



COMMUNITY SKIN HEALTH

IMPLEMENTATION GUIDE

2025

Community-based
Integrated
Skin Health
Approach



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Community Skin Health Implementation Guide

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ACRONYMS

BHS	Barangay Health Station
BHW	Barangay Health Worker
CSR	Corporate Social Responsibility
DepEd	Department of Education
DOH	Department of Health
DOST	Department of Science and Technology
GIDAs	Geographically Isolated and Disadvantaged Areas
IEC	Information, Education, and Communication
LGU	Local Government Unit
MHO	Municipal Health Officer
MOA	Memorandum of Agreement
MDT	Multidrug Therapy
NGO	Nongovernmental Organization
NTDs	Neglected Tropical Diseases
PCF	Primary Care Facility
PDS	Philippine Dermatological Society
PhilHealth	Philippine Health Insurance Corporation
PILA	Partners in Leprosy Action
PLM	Philippine Leprosy Mission
RHU	Rural Health Unit
SB	Sangguniang Bayan
SIHI	Social Innovation in Health Initiative
UHC	Universal Health Care
USAID	United States Agency for International Development
WHO	World Health Organization

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Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary



Warmest congratulations to the Social Innovation in Health Initiative – Institute of Clinical Epidemiology, National Institutes of Health, for leading this important work on community-based approaches to skin health.

Neglected skin conditions such as leprosy, lymphatic filariasis, scabies, cutaneous leishmaniasis, and yaws continue to affect our most vulnerable communities. Often hidden and untreated, these diseases carry heavy physical, social, and economic burdens. Through its integrated, community-driven model, this initiative enables early detection, timely treatment, and sustainable care, empowering Barangay health workers, local governments, and families to take action and restore dignity.

The Community Skin Health Implementation Guide distills key lessons from Sta. Ignacia, Tarlac, equipping implementers with practical tools, gender-sensitive strategies, and community-centered workflows. In so doing, it paves the way for replicable, culturally resonant programs that move beyond disease management towards dignity and equity.

Anchored in our health sector’s 8-Point Action Agenda, “*Sa Bagong Pilipinas, Bawat Buhay Mahalaga*,” and our commitments under the Universal Health Care Law, this guide upholds the principle that all Filipinos, especially those facing neglected conditions, deserve accessible, compassionate, and high-quality skin health services.

On behalf of the Department of Health, I extend our full support to this vital step toward ending the neglect of skin NTDs. May it inspire further action across our archipelago to bring skin health to every Filipino.

Sa Bagong Pilipinas, Bawat Buhay Mahalaga!

TEODORO J. HERBOSA, MD
Secretary of Health



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Message of Chancellor Michael Tee

As the National Health University, the University of the Philippines Manila remains deeply committed to advancing health innovations that are inclusive, community-grounded, and sustainable. It is in this spirit that we proudly support the Social Innovation in Health Initiative of the Institute of Clinical Epidemiology, National Institutes of Health, in launching the *Community Skin Health Implementation Guide*.

This guide advances the Community-Based Integrated Skin Health (CommSkin) Approach in the Philippines, addressing the ongoing burden of neglected skin diseases in underserved communities. By focusing on early detection, timely treatment, and community education, CommSkin offers a patient-centered model that integrates medical and social support. Through partnerships, health worker training, and innovations like teledermatology and school screenings, it presents a scalable, equitable framework for skin health care.

We commend the project team for their dedication and vision. This guide is not just a product of research, it is a reflection of hope, collaboration, and the enduring power of science in service of the people.

Dr. Michael L. Tee
Professor and Chancellor
University of the Philippines Manila



MESSAGE FROM SIHI PHILIPPINES

As lead of the Social Innovation in Health Initiative (SIHI) Philippines, I proudly support the launch of the Community Skin Health Implementation Guide. This initiative is more than a tool—it is a catalyst for health empowerment, anchoring innovative solutions in the lived experiences of communities. By translating dermatologic knowledge into accessible and meaningful community-led actions, the playbook equips local leaders, health workers, and communities with the confidence and capability to recognize, prevent, and manage common skin conditions. It fosters self-reliance, reduces dependence on overstretched health systems, and promotes timely care-seeking behavior, especially in underserved areas. Community ownership of skin health knowledge directly contributes to disease prevention and long-term health promotion. Through this playbook, we witness health innovation rooted in people’s wisdom and strengthened by participatory action. Thus, we share this with our community partners and stakeholders as we co-create together a healthy and resilient future.

Dr. Meredith del Pilar-Labarda

Lead, Social innovation in Health Initiative (SIHI) Philippines Hub
Lead, SIHI Global Network Secretariat
University of the Philippines National Institutes of Health



MESSAGE FROM PHILIPPINE LEPROSY MISSION

"If you build it, he will come."

This famous line from the movie "Field of Dreams" inspired me to build community skin health programs so that Filipinos would come forward to seek consultations for leprosy and the many common skin problems that negatively affect our lives. The skin is involved in almost all Neglected Tropical Diseases. The concept of skin diseases as a public health concern and the need for community skin health dawned on me in the year 2000 after conducting community surveys on skin diseases and health-seeking behaviors. Partners In Leprosy Action (PILA) and the community skin health approach were based on this research. The Philippine Leprosy Mission is very fortunate that PILA became recognized as a Social Innovation in Health care delivery by 2015. Today, PILA has evolved into Partners in Community Skin Health (CommSkin) to include Skin Neglected Tropical Diseases and prevalent skin problems. We should move towards scaling this up in order to attain elimination of priority diseases. This Playbook brings us closer to the vision of "Skin Health By All!"

Dr. Belen L. Dofitas

President, Philippine Leprosy Mission
Co-Founder, Partners in Leprosy Action (PILA)
Co-lead, CommSkin Project

EXECUTIVE SUMMARY

Among the 20 Neglected Tropical Diseases (NTDs) recognized by the World Health Organization, at least nine begin with skin symptoms, which gives local governments a critical window to prevent disability, stigma, and escalating healthcare costs. In the Philippines, 14 NTDs remain endemic, including six that affect the skin, and the country reports one of the highest numbers of new leprosy cases in the Western Pacific Region. To address these challenges, the **Community Skin Health Implementation Guide** provides mayors, municipal health officers, and other local stakeholders with a clear, practical roadmap for implementing a community-based, integrated skin health program that aligns with WHO's "*Skin Health for All*" initiative and DOH directives.

Key Components of the Playbook

Integrated Strategy

The playbook unifies screening, early detection, treatment, and referral in one cohesive framework, thus leveraging multi-sector collaboration among LGUs, NGOs, schools, and barangay health workers.

Identification and Screening

It offers practical methods for distinguishing among bacterial, fungal, viral, and inflammatory conditions in both school-based and community-based settings.

Management and Referral

It details comprehensive treatment pathways and teledermatology options to ensure timely specialist support, especially in remote areas.

Communication and Counselling

It provides a structured approach to stigma reduction and behavior-change communication, promoting early diagnosis and treatment uptake.

Governance, and Sustainability

It guides local leaders in institutionalizing skin health through budget allocations and resource mobilization, securing program sustainability.

Tools and Resources

It delivers adaptable training modules, standardized forms, and IEC materials for seamless implementation, monitoring, and continuous improvement.

Conclusion

By embedding skin NTD interventions in municipal structures and harnessing partnerships across healthcare, education, and civil society, local leaders can enhance public trust, strengthen their health systems, and safeguard the welfare of underserved communities. This holistic approach not only boosts early detection and treatment outcomes but also reflects the pivotal role of LGUs in achieving sustainable, equitable healthcare for all.

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PHILIPPINES

1 SECTION

OVERVIEW



Section 1: Overview

1.1 INTRODUCTION

Local governments in the Philippines face an ongoing challenge in addressing skin neglected tropical diseases (NTDs) (e.g. leprosy, yaws, scabies), infectious skin diseases, and other skin conditions that disproportionately affect underserved communities. Left untreated, these diseases can lead to serious complications, social stigma, and long-term disabilities.

This playbook aims to equip municipal health officers (MHOs), mayors, and other local stakeholders with a structured approach to plan, implement, and sustain a community-based integrated skin health program. By drawing from the *Partners in Leprosy Action (PILA)* strategy and aligning with World Health Organization (WHO) and Department of Health (DOH) guidelines, the playbook helps local leaders leverage their existing resources and partnerships to reduce the burden of skin NTDs and strengthen overall community health.

1.2 RATIONALE

Why Skin NTDs Matter

- In many parts of the Philippines, skin-NTDs remain underdiagnosed. They contribute to stigma, preventable disability, and lost income for affected families.
- In remote or conflict-affected areas, skin diseases often go untreated due to limited health services. Early detection and integrated interventions can vastly improve quality of life.

Benefits of an Integrated Approach

- Combining leprosy control with other skin disease management (e.g., scabies, fungal infections) encourages early consultation and reduces stigma around “single-disease” labeling.
- Integrating skin health into the Local Investment Plan for Health (LIPH) and barangay programs ensures continuity of services, even when external funding fluctuates.
- Training frontline health workers to recognize a range of skin conditions allows for more cost-effective use of resources and speeds up referrals.
- The CommSkin strategy, based from *Partners in Leprosy Action (PILA)* strategy, shows how multi-sector collaboration (e.g. schools, LGUs, NGOs) can boost early case-finding and improve treatment outcomes.

Alignment with National and Global Frameworks

- The World Health Organization advocates for integrated approaches to skin-NTDs, emphasizing local ownership, community participation, and cross-sector collaboration.
- The Department of Health (DOH) encourages LGUs to incorporate NTD control into their routine public health services towards achieving universal health coverage.

1.3 TARGET USERS OF THIS PLAYBOOK

This guide is tailored to frontline implementers at various levels:

- **Mayors or Local Chief Executives**
 - Key Decisions: Budget approval, policy formulation, multi-sector partnerships.
 - Where to Look: Section 2 for overall strategy and stakeholder engagement and Section 6 (Policy, Governance, and Sustainability) for local ordinances and funding approaches
- **Municipal Health Officers (MHOs)**
 - Key Decisions: Program design, implementation oversight, training coordination.
 - Where to Look: All sections are relevant for MHOs.
- **Public Health Nurses (PHNs) and Midwives**
 - Key Responsibilities: Day-to-day clinical services, training BHWs, follow-up.
 - Where to Look: Section 3 for screening methods, Section 4 for referral guidelines, Section 5 for behavior-change messages and counselling techniques, and Section 7 for forms and IEC materials.
- **Barangay Health Workers (BHWs) and Volunteers:**
 - Key Role: Community-level case-finding, health education, and follow-up.
 - Where to Look: Section 3 for skin-NTD identification and screening methods, Section 4 for referral pathways, Section 5 for guidance on educating families and reducing stigma in the community, and Section 7 for IEC materials, forms, and quick-reference guides.
- **School-Based Health Teams (teachers, principals, DepEd health staff)**
 - Key Role: School-based screening and awareness activities, linking students' families to services.
 - Where to Look: Section 3.3.1 for school-based screening strategies and Section 5 for age-appropriate, school-focused health messages.
- **NGOs, Community Organizations, Private Sector**
 - Key Contribution: Supplementary funding, specialized expertise (e.g., dermatologists), and community outreach.
 - Where to Look: Section 2.2 for collaboration best practices and Section 6.2 for partnership opportunities.
- **Dermatologists and Referral Centers**
 - Key Role: Specialized diagnosis, training support, teledermatology, and management of advanced cases.
 - Where to Look: Section 4.3 for referral pathways and teledermatology and Section 7 for template forms.

By clearly identifying your role, you can jump to the relevant sections where you'll find the tools, templates, and processes tailored to your responsibilities.

Section 1: Overview

1.4 HOW TO USE THIS PLAYBOOK

Follow these steps to implement a Community-Based Integrated Skin Health Program effectively:

- **Identify Your Role**
 - Determine which stakeholder group you belong to (e.g., mayor, MHO, frontline health worker) using the Stakeholder Matrix (Section 1.3).
 - *Where to Look*: Each role highlights specific chapters or annexes most relevant to your responsibilities.
- **Scan the Core Components**
 - The playbook is organized by major elements of a community skin health program (e.g., Stakeholder Mapping, Community-based and School-based Screening, and Referral & Case Management).
 - Tip: Check which sections fit your immediate needs. For instance, if you are organizing training soon, read Section 7 first for a sample training module.
- **Check “Tips” and “Best Practices”**
 - Throughout the playbook, look for callout boxes.
 - Tip: These boxes offer quick takeaways and proven methods. Adapt them to your local context.
- **Consult the Toolbox & Reference Materials**
 - Several Annexes include sample forms, checklists, training modules, and policy templates to save you time.
 - Tip: Photocopy the templates and modify them based on your municipality’s language, staffing, or cultural setting.
- **Keep Revisiting the Playbook**
 - Treat the playbook as a living document. Revisit relevant chapters whenever you expand activities, face new challenges, or bring on additional stakeholders.
 - Action Tip: If a new policy is introduced or you secure fresh funds, check the Governance & Sustainability sections to incorporate those updates.

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SECTION

2

COMMSKIN HEALTH
STRATEGY

Section 2: CommSkin Health Strategy

2.0 OVERVIEW

Local governments often struggle with fragmented approaches to leprosy and other skin-related neglected tropical diseases (NTDs). To address this gap, the **Community Skin Health (CommSkin) Strategy** takes a comprehensive approach that brings together early detection, treatment, health education, and policy support into one cohesive system.

Building on PILA's Success

Drawing from the Philippine Leprosy Mission's *Partners in Leprosy Action (PILA)* – which began in 2005 as a pilot in Ilocos Norte – this strategy shows how integrating “skin health” services can uncover hidden leprosy cases, reduce stigma, and tackle other skin NTDs. PILA was recognized by national and international bodies (including WHO) for its community-based approach and multi-stakeholder engagement, leading to significant improvements in early case detection and reduced social discrimination.

Six Core Components

We'll discuss the six core components of the CommSkin strategy:

1. Orientation & Training
2. Community Skin Screening
3. Outreach Clinics
4. School-Based Screening
5. Stakeholder Mapping & Partnerships
6. Strengthening the Local Health System

Each component reflects lessons learned from PILA's evolution, from its early pilots in Ilocos Norte and Ilocos Sur (where ~200 leprosy cases were detected) to expansions in North Cotabato and beyond.

Outcome for Mayors and MHOs

By adopting the CommSkin Strategy, local leaders can unify different health services under one umbrella, resulting in cost-effective interventions, reduced stigma, and improved health outcomes. This aligns with DOH directives on integrated NTD control and helps municipalities meet WHO recommendations for community-based disease management.

What Will It Cost the LGU? What Are the Returns?

The CommSkin strategy delivers sustainable, system-integrated gains in skin health for low to moderate annual costs—estimated at PHP 300,000 per LGU per year (based on prior PILA costing, with ongoing tracking recommended). For this investment, municipalities gain a health workforce capable of early detection and treatment of neglected tropical diseases, improved community health-seeking behaviors, active school and household engagement, and a foundation for long-term stigma reduction and policy institutionalization.

Section 2: CommSkin Health Strategy

2.1 WHAT IS COMMSKIN?

CommSkin, short for Community Skin Health, is a community-based skin health strategy adapted from the Philippine Leprosy Mission’s (PLM) groundbreaking work known as Partners in Leprosy Action (PILA). First piloted in Ilocos Norte in 2005, PILA’s use of a “skin health” entry point (rather than focusing solely on leprosy) successfully reduced stigma, uncovered hidden cases, and fostered collaboration among LGUs, schools, NGOs, and dermatology experts through capacity building. Over time, this integrated model was expanded to other provinces such as Ilocos Sur and North Cotabato, demonstrating its scalability and potential to address multiple skin-related neglected tropical diseases (NTDs) in local communities.



Figure 1. SIHI Team with Hon. Nora Modomo, Municipal Mayor of Sta. Ignacia, Tarlac, Dr. Gene Bacnis, Municipal Health Officer, and Ms. Arvi dela Vega, public health nurse (left); SIHI team with Provincial Health Office staff (right)

BRIEF HISTORY

PILA began as a PLM-initiated response to the World Health Organization’s call for sustained leprosy services, emphasizing community engagement and multisector partnerships. By integrating leprosy detection into general skin health screenings, PILA found ~200 hidden leprosy cases in Ilocos Norte and Sur between 2006 and 2013. Its success led to wider adoption. Local health offices continued annual “skin corners” and schools joined screening efforts. Over the years, the initiative garnered international recognition for its innovative, cost-effective approach, paving the way for **CommSkin**: a broader adaptation strategy that targets leprosy and other skin NTDs, such as scabies and yaws, while strengthening local health systems through capacity-building, referral pathways, and community-led stigma reduction.

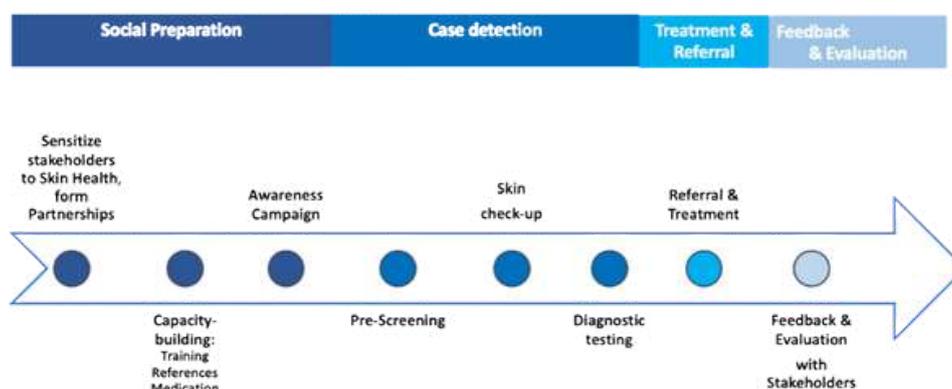
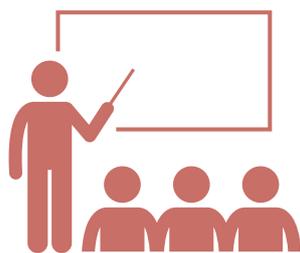


Figure 2. Community Skin Health Approach

Section 2: CommSkin Health Strategy

COMMSKIN COMPONENTS



Orientation and Training

What It Is: Systematic capacity-building for frontline workers (BHWs, RHU staff, midwives, teachers) to ensure early detection and proper management of skin NTDs.

Why It Matters: PILA’s pilot phase in Ilocos Norte revealed that continuous refresher trainings dramatically improved local health workers’ confidence in diagnosing leprosy and other skin conditions.

Key Activities:

1. Annual Refresher Courses on disease recognition and stigma reduction.
2. Practical Workshops involving role-play or supervised patient exams.

Action Tip: Document who is trained and set a schedule for follow-up sessions to avoid skill gaps.



Community Skin Screening

What It Is: Barangay-based assessments that proactively find suspected cases of leprosy, scabies, fungal infections, and other skin NTDs.

Why It Matters: Active case-finding in communities was pivotal in uncovering hidden leprosy cases in Ilocos and North Cotabato – an approach that also caught yaws and other under-reported diseases.

Key Activities:

1. Household Visits by BHWs or trained volunteers using a simple observation checklist.
2. Referral Coordination so that suspected cases are quickly examined by RHU staff.

Action Tip: Track all household screenings in a unified registry (paper or digital) to measure coverage and detect hotspots.

COMPONENTS



Outreach Clinics

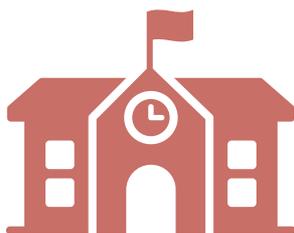
What It Is: Mobile or fixed community clinics offering diagnosis, treatment, and health education in underserved areas.

Why It Matters: CommSkin’s mobile team approach enabled health workers and volunteer dermatologists to treat remote communities, thereby reducing travel barriers and accelerating access to multi-drug therapy for leprosy.

Key Activities:

1. Set a Monthly or Quarterly Schedule for site visits in remote barangays.
2. Bring Essential Medicines (anti-fungals, anti-bacterials) and ensure on-site dispensing.

Action Tip: Pair outreach clinics with local events (e.g., market days or barangay assemblies) to boost attendance.



School-Based Skin Screening

What It Is: Involving teachers, principals, and students to detect possible skin diseases within schools and families.

Why It Matters: PILA found that students often serve as health scouts, bringing household-level skin problems to light. In Ilocos, many new leprosy cases were identified because teachers incorporated daily “skin checks” into classroom activities.

Key Activities:

1. Include Skin Health in Curriculum or School Health Days.
2. Referral Protocol between schools and RHUs so that suspected cases get assessed promptly.

Action Tip: Coordinate with DepEd for a standardized screening schedule, ensuring full administrative support.

Section 2: CommSkin Health Strategy

COMPONENTS



Stakeholder Mapping and Partnerships

What It Is: Formal identification of key players (LGUs, NGOs, DOH, PLM, dermatologists, etc.) and strategic alliances to secure funding, training, and policy backing.

Why It Matters: PILA thrived due to multi-sector collaboration. Engaging local mayors, school administrators, and the Philippine Dermatological Society (PDS) made it easier to find resources and reduce stigma.

Key Activities:

1. Use a Stakeholder Engagement Wheel to define roles (See Page 22).
2. Establish MOAs (Memoranda of Agreement) with specialized partners for technical support (See Section 7 for templates).

Action Tip: Incorporate skin NTDs into the agenda of existing local health boards or committees for sustained oversight if creation of a separate CommSkin Committee is not feasible.



Strengthening the Local Health System

What It Is: Streamlining referral pathways, integrating services into primary care, and improving data management to sustain long-term gains.

Why It Matters: A strong referral system that was supported by DOH and LGUs helped maintain continuity after PILA’s project phase ended. The result: communities continued routine “skin corners” at RHUs.

Key Activities:

1. Integrate Skin NTD Indicators into local health reporting (e.g., monthly MHO reports).
2. Train RHU Staff to do basic dermatological exams and utilize teledermatology for complex cases.

Action Tip: Pass a local ordinance ensuring multi-year budget allocations for skin health interventions.

2.2 STAKEHOLDER ENGAGEMENT & COMMUNITY MOBILIZATION

To ensure your CommSkin Strategy works on the ground, Section 2.2 highlights who must be involved, what each partner contributes, and how to coordinate effectively. PILA's greatest achievement was showing how collaborative governance reduces hidden cases and stigma by making skin health an inclusive community concern. In the succeeding pages, we'll break down the Stakeholder Engagement Wheel and Stakeholder Engagement Map, each offering a unique lens on stakeholder roles and how to coordinate effectively.



Section 2: CommSkin Health Strategy

STAKEHOLDER ENGAGEMENT WHEEL

The CommSkin Committee sits at the center, composed of LGU Executives, MHO/RHU, DOH, DepEd, PLM, and other critical partners. Each “branch” shows sample tasks or best practices for stakeholders.

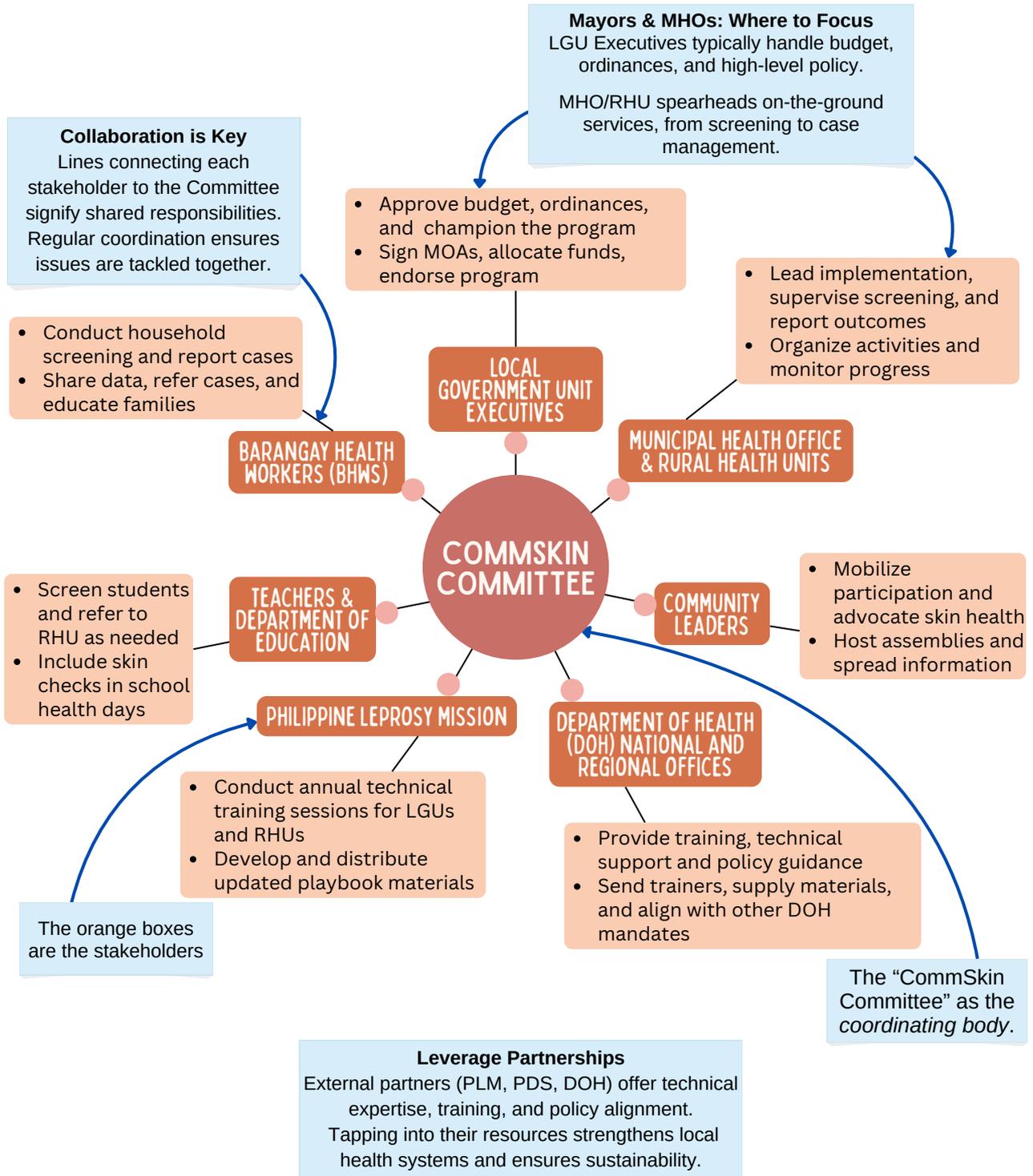


Figure 3. Stakeholder Engagement Wheel

2.3 PROPOSED ORGANIZATIONAL STRUCTURE

To ensure coordinated planning, policy-making, and resource mobilization for community skin health, each municipality is encouraged to form a Municipal CommSkin Committee. Led by the Municipal Mayor as Chairperson, this committee brings together key stakeholders (including health officials, educators, and community leaders) to strategically guide local efforts against skin-related neglected tropical diseases (NTDs).

Why the CommSkin Committee Matters

- Having the Mayor as Chairperson guarantees high-level support and swift action on funding or policy needs.
- Involving the Sangguniang Bayan Committee on Health, the MHO, Barangay Health Workers, NGOs, DepEd, and even persons affected by NTDs ensures diverse perspectives and community-driven solutions.
- By mapping out functions (e.g. planning, implementation, and referral coordination) the committee ensures that everyone knows their role and that no cases or issues fall through the cracks.

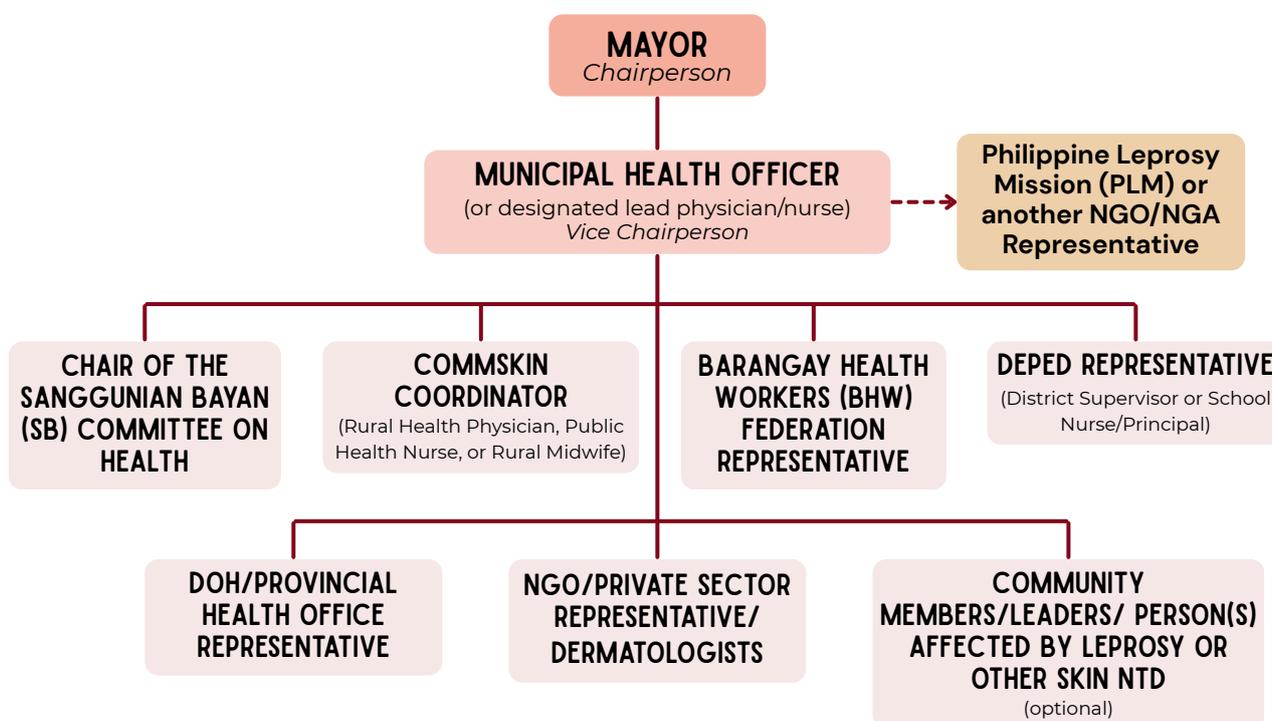


Figure 4. Proposed Organizational Structure of the Municipal CommSkin Committee. Adapted from standard organizational structures for Local Health Boards and special health committees in Philippine local government units, as outlined in the Local Government Code of 1991 (RA 7160) and Department of Health guidelines. Additional roles and structure adapted to suit the needs of community-based skin NTD programs.

Section 2: CommSkin Health Strategy

INTERNAL STAKEHOLDERS

You’ve just seen how our stakeholders fit into the broader CommSkin framework through the Stakeholder Engagement Wheel and Proposed Organizational Structure. Now, let’s zoom in on the key internal stakeholders responsible for day-to-day operations. These include the LGU, MHO/RHU, Barangay Health Workers, Community Leaders, and local residents themselves, all of whom play a direct part in ensuring that screening, treatment, and stigma reduction happen on the ground.

Table 1. Stakeholder Roles and Responsibilities – Internal Stakeholders

Stakeholder	Roles and Responsibilities
Local Government Unit (LGU)	<ul style="list-style-type: none"> • Establishes local policies and ordinances • Provides logistical and financial support (funding, staff, supplies) • Engages barangay captains and health committees in planning and implementation • Ensures sustainability by integrating CommSkin into the local health system • Monitors and evaluates program performance
Municipal Health Office (MHO) / Rural Health Unit (RHU)	<ul style="list-style-type: none"> • Serves as the main provider of skin health services in the locality • Conducts screening, consultation, and treatment of cases • Refers complex cases to dermatologists • Leads information drives and awareness campaigns • Collaborates with schools and barangays for case-finding
Barangay Health Workers (BHWs)	<ul style="list-style-type: none"> • Conduct house-to-house visits for early detection of skin diseases • Help organize community screening activities • Promote health-seeking behavior among residents • Follow up with patients on treatment adherence • Report new cases and assist with referrals
Community Leaders (Barangay Captains, Religious Leaders, NGOs)	<ul style="list-style-type: none"> • Mobilize residents to join screenings and consultations • Reduce stigma and discrimination around skin diseases • Advocate for policy support at barangay and municipal levels • Assist in resource mobilization (e.g., donations, local funding)
Patients and Community Members	<ul style="list-style-type: none"> • Seek early consultation and treatment for skin diseases • Attend awareness and education sessions • Share accurate information to reduce stigma • Volunteer as peer supporters to encourage treatment adherence

Section 2: CommSkin Health Strategy

EXTERNAL STAKEHOLDERS

Having identified the core functions of our internal teams, we now turn to external partners. These organizations, ranging from national health agencies to NGOs and professional societies, work alongside LGUs and MHOs to scale up skin health services, provide advanced training, and ensure alignment with national guidelines.

Table 2. Stakeholder Roles and Responsibilities – External Stakeholders

Stakeholder	Roles and Responsibilities
Philippine Leprosy Mission (PLM)	<ul style="list-style-type: none"> • Leads and implements the PILA Strategy for integrated skin health. • Conducts training and capacity-building for local health workers. • Provides technical support for skin-related Neglected Tropical Diseases. • Develops IEC materials for awareness campaigns. • Facilitates partnerships with LGUs, DOH, DepEd, and communities. • Conducts research and evaluates project impact.
Philippine Dermatological Society (PDS) / Dermatologists	<ul style="list-style-type: none"> • Provide technical training on skin disease diagnosis and management. • Offer teledermatology support for remote or complex cases. • Participate in community outreach and medical missions. • Advocate for integrating dermatology into primary health care.
Department of Health (DOH)	<ul style="list-style-type: none"> • Aligns the PILA Strategy with national health programs. • Provides medicines, diagnostic kits, and training resources. • Monitors health data to track progress and outcomes. • Integrates PILA into existing NTD and Universal Health Care frameworks.
Department of Education (DepEd)	<ul style="list-style-type: none"> • Integrates skin health education into school curricula. • Facilitates school-based screenings for early detection. • Mobilizes teachers in awareness campaigns. • Provides logistical support (venues, scheduling).

Section 2: CommSkin Health Strategy

BEST PRACTICES FOR COMMUNITY ENGAGEMENT

Below are proven strategies that communities have used to ensure successful engagement in skin health initiatives. Each practice highlights a key element that ranges from local policy support to effective referral pathways and helps build trust, increase awareness, and improve access to care.

Table 3. Best Practices for Community Engagement

Good Practice	Description
Institutionalization through Policy	Candon City institutionalized the skin health program by enacting city ordinances to sustain the PILA strategy.
Integration with Existing Health Initiatives	Integration of PILA into existing health programs, expanding disease identification and incorporating health education into community activities.
Clinical Training and Guidance	Training healthcare providers on screening, detection, management, and referral, with emphasis on hands-on demonstrations.
Engagement and Capacity-Building of Stakeholders	Involving stakeholders in program design and implementation, ensuring participation of teachers, BHWs, and local officials.
Established Clinical Networks and Referral Pathways	Engaging dermatologists in primary care training and establishing effective referral systems for better access to dermatologic care.
Role of Community Health Workers	BHWs play a key role in early detection, patient referrals, and community health awareness, improving health-seeking behavior.
Community Engagement and Health Education	Use of information dissemination and community education to raise awareness and encourage early detection and treatment.

SIHI CASE STUDY



PILA FEATURE



SIHI CASE STUDY



The PILA case study shows how community-based organizations play a unique role in supporting the last steps to full disease elimination. Beyond delivering key services, these organizations can facilitate the integration and coordination of all system stakeholders in order to leverage appropriate skills and resources. It also demonstrates the value in engaging different sectors to raise awareness and knowledge about different health conditions, e.g. utilising the education system to provide information to school children, which can then be transferred to the household level. Increasing awareness and improving skills among frontline health workers, through regular training and engagement, helps improve the identification and treatment of neglected tropical diseases.

Section 2: CommSkin Health Strategy

PATIENT JOURNEY MAP

Successful community-based skin health programs go beyond mere diagnosis and treatment. They follow each person’s full experience, from the first signs of disease to long-term support. The Patient Journey Map below shows how a suspected case is identified, diagnosed, and managed, highlighting potential barriers (like transportation or stigma) and the key interventions that keep patients on track toward recovery and reintegration.

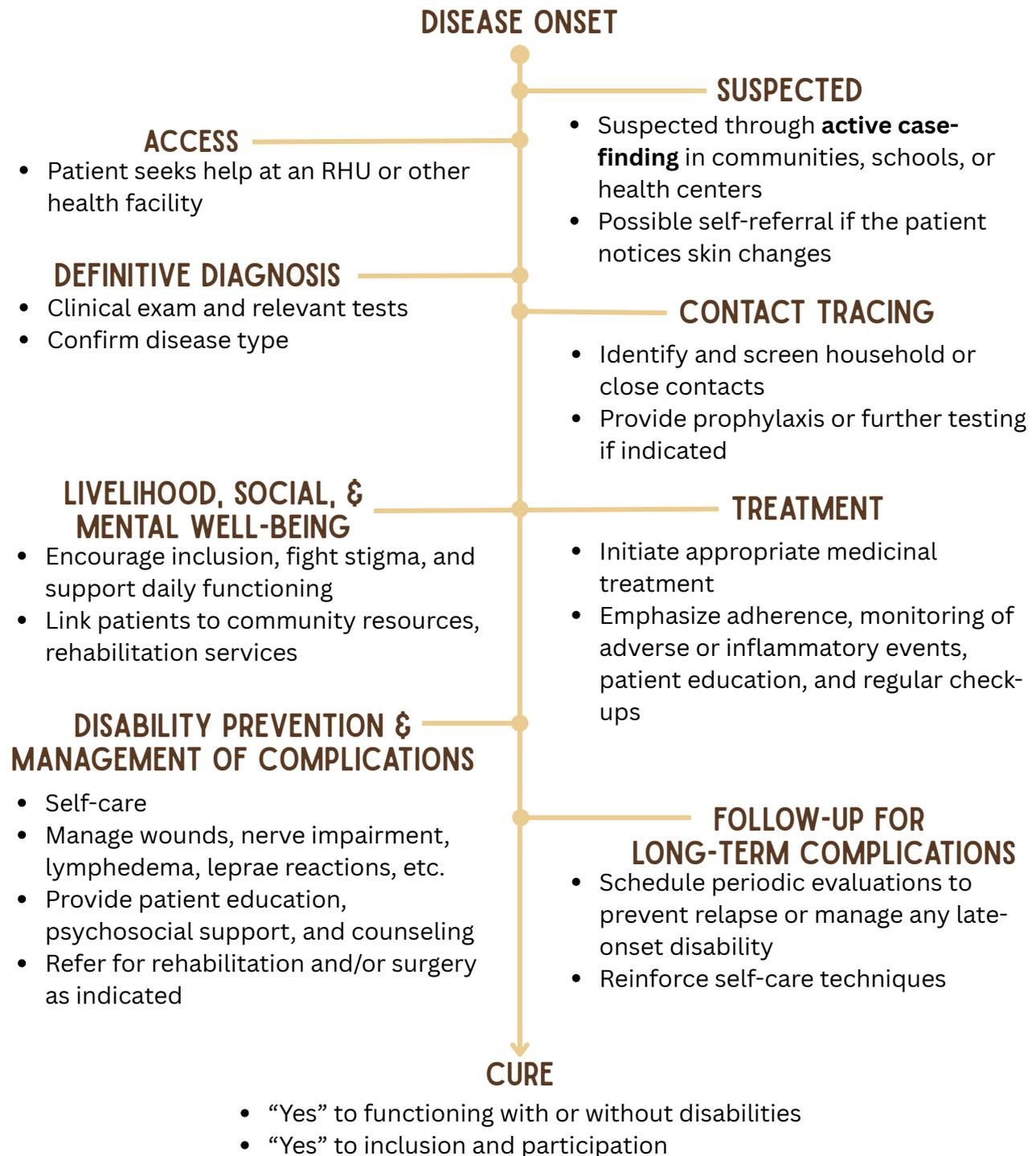


Figure 5. Patient Journey Map for Skin-Related NTDs. Adapted from WHO’s Journey of a patient with Skin NTD

Section 2: CommSkin Health Strategy

THREE-DELAYS MODEL OF COMMSKIN

Many patients with skin NTDs and skin diseases are held back by obstacles before, during, and after they decide to seek help. This 3-Delays Model of CommSkin pinpoints where those stumbling blocks arise; whether it's a lack of awareness (Delay #1), transport or cost barriers (Delay #2), or facility-level issues (Delay #3). By addressing each delay in turn, local leaders and health workers can ensure that no patient slips through the cracks due to stigma, distance, or under-resourced services.

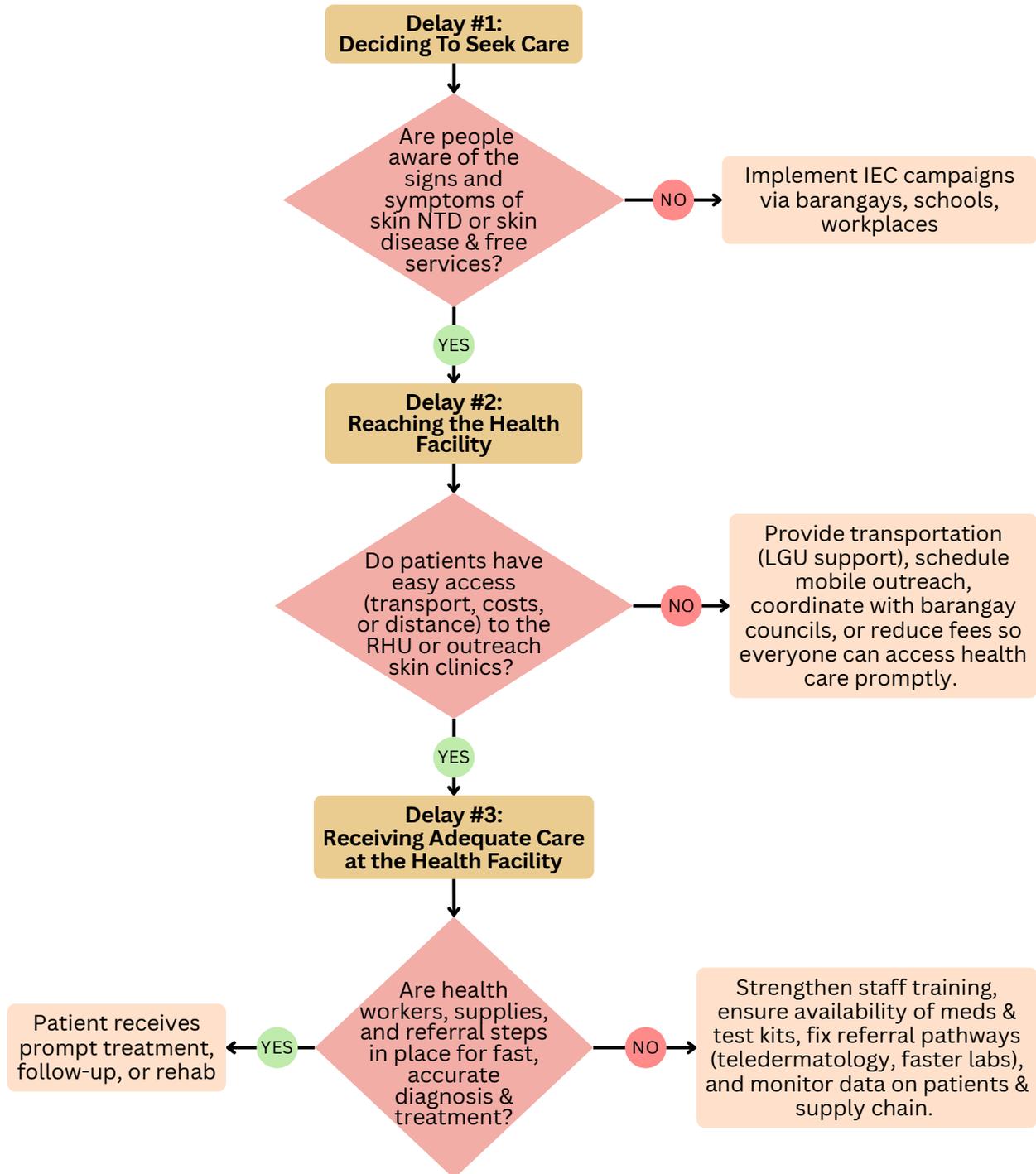


Figure 6. Three-Delays Model of CommSkin. Adapted from Actis Danna V, Bedwell C, Wakasiaka S & Lavender T (2020). Utility of the three-delays model and its potential for supporting a solution-based approach to accessing intrapartum care in low- and middle-income countries: a qualitative evidence synthesis. *Glob Health Action* 13(1):1819052.

Section 2: CommSkin Health Strategy

2.4 MONITORING AND EVALUATION (M&E)

M&E keeps us on track and shows real results. Focus on coverage, cases, referrals, and budget use for decisions. Here are sample indicators you can use for your program monitoring and evaluation.

Table 4. Sample Indicators for Monitoring and Evaluation for the CommSkin Program

Sample Indicators	Value
Number of barangays covered	_____
Total individuals screened	_____
Number of suspected cases detected	_____
Number of confirmed cases	_____
Percentage of referred cases completing treatment	_____%
Community education sessions conducted	_____
Budget allocated vs. spent	₱_____ / ₱_____

Primary Indicators

- Number of new cases
- Number of new cases cured without disabilities or deformities
- Number of people with disabilities or deformities.

Secondary Indicators

- Number of peripheral health care workers trained in skin NTDs in the country
- Number of cases confirmed with laboratory test or point-of-care diagnostic tool
- Number of people affected by skin NTDs included in policy and strategy making

(Indicators are adapted from World Health Organization's Skin NTDs Strategic Framework, 2023)

Table 5. Sample Monitoring Schedule for Municipal Health Officers

M&E Activity	Frequency	Key Responsibilities
Community Screening & Awareness Campaigns	Annually	<ul style="list-style-type: none"> • Organize mass screening events • Train Barangay Health Workers (BHWs) • Monitor community participation
Barangay-Level Reports Submission	Quarterly	<ul style="list-style-type: none"> • Collect screening, diagnosis, and treatment data • Identify high-risk barangays for additional intervention
CommSkin Committee Meetings	Quarterly	<ul style="list-style-type: none"> • Discuss M&E findings • Address logistical barriers (medications, staffing) • Strengthen referral networks
LGU Policy Review & Budget Allocation	Annually	<ul style="list-style-type: none"> • Ensure continuous funding for skin health programs • Evaluate M&E impact reports • Adjust policies based on evidence

We want to hear from you!

You're using a pilot version of the CommSkin Playbook, and your experience is vital to making it stronger. Please share your thoughts on the sample indicators and monitoring schedule—what worked, what didn't, and any ideas for improvement. Email your feedback to sihi.philippines@gmail.com and become part of our playbook development team!



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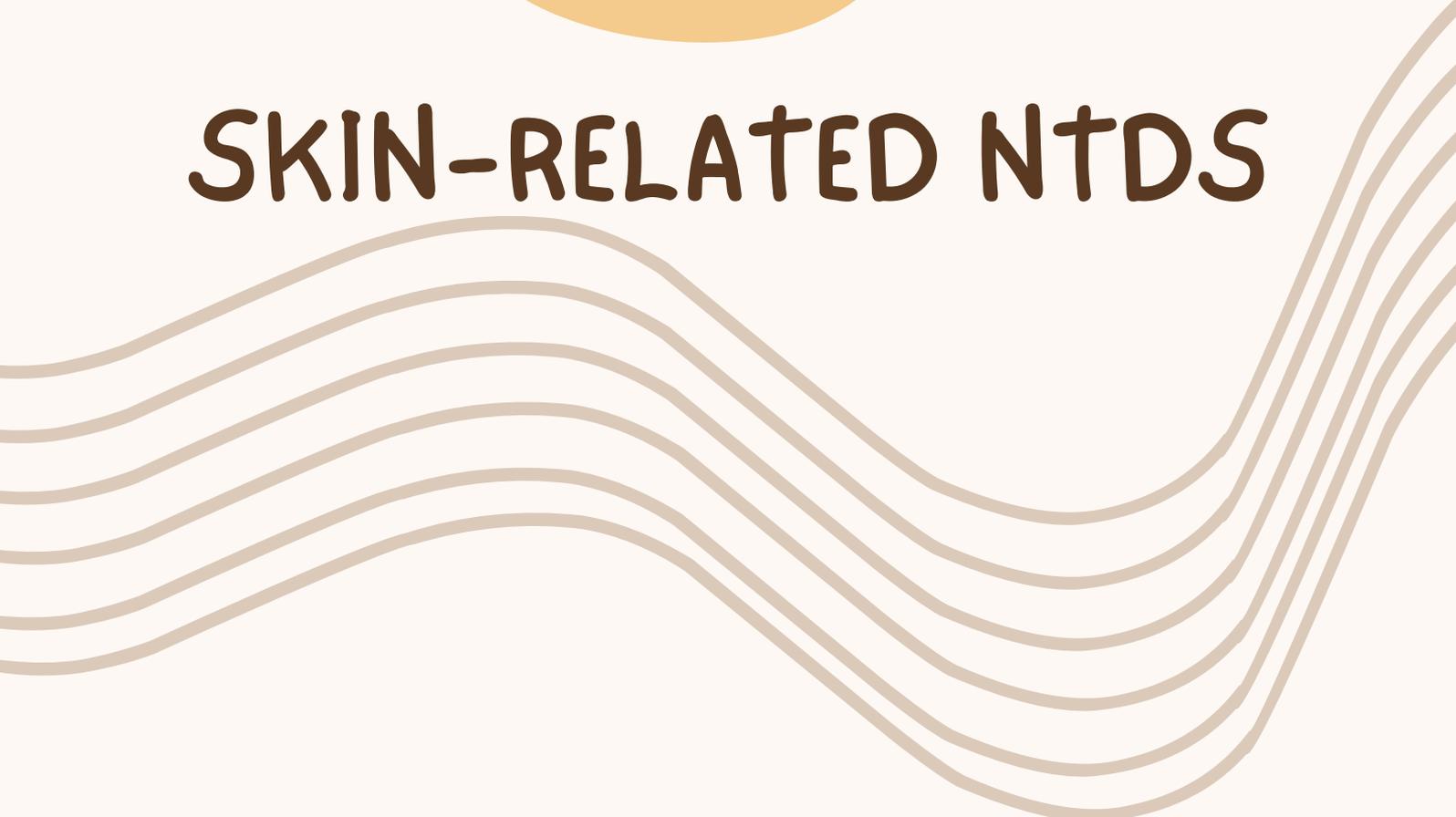
**SOCIAL
INNOVATION
IN HEALTH
INITIATIVE**

PHILIPPINES

3

SECTION

SKIN-RELATED NTDS



3.0 OVERVIEW

Effective identification and early detection of skin-related Neglected Tropical Diseases (NTDs) are at the heart of the community skin health initiative. Building on lessons learned from PILA (Partners in Leprosy Action) and other integrated approaches, Section 3 offers a concise guide for recognizing common skin conditions, distinguishing skin NTDs, and implementing practical screening methods (both in schools and at the barangay level). By adopting these strategies, mayors and Municipal Health Officers (MHOs) can ensure faster referrals, earlier treatment, and reduced disease transmission in their localities.

Key Components of Section 3

Skin Conditions and Skin NTDs (Section 3.1)

- This part clarifies which skin issues local leaders should watch for, from everyday infections (fungal, bacterial, viral) to high-priority NTDs like leprosy, yaws, and scabies. Each disease section outlines key signs, causes, and public health implications.

Types of Skin NTDs (Section 3.2)

- Here, we zero in on NTDs that pose significant challenges yet often go undetected. By highlighting their clinical presentations, transmission modes, and referral triggers, the guide ensures that field workers and health staff catch severe cases early before disability or community spread escalates.

Screening and Detection (Section 3.3)

- This section translates theory into action through two main strategies:
 - **School-Based Screening (3.3.1):** Capitalizing on teachers and students as an alternate “frontline” shows how school-level checks can uncover hidden cases in entire households.
 - **Community-Based Case Finding (3.3.2):** Demonstrates how barangay health workers (BHWs), local leaders, and rural health units (RHUs) can collaborate in proactive household visits, on-site clinics, and referral pathways.

Outcome for Mayors and MHOs

By applying the strategies in Section 3, local executives and health officers can improve early identification and referral of skin diseases and skin NTDs while fostering a more supportive environment for community-level interventions. These measures, aligned with DOH guidelines, help reduce complications and stigma, supporting more responsive and cost-effective care at the municipal level.

Section 3: Skin-Related NTDs

Table 6. Common Bacterial Skin Infections

Infection	Signs, Symptoms, and Causes
 <p data-bbox="191 548 491 616">Impetigo contagiosa ("Mamaso")</p>	<p data-bbox="547 324 1404 436">Signs & Symptoms: Honey-colored crusts, thin vesicles that break and form shallow ulcers, usually on the face, arms, and legs.</p> <p data-bbox="547 459 1332 504">Causes: <i>Streptococcus pyogenes</i>, <i>Staphylococcus aureus</i></p> <p data-bbox="547 526 1404 593">Predisposing Factors: Warm, humid conditions, poor hygiene, crowded living conditions.</p>
 <p data-bbox="167 902 515 974">Folliculitis and Furunculosis ("Pigsa")</p>	<p data-bbox="547 656 1404 795">Signs & Symptoms: Small (folliculitis) or large (furuncle) pus-filled bumps, often in hair-bearing areas such as the scalp, beard, axillae, buttocks, and thighs. Furuncles may develop a central necrotic core.</p> <p data-bbox="547 817 981 862">Causes: <i>Staphylococcus aureus</i></p> <p data-bbox="547 884 1404 952">Predisposing Factors: Shaving, occlusive clothing, excessive sweating.</p>
 <p data-bbox="183 1261 499 1310">Ecthyma</p>	<p data-bbox="547 1014 1404 1131">Signs & Symptoms: Painful, deep ulcers with a thick crust, typically on the legs. Often follows insect bites or untreated impetigo.</p> <p data-bbox="547 1153 981 1198">Causes: <i>Staphylococcus aureus</i></p> <p data-bbox="547 1220 1404 1288">Predisposing Factors: Poor hygiene, neglected minor skin trauma.</p>
 <p data-bbox="183 1597 499 1646">Erysipelas</p>	<p data-bbox="547 1350 1404 1467">Signs & Symptoms: Bright red, swollen skin with sharply defined borders; fever, chills, swollen lymph nodes. Common on the face and lower legs.</p> <p data-bbox="547 1489 997 1534">Causes: <i>Streptococcus pyogenes</i></p> <p data-bbox="547 1556 1404 1624">Predisposing Factors: Skin trauma, venous insufficiency, diabetes.</p>
 <p data-bbox="183 1910 499 1960">Cellulitis</p>	<p data-bbox="547 1686 1404 1825">Signs & Symptoms: Deep skin infection with redness, swelling, warmth, and severe pain. May present with blisters and fever. Often follows deep puncture wounds or skin breaks.</p> <p data-bbox="547 1848 1340 1892">Causes: <i>Streptococcus pyogenes</i>, <i>Staphylococcus aureus</i></p> <p data-bbox="547 1915 1348 1960">Predisposing Factors: Diabetes, lymphedema, IV drug use.</p>

Photo Credits:

In: Frez L, Pastorfide G, editors. Atlas of Philippine Dermatology. 2nd edition. Manila, Philippines: University of the Philippines Manila; 2021.

Table 7. Common Fungal Skin Infections

Infection	Signs, Symptoms, and Causes
 <p>Dermatophytosis (Ringworm)</p>	<p>Signs & Symptoms: Circular, scaly, red patches that expand outward with a clear center. Itchy and commonly found on the scalp, body, and feet.</p> <p>Causes: Dermatophytes (<i>Trichophyton</i>, <i>Microsporum</i>, <i>Epidermophyton</i>)</p> <p>Predisposing Factors: Close contact, warm and humid climate.</p>
 <p>Tinea capitis</p>	<p>Signs & Symptoms: Patchy hair loss with scaly skin, commonly in children. May form kerion (inflammatory mass with pus drainage).</p> <p>Causes: <i>Trichophyton tonsurans</i></p> <p>Predisposing Factors: Shared combs, brushes, headwear.</p>
 <p>Tinea pedis (Athlete's foot)</p>	<p>Signs & Symptoms: Cracking, peeling, and itchy scales between the toes. May spread to the soles.</p> <p>Causes: Dermatophytes</p> <p>Predisposing Factors: Sweaty feet, occlusive footwear, communal showers.</p>
 <p>Tinea corporis</p>	<p>Signs & Symptoms: Ring-shaped, scaly lesions on the body, usually on the trunk, arms, or legs.</p> <p>Causes: Dermatophytes</p> <p>Predisposing Factors: Direct skin-to-skin contact, contaminated objects.</p>
 <p>Tinea cruris</p>	<p>Signs & Symptoms: Red, scaly patches with well-defined borders in the groin, inner thighs, and buttocks.</p> <p>Causes: Dermatophytes</p> <p>Predisposing Factors: Tight clothing, excessive sweating.</p>
 <p>Pityriasis versicolor</p>	<p>Signs & Symptoms: White, brown, or pink patches with fine scaling, often on the chest, back, and neck. More visible after sun exposure.</p> <p>Causes: <i>Malassezia furfur</i></p> <p>Predisposing Factors: Hot, humid weather, oily skin, excessive sweating.</p>

Photo Credits:
<https://www.who.int/news-room/fact-sheets/detail/ringworm-tinea>

In: Frez L, Pastorfide G, editors. Atlas of Philippine Dermatology. 2nd edition. Manila, Philippines: University of the Philippines Manila; 2021.

Section 3: Skin-Related NTDs

Table 7. Common Fungal Skin Infections (continued)

Infection	Signs, Symptoms, and Causes
 <p>Candidiasis</p>	<p>Signs & Symptoms: Red, moist patches in skin folds, with satellite pustules. Oral thrush: White plaques inside the mouth.</p> <p>Causes: <i>Candida albicans</i></p> <p>Predisposing Factors: Diabetes, obesity, antibiotic use, immunosuppression.</p>

Photo Credits:

Common Dermatoses in the Ambulatory Setting: Self-Instructional Module, 5th Ed. Manila, Philippines: Division of Dermatology, Department of Medicine, University of the Philippines - Philippine General Hospital; 2019.

Table 8. Common Viral Skin Infections

Infection	Signs, Symptoms, and Causes
 <p>Verruca vulgaris (Common warts)</p>	<p>Signs & Symptoms: Rough, raised skin lesions with a cauliflower-like surface, common on fingers, hands, and knees.</p> <p>Causes: Human papillomavirus (HPV)</p> <p>Predisposing Factors: Skin trauma, direct contact.</p>
 <p>Molluscum contagiosum</p>	<p>Signs & Symptoms: Small, pearly, dome-shaped bumps with a central dimple, often on the trunk, face, and genital area.</p> <p>Causes: Molluscum contagiosum virus</p> <p>Predisposing Factors: Skin-to-skin contact, sharing towels, weakened immunity.</p>
 <p>Herpes Simplex (Cold Sores, Genital Herpes)</p>	<p>Signs & Symptoms: Painful, grouped vesicles on a red base, which burst and crust over.</p> <p>Causes: Herpes simplex virus (HSV-1, HSV-2)</p> <p>Predisposing Factors: Stress, sunlight, fever.</p>
 <p>Herpes Zoster (Shingles)</p>	<p>Signs & Symptoms: Painful, band-like rash with blisters, following a single nerve distribution (dermatomal pattern).</p> <p>Causes: Varicella-zoster virus</p> <p>Predisposing Factors: Aging, weakened immune system.</p>

Photo Credits:

In: Frez L, Pastorfide G, editors. Atlas of Philippine Dermatology. 2nd edition. Manila, Philippines: University of the Philippines Manila; 2021.

Table 9. Common Inflammatory Skin Diseases

Condition	Signs, Symptoms, and Causes
 <p>Eczema and Dermatitis</p>	<p>Signs & Symptoms: Skin inflammation with itching, redness, scaling, and vesiculation. Can be acute (vesiculation, redness) or chronic (dryness, thickened skin).</p> <p>Causes: External irritants (dermatitis) or internal predisposition (eczema).</p>
 <p>Atopic Dermatitis ("Skin Asthma")</p>	<p>Signs & Symptoms: Severe itching, dry, scaly, inflamed skin. Often appears in infants on the face/extensors, and in older children/adults on flexural areas. Chronic and recurrent.</p> <p>Causes: Genetic predisposition, often seen with asthma or allergic rhinitis.</p>
<p>Contact Dermatitis</p>	<p>Signs & Symptoms: Localized inflammation, redness, itching, and swelling, triggered by direct contact with irritants/allergens.</p> <p>Causes: Can be irritant (chemical exposure) or allergic (delayed hypersensitivity to substances like nickel, rubber, or fragrances).</p>
 <p>Irritant Contact Dermatitis</p>	<p>Signs & Symptoms: Redness, dryness, burning sensation, often in hands due to frequent chemical exposure.</p> <p>Causes: Direct skin damage from detergents, soaps, solvents, or prolonged water exposure. Does not require prior sensitization.</p>
 <p>Allergic Contact Dermatitis</p>	<p>Signs & Symptoms: Red, swollen, intensely itchy rash, sometimes with blisters. Occurs after repeated exposure to allergens.</p> <p>Causes: Delayed hypersensitivity reaction to metals (nickel, chromates), rubber, cosmetics, preservatives, fragrances, dyes, or topical medications (e.g., neomycin, bacitracin).</p>
 <p>Nummular Eczema</p>	<p>Signs & Symptoms: Coin-shaped, red, scaly, crusted lesions, mainly on the legs, arms, or torso. Extremely itchy.</p> <p>Causes: Unknown but worsened by dry skin, allergens, and stress.</p>

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In: Frez L, Pastorfide G, editors. Atlas of Philippine Dermatology. 2nd edition. Manila, Philippines: University of the Philippines Manila; 2021.

Section 3: Skin-Related NTDs

Table 9. Common Inflammatory Skin Diseases cont'd

Condition	Signs, Symptoms, and Causes
 <p>Hand Eczema</p>	<p>Signs & Symptoms: Chronic dryness, cracking, peeling, or vesicular eruptions affecting the hands. Often work-related.</p> <p>Causes: Repeated exposure to irritants/allergens.</p>
 <p>Seborrheic Dermatitis</p>	<p>Signs & Symptoms: Greasy, scaly, red patches on the scalp, face (eyebrows, nose folds), ears, chest, and groin. May cause dandruff.</p> <p>Causes: Unknown, but linked to <i>Malassezia</i> yeast overgrowth, stress, fatigue, and weather changes.</p>
 <p>Lichen Simplex Chronicus</p>	<p>Signs & Symptoms: Thickened, leathery, hyperpigmented skin plaques due to repeated scratching/rubbing. Common on neck, wrists, ankles, and genital area.</p> <p>Causes: Chronic irritation, stress, or underlying eczema.</p>
 <p>Psoriasis</p>	<p>Signs & Symptoms: Chronic, relapsing red plaques with thick silvery-white scales, commonly on the elbows, knees, scalp, and lower back. May involve nail changes (pitting, thickening) or arthritis (psoriatic arthritis in 5-8%).</p> <p>Causes: Autoimmune condition triggered by infections, medications (e.g., lithium, beta-blockers), trauma, stress, cold weather, or HIV infection.</p>
 <p>Guttate Psoriasis</p>	<p>Signs & Symptoms: Small, red, scaly lesions ("rain drop" appearance), often triggered by infections (e.g., strep throat). More common in young adults.</p> <p>Causes: Immune reaction following infections.</p>
 <p>Inverse Psoriasis</p>	<p>Signs & Symptoms: Smooth, red, shiny plaques in skin folds (armpits, groin, under breasts). Lacks typical scaling.</p> <p>Causes: Often worsened by sweat, friction, and obesity.</p>

Photo Credits:

Common Dermatoses in the Ambulatory Setting: Self-Instructional Module, 5th Ed. Manila, Philippines: Division of Dermatology, Department of Medicine, University of the Philippines - Philippine General Hospital; 2019.

In: Frez L, Pastorfide G, editors. Atlas of Philippine Dermatology. 2nd edition. Manila, Philippines: University of the Philippines Manila; 2021.

Table 9. Common Inflammatory Skin Diseases cont'd

Condition	Signs, Symptoms, and Causes
 <p>Palmoplantar Pustulosis</p>	<p>Signs & Symptoms: Pustules on palms and soles, leading to painful, cracked skin.</p> <p>Causes: Autoimmune, sometimes linked to smoking.</p>
 <p>Generalized Pustular Psoriasis</p>	<p>Signs & Symptoms: Severe, widespread pustules with fever and systemic symptoms. Medical emergency.</p> <p>Causes: Can be triggered by steroids withdrawal, infections, or pregnancy.</p>

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In: Frez L, Pastorfide G, editors. Atlas of Philippine Dermatology. 2nd edition. Manila, Philippines: University of the Philippines Manila; 2021.

Table 10. Skin Neglected Tropical Diseases (NTDs)

Condition	Signs, Symptoms, and Causes
 <p>Leprosy</p>	<p>Signs & Symptoms: Skin patches of variable sizes, usually dry and slightly paler than surrounding skin. Can also present as multiple lumps. Causes nerve destruction, leading to loss of sensation and neuropathic ulcers, which can result in further tissue and bone damage if untreated.</p> <p>Causes: Bacterium <i>Mycobacterium leprae</i>, transmitted via respiratory droplets through close and frequent contact.</p>
 <p>Yaws</p>	<p>Signs & Symptoms: Small lumps or nodules with a red or yellow surface, often feeling soft or bumpy. These lumps can ulcerate or appear in a volcano-like shape.</p> <p>Causes: <i>Treponema pertenue</i>, a subspecies of <i>T. pallidum</i> (same family as syphilis), spread by direct skin-to-skin contact.</p>

Photo Credits:
Photographs of leprosy, yaws, cutaneous leishmaniasis, lymphatic filariasis, and mycetoma are from: Recognizing neglected tropical diseases through changes on the skin: a training guide for frontline health workers. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO

Section 3: Skin-Related NTDs

Table 10. Skin Neglected Tropical Diseases (NTDs)

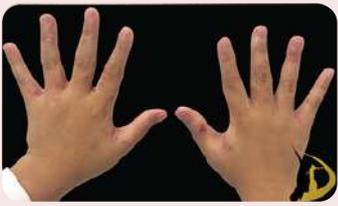
Condition	Signs, Symptoms, and Causes
 <p data-bbox="239 488 446 542">Cutaneous Leishmaniasis</p>	<p data-bbox="550 309 1420 443">Signs & Symptoms: Lumps on the skin that may be rounded or flat and often ulcerate in the center. Ulcers have a red base, raised edges, and may bleed easily. Commonly occur on the face and limbs.</p> <p data-bbox="550 470 1340 510">Causes: <i>Leishmania</i> protozoa, transmitted by sandflies.</p>
 <p data-bbox="199 779 486 810">Lymphatic Filariasis</p>	<p data-bbox="550 593 1420 728">Signs & Symptoms: Chronic swelling of limbs due to lymphatic damage. Can lead to thickened skin and secondary bacterial infections. Itching may occur if inflammation is present.</p> <p data-bbox="550 750 1348 790">Causes: Parasitic filarial worms transmitted by mosquitoes.</p>
 <p data-bbox="239 1037 446 1090">Mycetoma (Madura Foot)</p>	<p data-bbox="550 862 1420 974">Signs & Symptoms: Hard swelling on the foot or limb, gradually enlarging, with pus-filled nodules that may drain fluid.</p> <p data-bbox="550 996 1420 1064">Causes: Fungal (<i>Eumycetoma</i>) or bacterial (<i>Actinomycetoma</i>) infections from environmental exposure.</p>
 <p data-bbox="279 1339 399 1370">Scabies</p>	<p data-bbox="550 1131 1420 1265">Signs & Symptoms: Intense itching, small lumps, and burrow tracks in the skin, commonly on hands, feet, external genitalia, and buttocks. Secondary bacterial infections can lead to nephritis in children.</p> <p data-bbox="550 1288 1420 1355">Causes: <i>Sarcoptes scabiei</i> mites, transmitted through direct human contact.</p>

Photo Credits:

Photographs of leprosy, yaws, cutaneous leishmaniasis, lymphatic filariasis, and mycetoma are from: Recognizing neglected tropical diseases through changes on the skin: a training guide for frontline health workers. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO

In: Frez L, Pastorfide G, editors. Atlas of Philippine Dermatology. 2nd edition. Manila, Philippines: University of the Philippines Manila; 2021.

SCHOOL-BASED SCREENING PATHWAY

This screening pathway shows how a suspected skin condition progresses from initial observation—often at home or school—to higher levels of care if needed. Each column outlines the responsible person or team (e.g., teachers, nurses, RHU staff) and the decisions they must make to ensure quick detection and appropriate treatment.

By following this structured flow, community health workers, school staff, and medical teams can coordinate effectively and avoid missed opportunities for early intervention. Ultimately, the goal is a straightforward, step-by-step process that speeds up referrals, reduces complications, and improves overall outcomes for skin-related conditions.

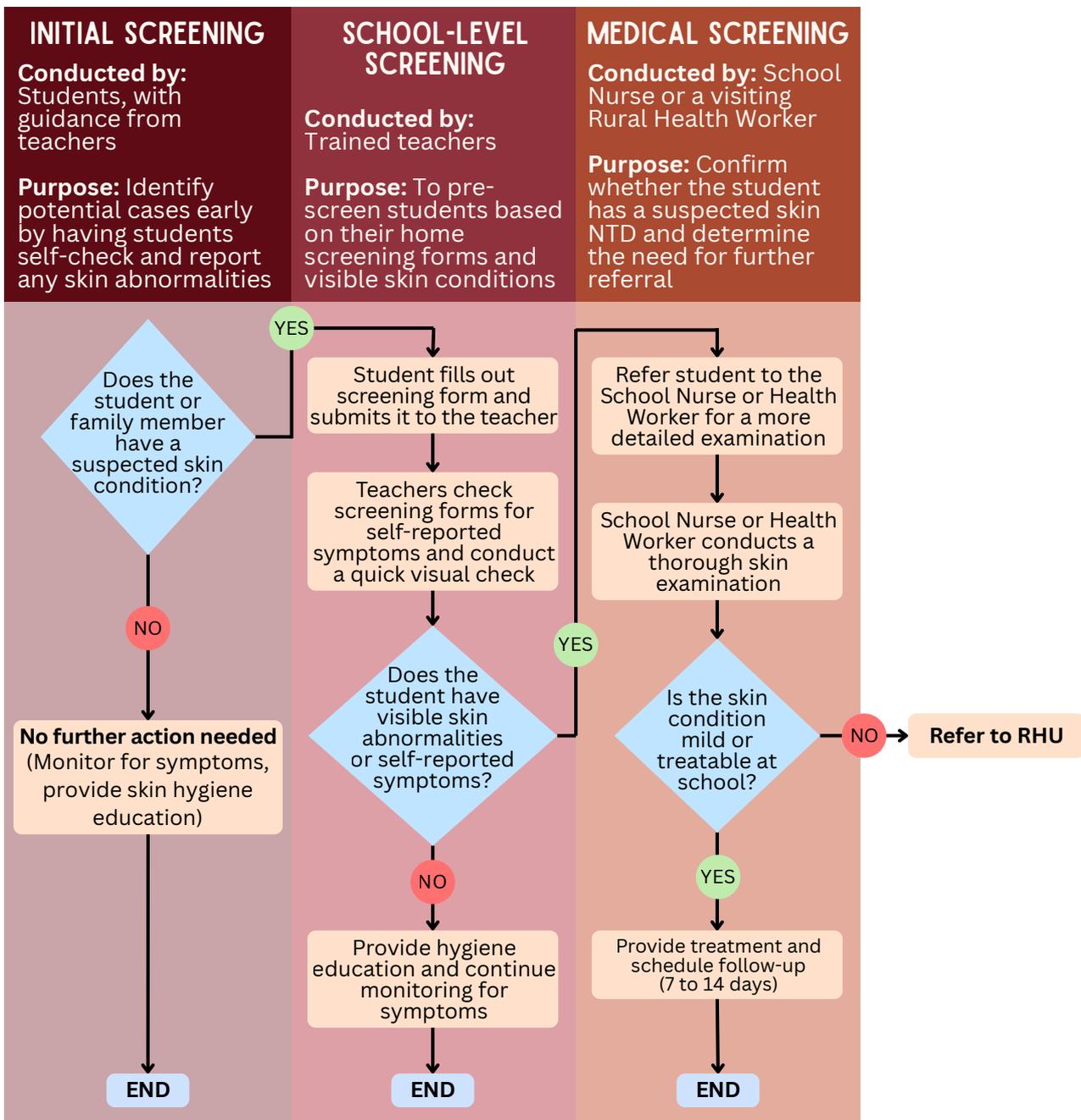


Figure 7. School-based Screening Pathway

Section 3: Skin-Related NTDs

COMMUNITY-BASED SCREENING PATHWAY

This screening pathway outlines a community-based approach to identifying potential skin NTDs. Each column shows who's responsible—from BHWs or midwives at the barangay level to municipal health officers and referral centers—and the steps they must take to confirm the diagnosis or refer to specialized care.

By following these clear pathways, local teams can promptly address mild cases and escalate severe or complex ones for higher-level care. The result is a streamlined, community-based system that brings faster diagnosis, efficient referral, and better outcomes for patients.

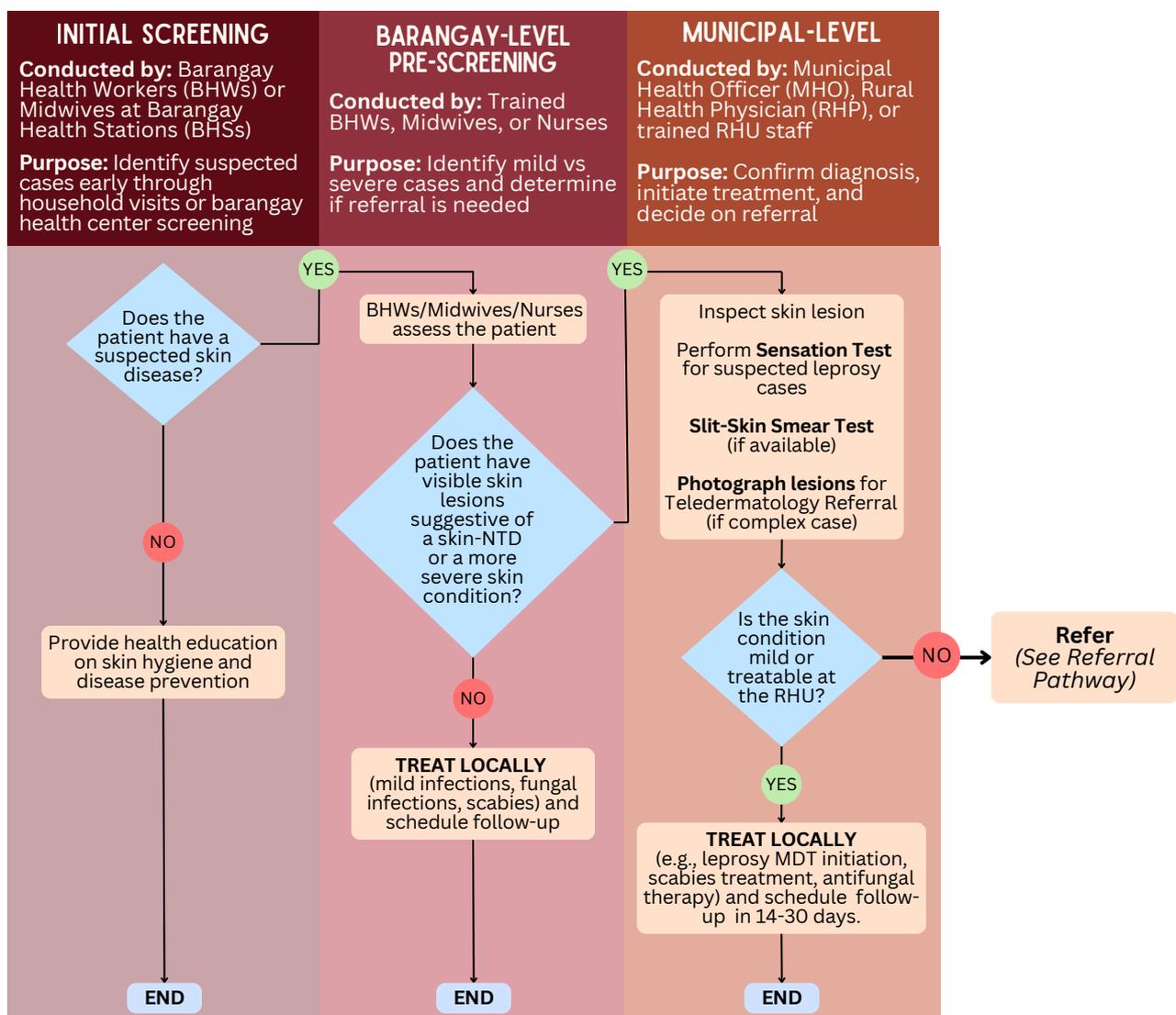
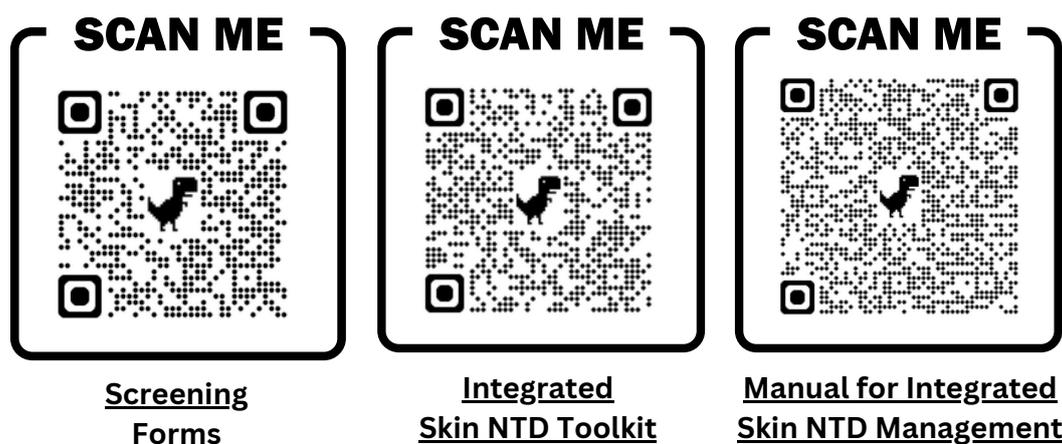


Figure 8. Community-based Screening Pathway



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4 SECTION

MANAGEMENT AND REFERRAL



4.0 OVERVIEW

Proactive management and well-defined referral steps for skin diseases and skin-NTDs play a critical role in safeguarding community health. Building on the foundational insights from previous sections, Section 4 lays out straightforward, practical guidelines on how local teams can treat common skin issues and recognize when it's time to consult specialists. By following these methods, mayors and Municipal Health Officers (MHOs) can reduce delays, minimize costs, and ensure that anyone with a serious or complex skin condition quickly gets the advanced care they need.

Key Components of Section 4

Management of Common Skin Diseases (Section 4.1)

- Here, you'll find simple, proven steps to address everyday skin problems (from infections to inflammatory conditions) within your community. It explains which medicines to stock, how to handle minor wounds, and what home-care measures can keep cases from escalating.

Indications for Referral (Section 4.2)

- This part spells out the main “warning signs” that should prompt a referral to a larger facility or specialist. By pinpointing scenarios (e.g. severe infections, suspected drug resistance, or advanced NTD symptoms) local staff know exactly when to seek extra help, preventing irreversible complications.

Referral Pathways & Links to Specialists (Section 4.3)

- **Referral Flowchart (4.3.1):** A clear, step-by-step roadmap showing where to send patients, how to track their progress, and when higher-level hospitals or specialized centers should take over.
- **Teledermatology Integration (4.3.2):** Details how to connect remote communities with dermatologists through online platforms. This innovation speeds up consultations, eases costs, and ensures timely expert input.

Outcome for Mayors and MHOs

By using Section 4's recommendations, local leaders can set up swift, standardized responses for skin conditions, treating simpler cases close to home while ensuring that complex cases get the right level of attention. This balanced approach not only cuts down on unnecessary referrals (saving both time and money) but also brings top-quality care within reach of every barangay. Aligned with DOH guidelines, these tools and pathways help foster a healthier community, give residents peace of mind, and strengthen local health systems overall.

Section 4: Management and Referral

Table 11. Management of Common Bacterial Skin Infections

Condition	Management and Treatment
Impetigo contagiosa (“Mamaso”)	<p>Large lesions: Oral antibiotics (Cloxacillin, Cephalexin, 1 week)</p> <p>Small lesions: Mupirocin cream (2-3x/day)</p> <p>Crust removal: Normal saline compress</p>
Folliculitis & Furunculosis (Pigsa)	<p>Mild cases: Warm compress, topical antibiotics</p> <p>Severe cases: Oral antibiotics (Cloxacillin, Cephalexin)</p> <p>Recurrent cases: Consider nasal <i>S. aureus</i> decolonization</p>
Ecthyma	<p>Oral antibiotics: Cloxacillin, Cephalexin</p> <p>Wound care: Keep lesions clean, apply antibacterial ointments</p>
Erysipelas	<p>Oral antibiotics: Penicillin, Erythromycin</p> <p>Severe cases: IV antibiotics</p>
Cellulitis	<p>Oral antibiotics: Amoxicillin-Clavulanate, Cephalexin</p> <p>Severe cases: IV antibiotics, hospitalization if blisters develop</p>

Table 12. Management of Common Superficial Fungal and Yeast Infections

Condition	Management and Treatment
Tinea capitis	Oral antifungals mandatory (Griseofulvin)
Tinea pedis, corporis, cruris	<p>Typical cases: Topical antifungals (Terbinafine, Clotrimazole)</p> <p>Severe cases: Oral antifungals (Griseofulvin)</p>
Pityriasis versicolor	<p>Antifungal shampoos/creams: Selenium sulfide, Ketoconazole</p> <p>Topical antifungals: Clotrimazole, miconazole, ketoconazole</p>
Candidiasis	<p>Topical antifungals: Clotrimazole, miconazole, ketoconazole</p> <p>Oral candidiasis: Nystatin</p>

Table 13. Management of Common Viral Skin Infections

Condition	Management and Treatment
Warts, Molluscum	Cryotherapy, salicylic acid, electrodesiccation
Herpes	Acyclovir



Budget and Procurement

Secure a steady supply of topical and oral antifungals (e.g., Clotrimazole, Terbinafine, Griseofulvin), as well as treatments for viral lesions (e.g., cryotherapy agents, acyclovir), based on local disease patterns.

Section 4: Management and Referral

Table 14. Management of Common Inflammatory Skin Diseases

Condition	Management and Treatment
Eczema & Dermatitis	Avoid triggers, keep skin hydrated. Use moisturizers (petroleum jelly, mineral oil), mild soaps, and avoid harsh irritants
Atopic Dermatitis ("Skin Asthma")	Mild cases: Warm compress, topical antibiotics Severe cases: Stronger corticosteroids, antihistamines for itching Chronic cases: Immunomodulators (Tacrolimus, Pimecrolimus)
Contact Dermatitis	Identify and avoid triggers. Topical corticosteroids for inflammation, antihistamines for itching.
Irritant Contact Dermatitis	Protect skin from irritants (gloves, barrier creams). Emollients + mild steroids for flare-ups.
Allergic Contact Dermatitis	Patch testing to identify allergens. Avoid exposure, use topical steroids for flares. Severe cases: Oral steroids.
Hand Eczema	Avoid frequent hand washing, use gloves. Moisturizers, mild steroids, and barrier creams.
Nummular Eczema	Thick emollients (moisturizers), topical steroids. For severe cases: Oral steroids, phototherapy.
Lichen Simplex Chronicus	Stop the itch-scratch cycle. Topical steroids, occlusive dressings, antihistamines for nighttime itching.
Seborrheic Dermatitis	Scalp: Medicated shampoos (ketoconazole, selenium sulfide, coal tar). Face & body: Low-dose topical steroids or antifungal creams.
Psoriasis vulgaris or Plaque-type psoriasis	Mild cases: Topical steroids, vitamin D analogs (Calcipotriol) Moderate-severe cases: Phototherapy, systemic immunosuppressants (Methotrexate, Cyclosporine, Biologics) Lifestyle: Moisturizers, stress reduction
Guttate Psoriasis	May resolve spontaneously. Phototherapy for widespread lesions. Antibiotics if triggered by strep throat.
Inverse Psoriasis	Mild steroids, topical calcineurin inhibitors (Tacrolimus). Avoid excessive moisture.
Palmoplantar Pustulosis	Potent topical steroids, oral retinoids, phototherapy. Stop smoking.
Generalized Pustular Psoriasis	Medical emergency – hospitalize. Systemic steroids, IV fluids, immunosuppressants (Cyclosporine, Methotrexate)

Section 4: Management and Referral

Table 15. Management of Skin Neglected Tropical Diseases (NTDs)

Condition	Management and Treatment
Leprosy	<p>Medical Treatment: Multidrug therapy (MDT) for 6 to 12 months, including rifampicin, dapsone, and clofazimine</p> <p>Supportive Care: Regular wound inspection, appropriate footwear, and care of insensitive areas to prevent injuries</p>
Yaws	<p>Medical Treatment: Single-dose azithromycin</p> <p>Supportive Care: Monitoring and treatment of household members, referral for tertiary cases</p>
Cutaneous Leishmaniasis	<p>Medical Treatment: Stibogluconate, paromomycin, miltefosine, or amphotericin B</p> <p>Supportive Care: No additional supportive measures noted</p>
Lymphatic Filariasis	<p>Medical Treatment: Oral diethylcarbamazine for 12 days, optionally combined with doxycycline for 4–6 weeks</p> <p>Supportive Care: Limb cleaning, emollients, and exercises to reduce swelling</p>
Mycetoma (Madura Foot)	<p>Medical Treatment: Long-term antifungal or antibiotic treatment depending on the causative organism. Surgery may be required</p> <p>Supportive Care: Walking support and limb care</p>
Scabies & Other Ectoparasites	<p>Medical Treatment: Topical permethrin, sulfur ointment (4%-15%), benzyl benzoate, or oral ivermectin</p> <p>Supportive Care: Treatment of all affected household members, improving hygiene to prevent reinfection</p>



Ensure Adequate Medication and Supply

Allocate budget for essential medicines (e.g., topical and oral antibiotics, antifungals) and wound-care materials at the RHU or barangay health stations.

Section 4: Management and Referral

Table 16. Indications for Referral

Condition	Indications for Referral
Leprosy	<ol style="list-style-type: none"> 1. Unclear diagnosis after RHU assessment 2. Nerve involvement (e.g. sensory/motor loss, claw hand) 3. Non-healing ulcers, wounds 4. Any sign of leprae reaction (see box below) 5. Failure to respond to MDT after 3 months 6. Drug side effects (anemia, jaundice, severe rash) 7. Children under 15 8. Pregnant women, comorbidities, high-risk patients 9. New/worsening disability or those with special needs 10. Suspected relapse (recurrence after cure) 11. Need for surgery or management of complications
Yaws	<ol style="list-style-type: none"> 1. Atypical presentations 2. Suspected tertiary yaws with facial or bony deformities 3. Cases not responding to azithromycin treatment 4. Co-infection with other skin conditions requiring specialized management
Cutaneous Leishmaniasis	<ol style="list-style-type: none"> 1. Lesions in critical areas (face, joints, genitals) 2. Non-healing or worsening ulcers 3. Suspected mucosal involvement 4. Systemic signs suggesting visceral leishmaniasis
Lymphatic Filariasis	<ol style="list-style-type: none"> 1. Severe limb swelling that impairs function 2. Recurrent acute inflammation (filarial fever) 3. Secondary bacterial infections or ulceration 4. Significant genital involvement
Mycetoma (Madura Foot)	<ol style="list-style-type: none"> 1. Deep tissue or bone involvement suspected 2. Long-standing infections showing poor response to antifungal or antibiotic therapy 3. Surgical intervention such as debridement or amputation required
Scabies & Other Ectoparasites	<ol style="list-style-type: none"> 1. Widespread or crusted scabies (Norwegian scabies) 2. Recurrent infections despite standard treatment 3. Secondary bacterial complications such as cellulitis or nephritis

Signs of a Leprae Reaction

Sudden swelling/redness of lesions, nerve pain or swelling OR presence of painful red nodules, fever, joint pain, swelling, new nerve pain

Adapted from: Department of Health. Philippine Leprosy Clinical Pathways. Manila, Philippines: Department of Health; 2021.

Section 4: Management and Referral

4.3 REFERRAL PATHWAYS

This referral pathway (Figure 9) offers a quick, step-by-step guide for managing skin-related neglected tropical diseases. It shows how to handle mild cases at the barangay level and when to refer severe or unclear cases to higher facilities or teledermatology.

By following these steps, local executives and municipal health offers can ensure fast, coordinated care. This reduces delays, frees up resources, and leads to better patient outcomes. The pathway shows a unified approach for referring advanced skin health conditions.

TELEDERMATOLOGY PATHWAY

This teledermatology pathway (Figure 9) speeds up specialist access for skin concerns by linking rural health staff and dermatologists through secure digital channels. It explains the steps from obtaining patient consent, capturing images, transmitting data, to receiving a specialist's treatment plan.

Adopting this teledermatology process helps local governments improve skin health outcomes with fewer delays and referrals. By combining technology and community-based care, MHOs and Mayors can maximize resources, strengthen health system responses, and ensure timely, high-quality services for their constituents.

Section 4: Management and Referral

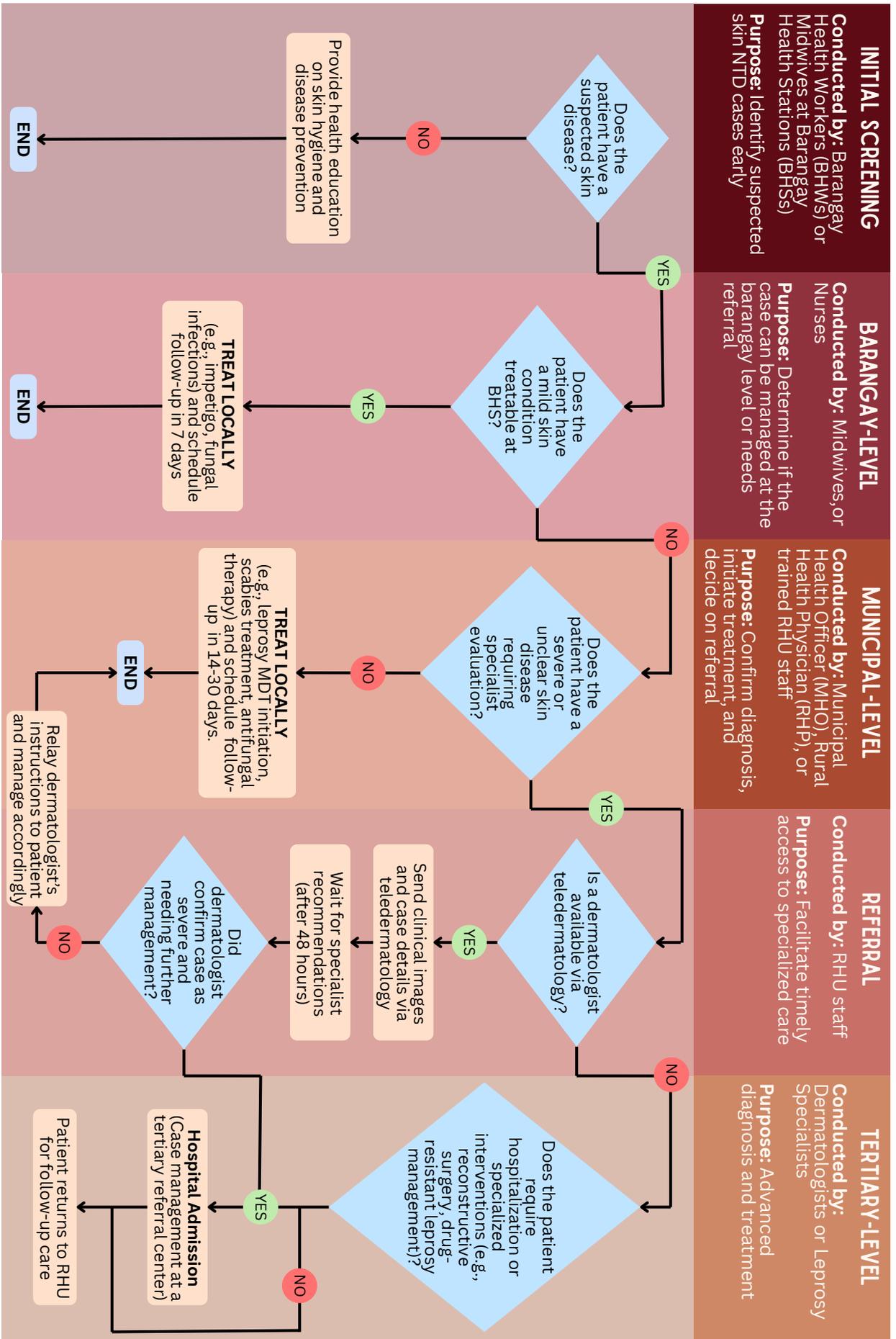


Figure 9. Referral Flowchart for Skin Health

Section 4: Management and Referral

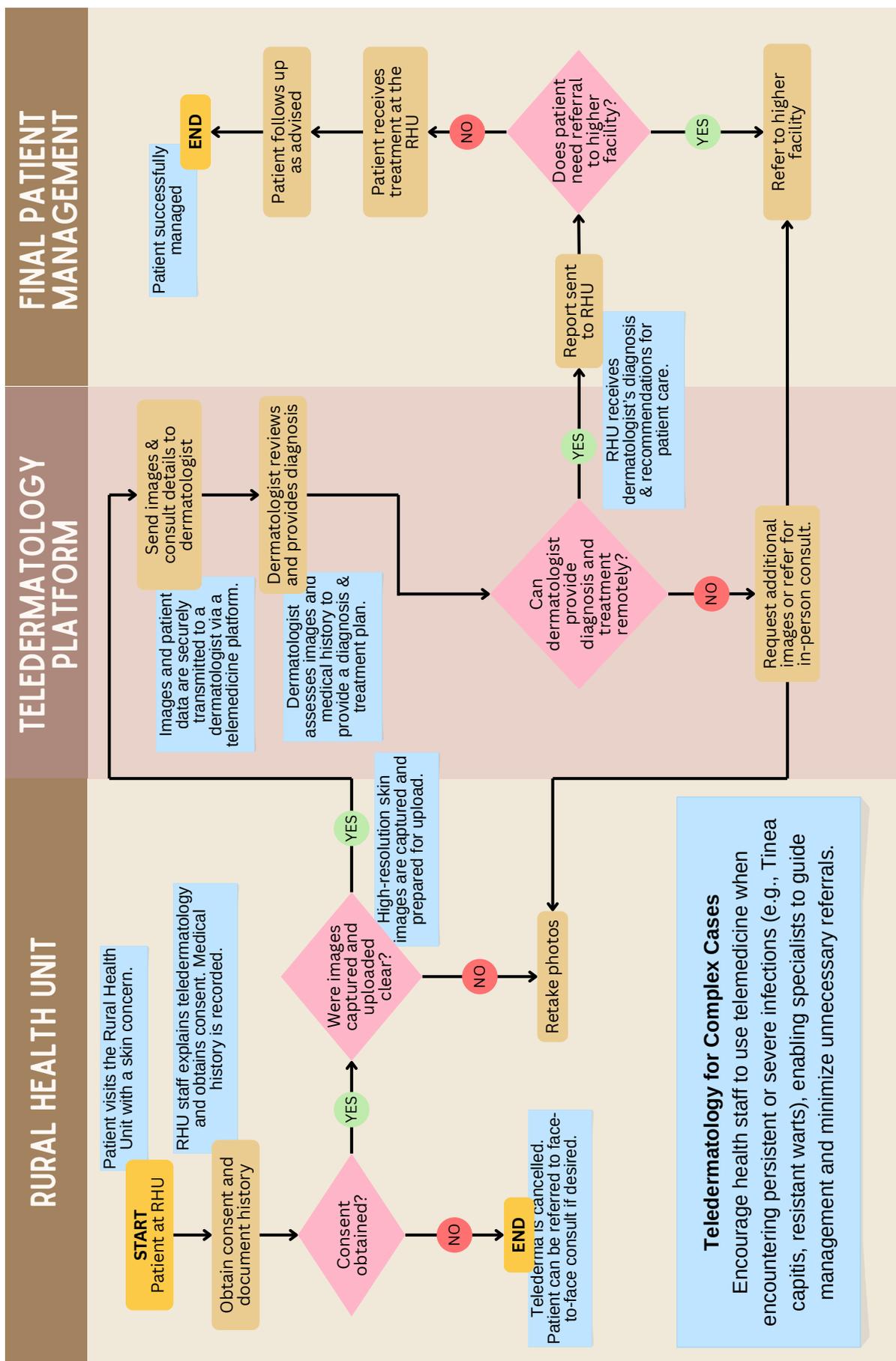


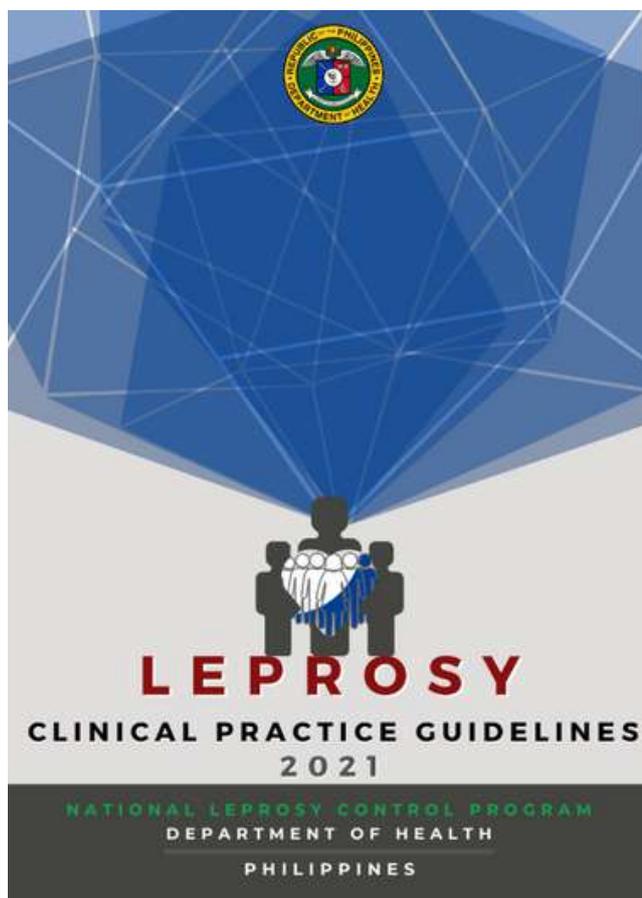
Figure 10. Teledermatology Pathway. Adapted from McKoy K, Norton S, Lappan C & Armstrong AW; ATA Teledermatology Special Interest Group. Quick Guide to Store-Forward and Live-Interactive Teledermatology for Referring Providers. American Telemedicine Association; April 2012.

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Section 4: Management and Referral

ADDITIONAL RESOURCES



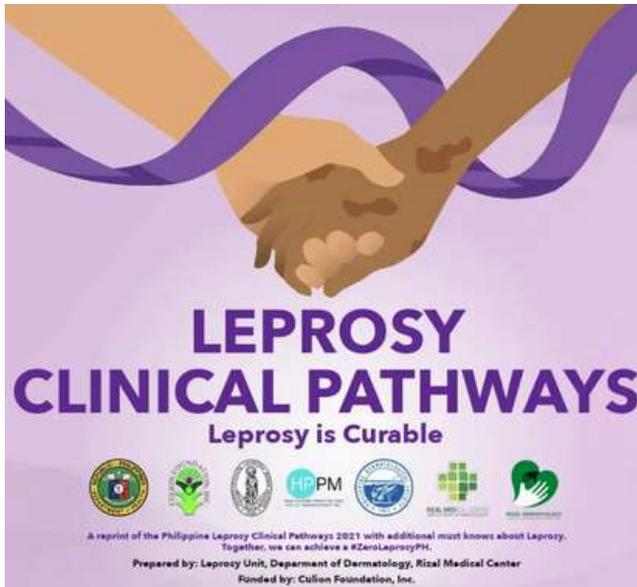
[Leprosy Clinical Practice Guidelines](#)



[Training Guide for Skin NTDs](#)



ADDITIONAL RESOURCES



[Leprosy Clinical Pathways](#)



[Omnibus Health Guidelines](#)





5

SECTION

COMMUNICATION



5.0 OVERVIEW

This section explains how to apply Social and Behavior Change Communication (SBCC) strategies tailored to the varied “states of mind” people may have about skin health issues. It covers practical ways to segment audiences, shape messages, and use culturally adapted approaches that address stigma and misconceptions, while promoting positive health-seeking behaviors for skin-related NTDs. Through sample communication objectives, key messages, and suggested activities, healthcare providers and community workers can encourage early detection, treatment adherence, and community support in managing common skin diseases.

5.1 SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBCC) APPROACH

This SBCC diagram (Page 59) highlights practical steps you can use to get communities involved in better skin health. By using clear messages, existing local networks, and strong leadership support, you can reduce stigma and encourage earlier check-ups leading to healthier constituents and fewer missed cases.

Through regular application of SBCC activities (e.g. coordinating local partners, choosing effective communication platforms, and tracking progress) communities can build stronger health awareness and prevent missed cases. The outcome is enhanced trust in health services and healthier, more proactive communities.

Communication is the backbone of any successful community health program, especially when it comes to skin-related diseases that often remain hidden by stigma or lack of awareness. The tables *in the next page* detail how to tailor messages, materials, and activities to different audiences, from BHWs and school teachers to faith leaders and policy-makers. By leveraging these targeted communication strategies, local government units (LGUs) and health officers can ensure that accurate information, practical tools, and supportive policies reach the people who need them most, fostering earlier detection, smoother referrals, and stronger community engagement.

Why This Matters

- **Fewer Missed Cases, Lower Costs** - Early detection and consistent treatment reduce complications and expenses down the line.
- **Greater Trust in Local Health Services** - Communities see tangible benefits and become more proactive in seeking care.
- **Inclusive, Stigma-Free Communities** - When people support each other’s skin health, it reduces fear, social isolation, and misinformation.

How to Read the Diagram

- **Bottom → Top:** Shows progression from not recognizing the problem (Precontemplation) to sustaining healthy behaviors (Maintenance).
- **Orange Boxes Overlapping with These Levels:** Each strategy is matched to the audience’s current mindset to guide them toward the next stage.

Section 5: Communication

- Tips for MHOs & Mayors**
- 1. Identify the Stage** - Survey or talk with the community to see if they're aware of skin health concerns or already taking action.
 - 2. Match Strategies** - For those unaware (Precontemplation), intensify your health talks. For those taking action, ensure easy access to treatment.
 - 3. Monitor & Follow-Up** - Check regularly if stigma or misunderstandings exist. Adjust strategies if progress stalls.
 - 4. Sustain Success** - Recognize model families or barangays that successfully practice good skin health; maintain partnerships and incentives.

Where community members are psychologically — unaware, aware, preparing, acting, or maintaining.

Practical tools like peer testimonies, house-to-house visits, screening events, or treatment reminders.

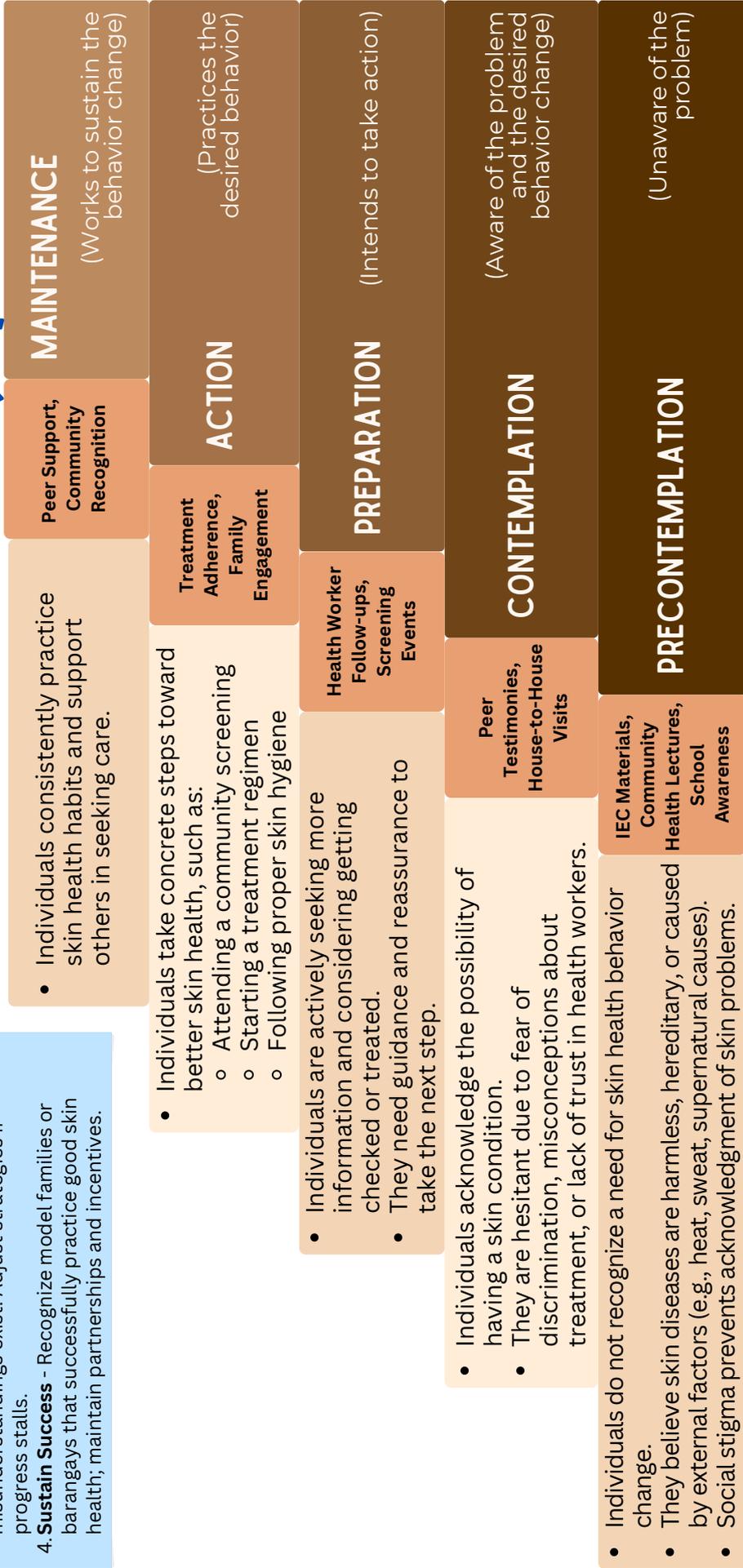


Figure 11. Social and Behavior Change Communication (SBCC) Stages Diagram for CommSkin based on global SBCC guidance: Schiavo (2013), Ngigi & Busolo (2018), and WHO (2012, 2009).

5.2 COMMUNITY SKIN HEALTH'S COMMUNICATION STRATEGIES

Table 17. Communication Strategies for Target Audiences

Audience	Communication Objective and Key Message	Material	Activity
General Public (Community Members, Households)	<p>Increase awareness about skin-related NTDs and early detection</p> <p><i>"Skin diseases like leprosy are curable. Early treatment prevents complications."</i></p>	<ul style="list-style-type: none"> • Posters, flyers, tarpaulins at health centers, markets, and barangay halls with easy-to-understand, stigma-free messages. • Simple social media posts, short videos, or SMS messages debunking skin disease myths. • Loudspeaker or recorded messages played during barangay events and in crowded areas. 	<ul style="list-style-type: none"> • Monthly visits offering free screenings, quick consultations, and health information. • Barangay Health Workers (BHWs) share flipcharts on skin health and distribute screening vouchers door-to-door. • Present brief skin health messages at local health summits or during regular LGU meetings.
Barangay Health Workers (BHWs)	<p>Equip BHWs with skills in skin disease identification and stigma reduction</p> <p><i>"BHWs are the first line of defense against skin diseases. Training ensures early detection and proper referrals."</i></p>	<ul style="list-style-type: none"> • Simple how-to guides covering disease detection, counseling methods, and reducing stigma. • Small laminated cards with photos and checklists to identify common skin NTDs. • A basic mobile app or online resource for teledermatology referrals and tracking. 	<ul style="list-style-type: none"> • Short training sessions that build skills in early detection and culturally sensitive counseling. • BHW-led group discussions to share experiences and boost confidence in handling cases. • Door-to-door screening in high-prevalence areas, coordinated by BHW teams.

Section 5: Communication

Table 17. Communication Strategies for Target Audiences (cont'd)

Audience	Communication Objective and Key Message	Material	Activity
<p>School Teachers & Students</p>	<p>Encourage schools to integrate skin health education & screening</p> <p><i>"Schools are key in identifying and preventing skin diseases. Routine screenings protect students and families."</i></p>	<ul style="list-style-type: none"> • Kid-friendly booklets and worksheets to spot and report possible skin issues in the family. • "My Skin, My Health" visuals encouraging hygiene and prompt consultation. • Simple checklists for students to note any skin problems at home. 	<ul style="list-style-type: none"> • Brief workshops on integrating skin health lessons into daily class routines. • Train select students as "health ambassadors" to lead simple awareness talks. • Once-a-year skin checks by partnering with RHUs and DepEd to catch cases early.
<p>Community & Faith Leaders</p>	<p>Reduce stigma and increase health-seeking behavior</p> <p><i>"Skin diseases are medical conditions, not a curse. Supporting affected individuals leads to faster recovery."</i></p>	<ul style="list-style-type: none"> • Short sermon notes, discussion points, or talking guides for pastors, imams, and local elders to help reduce stigma and encourage treatment. • Quick radio segments, local-language recordings, and short videos that address myths around skin diseases. • Videos or audio of individuals who've successfully completed treatment, showing that recovery is possible. 	<ul style="list-style-type: none"> • Short health talks during church services, mosque gatherings, or other faith-based events. • Invite people who have recovered to share experiences at barangay gatherings, highlighting hope and success. • Schedule a weekly short broadcast or barangay "megaphone time" to reinforce messages.

Table 17. Communication Strategies for Target Audiences (cont'd)

Audience	Communication Objective and Key Message	Material	Activity
People Affected by Skin Diseases (Leprosy, Scabies, Fungal Infections, etc.)	Encourage treatment adherence and peer support <i>"Completing treatment restores confidence and dignity. Support from family and community makes recovery easier."</i>	<ul style="list-style-type: none"> • Easy-to-read pamphlets explaining treatments, side effects, and ways to handle stigma. • Automated or manual SMS prompts reminding patients to take medication and attend check-ups. • Simple visuals on wound care, hygiene, and how family members can help prevent spread. 	<ul style="list-style-type: none"> • Small groups in each barangay where individuals who've recovered mentor those who are newly diagnosed. • Give certificates or small tokens to encourage patients who complete their treatment plans. • RHU teams regularly check on patients at home, especially those who are high-risk or reluctant, to offer counseling and support.

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SOCIAL
INNOVATION
IN HEALTH
INITIATIVE

PHILIPPINES

SECTION

6

GOVERNANCE AND SUSTAINABILITY

Section 6: Governance and Sustainability

6.0 OVERVIEW

This section emphasizes the importance of community-based skin health initiatives to go beyond short-term efforts. It offers approaches to incorporate skin health into existing LGU structures and outlines practical ways to mobilize resources (e.g. through budget proposals and partnerships). Guidance is also provided on expanding programs at the provincial, regional, or national level, highlighting possible support from the Department of Health (DOH), World Health Organization (WHO), and other funding agencies. By focusing on policy integration and realistic funding options, Section 6 equips Mayors and MHOs to integrate skin health activities into everyday local governance and secure lasting benefits for communities.

Table 18. Institutionalization of Community Skin Health Program

Decision Point	Action to Take	Responsible Person/Unit
Does the LGU recognize skin NTDs as a local health concern?	Conduct rapid appraisal using BHW & RHU reports	MHO, RHU
Is there an existing municipal/city ordinance supporting skin health?	Draft ordinance using PILA strategy & best practices	MHO, LHB, SB on Health
Is skin health included in the Annual Investment Plan (AIP)?	Work with C/MPDC to integrate into health funding	MHO, C/MPDC
Are partnerships established (DepEd, NGOs, DOH, PDS, PLM)?	Facilitate appropriate partnership instruments (MOA, MOU, etc.)	MHO, LGU Partnerships Focal
Are RHU staff & BHWs trained for skin health screenings?	Schedule a 2-day training using WHO "Recognizing Skin NTDs" manual, with refreshers twice/year	MHO, RHU Training Officer
Are skin health services embedded in RHUs and schools?	Ensure integration via RHU-led programs	MHO, School Health Coordinator
Are there regular quarterly reports on screening & treatment?	Set up RHU-led tracking mechanisms	FHSIS Coordinator or CommSkin Focal
Is the LGU accessing national/international funding (PhilHealth, WHO-TDR, DOH grants)?	Engage DOH Regional Office and apply for external grants/sponsorships	MHO, LGU Finance Committee

Section 6: Governance and Sustainability

Table 19. Governance and Funding Pathways for a Sustainable CommSkin Program

Possible Funding Source	Action to Take	Responsible Person/Unit
Does the LGU have an existing budget allocation?	Assess budget for Community Skin Health Program	MHO, LGU Budget Officer
Is there a skin-related public health emergency or high-risk situation?	Request reallocation under health risk response (outbreaks/disaster relief)	MHO, DRRMO
Can funds be sourced from Municipal/City Dev Fund (M/CDF)?	Use M/CDF for skin health program	MHO, Budget Officer
Can funds be sourced from Barangay Dev Funds (BDF)?	Use BDF for skin health program	MHO, Barangay Captain
Can funds be sourced from Local Disaster Risk Reduction & Management Fund (LDRRMF)?	Tap LDRRMF for post-disaster health interventions	MHO, DRRMO
Can funds be sourced from Special Health Fund under UHC?	Allocate under UHC SHF	MHO, UHC Focal Person
Can LGU reallocate funds from non-priority municipal projects?	Request reallocation of unspent funds	MHO, Budget Officer
Can LGU increase local revenue collection?	Request reallocation of unspent funds from new revenue	Treasurer, MHO
Are there unspent funds in other municipal health programs?	Use unspent health funds for skin health	MHO, Accountant
Are national/international grants available?	Apply for pre-existing health grants (DOH, NGOs)	MHO
Has the LGU finalized the budget allocation?	Implement funded skin health program	MHO, CommSkin Focal
Has a monitoring & accountability plan been established?	Establish budget monitoring & reporting mechanism	MHO, M&E Officer
Does the LGU have an existing budget allocation?	Assess budget for Community Skin Health Program	MHO, LGU Budget Officer

INTEGRATING SKIN HEALTH TO EACH LIFE STAGE AND HEALTHY SETTING

Maintaining healthy skin goes beyond treating occasional rashes or irritations. It includes catching serious conditions like leprosy and scabies before they spread or cause lasting disability. This page highlights how local health leaders, community partners, and families can weave skin health interventions into every stage of life and across diverse settings, aligning with the Department of Health's Health Promotion Framework Strategy. From prenatal care and childhood check-ups to school-based screenings and workplace initiatives, these integrated approaches help detect problems early, reduce stigma, and ensure that treatment is readily available. By aligning skin health with existing public health programs, LGUs, health practitioners, and stakeholders can create a more comprehensive, community-based strategy against neglected tropical diseases (NTDs) and other skin-related conditions.

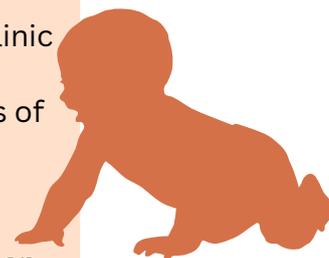


Pregnancy, Childbirth, Neonatal Stages

- Integrate routine skin examinations into prenatal visits.
- Educate expectant mothers on identifying early signs of skin NTDs (e.g., leprosy patches, scabies lesions) and proper hygiene.
- Incorporate skin health IEC materials into the First 1,000 Days program.
- Strengthen referral systems (e.g., using tele-dermatology tools like LEARNS) for any suspicious skin findings during prenatal care.

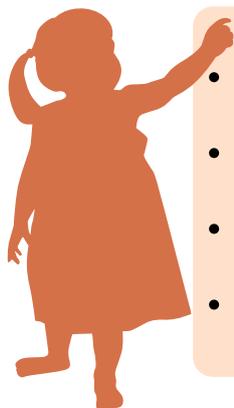
Infancy and Early Years

- Include skin assessments during immunization and well-baby clinic visits.
- Educate caregivers on proper infant skin care and warning signs of skin conditions.
- Use child health days and nutrition check-ups to screen for common skin problems.
- Develop guidelines for household-level scabies management if an infant is affected.



Childhood

- Conduct regular school-based skin screenings to detect conditions like yaws, scabies, or early leprosy.
- Integrate skin health education into the school health curriculum and teacher training.
- Organize community skin clinics in collaboration with schools and local health centers.
- Encourage teachers and school nurses to refer students with unusual skin lesions promptly.



Section 6: Governance and Sustainability

Adolescence

- Incorporate skin health modules into adolescent health and reproductive health sessions.
- Train youth peer educators to recognize and refer potential skin NTD signs and symptoms.
- Organize teen-friendly skin clinics and counseling sessions to address stigma.
- Utilize social media and youth clubs to spread awareness on maintaining skin health.



Adulthood

- Integrate routine skin examinations into prenatal visits.
- Educate expectant mothers on identifying early signs of skin NTDs (e.g., leprosy patches, scabies lesions) and proper hygiene.
- Incorporate skin health IEC materials into the First 1,000 Days program.
- Strengthen referral systems (e.g., using tele-dermatology tools like LEARNS) for any suspicious skin findings during prenatal care.



Older Adults

- Include skin assessments during annual senior health check-ups and home-based care visits.
- Provide disability care and rehabilitative services for NTD-related skin complications.
- Establish support groups and social activities to reduce stigma among older patients.
- Integrate skin care with healthy aging programs (e.g., wound care clinics, nutrition for skin integrity).



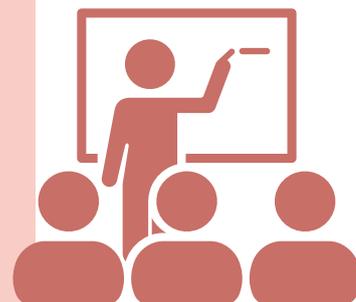
Healthy Communities

- Train Barangay Health Workers (BHWs) with job aids on skin NTD recognition and referral protocols.
- Organize regular community skin outreach clinics and health fairs in partnership with PLM or PDS.
- Incorporate skin health messages into barangay assemblies, local media, and community announcements (See Section 5 for strategies).
- Embed skin health targets into barangay health plans and sanitation/housing improvement initiatives.
- Forge multi-sectoral partnerships with local NGOs, faith-based groups, and civil society to bolster community awareness and support.

Section 6: Governance and Sustainability

Healthy Schools

- Implement routine school-based skin screenings with support from DepEd and local health centers (RHUs and PCFs).
- Integrate skin health topics into the school curriculum and teacher training programs.
- Enhance WASH (water, sanitation, and hygiene) facilities and enforce hygiene practices among students.
- Develop anti-stigma policies and confidential referral protocols for students with skin conditions.
- Engage youth clubs and peer educator programs to disseminate information and encourage self-reporting using CommSkin's screening forms.



Healthy Workplaces

- Include skin examinations in periodic medical exams for employees.
- Collaborate with employers to conduct on-site health seminars and skin health awareness campaigns.
- Promote occupational safety measures (e.g., provision of protective gear) for workers in high-risk environments.
- Establish clear referral mechanisms from workplace health clinics to primary care facilities (PCFs) for suspected skin NTDs.
- Advocate for workplace policies that prevent discrimination against employees with a history of skin NTDs and support their continued care.



Skin conditions can affect anyone, at any life stage. By integrating regular checks, hygiene education, and prompt referrals into existing health programs – from prenatal care to workplace initiatives – local governments foster healthier, more resilient communities and ensure everyone has timely access to proper care.

Section 6: Governance and Sustainability

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7

SECTION

TOOLS AND RESOURCES



Section 7: Tools and Resources
VISUAL GUIDE FOR SKIN NTDS



LUMPS



ULCERS



PATCHES

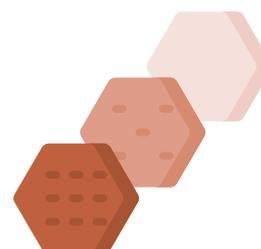
OTHER SYMPTOMS



Itchy Skin



Loss of Sensation



Changes in Pigmentation

VISUAL GUIDE FOR SKIN NTDS



Paucibacillary leprosy



Multibacillary leprosy



Lepromatous leprosy

VISUAL GUIDE FOR SKIN NTDS



Cutaneous leishmaniasis



Yaws



Lymphatic filariasis



Mycetoma



Scabies

VISUAL GUIDE FOR COMMON SKIN DISEASES



VISUAL GUIDE FOR COMMON SKIN DISEASES



Impetigo Contagiosa



Folliculitis



Ecthyma



Furunculosis



Erysipelas

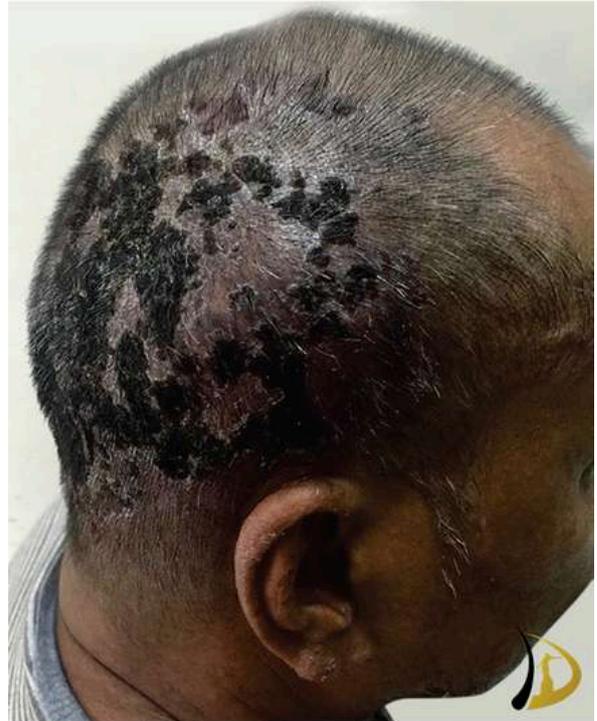
VISUAL GUIDE FOR COMMON SKIN DISEASES



Cellulitis



Cellulitis



Tinea capitis



Tinea capitis



Tinea capitis



Tinea pedis

VISUAL GUIDE FOR COMMON SKIN DISEASES



Tinea corporis



Tinea cruris



Pityriasis versicolor



Candidiasis

VISUAL GUIDE FOR COMMON SKIN DISEASES



Verruca vulgaris



Herpes labialis



Molluscum contagiosum



Herpes zoster



Herpes simplex

VISUAL GUIDE FOR COMMON SKIN DISEASES



Eczema



Eczema



Irritant Contact Dermatitis



Allergic Contact Dermatitis

VISUAL GUIDE FOR COMMON SKIN DISEASES



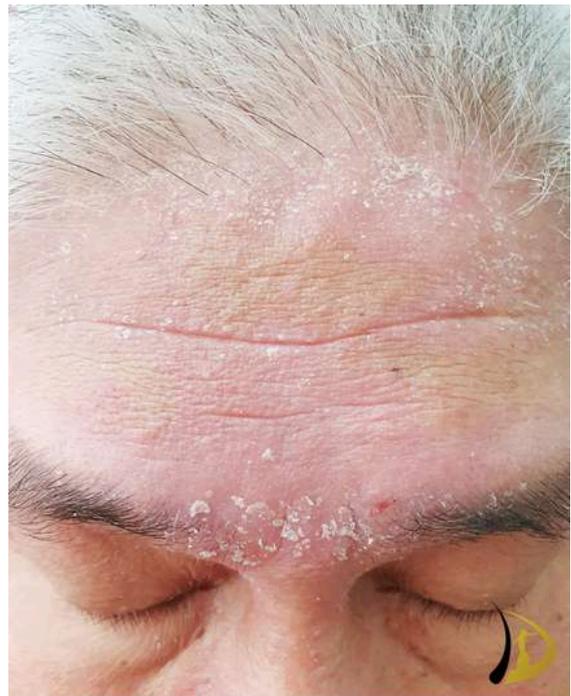
Hand eczema



Nummular eczema



**Lichen Simplex
Chronicus**



Seborrheic dermatitis

VISUAL GUIDE FOR COMMON SKIN DISEASES



Psoriasis



Guttate psoriasis



Inverse psoriasis



Generalized pustular psoriasis

REFERENCES AND ADDITIONAL RESOURCES



[A Strategic Framework for Integrated Control of Skin-Neglected Tropical Diseases](#)



[WHO - Skin NTDs App](#)



[Training Modules](#)



[IEC Materials](#)



[Sample Ordinance](#)



[Sample MOU](#)



[Case Forms](#)



[Screening Forms](#)



[Referral Forms](#)