

Republika ng Pilipinas
(Republic of the Philippines)
MINISTRI NG EDUKASYON AT KULTURA
(MINISTRY OF EDUCATION AND CULTURE)
Maynila

April 11, 1980

MEMORANDUM
No. 93, s. 1980

LAUNCHING THE CHILD-TO-CHILD PROGRAM
IN SCHOOLS AND COMMUNITIES

To: Bureau Directors
Regional Directors
Schools Superintendents
Presidents, State Colleges and Universities
Heads of Private Schools, Colleges
and Universities

1. In observance of the Decade of the Filipino Child (1977-1987), government and non-government organizations have launched programs designed to foster the development of the Filipino child.
2. Inclosed is a description of a program for the International Year of the Child which provides a guide for health supervisors, school nurses, health teachers, school division medical officers, school dentists and other school personnel in organizing a Child-to-Child Program in schools and communities.
3. Considering the potential of the program for contributing to child development, this Office enjoins all officials concerned to provide the needed leadership and to involve the teachers in the implementation of programs along the guidelines suggested.
4. It is requested that brief reports on activities undertaken be included in the annual reports of the divisions.
5. Immediate dissemination and implementation of this Memorandum is enjoined.

(SGD.) ONOFRE D. CORPUZ
Minister of Education and Culture

Incl.:
As stated

Reference:

MEC Memorandum No. 307, s. 1978

Allotment: 1-2-3-4--(D O. 1-76)

To be indicated in the Perpetual Index
under the following subjects:

HEALTH EDUCATION
PROGRAM, SCHOOL
OFFICIALS
REPORTS
SCHOOLS
TEACHERS

• THE CHILD-TO-CHILD PROGRAM

1. The Child-to-Child Program. This is an international activity to teach the school children to be concerned with the health and general growth of their younger brothers and sisters including other children in the neighborhood. Simple preventive and curative activities are taught to the children in school for them to pass on the ideas to the family and community environment. Under the leadership of the school division medical officer, school dentists, health supervisors, school nurses, health teacher and/or other school personnel, the Child-to-Child Program can promote child leadership as well as improve and maintain children's good health.

2. Children as Health Workers. Since older children spend so much time with their younger siblings, they can do much to prevent them from becoming ill, treat them when they are ill, and minimize their getting sick. This is necessary especially in areas where there are no doctors or where physicians' services are not easily available. Thus, older children can teach preventive measures for diarrhea, malaria, influenza, measles, chicken pox, pneumonia, and other contagious diseases through the following

- a. Cleaning regularly the home and its surroundings
- b. Drinking safe water
- c. Eating the right kind/quantity of food
- d. Practising regularly other health habits, i.e.
 - (1) Washing the hands before and after eating
 - (2) Using clean spoons, forks, glasses, and other utensils
 - (3) Washing the hands before and after using the toilet
 - (4) Brushing the teeth properly and regularly after meals
 - (5) Washing up before bed time

3. Big Brother/Sister. Older children who are well nourished are physically and mentally healthy and less prone to disease can help disseminate information on -

- a. energy breakfast
- b. best-buy foods (foods which are nutritious and cheap)
- c. how to grow vegetables and fruits in -
 - (1) school gardens
 - (2) home plots
 - (3) vacant spaces in the community

- d. the effects of inorganic fertilizers and compact fertilizer
- e. nutritional status

- (1) Learning how to use weighing scales
- (2) Recording weights of younger siblings

- f. the importance of "eye" foods by:

- (1) Growing vegetables and fruits rich in Vitamin A.
- (2) Drying/preserving certain vegetables/fruits for use when out of season

- g. how to recognize signs of vitamin and mineral deficiencies

- h. food values

- i. balanced diets

- j. the effects of food deficiencies particularly calories, protein, iron and iodine.

- k. food preparation in the different regions of the Philippines and around the world.

They can be helped to put up a first-aid clinic in the community and to administer first-aid medicine or medicinal plants.

- 4. Developing Right Attitudes/Desirable Values. The Child-to-Child Program is an opportunity for translating into action the following activities:

- a. Sharing (unselfishness and generosity)
- b. Helping the less fortunate
- c. Improving the environment through

- (1) cleanliness and beautification drive
- (2) food-sufficiency drive
- (3) unity and understanding in the neighborhood

- 5. Children as Researchers. Children can also be researchers in their own simple ways. They could:

- a. count the homes without toilets in the neighborhood
- b. categorize toilets into flush, water-sealed, pit privy, etc.
- c. list down community members who are prone to illness, i.e.,

- 1. heart patients
- 2. goiter patients
- 3. children with skin diseases
- 4. expectant mothers
- 5. lactating mothers
- 6. the hypertensives, etc.

- 5

d. reporting to the Regional Health Center, through the teacher, new birth and recent deaths.

6. Spreading the Idea. Children should not try to do everything at once. For two or three weeks they could have a campaign against diarrhea/dysentery. After a campaign has gained results, they could start another one on accidents, and so on.

7. Finding Out How Well the Program Works. Evaluation is a very important phase of the Program. The little health workers may devise numerous ways. Among them are the following:

- a. Children can compare the number of accidents before and after the campaign.
- b. They could talk about accidents they think were prevented by the campaign.
- c. They could point to particular children whose health have improved.
- d. They may compare the present environment with the previous.
- e. The children may ask an adult member of the community to appraise the campaign.