last or fourth day's session, activities, recommendations, and insights.

**Prepared by the DSWD GEDSI Training Team:**



Rolly Laganga  
Overall Documenter



Wina P. Beltran  
Overall Facilitator



Norilyn Quesada-Rivera  
Session Facilitator