



BARANGAY HEALTH WORKERS' FACILITATOR'S MANUAL

2022

Mensahe mula kay:

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Malugod kong binabati ang Bureau of Local Health Systems Development (BLHSD) sa kanilang Barangay Health Workers' Reference Manual!

Batid sa kaalaman ng lahat na naranasan ng ating bansa ang isa sa pinakamalaking hamong pangkalusugan, ang pandemyang COVID-19. Nakita natin kung paano sinubok ang ating sistemang pangkalusugan at pati ang mga dapat nating paunlarin tulad ng kakulangan ng bilang at kapasidad ng ating mga health facilities at diagnostic centers. Hindi rin nakaligtas sa mga pagsubok ang ating mga manggagawang pangkalusugan.



Bilang pagtugon ng administrasyon ni Pangulong Marcos, ating isinusulong ang PinasLakas – ang kampanya para sa mas masigasig na pagbabakuna laban sa COVID-19. Kaisa ng iba't ibang sektor ng lipunan, mula sa pamahalaan, sa pribadong sektor at sa mamamayan, patuloy nating nilalabanan ang pandemya habang tinutupad ang mga adhikain ng Universal Health Care law.

Naniniwala ang Kagawaran na malaki ang gampanin ng ating mga Barangay Health Workers (BHWs) sa pag-usad ng mga programa't proyektong pangkalusugan. Sila ay nagsisilbing tagasubaybay sa kalusugan ng ating mga komunidad mula sa pagmomonitor, hanggang sa aktwal na paglilingkod sa mga community quarantine facilities, at paghatid ng tulong sa mga apektadong indibidwal. Patuloy rin silang kasangga ng mga doktor, nars, at komadrona sa pagbibigay ng kaalaman at ng pangunahing serbisyong kalusugan. Ang lahat ng ito aytungo sa pagsasakatuparan ang mga layunin ng Universal Health Care (UHC).

Nais ko ring pasalamatang ang World Health Organization (WHO), Health Promotion Bureau (HPB), at ang Health Human Resource Development Bureau (HHRDB), sa kanilang makabuluhang pagtulong sa pagrebisa ng manwal. Ang nirebisang BHW Reference Manual on Health Services and Policies ay isa lamang sa mga proyekto ng Kagawaran upang tulungan ang lokal na pamahalaan sa paggabay sa ating mga BHWs at upang mas malinang pa nila ang kanilang mga kakayaan. Ang manwal na ito ay isang pagpapatunay sa patuloy na pakikipagtulungan ng Kagawaran, ng lokal na pamahalaan, at ng BHWs upang makamit ang adhikaing matatag, maginhawa, at panatag na buhay ng bawat isang Pilipino.

Maraming salamat, at mabuhay tayong lahat!

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Hinahangad ng Kagawaran ng Kalusugan, sa pamamagitan ng bagong *Barangay Health Workers' (BHW) Reference Manual*, na magkaroon ng mga BHWs na mas masisigasig at hasang-hasa sa kanilang mga kakayahán.

Ang *Universal Health Care* o UHC ay may adhikaing tiyakin na ang lahat ng Pilipino ay mabibigyan ng de-kalidad, maaasahan, at abot-kayang serbisyon tumutugon sa mga pangangailangang pangkalusugan ng bawat isa. Kaakibat nito ay ang pagkilala ng lahat ng uri ng health workers sa kanilang mga gampanin at kontribusyon upang makamit ang mga adhikain ng UHC.

Ang mga BHWs ay matagal nang katuwang ng Kagawaran ng Kalusugan at ng mga pamahaalang lokal sa pagsulong ng mga

programang pangkalusugan sa komunidad. Ang kanilang mga gawain at takda ay lubos pang napagtibay at napalinaw noong nagkaroon ng pandemyang COVID-19 sa ating bansa. Sa panahong ito, karamihan sa kanila ay aktibong nakilahok bilang kasapi ng mga *Barangay Health Emergency Response Teams* upang maiabot ang kinakailangan at angkop na serbisyon pangkalusugan sa mga mamamayan. Alinsunod sa UHC, ang mga BHWs ay naataasan ding gumanap bilang mga *Health Education and Promotion Officers (HEPOs)* sa barangay. Layunin ng pagtatalagang ito na mas maisulong ang kampanyang pangkalusugan (health promotion) at mapatibay pa ang primary health care (*pangunahing pangangalaga sa kalusugan*) bilang pundasyon ng isang tunay na kumpleto, inklusibo at matatag na province-wide at city-wide health system.

Bilang pagsuporta sa mga lokal na pamahalaan na siyang lumilinang ng kakayahán at kasanayan ng mga BHWs, nirebisa ang *BHW Reference Manual* upang maisama ang mga bagong impormasyon tungkol sa mga programa at proyekto ng Kagawaran, ayon sa kanilang pang araw-araw na mga tungkulin. Kabilang sa mga bagong paksa rito ay ang *Occupational Safety, Primary Health Services, at Seven Healthy Habits* sa ilalim ng kampanyang *Healthy Pilipinas*. Ang manual na ito rin ay isinaayos bilang tugon sa mga kinakailangang kakayahán o competencies na hinahanap sa isang BHW upang mabigyan ng *Barangay Health Services National Certification II* mula sa Technical Education and Skills Development Authority (TESDA).

Nais din naming ipaabot sa mga lokal na pamahalaan ang aming panawagan na patuloy na suportahan at pangunahan ang pagpapataas ng antas ng kalinangan at pangangalaga sa ating mga BHWs. Ang kanilang hanay ay mahalagang kabalikat sa ating patuloy na pag-abot sa pambansang hangarin para sa isang mas matatag at epektibong *Universal Health Care* sa Pilipinas kung saan ang lahat ay nakikinabang, protektado, naalagan, konektado at kasama.



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INTRODUCTION

About the BHW Reference Manual on Health Services and Policies

Our barangay health workers (BHWs) are our unsung heroes in the communities, contributing significantly not only in the provision of health services, but also in disseminating health information, and in organizing the community members in collective actions to improve their health outcomes. Recognizing their significant contribution to the health system, the Republic Act 7883, or the Barangay Health Workers' Benefits and Incentives Act of 1995, mandates the Department of Health (DOH) to ensure that BHWs will have access to resources and opportunities that will hasten their personal and professional development.

In 2015, the Department of Health developed the first BHW Reference Manual, which aimed to equip the BHWs with the necessary knowledge that will strengthen their capacity in carrying out their roles and responsibilities. Designed according to the life-cycle approach (or “from womb to tomb”), the 2015 Manual informs on DOH programs, projects, and services as well as the roles of BHWs in implementing health interventions at the grassroot level. It provides information on the basic knowledge and skills a BHW should possess in order to effectively perform their duties in their communities.

Given the updates not only on guidelines of each DOH program but also on the direction of the DOH in steering our country’s health system, it is necessary to update the BHW Reference Manual to align the BHWs’ expected knowledge and skills. Particular to these developments is the legislation of Republic Act 11223, more known as the Universal Health Care (UHC) Act of 2019, which puts emphasis on primary health care, health promotion, and integration of health services. In addition, in order to advance the competency of the BHWs, it is envisioned that each BHW in the country will be trained and certified in Barangay Health Services National Certification II (BHS NC II) by the Technical Education and Skills Development Authority (TESDA). Hence, the DOH Bureau of Local Health Systems and Development (BLHSD), Health Human Resource Development Bureau (HHRDB), and Health Promotion Bureau (HPB), with support from the World Health Organization (WHO) Country Representative Office in the Philippines, developed and released this 2022 BHW Reference Manual.

The BHW Reference Manual is intended to be used not only by the BHWs in their self-directed learning, but also as a training guide for the BHW supervisors in capacity building of their respective local government’s community health workers. This Facilitators’ Guide complements the BHW Reference Manual in order to guide the facilitators and trainers on how to train their BHWs through evaluation questions, practice materials, and return-demonstration ideas.

THE ROLE OF BARANGAY HEALTH WORKERS

The BHWs, as an important cadre of the Philippine primary health care, have long contributed to the wider health care system by assisting in the provision of basic health services, promoting participation in local health initiatives, and updating the knowledge of the community or barangay on relevant health issues. Drawing from the devolved governance system, the BHWs are managed and supervised by the local government units (LGUs) and are stationed in primary care facilities (PCF), including rural health units (RHU), barangay health stations (BHS), or barangay health centers. According to the Republic Act No. 7883, or the BHW Benefits and Incentives Acts of 1995, a BHW is:

“... a person who has undergone training programs under any accredited government and non-government organization and who voluntarily renders primary health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH).”

With the passage of the RA No. 11223, or the UHC Act of 2019, a significant reform in the Philippine health system is the reorientation and strengthening of primary health care. BHWs, as part of the primary care team, are expected to play a vital role in ensuring that health services are accessible to the community, in promoting health literacy, and as primary care workers, in assisting the nurses and midwives in the delivery of population-based and individual-based health services in the primary care facilities. The specific roles of the BHWs are the following:

Barangay-level Health Education and Promotion Officer (HEPO)

With the present direction to strengthen health promotion in the country, BHWs are expected to be the **barangay-level health promotion officers** in their communities, with the task of improving health literacy and creating healthy settings in their areas of assignment so that the healthier behavior will be the easier choice for everyone, every time and everywhere. In order to perform this role, the originally mandated functions of BHWs as per RA 7883 needs equal attention and support alongside being a health service provider:

Health Educator

BHWs play an important role in developing personal skills of the people in their communities. This entails increasing options available to people to exercise more control over their health, over their environments, and to make choices conducive to their own health. BHWs contribute to enabling people to learn continuously throughout their lives and prepare themselves for all of the life stages in order to cope with chronic illnesses, injuries and risk factors.

In developing personal skills, BHWs **provide information, education and life skills training** throughout the life course from womb to adulthood within schools, homes, workplaces and other community settings.

HEALTH PROMOTION AT BARANGAY LEVEL

The Strengthened Role of BHWs in Health Promotion as per Universal Health Care

COMMUNITY ORGANIZER



EDUCATOR



HEALTH CARE SERVICE PROVIDER



Community organizers

BHWs maintain open communication and rapport with the community members, its community leaders, and health professionals in achieving or advocating a community health action or a shared health interest. This can be done by collectively organizing the community and encouraging community participation. BHWs are part of the **barangay planning team for health**, and therefore have important roles in helping the community understand and act on their own problems to protect health and well-being.

In addition, to support the goals and objectives of the UHC Act, the Local Investment Plans for Health (LIPH) of each city and province recognizes the contribution of plans from lower level units, such as barangays, to be included in the province-wide or city-wide health plan. BHWs therefore are also expected to **contribute to local planning for health**. Community organizing roles may be demonstrated in participating in the local council for health, mobilizing the community members in public health program activities such as dengue's four o'clock habit and 4S strategy, and preparing the community for disaster risk reduction and management.

Health service providers

BHWs, as part of the **primary care team in the LGUs**, assist the midwives or the nurses in the provision of primary care services. They serve as the **initial and continuing point of contact in the barangay health stations** and in the communities, and the link between the community members and local health facilities . They are the frontline health workers welcoming and catering to the needs of the community members. As they direct the patients to the nurses, midwives, or doctors in the health center or to a higher level of health care management, they are expected to have the **basic knowledge of different health services** being offered in the LGU and other private facilities in the barangay including the schedules and service providers. Their roles as providers of basic health service delivery, include, but not limited to, the following: interviewing patients, measuring vital signs, recording information, and providing initial care as necessary. This does not end as BHWs are also expected to provide first aid as well as to coordinate emergency care as necessary. BHWs work hand-in-hand with patients starting with access to health services up to the screening process, or in navigating the local healthcare delivery system.

BHWs should have the contact numbers of their midwives, nurses, or doctors, as well as ambulance drivers of their LGU. They should also know the services available in the health center and in their BHS, as well as the scheduled public health activities in their community.

BHWs may also serve as disease reporting advocates (DRAs) at barangay level. Being a BHW also comes with responsibility of reporting and detecting cases, notifiable diseases, or conditions in the community for investigation. They may also assist in the conduct of epidemic response activities. The roles entail training in disease surveillance and response as well as in disease reporting.

As part of service provision, BHWs assist in collecting and maintaining data and records of their designated household catchment area. These data are vital for the implementation of health programs in the health center and monitor the coverage of health services provided. BHWs' tasks include collecting and maintaining household profiles within the catchment population, master lists of the different priority groups or health condition groups, registries for proper health management and treatment, and other tools and forms of health programs and services that may be delegated to them by the midwife or nurse assigned in the BHS or health center.

TESDA BHS NCII COMPETENCIES

The Technical Education and Skills Development Authority (TESDA) developed a certification program for BHWs, the **Barangay Health Services (BHS) NC II**. The training encompasses basic, common, and core competencies that BHWs will possess in rendering primary care services. According to the TESDA's Curriculum Design of BHS NC II, basic competencies cover workplace competencies or refer to non-technical skills (knowledge, skills and attitudes) that BHWs need to possess and perform in the workplace. The common and core competencies meanwhile, entails specific and specialized sector skills designed for the particular industry or work and for BHS NCII, common competencies encompass infection control policies procedures and standards of patient and client services.

The core competencies of the certification program prepares BHWs in assisting the household to identify health problems to promote health and well-being, sharing knowledge and skills among members to provide information, education and communication (IEC) and or household teaching in disease prevention and control, ensuring the proper maintenance of health station and safe custody and its equipment, medical supplies, materials and health records, monitoring health status of household members under designated area of service coverage, and maintaining updated list or records of health activities.

The design of the BHW Reference Manual is aligned with the competencies indicated in the BHS NC II such that if an LGU wants to be training and assessment centers of TESDA, the manual can be used as the training material.

APPROACHES TO TRAINING BHWS

Being BHWs entails that the volunteer commits to lifelong learning, especially in the field of public health in which concepts, programs, and policies may change over time. As adults, teaching BHWs the way it is done in schools may not be appropriate anymore. **Adult education** emphasizes learners' involvement in the learning. BHWs are experienced in community work and their years of experience build their capacity to work in primary care.

As facilitators or trainers, their experiences should be recognized, and facilitate the learning process based on these experiences. It is important to create collaboration among them and to create a supportive learning environment. BHWs as learners may have different realities and learning styles, but facilitators must let BHWs be involved in their learning process. Allow them to express themselves, their ideas, and their questions.

Table 1. Adult Learning Assumptions

UNDERLYING ASSUMPTIONS	PEDAGOGY: TEACHER-DIRECTED LEARNING	ADULT EDUCATION: SELF-DIRECTED LEARNING
Concept of the Learner	Dependent personality (waits for the teacher to give direction)	Increasingly self-directed, self-actualizing (learners take responsibility, for the learning process)
Role of Learners experience	To be built on rather than be used (take a sequential step or step-by-step learning)	A rich resource for learning and to be shared among learners (recognizes that learners have passed through these stages of experiences and draws learning from it)
Readiness to learn	Varies with levels of maturation (concerns about maturity, and people will be ready to learn)	Develops from life task and problem (experiences, task, realities stimulate the learners)
Orientation to Learning	Subject-centered (focus on specific subjects)	Task- or problem-centered
Motivation	External rewards and punishments (assumes that individuals will be motivated by rewarding them or punishing them)	Internal incentives and curiosity (recognizes that motivation comes from within or from the learner)

The following principle may be considered when designing or conducting trainings with the BHWs:

Principle 1: Learning is an experience. Experience is the best teacher. Individuals learn best through their own unique experiences. BHWs have a lot of experience in their work in the community. Use examples that relate to BHWs' experiences to emphasize learning points. Allow them as learners to reflect on their experiences and relate what they have learned to the experiences and works they will be doing as BHWs.

Principle 2. Learning is a discovery process. Allow the BHWs to internalize the meaning and concepts of what the facilitators are teaching. It is best to demonstrate the importance of the lessons by giving them time to reflect, to practice the skills, and to have feedback on their demonstration, and not only by teaching the concepts. This will help the BHWs discover the meaning of the concepts by relating it to their experiences and to the value of their work. Once they see it in their experiences, the motivation will come from them to do their meaningful work as BHWs and take on the difficult tasks.

Principle 3. Learning is evidenced by behavior change. Create a learning process that will involve a step-by-step build-up of knowledge and skills. Allow them the independence to practice what they have learned at their own pace. If the learning experience influences them a lot, this means the training is successful, and it will reinforce the motivation to have behavior change.

Principle 4. Learning is a process of cooperation and collaboration. Learning is two-way and involves both the facilitator and the learner. The facilitator facilitates the learning, but the facilitator must also collaborate with the learner and learn also from them. Allow group activities that will enable learners to share different ideas and perspectives from each other.

Principle 5. Learning is an evolutionary process. Oftentimes, behavior change among the learners does not last. This can be frustrating for the facilitators, but learning and behavior require patience and time to evolve. Learning and behavior change do not happen overnight. Facilitators can do things such as continuous supervision, evaluate BHWs' progress and ultimately, allow opportunities to practice their skills. Facilitators should also make sure to create a safe, open, and conducive learning environment for the BHW trainees that allows them to freely express their ideas and accept their mistakes.

Principle 6. Learning is a painful process. Learners are confronted to change the behavior that they are used to and comfortable with. Change is uncomfortable. Facilitators have to recognize BHWs' fears and ambiguities. Facilitators have to demonstrate to BHWs the appreciation of the changes and trust in their capabilities.

Principle 7. Learning is an internal process of a learner. BHWs as learners bring their different experiences and years of work with them. Facilitators have to recognize BHWs' experiences and build a learning environment for BHWs' experiences. Give the BHWs opportunities to share their experiences and learn from each other by giving feedback and perspective.

Principle 8. Learning is an emotional process. As we interact with learners, we should recognize that they have different attitudes and have emotions. It may interrupt the learning process and create conflict among the group. We have to be aware how their attitudes and emotions affect how they learn.

Principle 9. Learning is unique to each individual. Each learner has a different learning style. Some may learn through self-directed learning or some adjust well to learning if given by example. The facilitators method or approaches of teaching should accommodate all kinds of learners.

Reference

Brieger, William (n.d.), Training and Learning Programs for Volunteer Community Health Workers [MOOC]. Coursera. <https://www.coursera.org/learn/commhealthworkers>

HOW TO USE THE BHW REFERENCE MANUAL AND FACILITATOR'S GUIDE

The BHW Reference Manual contains the information and skills the BHWs are expected to know as well as the tasks and services they are expected to deliver in their communities as part of the barangay local government unit and the local health system. It is intended to be read by the BHW as their training guide towards performing their roles to further contribute to achieving UHC. The content of the training for each competency and topic are in the manual, which may be used as well when preparing for training materials (such as slide presentations or hand outs).

This accompanying Facilitators' Guide is a supplement of the BHW Reference Manual intended for BHW supervisors and trainers. It provides recommendations and suggestions on how to conduct the training on each topic. Each topic contains the following sections:

- Recommendation on training
 - Recommendations on how to deliver the training, with consideration to the required number of training hours per competency as per TESDA Training Regulations on BHS NCII
- Suggested review questions
 - Questions that the trainer may provide at the end of each training session, with answers from the BHW Reference Manual. These questions are in Filipino for easier use.
- References and supplements
 - References of the content of the BHW Manual, which the trainer may look into for further content of the training. Some of these references can be accessed at bit.ly/BHWmanual

The BHW Reference Manual follows the training regulations for Barangay Health Services NCII and the required hours of training for each competency. However, understanding that it is more feasible for local government units to conduct three- or five-day training, recommended training designs are also provided. The BHW supervisors are advised though to complete the recommended number of hours per training through on-the-job training and demonstrations.

Suggested Three-Day Training Design

DAY	TOPIC
DAY 1 AM	<p><i>Basic Competencies</i></p> <ul style="list-style-type: none"> • Roles of BHWs • Relevant Policies in the Community • Working with the Team • Problem Solving • Self Management <p><i>Common Competencies</i></p> <ul style="list-style-type: none"> • Responding to Difficult Behaviors • Maintain high standard of care
DAY 1 PM	<p><i>Common Competencies</i></p> <ul style="list-style-type: none"> • First Aid • Halaman Gamot • Community Mobilization • Community Disaster Risk Reduction and Management
DAY 2 AM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Health Promotion Competencies • Monitoring Health Status of Community Members
DAY 2 PM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Priority Area 1: Move More, Eat Right • Priority Area 2: Be Clean, Live Sustainably • Priority Area 3: Get Vaccinated
DAY 3 AM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Priority Area 4: Don't Smoke, Lesser Alcohol, Say No to Drugs • Priority Area 5: Care for Yourself, Care for Others • Priority Area 6: Practice Safe Sex • Priority Area 7: Do No Harm, Put Safety First
DAY 3 PM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Household Profiling and Masterlisting of Target Clients • Safekeeping of Equipment and Medical Supplies

Suggested Five-Day Training Design

DAY	TOPIC
DAY 1 AM	<p><i>Basic Competencies</i></p> <ul style="list-style-type: none"> • Roles of BHWs • Relevant Policies in the Community • Working with the Team, Self-Management • Problem Solving <p><i>Common Competencies</i></p> <ul style="list-style-type: none"> • Responding to Difficult Behaviors • Maintain high standard of care
DAY 1 PM	<p><i>Common Competencies</i></p> <ul style="list-style-type: none"> • First Aid • Halamang Gamot
DAY 2 AM	<p><i>Common Competencies</i></p> <ul style="list-style-type: none"> • Community Mobilization • Community Disaster Risk Reduction and Management <p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Health Promotion Competencies
DAY 2 PM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Priority Area 1: Move More, Eat Right
DAY 3 AM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Priority Area 2: Be Clean, Live Sustainably • Priority Area 3: Get Vaccinated
DAY 3 PM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Priority Area 4: Don't Smoke, Lesser Alcohol, Say No to Drugs • Priority Area 5: Care for Yourself, Care for Others
DAY 4 AM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Priority Area 6: Practice Safe Sex • Priority Area 7: Do No Harm, Put Safety First
DAY 4 PM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Household Profiling and Masterlisting of Target Clients
DAY 5 AM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Monitoring Health Status of Community Members
DAY 5 PM	<p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Safekeeping of Equipment and Medical Supplies

BASIC COMPETENCIES

BASIC COMPETENCIES

The basic competencies expected from the BHWs, and the recommended minimum hours of training, according to the TESDA Training Regulations on Barangay Health Services NCII, are the following:

BASIC COMPETENCY	NUMBER OF REQUIRED TRAINING HOURS
<i>Participate in workplace communication</i> • Ang mga Tungkulin ng mga BHW	6
<i>Contribute to workplace innovation</i> • Ang UHC Law of 2019	3
<i>Practice entrepreneurial skills in the workplace</i> • Mga polisiya sa barangay health station	4
<i>Develop life and career decisions</i> • The BHW Benefits and Incentives Act of 1995	3
<i>Work in a team environment</i> • Ang BHW at ang Kanilang Barangay • Team Work • Self-management skills	3
<i>Present relevant information</i> • Epektibong komunikasyon	8
<i>Solve or address general workplace problems</i> • Pagkilala sa mga problema at pagpaplano ng mga solusyon	3
<i>Practice occupational safety and health policies and procedures</i> • Occupational safety and health in the barangay	4
<i>Exercise efficient and effective sustainable practices in the workplaces</i> • Occupational safety and health in the barangay	3
Total:	37 (4.5-5 full days of training)

ANG MGA TUNGKULIN NG MGA BHW

Recommendations on Training

1. This satisfies the “participate in workplace communication” basic competency with at least **3 hours** of training.
2. As per TESDA Training Regulations for BHS NCII, the expected outcomes from this training are:
 - a. Obtain and convey relevant workplace information
 - b. Perform duties following workplace instructions
 - c. Complete relevant work-related documents
3. The session can start by asking the BHWs about their actual tasks in the barangay.
4. It is expected that BHWs will mention the service delivery tasks, so the discussions on their tasks on this aspect.
5. Emphasize that the direction under the UHC Act of 2019 is primary health care and health promotion, hence BHWs have a bigger role in promoting health in their communities.
6. Emphasize also their tasks as community organizers.
7. Based on the three main roles of BHWs, ask them the skills needed in order to perform each of these roles.
 - a. On health promotion, the skills needed are discussed in the “Share Knowledge & Skills among Members to Provide Information, Education Communication, and Household Teaching in Disease Prevention and Control” topic under the Core Competency part of this manual.
 - b. Skills needed in community organizing are discussed in the “Community Mobilization” topic under the Common Competency part of this manual.
8. Ask the BHWs how they can expand their role as community organizer and educators, especially in contributing to achieving the goals of UHC.

HEALTH PROMOTION AT BARANGAY LEVEL

The Strengthened Role of BHWs in Health Promotion as per Universal Health Care

COMMUNITY ORGANIZER



EDUCATOR



HEALTH CARE SERVICE PROVIDER



MGA POLISIYA SA BARANGAY HEALTH STATION: ANG UHC ACT OF 2019

Mga polisiya sa barangay health station: Ang UHC Act of 2019

Recommendations on Training

1. This satisfies the “contribute to workplace innovation” basic competency with at least **3 hours** of training.
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Identify opportunities to do things better
 - b. Discuss and develop ideas with others
 - c. Integrate ideas for change in the workplace
3. The UHC Act of 2019 provides significant reforms in the country’s health care sector, and BHWs must be aware of all significant changes that may happen due to the law.
4. During the training, BHWs may be provided with primers on UHC Act. They may also be asked to read the Frequently Asked Questions about the UHC Act on the DOH website.

References and suggested supplements:

- The Universal Health Care Act of 2019, Available at: <https://www.officialgazette.gov.ph/2019/02/20/republic-act-no-11223/>
- Universal Health Care Act Frequently Asked Questions Master Guide. Available at <https://doh.gov.ph/uhc>

MGA POLISIYA SA BARANGAY HEALTH STATION

Recommendations on Training

1. This satisfies the “practice entrepreneurial skills in the workplace” basic competency with at least **4 hours** of training
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Apply entrepreneurial workplace best practices
 - b. Communicate entrepreneurial workplace best practices
 - c. Implement cost- effective operations
3. Under this competency, the BHW Manual presents some of the relevant policies in the barangay health station that BHWs should know.
 - a. Prohibition on the promotion of milk substitutes in the health facilities
 - b. Prohibition of accepting incentives or gifts of any sort from milk companies
 - c. Prohibition on promotion of pharmaceutical products in health facilities
 - d. Prohibition on the unnecessary use of single-use plastics in health facilities
4. The trainer may present other relevant national and local policies to the BHWs
5. Other topics that may be presented under this topic are:
 - a. workplace best practices
 - b. workplace policies
 - c. efficient resource utilization (for example, how to save electricity or water)
 - d. how to be resourceful
 - e. workplace productivity

References and suggested supplements:

- Executive Order (EO) 51. Philippine Milk Code of 1986 and its Revised Implementing Rules and Regulation (RIRR)
- DOH Administrative Order No. 2015- 0053: Implementing Guidelines on the Promotion and Marketing of Prescription Pharmaceutical Products and Medical Devices
- DOH Department Circular 2021-0486. Phased Implementation of the Prohibition on the Unnecessary Use of Single-Use Plastics in Hospitals, Other Health Facilities and DOH Offices Available at: <https://doh.gov.ph/sites/default/files/basic-page/dm2021-0486%20%281%29.pdf>

MGA POLISIYA SA BARANGAY HEALTH STATION: ANG BARANGAY HEALTH WORKERS' BENEFITS AND INCENTIVES ACT OF 1995

Recommendations on training

1. This satisfies the “develop life and career decisions” basic competency. The minimum number of training hours for this is 3 hours.
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Manage one’s emotion
 - b. Develop reflective practices
 - c. Boost self confidence and develop self-regulation
3. It is observed that a significant number of BHWs are not aware of the BHW Benefits and Incentives Act of 1995, is providing to them. The BHW supervisor and trainer is also expected to be aware of the law, as well as its implementing rules and regulations (which have more details on the implementation of BHW benefits).
4. To increase awareness of their incentives, BHW trainees can be asked to read the following (copies can be provided to the BHWs):
 - Republic Act 7883, or The Barangay Health Workers Benefits and Incentives Act of 1995
 - RA 7883 Implementing Rules and Regulations, specifically the following:
 - Roles and Responsibilities (Rule II)
 - Registration (Rule III) and Accreditation (Rule IV)
 - Benefits and Incentives (Rule VII, Parts 1 to 6)
 - Barangay Health Worker Eligibility in Civil Service, available at <http://www.csc.gov.ph/barangay-health-worker-eligibility-bhwe.html>
5. Local BHW Registration and Accreditation processes may be presented during the training.
6. During the training, filling out the CSC Form 101-H, revised 2011 for BHWs can be demonstrated. The form is available for download at <http://www.csc.gov.ph/2014-02-21-08-28-23/pdf-files/category/280-cs-form-101-h-revised-dec-2011>
7. Other subjects that can be taught to the BHWs under this competency are the following:
 - a. Self-Management Skills
 - b. Time Management
 - c. Basic problem analysis
 - d. Personality development concepts

Suggested review questions**MGA POSIBLENG
TANONG****SAGOT**

Anong batas ang nagsasaad ng mga benepisyo ng BHWs?

Republic Act 7883, o "The Barangay Health Workers' Benefits and Incentives Act of 1995"

Anu-ano ang mga benefits ng isang BHW ayon sa batas?

The trainer may choose what benefits to present, based on what benefits are offered by the city, municipal, and barangay local government.

Ilang taon ang kailangan bago maging qualified sa second-degree civil service eligibility?

Limang taon

References and Suggested Supplements:

- The Barangay Health Workers Benefits and Incentives Act of 1995
- Implementing Rules and Regulations of The Barangay Health Workers Benefits and Incentives Act of 1995
- Barangay Health Worker Eligibility in Civil Service, available at <http://www.csc.gov.ph/barangay-health-worker-eligibility-bhwe.html>
- What are the incentives and benefits of BHWs under the Implementing Rules and Regulations (IRR) of R.A. 7883?, available at <https://doh.gov.ph/faqs/What-are-the-incentives-and-benefits-of-BHWs-under-the-Implementing-Rules-and-Regulations-IRR-of-R.A.-7883>

BHW Registration and Accreditation

Proof of accreditation by the local health board is one of the requirements when a BHW applies for civil service eligibility. According to Section 5 of the IRR of RA 7883, the responsibility of accreditation and registration of BHWs lies with the local health board. Its specific relevant responsibilities, still according to the RA 7883 IRR, are the following:

- safeguard the registration and accreditation process
- evaluate and take necessary action on the BHW's application for registration and accreditation.
- Ensure that the board decision made on BHWs registration and accreditation is reflected in a board resolution or in the minutes of the meeting.
- Issue certificates of registration and/or accreditation to qualified BHWs.
- Review and approve every incentive or benefit for the BHW requiring the expenditure of local funds to ensure that only deserving BHWs get the same.
- Recommend benefits and appropriation of funds for BHWs from the local government.
- Provide an official copy of the local BHW registry to the DOH, and
- Monitor the provision of services by registered or accredited BHWs.

The local health board can also create a BHW Registration and Accreditation Committee which shall evaluate the applications of BHWs, interview the applicants, recommend to the local health board appropriate actions on the applications, prepare and update BHW registry

ANG BHW AT ANG KANYANG BARANGAY

Recommendations for training

1. This satisfies the “working in a team environment” basic competency. A minimum of **3 hours** (together with the succeeding “Pagganap ng Tungkulin Bilang Miyembro ng Healthcare Team” topic) should be dedicated to training for this topic.
2. The purpose of discussing the stakeholders in the barangay is to identify ways for the BHWs to understand their roles and responsibilities, in order to observe proper communication flow in the conduct of BHW tasks.
3. The names and pictures of the different stakeholders in the barangay and local health system may be presented in order for the BHWs to know them.
4. Other topics and activities that may be done and demonstrated during the training are the following:
 - a. Present the organizational policies and organizational structure of the city/municipal health office
 - b. Present the flow and medium of communication employed by the city/municipal health office
 - c. How to verify information sources online
 - d. Meeting protocols
 - e. Identifying and interpreting nonverbal communication
 - f. Accomplishing work-related administrative documents

References and Suggested Supplements:

- Local Government Code of 1991

PAGGANAP NG TUNGKULIN BILANG MIYEMBRO NG HEALTHCARE TEAM

Recommendations for training

1. This covers the “working in a team environment” basic competency with at least **3 hours** of training (together with the “Ang BHW at ang Kanilang Barangay” topic).
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Describe team role and scope
 - b. Identify one’s role and responsibility within the team
 - c. Work as a team member
3. The facilitator may ask the trainees to share their experiences on working with their fellow BHWs, or may be asked to reflect on the recommendations provided in the manual.
4. The facilitator can do team-building activities or parlor games. For example:
 - a. Sinking vessel game
 - i. This activity promotes team creative problem solving.
 - ii. Make a space on the floor and have the whole group (or a set of smaller teams) stand in that space.
 - iii. Gradually shrink the space using a rope, blanket, or masking tape on the floor, so the team will have to think fast and work together to keep everyone within the shrinking boundaries.
 - b. Marshmallow spaghetti tower game
 - i. This game promotes creative problem solving and collaborative exercise.
 - ii. Divide the participants into small groups.
 - iii. Using only 20 uncooked spaghetti “sticks”, masking tape, one-meter string, and one marshmallow, ask each team to create the tallest tower possible. The group with the highest tower wins.
5. Discuss the self-management skills enumerated in the BHW Reference Manual, and relate these skills to the previous experiences of the BHWs in performing their assigned tasks in their respective communities.

References and Suggested Supplements:

- 6 Top Tips for Better Teamwork, by Indeed Editorial Team, Available at <https://www.indeed.com/career-advice/career-development/tips-for-effective-teamwork>
- The Importance of Self-Management Skills. Available at <https://www.glassdoor.com/blog/guide/self-management/>

EPEKTIBONG KOMUNIKASYON

Recommendations on Training

1. This satisfies the “present relevant information” basic competency with at least **8 hours** of training.
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Gather data/information.
 - b. Assess gathered data/information.
 - c. Record and present information
3. The following exercises may be provided during the training:
 - a. Asking open questions to patients
 - b. Demonstration of communication to the patients
4. The trainer may refer to the “Ang mga BHWs bilang Barangay-Level Health Promotion Officers” part under the Core Competency section of the manual to briefly present the sub-competencies expected from BHWs as health promotion officers.
5. After presenting the concepts for each topic, the participants may be asked to demonstrate the competencies through role playing. Sample scenarios are the following:
 - during household profiling
 - providing advice on family planning (emphasis on referring patients to midwives)
 - a community member is asking advice about feeling depressed in the past weeks
 - providing advice on smoking cessation

References and Suggested Supplements:

- “Ang Kwento ni Rosario”, in Leadership Journey:Learning Journal and Workbook. undated. Zuellig Family Foundation. <https://zuelligfoundation.org/wp-content/uploads/2016/07/HLMP-Module-1-Workbook.compressed.pdf>
- 7 Must-Have Soft Skills For CHWs In 2021. Available at: <https://chwtraining.org/7-soft-skills-for-chws/#:~:text=Communication%20skills%20for%20CHWs%20include,perceiving%20patients'%20cues%20and%20concerns>

PAGKILALA SA MGA PROBLEMA AT PAGPAPLANO NG MGA SOLUSYON

Recommendations on training

1. This satisfies the “solve or address general workplace problems” basic competency, and with at least **3 hours** of training.
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Identify routine problems
 - b. Look for solutions to routine problems
 - c. Recommend solutions for the problems
3. Introduce the Five Why’s tool in problem analysis. Some of the sample cases that can be used in the discussion are the following:
 - a. Bakit namatay ang isang batang nagtatae? (already provided in the manual)
 - b. Bakit na-stroke ang isang kapitbahay?
 - c. Bakit hindi nagpapa-prenatal check up ang isang nanay?
 - d. Bakit namatay ang isang buntis?
4. The topic on social determinants of health in the common competency section of the BHW Manual may also be discussed. Identifying social determinants of health is not only a skill under the “solving/addressing general workplace problems” basic competency, but also considered an important competency in performing the health promotion task of BHWs.
5. Based on the sample case discussed, proceed to the analysis of the problem based on the criteria of magnitude, seriousness, feasibility, urgency. Score each of the problems identified from 1-5 on these criteria, with 1 as the lowest and 5 as the highest, and get the sum of scores for each problem.
 - a. Ideally, the problem with the highest scores must be prioritized.
 - b. Discuss with the BHWs if they agree with the results of the exercise.
6. Based on the identified priority problems, identify activities that the BHWs and the community should do, considering the resources available to them.
7. To practice identifying social determinants of health, BHWs may be asked to read the “Kwento ni Rosario” and ask them to identify the causes of Rosario’s death, with emphasis on identifying the social determinants. For more discussions on social determinants of health, go to section on social determinants under the core competency.

OCCUPATIONAL SAFETY AND HEALTH

Recommendations on training

1. This satisfies the “practice occupational safety and health policies and procedures” basic competency with at least 4 hours of training.
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Identify OSH compliance requirements
 - b. Prepare OSH requirements for compliance
 - c. Perform tasks in accordance with relevant OSH policies and procedures
3. The trainer may discuss each of the hazards presented in the Manual, and may demonstrate how each is considered a health risk.
4. The BHWs may be asked to share their experiences on the hazards specified in the Manual. They may also be asked if they encountered other hazards in their performance of their tasks as BHWs.
5. Demonstration may include the ways on how to avoid the workplace hazards. This may include doing the following:
 - a. Proper disposal of needles or syringes
 - b. Brief demonstration of infection control practices
 - c. Exercise to prevent back pain and other musculoskeletal pains

References and Suggested Supplements:

- Occupational Safety and Health Standards (As Amended) by the Department of Labor and Employment (DOLE) Manila, Available at: https://www.dole.gov.ph/php_assets/uploads/2019/04/OSH-Standards-2017-2.pdf
- Faller, E.M., bin Miskam, N. and Pereira, A., 2018. Exploratory Study on Occupational Health Hazards among Health Care Workers in the Philippines. Annals of Global Health, 84(3), pp.338–341. DOI: <http://doi.org/10.29024/aogh.2316>

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COMMON COMPETENCIES

ANG BHW BILANG FIRST RESPONDER

COMMON COMPETENCIES

The common competencies expected from the BHWs, and the recommended minimum hours of training, according to the TESDA Training Regulations on Barangay Health Services NCII, are the following:

COMMON COMPETENCIES	NUMBER OF REQUIRED TRAINING HOURS
Responding effectively to difficult/challenging behavior	10
Maintaining high standard of patient / client services	10
<i>Implement and monitor infection control policies and procedures</i> <ul style="list-style-type: none"> • What is infection? • Infection control and prevention • Hand washing • Ubokabularyo (Good Cough Etiquette) • Avoiding diarrhea • Minimum health standards sa barangay health station 	10
<i>Applying basic first aid</i> <i>First aid for common emergency cases</i> <ul style="list-style-type: none"> • Childhood illnesses (cough, diarrhea) • Benign febrile seizure • Fainting and loss of consciousness • Drowning • Poisoning • Wounds • Bleeding • Fracture and dislocation • Insect bites and stings • Snake bites • Burn injuries • Chest pain and heart attack Essential Contents of First Aid Kit Ten DOH-Recommended Medicinal Plants Community Mobilization Community Disaster Risk Reduction and Management	12
TOTAL	42

MAAYOS NA PAGSAGOT SA MGA KAKAIBANG UGALI

Recommendations on Training

1. This satisfies the “responding effectively to difficult/challenging behavior” common competency, that requires at least **10 hours** of training.
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Plan responses
 - b. Apply responses
 - c. Report and review responses
3. The trainer can start by asking the trainees on their experiences in dealing with difficult or challenging behaviors in their communities while performing their duties as BHWs.
4. The suggested ways to deal with difficult behavior may be provided as a lecture.
5. The BHWs may be asked to provide return demonstrations on dealing with difficult behaviors.
6. The BHWs may then be asked to do the household profiling and apply the concepts on dealing with difficult behaviors. Actual application may be counted in the number of training hours.
7. Other topics that may be discussed under this common competency are the following:
 - a. different verbal and nonverbal communications
 - b. policies and rules of health professionals involved with the care of patients
 - c. identifying and applying modes of communications practicing interpersonal communication

MATAAS NA KALIDAD NG SERBISYO

Recommendations on training

1. This satisfies the “maintain high standard of patient/client services” common competency that requires at least **10 hours** of training
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Communicate properly with patients and clients
 - b. Establish and maintain good interpersonal relationship with patients or clients
 - c. Act in a respectful manner at all times
 - d. Evaluate own work to maintain a high standard of patient or client service
3. Emphasize the three dimensions of quality health services (effective, safe, people-centered).
4. Explain why timeliness, equity, integration, and efficiency contributes to the quality of services.
5. The trainer may refer to DOLE training on 7S in Good Housekeeping. These are the following: Sort, Systematize, Sweep, Standardize, Self-discipline, Sustain and Safety.

References:

- Department of Labor and Employment
- National Wages and Productivity Commission. 2019. 7S of Good Housekeeping. Available at <https://nwpc.dole.gov.ph/wp-content/uploads/2019/05/7S.pdf>
- World Health Organization. undated. Quality of Care. Available at https://www.who.int/health-topics/quality-of-care#tab=tab_1

INFECTION PREVENTION AND CONTROL (IPC)

Recommendations on Training

1. This is a common competency that requires at least **10 hours** of training.
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Provide information to the work group about the organization's infection control policies and procedures.
 - b. Integrate the organization's infection control policy and procedure into work practices
 - c. Monitor infection control performance and implement improvements in practices
3. The 3rd Edition of the Manual of National Standards in Infection Prevention and Control for Health Facilities, 3rd edition, the following should be the minimum required training for all healthcare workers in any health facilities:
 - a. Basic Epidemiology of Healthcare-Associated Infection
 - b. Hand Hygiene
 - c. Isolation Precaution
 - d. Decontamination, Disinfection and Sterilization
 - e. Care of the Environment and Health Facility Waste Management
 - f. Needle Stick Injuries and Blood and Body Fluid Exposures
 - g. Healthcare worker Infection Risks, Prevention and Immunization
 - h. Tuberculosis, HIV and Hepatitis B
 - i. Emerging and Re-emerging Infections and Pathogens
 - j. Rational Antibiotic Use
4. Some of the enumerated topics above (isolation precaution, decontamination, waste management, and rational antibiotic use) may not be presented in detail in the BHW Manual, and may be provided by the BHW supervisor.'
5. The BHWs may be asked to prepare a checklist of guidelines and training attended to ensure that each item listed in the BHW Manual as minimum requirements in the health facility are accomplished.
6. The trainer may dedicate the following number of hours per topic:

TOPIC	RECOMMENDED NUMBER OF TRAINING HOURS	RECOMMENDED ACTIVITIES
What is infection?	1	<p>Ask for the baseline knowledge of BHWs on infection.</p> <p>Present the definition of infection.</p>
Different Modes of Transmission of Infection	2	<p>Ask the BHWs the infectious diseases that they encountered in their communities.</p> <p>Present the different modes of transmission of infection.</p> <p>Post-lecture quiz or review questions.</p>

TOPIC	RECOMMENDED NUMBER OF TRAINING HOURS	RECOMMENDED ACTIVITIES
Levels of Infection Control	1	<p>Present the levels of infection control.</p> <p>Do a simple plan on how to improve the infection control in the BHS in all levels of infection control.</p>
Handwashing	2	<p>Emphasize that even if it is a simple and basic measure, handwashing is important in preventing diseases.</p> <p>Demonstrate the proper handwashing, and ask the BHWs for a return demonstration.</p>
Ubokabularyo: Good Cough Etiquette	2	<p>Present and demonstrate the proper cough etiquette.</p> <p>Ask the BHWs for a return demonstration.</p>
Avoiding Diarrhea	2	<p>Present the different diseases that manifest as diarrhea.</p> <p>Demonstrate the proper boiling of drinking water.</p> <p>May present how to chlorinate water.</p>
TOTAL	10	

Suggested review questions

MGA POSIBLENG TANONG	SAGOT
Ano ang "infection"?	Ang infection ay ang pagpasok at pagdami sa katawan ng isang organismo o mikrobyo, na kung hindi makontrol ng ating immune system ay nagiging sanhi ng pagkakasakit.
Anu-ano ang iba't ibang paraan ng pagkakaroon ng infection?	<p>Direct contact Fomite transmission Aerosol transmission Airborne transmission Oral-fecal transmission Vector-borne diseases Mother-to-child transmission</p> <p><i>Please refer to the manual for definition, examples of diseases, and ways to prevent the transmission.</i></p>
Papaano nahahawa ang isang tao sa mga sumusunod na sakin?	<ul style="list-style-type: none"> • tuberculosis(Tb) • dengue • HIV • rabies • COVID-19 • polio • hepatitis B <ul style="list-style-type: none"> • tuberculosis(Tb) - airborne • dengue - vector-borne (Aedes mosquito) • HIV - direct contact (sexual contact, blood transmission), mother-to-child transmission • rabies - direct contact (animal bite) • COVID-19 - airborne, possibly fomite • polio - oral-fecal transmission • hepatitis B - direct contact (needle prick, sharing of needles, sexual contact), mother-to-child

MGA POSIBLENG TANONG

SAGOT

Ano ang pinakamabisang paraan ng pagkontrol ng infection?

Elimination control, o ang pagtanggal ng pinagmumulan ng impeksyon.

Sumusunod ang engineering controls, o ang angkop na disenyo ng pasilidad, bahay, o gusali upang maiwasan ang impeksyon, lalo na ang tama at sapat na bentilasyon.

Ano ang tamang paraan ng paghuhugas ng kamay?

1. Wet hands and apply soap enough to cover all surfaces of the hands.
2. Rub hands palm-to-palm.
3. Rub the back of each hand with interlaced fingers.
4. Rub hands palm-to-palm with fingers interlaced.
5. Rub the fingernails.
6. Rub the area of each of the thumb.
7. Rub the tips of the fingers on the palm of the other hand.
8. Rinse the hands thoroughly, preferably through running water.

Gaano katagal dapat ang paghuhugas ng kamay?

20 segundo o katumbas ng dalawang kanta ng "Happy Birthday"

Anu-anong tamang paraan ng pag-ubo?

UMUBO, ang tamang paraan ng pag-ubo

- U - Umubo at bumahing gamit ang tissue.
- M - Magtakip ng ilong at bibig kapag may umubo o bumahing malapit sa iyo.
- U - Ugaliing nasa tamang lugar at paraan ng pagdura. Huwag dumura sa kalsada o sa lupa. Gumamit ng tissue o papel at itapon ito sa basurahan.
- B - Bigyang halaga ang paghuhugas ng kamay matapos umubo o bumahing.
- O - Okay lang na gumamit ng manggas o loob ng damit kapag umubo o bumahing kung walang panyo o tissue.

Ilang minuto dapat pakuluan ang tubig na inumin?

Dalawang minuto mula nang magsimulang kumulo ang tubig.

Gaano kalayo dapat ang kasilyas/toilet mula sa poso, balon, o kahit anong pinagkukunan ng tubig inumin?

25 metro

References and suggested supplements:

- American Animal Hospital Association. Routes of transmission. Available at <https://www.aaha.org/aaha-guidelines/infection-control-configuration/routes-of-transmission/>
- American Animal Hospital Association. Infection Control Strategies. Available at <https://www.aaha.org/aaha-guidelines/infection-control-configuration/infection-control-strategies/>
- Department of Health. 2021. Administrative Order 2021-0043. Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions
- Department of Health. Cough Manners. Philippine Health Advisories. Available at <https://doh.gov.ph/sites/default/files/publications/PhilippineHealthAdvisories2012.compressed.pdf>
- Department of Health. Manual of National Standards in Infection Prevention and Control for Health Facilities, 3rd edition
- San Lazaro Hospital. Proper Hand Washing. Available at <https://slh.doh.gov.ph/14-doh-advisories/34-proper-hand-washing>
- Knowledge Channel. Ubo 101. Available at <https://www.youtube.com/watch?v=cSzrokR2YEU>
- For latest policies on health facilities, the microsite of DOH Health Facility Development Bureau may be frequently checked at <https://sites.google.com/view/doh-hfdb/updates?authuser=0>

PAUNANG-LUNAS O FIRST AID

Recommendations on Training

1. This is a common competency that requires at least **12 hours** of training.
2. As per TESDA Training Regulations on BHS NCII, the following are the expected learning outcomes from this competency training:
 - a. Assess the situation
 - b. Apply first aid techniques
 - c. Communicate details of the incident
3. The suggested number of hours per topic under this competency are as follows:

TOPIC	RECOMMENDED NUMBER OF TRAINING HOURS	RECOMMENDED ACTIVITIES
First aid techniques for common emergency cases	7	<p>Emphasize the five emergency action principles.</p> <p>Present the different first aid techniques.</p> <p>Ask the BHWs to demonstrate the first aid techniques. Examples of demonstration are:</p> <ul style="list-style-type: none"> • counting respiratory rate • identifying danger signs • how to prepare homemade oral rehydration solution • signs and symptoms of dehydration in children • how to do hands-only chest compression • how to do head-tilt, chin-lift maneuver • locating the pulses in the body • how to do an improvised splint and neck collar • Heimlich maneuver <p>Without reading the notes, ask the BHWs on what to do in cases presented in the BHW manual.</p> <p>May also emphasize the misconceptions and things to avoid when doing first aid.</p>
Essential contents of a first aid kit	1	<p>Present the essential contents of a first aid kit.</p> <p>Ask the BHWs to prepare their own first aid kit as an assignment, based on a checklist, to ensure completeness of the supplies.</p>
Ten DOH-approved medicinal plants	2	<p>Present all ten DOH-approved medicinal plants with photos.</p> <p>Ask the BHWs to look for the 10 medicinal plants in their community, and if possible, create a garden with all the ten plants.</p> <p>Demonstrate how the medicinal plants are prepared.</p> <p>PITAHC also recommends training on preparation and storing of medicinal plants.</p> <p>Ask the BHWs to do a return demonstration.</p>
Community Organizing Community Disaster Risk Reduction and Management	2	<p>Emphasize that community organizing is one of the roles of BHW as per RA 7883 or the BHW Benefits and Incentives Act of 1995.</p> <p>BHWs may be asked to demonstrate how to do community organizing based on the lessons in the BHW Reference Manual.</p> <p>Emphasize the four essential health service packages during disasters and emergencies.</p> <p>Ask the BHWs to demonstrate the preparation of Go Bag or e-balde.</p> <p>Provide orientation on the roles of BHERTS.</p>

Suggested review questions

MGA POSIBLENG TANONG	SAGOT
Ano ang "first aid"?	Paunang lunas na maaaring ibigay sa isang tao na biglang nadisgrasya o nagkasakit. Ginagawa ito upang masiguradong ligtas ang pasyente bago dumating ang isang health professional o bago madala sa isang health facility o hospital.
Anu-ano ang limang prinsipyong emergency action?	<ol style="list-style-type: none"> 1. Survey the scene. 2. Activate medical assistance. 3. Conduct initial assessment of the victim. 4. Conduct secondary assessment of the victim. 5. Referral for further evaluation and management.
Anu-ano ang apat na danger signs ng isang bata?	<ol style="list-style-type: none"> 1. Hindi kaya, o hindi umiinom o sumususo 2. Isinusuka lahat ng kinakain o ini-inom 3. Nagko-kombulsyon 4. Walang malay o sobrang matamlay
Anu-ano ang normal na respiratory rate ng isang bata?	<p>60 pababa kung edad 2-12 buwan 50 pababa kung edad 1-5 taon 40 pababa kung edad na mahigit sa 5 taon</p>
Anu-ano ang sangkap ng homemade oral rehydration solution?	<p>1 litro ng malinis na tubig na inumin 6 kutsaritang asukal kalahating kutsarita ng asin</p>
Sa loob ng ilang oras dapat madala ang isang taong nagkasugat o naaksidente sa health center para mabigyan ng tetanus vaccine?	48 hours
Tama o mali? Ang mga taong may training lamang ang pwedeng gumawa ng chest compression.	Mali. Kahit sino ay inaasahang gawin ang chest compression kapag may nangangailangan
Anong gamot ang maaaring ibigay sa isang taong mabigat ang dibdib at pinaghihinalaang may atake sa puso?	Aspirin 80mg/tab, apat na tableta na sabay-sabay ngunguyain at iinumin kapag nakaramdam ng paninikip ng dibdib, at isang tableta kada 8 horas. Magtanong muna sa doktor o nurse kung ibibigay ang aspirin sa pasyente.
Anu-ano ang sampung halamang gamot na rekomendado ng DOH?	Akapulko, amplaya, bawang, bayabas, lagundi, niyug-niyogan, sambong, tsaang gubat, ulasimang bato (o pansit-pansitan), yerba buena

References and suggested supplements

- Department of Health - Health Emergency Management Bureau. 2019. Standard First Aid Training: Facilitator's Manual. 2nd ed. unpublished.
- Department of Health Department Memorandum 2019-0090
- Galang RM, Naynes RS, Quiroga CO, Singular JEJr, Sia IC. Patnubay sa paggamit ng halamang gamot. Quezon City, Philippines: Philippine Institute of Traditional and Alternative Health Care, 2017.
- Department of Health. August 23, 2017. Sampung Halamang Gamot [Video]. <https://www.youtube.com/watch?v=XUBkb3tlfiY>
- Health Guide: Traditional and Alternative Medicine. Region II Medical and Trauma Medical Center. <https://riitmc.doh.gov.ph/health-guide/>. Accessed December 24, 2021.
- Department of Health. 2012. Philippine Health Advisories. Available at <https://doh.gov.ph/sites/default/files/publications/PhilippineHealthAdvisories2012.compressed.Pdf>
- National Health Services. 2022. Recovery Position. Available at <https://www.nhs.uk/conditions/first-aid/recovery-position/>

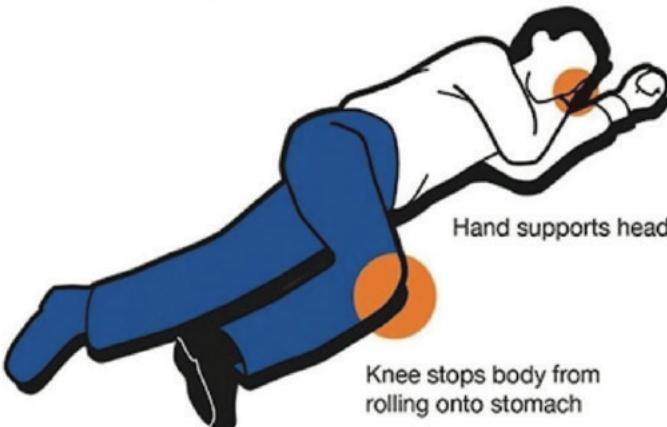
How to do recovery position. Unresponsive patients who are breathing normally (drunk persons) and there are no life-threatening conditions should be put on recovery position to keep their airway clear and open, and to ensure that any vomit or fluid won't cause them to choke.

First Aid Tip!



The Recovery Position

Keep the Airway Clear



Hand supports head

Knee stops body from rolling onto stomach

Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

COMMUNITY MOBILIZATION

Recommendations on training

1. Community organizing is one of the roles of the BHWs, which is important in health promotion.

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EDUCATOR



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2. Emphasize the importance of organizing the community in the collective action to promote health and to implement health-related advocacies and activities.
3. Demonstrations on how to do community organizing may be conducted during the training.

COMMUNITY-BASED DISASTER RISK REDUCTION AND MANAGEMENT (DRRM)

Recommendations on training

1. The training can be an orientation on the role of BHWs in disaster risk reduction and management planning.
2. BHWs may be oriented on different terms used in disaster (for example, totally damaged vs. partially damaged house).
3. The following may be engaged in the training of BHWS:
 - a. City/municipal disaster risk reduction and management officer
 - b. City/municipal local government operations officer
 - c. City/municipal social work and development officer
4. Emphasize the four important health service packages that must be present during and after a disaster:
 - a. Medical and Public Health
 - b. Nutrition
 - c. Water, Sanitation, and Hygiene (WaSH)
 - d. Mental Health and Psychosocial Support (MHPSS)
5. BHWs may demonstrate how to prepare Go-Bag and E-Balde.
6. Training may include review of first aid techniques.

MGA POSIBLENG TANONG	SAGOT
Ano ang disaster?	Mga pangayari gaya ng baha, bagyo, lindol, lindol, pagputok ng bulkan, at sunog na nagdudulot ng pagkasira ng bahay at kagamitan at maaaring pagkakasakit at pagkamatay.
Maiwasan ba ang epekto ng disaster?	Maaaring maiwasan o mapababa ang epekto ng disaster kung sapat na nakapaghanda ang komunidad. Kasama dito ang pag-alam at pagpapababa sa mga "risks" sa barangay, at paghahanda kung sakaling dumating ang isang inaasahan o hindi inaasahang disaster.
Anu-anong dapat laman ng isang Go-Bag?	<ul style="list-style-type: none"> • Pagkain • Toiletries • First Aid kit • Survival kit • PPE • Damit at beddings • Teknikal na kagamitan
Anu-anong dapat laman ng isang e-balde?	<ul style="list-style-type: none"> • Gamit pangmedikal • Tubig at pagkain • Gadget • Kasuotan • Mga mahahalagang dokumento
Ano ang BHERTS?	Ang BHERTS, o ang Barangay Health Emergency Response Team, ay binubuo ng Punong Barangay, Barangay Tanod, at BHWs na responsables sa unang pagresponde sa mga health emergencies sa barangay at komunidad.

References and Suggested Supplements

- Department of Health 2021. Disaster Risk Reduction and Management in Health Advocacy Kit.
- Department of Health Administrative Order 2017-0007. Guidelines in the Provision of the Essential Health Service Packages in Emergencies and Disaster
- Department of Health Cordillera Center for Health Development. 2022. "Handa na ba ang Inyong Go Bag?" Accessible at <https://caro.doh.gov.ph/handa-na-ba-ang-inyong-go-bag/>
- Department of Interior and Local Government Memorandum Circular 2003-95. Enjoining the Creation of Barangay Health Emergency Response Teams (BHERTs) in All Barangay Nationwide.
- Department of Social Work and Development Memorandum Circular 2019-06. Amendment to Memorandum Circular No. 19 Series of 2018 on the Guidelines in the Implementation of the Emergency Shelter Assistance for the Typhoon "Ompong" Affected Household with Damaged Houses

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CORE COMPETENCIES

**ANG MGA BHWS BILANG
TAGAPAGSULONG NG PRIMARY CARE**

CORE COMPETENCIES

The core competencies expected from the BHWs, and the recommended minimum hours of training, according to the TESDA Training Regulations on Barangay Health Services NCII, are the following:

CORE COMPETENCY	NUMBER OF REQUIRED TRAINING HOURS
<p><i>Primary Care Services and Navigation</i></p> <ul style="list-style-type: none"> • Services according to Facility Type • Services according to life-course/stage • Basic, core, and program-specific competencies in health promotion for barangay health workers <p>Share knowledge and skills among members to provide information and education, communication and household teaching in disease prevention and control.</p> <p>Assist the household to identify health problems to promote health and well-being.</p> <p><i>BHW as Barangay-level Health Promotion officers</i></p> <ul style="list-style-type: none"> • Social Determinants of Health • Interpersonal Communication • Social and Behavioral Change Communication • Interpersonal Communication • Social and Behavioral Change Communication <p><i>Health Promotion Priority Areas:</i></p> <ul style="list-style-type: none"> • Priority Area 1: Move more, eat right. • Priority Area 2: Be clean, live sustainably. • Priority Area 3: Get vaccinated. • Priority Area 4: Don't smoke, avoid alcohol, say no to drugs. • Priority Area 5: Care for yourself, care for others. • Priority Area 6: Practice safe sex. • Priority Area 7: Do no harm, put safety first. 	8 (1 day of training)
<p><i>Monitor health status of household members in the area of service coverage</i></p> <ul style="list-style-type: none"> • Vital signs • Height and weight • Growth monitoring <p><i>Maintain updated list or records of health activities</i></p> <ul style="list-style-type: none"> • Household profiling • Master listing of target clients <p><i>Ensure safekeeping of equipment, medical supplies, materials, and health records in health station</i></p> <ul style="list-style-type: none"> • The barangay health station (BHS) • Equipment in the BHS • Inventory of BHS Equipment • Maintaining the aneroid and /or digital sphygmomanometer • Managing supplies of medicine in the BHS 	64 (8 days of training)
TOTAL	384 hours

PRIMARY CARE SERVICES

Recommendations on training

1. This topic is essential as an introduction to the topics in the core competency section of this manual.
2. It is recommended to relate it to the UHC Act of 2019
3. The difference between population- and individual-based care, and how it will guide health service delivery, may not be easily understood by the BHVs, and therefore should be given an emphasis during training.
4. The meaning of life course/stage approach should also be given an emphasis. The trainer is advised to refer to the latest omnibus guidelines per life stage.

CRITERIA	INDIVIDUAL-BASED SERVICES	POPULATION-BASED SERVICES
Rivalry	One person's use of health service diminishes other people's use. These services are provided to one person at a time.	When one person receives a health service, it does not prevent others from accessing and benefiting from it.
Excludability	Only persons who avail of these services may access and benefit from the services.	The benefits from services may also be accessed and enjoyed by people not paying for these services.
Externality	There is little to no effect of health service provided beyond the one person directly availing this.	The effects of services provided extend beyond the well-being of one person, indirectly affecting the rest of the population.
Financing	Philhealth and other prepayment mechanism	DOH
Examples	Counselling Screening and Diagnostics Treatment	Mass intervention Health Promotion Program Management

References:

- Department of Health. 2020. Manual of Standards for Primary Care Facilities.
- Department of Health Administrative Order 2020-0040. Guidelines on the Classification of Individual-based and Population-based Primary Care Service Packages
- Department of Health Memorandum 2021-0313. Designation of Barangay Health Workers as Barangay-Level Health Education and Promotion Officers
- Department of Health. 2022. Manual of Procedures: Operationalization of the Health Promotion Framework Strategy in Province- and City-Wide Health Systems
- Department of Health Administrative Order 2022-0018. Development and Utilization of the Omnibus Health Guidelines per Lifestage
- Department of Health Memorandum 2022-0344. Dissemination of the Omnibus Health Guidelines per Life Stage

ANG MGA BHWs BILANG HEALTH PROMOTION OFFICERS

Recommendations on training

1. This section introduces the strengthened role of BHWs in health promotion, and the necessary competencies needed to be an effective community health promotion officer.
2. This section intends to emphasize that under the reforms set by the UHC Act of 2019, the role of BHWs as health educators and community organizers will be further strengthened to achieve healthier community members.

HEALTH PROMOTION AT BARANGAY LEVEL

The Strengthened Role of BHWs in Health Promotion as per Universal Health Care

COMMUNITY ORGANIZER



EDUCATOR



HEALTH CARE SERVICE PROVIDER



3. Discuss the basic and core health promotion competencies for barangay health workers according to the Department of Health's health promotion framework (clarify that these basic and core competencies of health promotion for BHWs are under the core competency of a BHW)
 - a. Basic competency
 - Social Determinants of Health
 - Interpersonal communication
 - b. Core competency
 - Social and behavioral change communication
 - Risk communication
 - Social listening and feedbacking
4. For social determinants of health, the BHWs may be asked to read the "Kwento ni Rosario", and identify the social determinants of health in the case.
5. In addition to the abovementioned basic and core competencies, the DOH Health Promotion Framework also lists down the program-specific health promotion competencies for BHWs. These are:
 - a. Identify high-risk or relevant population groups for targeted implementation of information sessions and communication activities;

- b. Educate on the causes and risk factors of relevant diseases;
- c. Educate on specific behavioral or lifestyle changes to prevent or avoid risks of acquiring relevant diseases;
- d. Organize community activities and mobilize participation to address prevalent risk factors and determinants of health; and,
- e. Increase awareness on available services and where or how to access them.

Suggested review questions

1. Ask the BHWs to read the “Kwento ni Rosario” and ask why Rosario died. The BHWs may use the Five Why approach (in the basic competency section of the BHW Manual) on determining the reasons why the main character in the story died.

References:

- Department of Health Memorandum 2021-0313. Designation of Barangay Health Workers as Barangay-Level Health Education and Promotion Officers
- Department of Health. 2022. Manual of Procedures: Operationalization of the Health Promotion Framework Strategy in Province- and City-Wide Health Systems

Kwento ni Rosario

Ang Barangay Santa Cruz ay isang komunidad sa tabi ng ilog sa isang lungsod sa Maynila. Ito ay may populasyon na 12,400. Ang mga bahay ay nakatayo sa ibabaw ng ilog, at upang marating ang ilang bahay, kailangang tumawid sa mga tulay na gawa sa kahoy. Ang ilog ang nagsisilbing palikuran ng karamihan sa mga tao at tapunan ng basura. Ilang kabahayan din lamang ang may sariling gripo ng tubig. Ang Karamihan, bumibili mula sa mga nagbebenta ng tubig na kinukuha sa mga balon sa barangay. Ang isang container ng tubig ay nagkakahalaga ng 15-30 piso. Karamihan din sa mga nakatira sa barangay ay hindi nagmamay-ari ng lupa na kinatitirikan ng kanilang bahay.

Isa sa mga residente ng Tanyong ay sina Jaime at ang kanyang pamilya. Nakatira sila sa isang maliit na bahay na yari sa kahoy na kanilang inuupahan sa halagang P2,000 kada buwan. Si Jaime ay 24 taong gulang, habang ang asawa nyang si Lucy ay 27 taong gulang. May apat silang anak: Jocelyn, 5 taon; Marites, 4 taon; Antonio, 2 taon; at Rosario, 1 taon. Si Jaime at si Lucy ay nakapagtapos lamang ng high school

Si Jaime ay mula sa isang pamilya ng magsasaka sa isang probinsya. Siya ay pumunta sa Maynila upang maghanap ng magandang buhay. Dito, nagtrabaho siya bilang construction worker, kung saan kumikita siya ng kaunting halaga kada araw na halos tama lang sa pang-araw-araw na pangangailangan ng kanyang pamilya. Dahil sa baba ng kinikita, baon din ang kanilang pamilya sa utang sa tindahan. Si Lucy ang nagba-budget sa pamilya, at pinagkakasya nya ang P100 para sa pagkain ng buong pamilya sa isang araw. Madalas, kapag hindi kasya ang budget, dalawang beses lang kumakain ang kanilang buong pamilya sa isang araw.

Walang nakapagturo kay Lucy kung papaano ang tamang pag-aalaga sa mga bata. Hindi nya pinasuso ang lahat ng kanyang anak, at sa halip ay bumibili sya ng gatas na pambata. Kapag kapos sa budget, condensed milk o "am" ang pinapakain nya sa kanyang mga anak noong sanggol pa ang mga ito. Hindi nya din pinapakuluan ang mga gamit na ginagamit nya sa pagpapakain ng kanyang mga anak. Hindi din nya alam ang mga pagkaing masustansya na pasok sa kanyang kakarampot na budget. Dahil dito, halatang payat ang lahat ng kanyang mga anak. Madalas din na nagkakasakit ang mga ito ng sipo, ubo, at pagtatae. Madalas din nyang napapansin na may lumalabas na bulate sa dumi ng kanyang mga anak, ngunit inisip nyang maganda ito dahil ang mga bulate ay tumutulong sa pagtunaw ng kinain.

Ang kanilang dalawang anak, sina Antonio at Rosario, ay walang bakuna dahil natakor si Lucy noong nagkaroon ng lagnat ang kanyang dalawang nakatandang anak noong pabakunahan nya ang mga ito. Napagalitan din sya ni Jaime nang sinubukang nyang ipabakuna ang iba nyang mga anak.

Si Rosario, ang bunso, ang pinakamasakin sa magkakapatid. Isang araw, nagkaroon ng pagtatae si Rosario. Dinala sya ni Lucy sa health center, kung saan libre ang konsultasyon. Dahil wala nang supply sa health center, niresetahan na lamang sya ng Oral Rehydration Solution na nabibili sa botika. Dahil kapos ang kanyang pera, sinunod na lamang nya ang sinabi ng isang BHW na painumin ng softdrink si Rosario para magamot ang pagtatae.

Patuloy na nagtae si Rosario, at nagkaroon ng senyales ng panunuyot. Dinala muli sya ni Lucy sa health center, ngunit sinabihan sya ng nurse na dalhin ang bata sa pinakamalapit na ospital, na isang pribadong ospital. Dinala nya ang bata dito, ngunit sinabihan sya na may kamahalan ang pagpapagamot doon. Na-admit si Rosario, dahil na din sa pangungutang ni Jaime sa five-six, ngunit pagkatapos ng isang gabi sa ospital, tumaas na ang bill nila na lampas na sa kanilang makakayanan. Dahil dito, nagdesisyon sina Jaime at Lucy na iuwi si Rosario. Pinapirma sila ng kasulatan na nagsasabing ang desisyon nilang iuwi ang bata ay labag sa payo ng mga doktor, at walang pananagutan ang sinuman kung anuman ang mangyari sa pasyente sa labas ng ospital. Sinabihan din silang maaari nilang ibalik si Rosario kung sakaling may pera na sila na pambayad sa pagpapaospital.

Hindi nawala ang pagtatae ni Rosario, at bagkus ay lumala pa. Mas naging malala din ang kanyang pagkatuyot. Pagkatapos ng tatlong araw, namatay si Rosario.

Bakit namatay si Rosario?

*Modified from "Ang Kwento ni Rosario", in Leadership Journey:Learning Journal and Workbook. undated. Zuellig Family Foundation. <https://zuelligfoundation.org/wp-content/uploads/2016/07/HLMP-Module-1-Workbook.compressed.pdf>

SHARE KNOWLEDGE & SKILLS AMONG MEMBERS TO PROVIDE INFORMATION AND EDUCATION COMMUNICATION AND HOUSEHOLD TEACHING IN DISEASE PREVENTION AND CONTROL

This section combines the two core competencies with a combined required number of training duration of 144 hours, or 18 full days:

- Share knowledge & skills among members to provide information and education, communication and household teaching in disease prevention and control.
- Assist the household to identify health problems to promote health and well-being.

The suggested number of hours of training per topic are as follows:

TOPIC	RECOMMENDED NUMBER OF TRAINING HOURS	RECOMMENDED ACTIVITIES
Priority Area 1: Move more, eat right.	40 (5 days of training)	Lectures. Demonstration of the correct position of breastfeeding. BP monitoring in the community. Demonstration of proper tooth brushing. Demonstrating Pinggang Pinoy.
Priority Area 2: Be clean, live sustainably.	32 (4 days of training)	Lectures. How to fill out a TB patient's treatment card. Active TB case finding in the community. Demonstrating 4S Strategy against dengue.
Priority Area 3: Get vaccinated.	20 (2.5 days of training)	Lectures. Recitation on the required vaccines for children.
Priority Area 4: Don't smoke, lessen alcohol, no to drugs.	12 (1.5 days of training)	Lectures. Development of anti-smoking policies in the barangay.
Priority Area 5: Care for yourself, care for others.	12 (1.5 days of training)	Lectures. Demonstrations.
Priority Area 6: Practice safe sex.	16 (2 days of training)	Lectures. Presentation of family planning methods. Demonstration of newborn care.
Priority Area 7: Do no harm, put safety first.	12 (1.5 days of training)	Lectures. Demonstrations.
TOTAL	144 hours (18 days of training)	

This section presents the different programs of DOH and the contributions expected from the BHWs. Technically, under the Local Government Code of 1991, these contributions of the BHWs are part of the services of the barangay local government in promoting health and responding to the health-related needs of its constituents.

During the training, emphasize that BHWs are not only an extension of health services in the community, but are also educators and community organizers. These roles are explicitly indicated in the BHW Benefits and Incentives Act of 1995. Furthermore, the UHC Act of 2019 puts importance to primary health care, and consequently to health promotion. This is reflected in the succeeding policies of DOH after the legislation of the law. For example, DOH Memorandum 2021-0313 designates the BHWs as the barangay health education and promotion officers (HEPO).

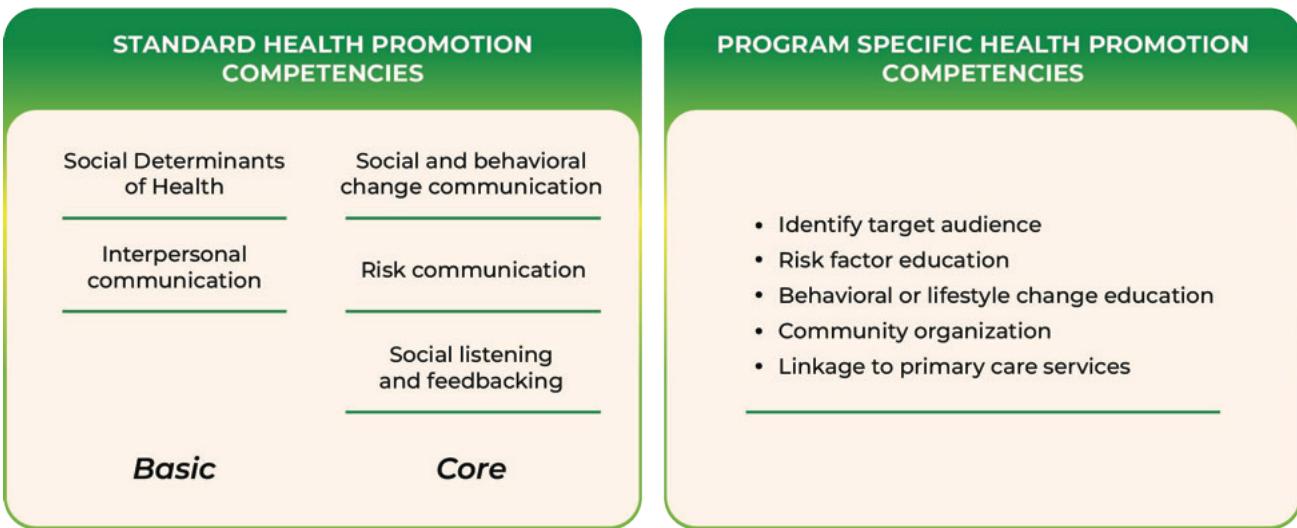
Hence, in the BHW Manual, key messages that BHWs should relay to their community members are highlighted. The programs are also presented according to the seven priority areas of DOH Health Promotion. All local government units are encouraged to align the health promotion activities on these seven priority areas.

Health Promotion Priority Areas: Interface with Diseases/Programs*

PA1: Move More, Eat Right	PA2: Be Clean, Live Sustainably	PA3: Get Vaccinated	PA4: Don't Smoke, Lesser Alcohol, No to Drugs	PA5: Care for Yourself, Care for Others	PA6: Practice Safe Sex	PA7: Do No Harm, Put Safety First
Hypertension Diabetes Cancer Heart diseases Renal Diseases	Waterborne Diseases Helminths and other parasites	Vaccine Preventable Diseases	Non-communicable respiratory Diseases (Asthma, COPD, etc.)	Mental Health Wellness and Suicide Prevention	HIV/ AIDS STIs	Occupational Health
Malnutrition	ZOD and WASH			Autism Down Syndrome Mental Retardation	Maternal and Neonatal Health Family Planning	Degenerative Diseases
Oral Health	Influenza and other Respiratory Infections		Communicable Respiratory Diseases (TB)	ADHD	Adolescent Health	Safe Kids
Dermatologic	Vector borne diseases (Dengue, Chikungunya, etc.)		Cancer		VAWC	Disability Prevention and Rehabilitation
	Zoonotic diseases (Rabies, Leptospirosis, etc.)					
	Dermatologic					

*Major PA Buckets for identified Disease/Program. Messages of cross cutting Diseases/Programs to be incorporated in the appropriate PAs

The Health Promotion Bureau also identified the standard (basic and core) and program-specific competencies of barangay HEPO. This should not be confused with the basic, common, and core competencies of BHWs under TESDA's BHS NCII certification. Basic and core competencies of barangay HEPO are integrated in the basic competencies in this manual, while program-specific competencies are integrated in the core competencies.



The facilitator is encouraged to check for any updates in the manual of procedures and policies on each program. The content for each program presented in this section is updated as of the time of publication. Main and key messages adapted from the DOH Health Promotion Social and Behavioral Change Communication Plan are also provided on each priority area to guide the trainer on what messages the BHWs should emphasize to their community members

References and Suggested Supplements:

- Department of Health, 2020. Culture Sensitivity Training Manual. unpublished.
- Department of Health Circular 2022-0233. Manual of Procedures for the Operationalization of the Health Promotion Framework Strategy in Province- and City-wide Health Systems
- Department of Health. Health Promotion Bureau Social and Behavior Change Communication Plan. undated.

PRIORITY AREA 1: MOVE MORE, EAT RIGHT

Main Message:

Proper nutrition and sufficient physical activity leads to a more energetic lifestyle that increases overall quality of life and prevents multiple disease conditions.

Move more, eat right! Para sa Healthy Pilipinas!

Key Messages:

1. A balanced, well-moderated, and varied diet fuels you to function at your best. Healthy meal planning = healthy life!
2. Physical activity keeps the body strong and in good condition in order to live a productive life.
3. Demanding for a better regulated food environment and health-promoting infrastructure in order to have a long and high-quality life is your right as a citizen.

Under this priority are the following topics:

- Breastfeeding
- Complementary feeding
- Garantisadong pambata
- Pinggang Pinoy
- Oral health
- Hypertension
- Diabetes
- Cancer

Breastfeeding

Recommendations on training

1. Emphasize the “exclusive” breastfeeding, and why it is important to be “exclusive”.
2. Highlight the benefits of breastmilk.
3. Do demonstrations on how to properly position the infant during breastfeeding.
4. Pinggang Pinoy for Pregnant and Lactating Mothers can also be discussed.

Suggested Review Questions

MGA POSIBLENG TANONG

SAGOT

Ano ang “exclusive breastfeeding”?

Ang “exclusive breastfeeding” ay ang hindi pagbibigay ng anumang pagkain o inumin sa unang 6 na buwan ng sanggol, maliban lang sa gatas ng ina.

Ibig sabihin, hindi kailangang bigyan ang sanggol ng tubig, juice, formula milk, vitamin supplements, am, o kahit anong pagkain sa kanyang unang anim na buwan, maliban lamang sa gatas na mula sa ina.

Bakit mahalaga ang exclusive breastfeeding?

Upang maiwasan ang mga sakit gaya ng diarrhea at pneumonia.

Ang breastmilk ay nagtataglay ng mga sustansya na sapat at kailangan ng sanggol sa kanyang paglaki.

Ang sustansya na nasa breastmilk ay sapat para sa pangangailangan ng sanggol sa unang anim na buwan, kahit walang idagdag na pagkain o tubig.

Kailan dapat simulan ang pagpapasuso sa bata?

Pagkapanganak, hintaying maging ready sa pagsuso ang sanggol. Hindi siya kailangang isubsub sa suso ng nanay o pilitin na dumede. Siya ay magpapakita ng senyales ng interes sa pagsuso o feeding cues gaya ng pagdilat, pagsupsop ng daliri, o paggalaw ng mga labi. Kapag siya naman ay busog na, kusa din siyang bibitaw sa suso ng nanay.

Gaano katagal pwedeng tumagal ang gatas ng ina bago mapanis?

4 na oras kung room temperature (1 oras kung mainit ang panahon)

24 oras kung nasa refrigerator

2 linggo kung nasa freezer ng refrigerator

Siguraduhing malinis ang mga kamay sa pagkolekta ng gatas, at malinis din ang paglalagyan. Hindi kailangan sterilized ang imbakán ng gatas ng ina, mahalaga ay malinis at tuyo ito bago lagyan.

Ano ang colostrum?

Colostrum ang tawag sa unang gatas ng ina. Ito ay madilaw at malapot, mayaman sa sustansya at antibodies na bumabalot sa bibig, lalamunan, siksik at bituka ng sanggol upang huwag siyang tablan ng mga sakit gaya ng pagtatae at pulmonya. Dahil dito, mahalagang makuha ng sanggol ang colostrum.

MGA POSIBLENG TANONG**SAGOT**

Ano ang mga senyals na maganda ang paghakab, o posisyon ng bibig, ng sanggol sa dibdib ng nanay habang nagpapasuso?

Palatandaan ng magandang paghakab ng sanggol:

- Bukang-buka ang bibig ng sanggol.
- Nakabaligtad ang ibabang labi.
- Nakalapat ang baba ng sanggol sa dibdib ng ina.
- Mas malaking parte ng areola ang nakikita sa ibabaw ng dibdib kaysa sa ibaba nito.

Hanggang kailan dapat pasusuhin ang sanggol/bata?

Mahalagang bigyang diin na ANG BREASTFEEDING AY DAPAT IPAGPATULOY HANGGANG SA IKALAWANG TAON NG BATA o higit pa. Simulang ding bigyan ang sanggol ng iba't ibang pagkaing mayaman sa nutrisyon sa kanyang ika-anim na buwan, at dagdagan ito habang lumalaki ang bata.

Ano ang mga senyales na maganda ang posisyon ng bibig ng sanggol sa dibdib ng nanay habang nagpapasuso?

Hindi. Kailangang ituloy ang "exclusive breastfeeding"

Sa panahon ng disaster/sakuna, halimbawa sa mga evacuation centers, mas higit na kailangang ipatuloy ang pagpapasuso dahil sa mga sumusunod na dahilan:

- mahirap makakuha ng pagkain; ang mga sanggol na sumususo ang may pinaka-tiyak na pagkukunan ng nutrisyon
- mahirap makakuha ng malinis na tubig na pang-inom at pantimpla ng formula; sapat ang tubig at sustansya ng gatas ng ina para sa mga sanggol
- may antibodies at iba pang pampatibay ng resistensya ang gatas ni Nanay; makakatulong ito upang maiwasan ang mga pangkaraniwang sakit sa evacuation centers, gaya ng lagnat, sipon at pagtatae

References:

1. Department of Health. 2017. Ten Steps To Successful Breastfeeding. Available at <https://www.youtube.com/watch?v=kbxmUEHWz2c>
2. International Labour Organization. 2015. Healthy beginnings for a better society, breastfeeding in the workplace is possible: a toolkit. ILO Country Office for the Philippines. Makati, Philippines. Available at https://www.ilo.org/manila/publications/WCMS_493121/lang--en/index.htm
3. Food and Nutrition Research Institute. 2016. Pinggang Pinoy for Pregnant and Lactating Mothers. Available at <https://www.fnri.dost.gov.ph/images/sources/PinggangPinoy-Pregnant-and-Lactating-Women.pdf>

Complementary Feeding

Recommendations on training

1. Present the complementary food that can be eaten by a young child, emphasizing the age of introduction.
2. Demonstration of using a growth chart in determining nutritional status of a child can be done.

Suggested Review Questions

MGA POSIBLENG TANONG	SAGOT
<i>Kailan pwedeng kumain ang bata ng mga sumusunod?</i>	
• Prutas	6 buwan kung dinurog (gaya ng saging, papaya, mangga) 8 buwan kung hindi dudurugin, basta malambot na prutas
• Gulay	7 buwan , kung pinalambot ng husto sa pagluluto (gaya ng carrot at kalabasa) 8 buwan , kung pinong tinadtad na gulay 10-12 months buwan, kung tinadtad na gulay
• Itlog ng manok	6 buwan
• Isda o karne ng baboy o manok	6-11 buwan months kung pinalambot at dinurog
• Legumes gaya ng munggo	6-11 buwan months kung pinalambot at dinurog
Kailangan ba ng follow-on formula ng mga bata?	Maaaring bigyan, ngunit sapat na ang gatas ng ina.

References and Suggested Supplements:

- Department of Health. undated. The First 1000 Days Manual of Procedures. Available at https://doh.gov.ph/sites/default/files/basic-page/MOPr%201000%20Days_Horizontal_210817_a_4.pdf
- Republic Act 11148. Kalusugan at Nutrisyon ng Mag-Nanay Act.
- United Nations Children's Fund (UNICEF). Improving Young Children's Diets During the Complementary Feeding Period. UNICEF Programming Guidance. New York: UNICEF, 2020.

Garantisadong Pambata (GP)

Recommendations on training

1. Present the coverage and components (vitamin A, iron supplementation and deworming) of GP.
2. Address the misconceptions and fears of deworming.
3. BHWs may be asked to demonstrate how to encourage mothers to participate in the GP activities.
4. Growth monitoring may be demonstrated.

Suggested Review Questions

MGA POSIBLENG TANONG	SAGOT
Ano ang ibinibigay sa Garantisadong Pambata?	Vitamin A, Iron supplement, Albendazole bilang pampurga ng bata
Sinu-sino ang kasama sa GP?	Mga bata na may edad 1-5 taong gulang
Para saan ang Vitamin A na ibinibigay sa GP?	Ang Vitamin A ay isa sa mga madalas na kulang sa mga batang kulang sa nutrisyon. Ito ay nagpapalakas ng resistensiya ng bata laban sa impeksyon. Ang Vitamin A ay pangontra din sa tigdas, isang sakit na maaaring ikamatay ng bata.
Para saan ang iron na ibinibigay sa GP?	Para sa anemia o kakulangan ng iron sa katawan. Ang anemia ay nagdudulot ng pamumutla at madaling pagkapagod ng bata. Ang anemia ay maaari ding magdulot ng mabagal na development ng bata.
Anong gamot ang ginagamit na pampurga sa GP?	Albendazole
Totoo bang lumalabas ang bulate sa tenga?	Hindi. Ang bulate ay nasa daanan ng pagkain (bituka) ng bata, kaya't maaaring lumabas ito pagkatapos mapurga kapag dudumi ang bata.

References and Suggested Supplements:

- Department of Health. "Garantisadong Pambata" Available at: <https://doh.gov.ph/garantisadong-pambata>

Pinggang Pinoy

Recommendations on training

1. "Pinggang Pinoy" is a food guide using a food plate model to show the recommended proportion by food groups in every meal, intended specifically for healthy Filipinos.
2. Different Pinggang Pinoy recommendations based on age group may be presented to the BHWs.
3. BHWs may be asked to prepare their own food based on Pinggang Pinoy.
4. Ask the BHWs to provide examples of each food group (Grow, Go, and Glow foods).
5. Reiterate that food intake should be balanced (with right proportion based on food group), variety (different food for different meals), and in moderation (not excessive).
6. Emphasize too that water is part of Pinggang Pinoy, and everyone should drink lots of water. Sweetened beverages should be avoided or limited.

Suggested Review Questions

MGA POSIBLENG TANONG

SAGOT

Ano ang nirerekomendang hati ng pagkain ayon sa Pinggang Pinoy?

Kalahati ng pagkain ay dapat gulay at prutas.

Ang kalahati naman ay kanin at protina (karne o isda) (mas maraming kanin).

- 33% kanin o kahit anong Go Food
- 33% gulay o mga tinatawag na Glow Food
- 17% prutas
- 17% isda, karne o mga tinatawag na Grow Food

Ano ang mga Grow food?

Mga pagkaing mayaman sa protina na kailangan ng katawan sa pagbuo, paglaki at pagrepair ng katawan.

Halimbawa nito ang isda, karne, itlog, gatas, beans, at keso.

Ano ang mga Go food?

Mga pagkaing mayaman sa enerhiya, gaya ng kanin, tinapay, kamote, at iba pang lamang ugat.

Ano ang mga Glow food?

Mga pagkaing mayaman sa bitamina, mineral, at fiber gaya ng gulay at prutas.

References and Suggested Supplements:

- DOST-FNRI. 2020. Pinggang Pinoy AVP. Available at <https://www.youtube.com/watch?v=RL5EnkbCIdg>
- Pinggang Pinoy recommendations based on age group can be found in <https://www.fnri.dost.gov.ph/index.php/tools-and-standard/pinggang-pinoy>

Oral Health

Recommendations on training

1. Proper way of brushing teeth may be demonstrated to BHWs.
2. Master listing of oral health care clients among the catchment households or areas in the community may be reviewed and demonstrated. This may be the bulk of the training in oral health.

Suggested Review Questions

MGA POSIBLENG TANONG	SAGOT
Anu-anong mga pangkaraniwang oral health concerns ng mga Pilipino?	Dental caries (butas o bulok na ngipin) at periodontal disease o sakit ng giligid.
Anu-anong maaaring sanhi ng mga sakit sa ngipin at giligid?	Matatamis na pagkain (gaya ng candy at softdrinks). Hindi maayos na pag-aalaga ng ngipin (hindi regular na pagtu-tooth brush). Paninigarilyo sa mga kabataan at nakakatanda.
Kailan dapat magsimulang mag-tooth brush ang bata?	Sa paglabas ng unang ngipin sa ika-5 o 6 na buwan.
Gaano kadalas dapat ang regular na pagbisita sa dentista?	Tuwing apat na buwan.
Pwede bang sintomas ng paglabas ng ngipin ang lagnat?	Pwede kung mababa lang ang temperature. Kung mataas na ang lagnat, maaaring iba ang dahilan.
Pwede bang sintomas ng paglabas ng ngipin ang pagtatae?	Hindi.

Hypertension

Recommendations on training

1. Proper measurement of BP may be demonstrated during the training.
2. BHWs may be asked to practice measuring BP during their duty in the health center or in the community, to be closely observed and supervised either by midwives or nurses.
3. For hypertensive patients in the community, BHWs may be asked to assist in doing BP diaries.
4. The BHW trainers are advised to consult the Philippine Guidelines on Periodic Health Examinations for the latest suggestions on screening.

Suggested Review Questions

MGA POSIBLENG TANONG	SAGOT
Ano ang hypertension o high blood?	Kondisyon kung saan ang BP ay mas mataas sa 140/90.
Ano ang normal na BP?	Mas mababa, o hindi lalampas, sa 120 na systolic BP at 80 na diastolic BP.
Anu-anong mga maaaring mangyari kung high blood ang isang tao?	Maaaring magdulot ito ng atake sa puso, stroke (o pagputok ng ugat sa utak), pagkasira ng bato, na maaaring humantong sa pagkamatay. Puwede ding magdulot ang high blood ng pagkawala ng paningin.
Pwede bang itigil ang gamot kapag naging normal na ang BP?	Hindi. Nagiging normal ang BP dahil nakontrol ito ng iniinom na gamot. Kailangang ituloy ang maintenance na gamot.
Kailan dapat kaagad na i-refer ang isang taong may high blood?	Kung ang BP ay 180/100 o mas mataas pa, o Kung ang BP ay 140/90 o mas mataas, at may nararamdamang sintomas gaya ng pananakit ng ulo, pagkahilo, at panlalabu ng mata.
Anu-anong mga dapat gawin para makatulong na makontrol ang BP?	Regular at araw-araw na pag-inom ng gamot. Panatilihin normal ang timbang. Iwasan o bawasan ang pagkain ng maaalat na pagkain. Regular na mag-exercise. Limitahan ang pag-inom ng alak. Pagtigil sa paninigarlyo.

References and Suggested Supplements:

- Department of Health. 2021. Philippine Guidelines on Periodic Health Examination Phase 1.

Diabetes

Recommendations on training

1. During lectures, emphasize the complications that may result from diabetes.
2. Demonstration on using a glucometer may be conducted during training.
3. Roles of BHWs in using the NCD Risk Assessment Form may also be provided.
4. The BHW trainers are advised to consult the Philippine Guidelines on Periodic Health Examinations for the latest suggestions on screening.

Suggested Review Questions

MGA POSIBLENG TANONG	SAGOT
Ano ang diabetes?	Pagpalya ng katawan na kontrolin ang lebel ng asukal/sugar sa katawan, kaya nagiging mataas o mababa ito kaysa sa normal na lebel.
Anu-anong mga sintomas na may diabetes ang isang tao?	Pangangayayat na hindi maipaliwanag Madalas na pag-ihi Madalas na makaramdam ng pagka-uhaw Mabagal na paggaling ng sugat May nararamdamang pagtutusuk-tusok o pamamanhid ng paa
Anu-anong mga bagay na nagpapataas ng tyansa na may diabetes ang isang tao?	May diabetes sa pamilya (magulang, kapatid) Hypertension o high blood Hindi aktibo o hindi nag-exercise Mataas na timbang Hindi pagkain ng masustansyang pagkain Paninigarilyo Mataas na lebel ng cholesterol sa dugo
Ano ang normal na lebel ng sugar/asukal sa dugo	70 mg/dl hanggang 100 mg/dl.
Paaano masasabi kung may diabetes ang isang tao?	Gamit ang glucometer, maaaring diabetic ang isang tao kung ang lebel ng asukal sa dugo ay 126 mg/dl o higit pa kung nag-fasting (hindi kumain sa nakaraang 8 horas bago ma-test) o 200 mg/dl o higit pa kung hindi nag-fasting. Kailangan doktor ang magsabi kung ang isang tao ay may diabetes o wala.
Anu-anong mga maaaring komplikasyon sa katawan sakaling mapabayanan ang diabetes?	Pagkasira at pagpalya ng bato na sumasala ng dumi sa katawan, na puwedeng humantong sa pagda-dialysis (ang diabetes ang nangungunang dahilan ng pagkasira ng bato). Hindi paggaling ng sugat lalo na sa paa, na maaaring humantong sa mas mapanganib na impeksyon na nangangailangan ng pagputol ng paa. Hypoglycemia/pagbaba ng sugar sa katawan. Pagkabulag. Diabetic ketoacidosis o malubhang dehydration.
Anong edad dapat nagsisimulang magpa-check ng blood sugar ang mga tao?	Edad 20 taong gulang pataas.

References and Suggested Supplements:

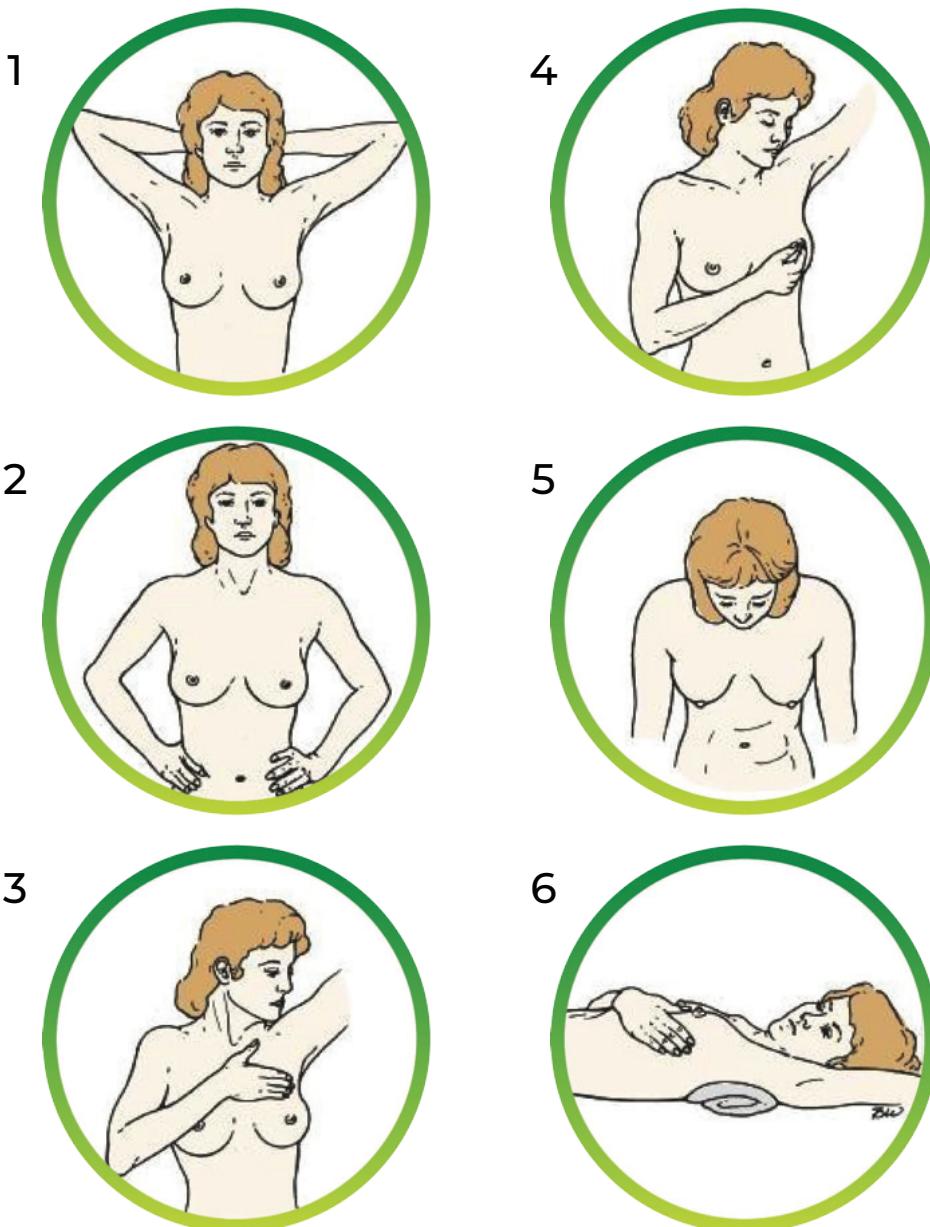
- Department of Health. 2021. Philippine Guidelines on Periodic Health Examination Phase 1.

Cancer

Recommendations on training

1. During lectures, highlight the ways to reduce the risk, as well as the possible advise on when to have screening for cancer.
2. For colon cancer, emphasize high fiber diet in reducing the risk.
3. For lung cancer, lectures on tobacco control can be inserted.
4. For cervical cancer, emphasize the importance of having regular Pap smear or visual inspection using acetic acid. The importance of HPV vaccination may also be discussed.
5. For breast cancer early detection, demonstration of breast self-examination may be provided. Present the abnormal findings that BHWs should look for.
6. The BHW trainers are advised to consult the Philippine Guidelines on Periodic Health Examinations for the latest suggestions on screening.

How to do Breast Self-Examination



Suggested Review Questions

MGA POSIBLENG TANONG	SAGOT
Ano ang cancer?	Ang cancer ay ang hindi kontroladong pagdami ng mga abnormal na "cells" sa katawan, na nagiging sanhi ng tumor o bukol (hindi lahat ng bukol ay cancer). Ang mga abnormal na cells na ito ay maaaring kumalat sa ibang parte ng katawan, na nagiging sanhi ng mga komplikasyon.
Ano ang mga kanser na madalas makita?	Colon cancer (kanser sa bituka na daanan ng dumi) Cancer sa baga Cervical cancer (cancer sa kuwelyo ng matris) Cancer sa dibdib Cancer sa prostate (parte ng katawan ng mga lalaki na gumagawa ng likido ng semilya)
Anu-anong mga bagay na nagpapataas ng tyansa na magkaroon ang isang tao ng:	See BHW manual for the table of cancer risk factors
	<ul style="list-style-type: none"> • colon cancer • cancer sa baga • cervical cancer • cancer sa dibdib • cancer sa prostate
Kailan dapat magpasuri para malaman kung may colon cancer?	Edad 50 taong gulang pataas. Simula edad 40 taong gulang para sa mga taong may kapamila na nagkaroon ng colon cancer
Sa anong edad dapat nagsisimulang magpa-Pap smear?	Edad 21 taong gulang
Gaano kadalas dapat magpa-Pap smear?	Kada 3 taon kung normal ang resulta.
Anu-anong iba't ibang hakbang ng breast self-exam?	See figure above.
Anu-anong mga dapat gawin para maiwasan o mabawasan ang tyansa na magkaroon ng cancer?	See BHW Manual for the table on key messages to the community.

References and suggested readings:

- Department of Health, 2021. Philippine Guidelines on Periodic Health Examination Phase 1.
- Department of Health, 2022. Omnibus Health Guidelines for Adults. Available at <https://doh.gov.ph/sites/default/files/basic-page/OMNIBUS-HEALTH-GUIDE-LINES-FOR-ADULTS-2022.pdf>
- Fortis Healthcare. 2013. Breast Self Examination. Available at <https://www.youtube.com/watch?v=biTZmXLONu8>

PRIORITY AREA 2: BE CLEAN, LIVE SUSTAINABILITY

Main Message:

Our environment influences our health and safety. Proper hygiene and sanitation keeps us safe from infection, while taking care of our surroundings and reducing our impact on the planet keeps our environment clean and minimizes risk of natural disasters.

Be Clean, Live Sustainably para sa Healthy Pilipinas!

Key Messages:

1. Proper hygiene and sanitation habits will reduce the risk of getting infected with disease and other negative health outcomes.
2. Filipinos must know what to do in the event of a natural disaster to reduce the risk of injury or death to self, loved ones, and the community.
3. Healthy people live in a clean environment. Practice of proper waste management to minimize environmental health impacts and negative effects.

Under this priority are the following topics:

- Environmental health
- Water, sanitation, and hygiene (WASH)
- Infectious Diseases
 - Tuberculosis
 - Dengue
 - Rabies
 - Influenza
 - Hepatitis A, B, and C
 - Leptospirosis
 - COVID-19
 - Other infectious diseases (typhoid fever, malaria, leprosy, filariasis, schistosomiasis)
- Disease Reporting Advocate

Environmental Health (WASH, Food Safety, Proper Waste Disposal)

Recommendations on training

1. Environmental health covers the provision of safe drinking water, sanitation and toilets, and proper waste disposal.
2. The training can include the orientation and demonstration of the four parts of master listing on environmental health and sanitation.
3. For safe drinking water, the following may be discussed:
 - a. How to properly boil water
 - b. Differentiate Level I, Level II, and Level III water sources (review master listing)
 - c. Chlorination of drinking water
4. For sanitation and toilet, the following may be discussed:
 - a. Review of diseases associated with poor sanitation.
 - b. Different types of sanitary and unsanitary toilet (latrine, pour/flush type, ventilated pit latrine)
 - c. How to check toilets in the households
 - d. Advocating policies on zero open defecation
5. Proper waste disposal discussions can cover the following:
 - a. Implication of poor waste disposal
 - b. Relevant local and national policies on waste disposal and waste reduction
 - c. Sanitary inspector may provide additional lectures on proper waste disposal

Suggested review questions

MGA POSIBLENG TANONG

SAGOT

Anu-anong ibig sabihin at mga halimbawa ng Level I, Level II, at Level III na pinagkukunan ng tubig?

Ang Level I water supply ay direktang pagkuha ng tubig mula sa isang source ng water, gaya ng balon, poso, batis, sapa, ilog, o tubig ulan.

Ang Level II water supply ay pampublikong gripo na naka-konekta sa isang water system.

Ang Level III water supply ay ang pagkakaroon ng sariling gripo o supply ng tubig sa sariling bahay mula sa isang water system.

Anu-anong mga sakit ang maaaring makuha mula sa madumi o kontaminadong tubig?

Typhoid fever, cholera, at iba pang sakit na nagdudulot ng pagtatae sa pasyente.

Hepatitis A

Leptospirosis (may posibilidad)

Ano ang open defecation?

Pagdumi sa kapaligiran o sa labas ng toilet, at ang pagpapabayang naka-expose ang dumi.

MGA POSIBLENG TANONG

SAGOT

Anu-anong iba't ibang uri ng toilet?

Open pit latrine

Uri ng palikuran na may hukay kung saan naiipon ang dumi ng tao.

Ventilated improved pit (VIP) latrine

Uri ng palikuran kung saan ang dumi ay naiipon sa malalim na hukay sa lupa, at may nakabukod na tubo na nagsisilbing singawan ng hangin mula sa hukay

Pour/flush type

Paggamit ng toilet bowl kung saan ang dumi ay binubuhusan ng tubig gamit ang timba o sarili nitong flush. Ang tubig na naiipon sa bowl ay ang humaharang sa amoy na nagmumula sa dumi. Maaaring nakakonekta ang toilet bowl sa hukay o sa isang sewerage system.

Gaano dapat kalayo ang toilet mula sa isang pinagkukunan ng tubig (balon, poso, o sapa)?

Ang toilet ay dapat 25 metro na malayo sa pinagkukunan ng tubig, o higit pa.

Bakit kailangan ang tamang pagtatapon ng basura?

Maaaring pamugaran ng daga at ibang peste ang basura, na nagdadala ng sakit.

Ang mga basura ay maaaring magdulot ng pagbaha na pwedeng pagmulan ng ibang sakit at pagkadumi ng tubig na inumin.

Maaaring magdulot ng polusyon sa tubig o hangin kapag sinunog ang basura.

Ano ang mga single-use plastics?

Mga bagay na gawa sa plastic na itinatapon pagkatapos ng isang beses na paggamit, gaya ng mga plastic na kutsara, tinidor, at gamit sa pagkain. Hindi na dapat pinapayagan sa mga health center ang mga single-use plastics.

References and suggested readings:

- Environmental Health Programs. Department of Health. Accessible at: <https://doh.gov.ph/environmental-health-programs>
- DOH A.O. 2017-0010 – Philippine National Standards for Drinking Water (PNSDW) of 2017. Accessible at: <https://www.fda.gov.ph/wp-content/uploads/2021/08/Administrative-Order-No.-2017-0010.pdf>
- DOH A.O. 2019- 0054 – Guidelines on the Implementation of the Philippine Approach to Sustainable Sanitation (PhATSS). Accessible at: https://doh.gov.ph/sites/default/files/health_programs/Administrative%20Order%20No.%202019-0054%20%28Guidelines%20in%20the%20Implementation%20of%20Philippine%20Approach%20to%20Sustainable%20Sanitation%20%28PhATSS%29%20%29.pdf

Tuberculosis (TB)

Recommendations on training

1. The training can highlight the ways TB is spread or transmitted, the signs and symptoms, and how it can be treated. The roles of BHWs as treatment partners, specifically in filling up the treatment card.
2. The training should also address the misconceptions about TB.
3. The present strategy in the program to find the missing cases of TB is active case finding. Therefore, chest x-ray screening of sectors of the population at high risk of having TB with or without symptoms can be emphasized. These sectors are the following:
 - a. Household contacts of TB patients
 - b. With previous history of TB
 - c. Diabetic patients
 - d. People living with HIV (PLHIV)
 - e. Immunocompromised patients (e.g., those undergoing chemotherapy and dialysis)
 - f. Indigenous people
 - g. Urban and rural poor
 - h. People working or living in congregate settings
4. Lectures on TB preventive therapy (TPT) may also be provided.
5. Demonstration of proper cough etiquette can be included in the training.
6. Put importance on observing the privacy of patients.
7. Since the contribution from the community is reported, the health center may have its own TB referral system and template of referral sheet from the BHWs. This can be included in the training. BHWs should be encouraged to actively look and refer presumptive TB cases to the barangay health station or health center
8. The trainer can also present the incentives the BHW may receive from the local TB program implementation (for example, in referral), if available.

Suggested review questions

MGA POSIBLENG TANONG

SAGOT

Ano ang tuberculosis o TB?

Ang tuberculosis ay isang nakakahawang sakit na sanhi ng *Mycobacterium tuberculosis* bacteria. Sinisira nito ang baga o kahit anong parte ng katawan.

Paano nahahawa o nakukuha ang TB?

Nakukuha ang TB sa paglanghap ng mikrobyo sa hangin galing sa taong may TB. Napupunta ang mikrobyo sa hangin kapag ang isang taong may TB ay umubo, bumahing, kumanta, nagsalita, o dumura.

Ang isang taong nahawa ng TB ay maaaring hindi magkakasakit. Lumalabas ang sakit kung mahina ang resistensya ng tao.

MGA POSIBLENG TANONG

SAGOT

Ano ang mga sintomas ng TB?

Karaniwang sintomas ng TB ay ang mga sumusunod:

- ubo na dalawang linggo o higit pa, o kahit mas maikli para sa mga taong mas mataas ang tyansa na magkaroon ng TB
- lagnat sa hapon
- pananakit ng dibdib o likod na hindi alam ang dahilan
- hindi maipaliwanag na pagbaba ng timbang
- walang gana sa pagkain
- may bahid ng dugo ang plema

Maaari bang ang isang taong may TB ay walang sintomas?

Pwede, lalo na ang mga tao na may mataas na tyansa na magkaroon ng TB. Ito ang dahilan kung bakit ginagawa ang active TB screening sa pamamagitan ng chest x-ray sa mga miyembro ng komunidad kahit walang sintomas.

Sinu-sino ang mga taong may mataas na tyansa na magkaroon ng TB?

Ang mga may mataas na tyansa na magkaroon ng TB ay ang mga sumusunod:

- kasama sa bahay ng isang taong may TB
- nagkaroon dati ng TB
- may diabetes
- may HIV
- mga taong mahihina ang immune system o resistensya, gaya ng mga taong nagda-dialysis at may cancer
- mga miyembro ng katutubong komunidad
- mga mahihirap sa lungsod at kanayunan na hindi kayang makapagpakonsulta kung may nararamdamang
- mga nasa preso at kulungan
- mga nagtratrabajo sa kulob na lugar kasama ang ibang tao

Maaari bang mahawa ang TB sa paggamit ng kutsara o ibang gamit ng taong may TB?

Hindi nakakahawa ang sharing ng gamit ng taong may TB. Ang TB ay nakukuha lamang sa paglanghap ng hangin na may mikrobyo ng TB.

Nakukuha ba ang TB sa pakikipagtalik o pakikipaghalkian?

Hindi.

Paano ginagamot ang TB?

Sa pamamagitan ng anim na buwan na libreng gamutan sa health center.

Ano ang TB Preventive Therapy (TPT)?

Ito ay gamot na ibinibigay sa mga kasama sa bahay ng isang taong may TB upang maiwasan na magkaroon din sila ng sakit.

Ang TPT ay tumatalag ng 3-6 na buwan, depende sa gamot na ibibigay ng health center.

References and suggested readings:

- Department of Health, 2020. National Tuberculosis Control Program - Manual of Procedures 6th Edition. Accessible at: https://doh.gov.ph/sites/default/files/publications/NTP_MOP_6th_Edition.pdf

Dengue

Recommendations on training

1. Present the basics on dengue, from transmission, signs and symptoms, and potential complications (and its signs and symptoms) from the disease. The trainer may also provide demonstration on how to detect signs and symptoms of dengue (for example, how to detect petechiae).
2. The main role of BHW in the community is on implementing the 4S strategy to prevent and control of dengue and other mosquito-borne diseases, and this should reflect on the training provided to them.
3. Encourage the BHWs to organize dengue-related community activities, such as 4 o'clock habit and information dissemination.

Suggested review questions

MGA POSIBLENG TANONG	SAGOT
Ano ang dengue fever or dengue?	Ang dengue ay isang sakit na dulot ng virus na naipapasa ng lamok na Aedes aegypti o Aedes albopictus mula sa taong may dengue. Kapag lumala, nagkakaroon ng pagdurugo ang isang tao sa iba't ibang parte ng katawan, na nagiging dahilan ng pagkamatay.
Paano nakukuha ang sakit na dengue fever?	Ang dengue ay naipapasa kapag ang isang pasyenteng may dengue ay nakagat ng lamok na Aedes aegypti o Aedes albopictus at naipasa ang virus sa isa pang tao na kinagat nito. Ang lamok na Aedes ay kadalasang kumakagat sa araw.
Anu-anong mga senyales na may dengue fever ang isang tao?	<ul style="list-style-type: none"> • Mataas na lagnat • Sakit ng ulo • Panghihina • Pananakit ng kalamnan, kasu-kasuan, at paligid ng mata • Walang gana sa pagkain • Pagduduwal o pagsusuka • Pagtatae • Pamumula ng balat • Maliliit na rashes
Anu-anong mga senyales na may malubhang klase ng dengue ang isang tao?	<ul style="list-style-type: none"> • Mataas na lagnat na umabot sa 2-7 araw • Pananakit ng tyan • Tuluy-tuloy na pagsusuka • Pagdurugo ng giligid, o paglabas ng dugo sa ilong at kapag sumusuka • Panghihina • Pagbaba ng platelet sa laboratory test
Anu-anong mga paraan para maiwasan ang dengue sa komunidad?	<p>Gawin ang 4S Strategy ng DOH sa komunidad.</p> <ul style="list-style-type: none"> • Search and destroy. Kasama ang mga miyembro ng komunidad, hanapin lahat ng mga lalagyan ng tubig na mga posibleng pag-itlugar ng lamok. • Secure self-protection. Upang maiwasan na makagat ng lamok, gumamit ng mahahabang damit at insect repellent sa balat. Pwede ding gumamit ng screen sa bahay upang hindi makapasok ang mga lamok. • Seek early consult. Ipakonsulta agad ang mga pasyenteng posibleng may dengue. • Support Fogging/ Spraying only in Hotspot Areas o mga lugar na me tumataas na kaso sa loob ng dalawang magkasunod na linggo para maagapan ang outbreak. <p>Some use the 5S strategy, with the fifth S stands for "sustained hydration" (Patuloy na uminom ng tubig na hindi bababa sa 2 litro bawat araw lalo na kung may lagnat.).</p>

References and suggested readings:

- Dengue Prevention and Control Program. Department of Health. Accessible at: <https://doh.gov.ph/national-dengue-prevention-and-control-program>
- DOH reminds the public to do the 4-S against Dengue. Accessible at: <https://doh.gov.ph/node/16849>
- DILG Memorandum Circular No. 2019-13. Advocacy on the Prevention of Dengue and Other Mosquito-Borne Diseases. Accessible at: https://www.dilg.gov.ph/PDF_File/issuances/memo_circulars/dilg-memocircular-201989_f9e6e9_c92b.pdf

Rabies

Recommendations on training

1. Responsible pet ownership should be the main theme of the training for rabies.
2. Training may include how rabies is transmitted, the signs and symptoms, as well as the initial first aid for animal bites. The trainer should also address misconceptions like the use of tandok for animal bites.

Suggested review questions

MGA POSIBLENG TANONG	SAGOT
Ano ang rabies?	Ang rabies ay nakakamatay na impeksyon na nakakaapekto sa utak. Ito ay nakukuha mula sa kagat ng hayop (kadalaan ay aso) na may rabies.
Anu-anong mga sintomas at senyales ng rabies?	Nakagat, nakalmot, o nadilaan ng aso, pusa, o paniki Pananakit ng parte na nakagat Pananakit o hirap kapag lumulunok Natatakot sa tubig at hangin Pagtulo ng malapot na laway mula sa bibig
Ang rabies ba ay nagagamot?	Hindi.
Papaano maiwasan na magkaroon ng rabies?	Iwasan na makagat ng alagang hayop na may rabies ang pangunahing paraan para maiwasan ang rabies. Ang mga alagang hayop ay kailangang bakunado at hindi hinahayaang pakalat-kalat.
Ano ang dapat gawin kapag nakagat, nakalmot, o nadilaan ng aso o ibang hayop?	Huwag papatayin ang hayop. Kailangang obserbahan ang hayop sa loob ng 14 na araw. Kung mamatay o mapatay ang hayop habang inoobserbahan, ikokonsidera ito na may rabies. Hugasan ang sugat sa loob ng sampung minuto gamit ang sabon at tubig. Huwag paduguin ang sugat. Huwag lalagyan ng bawang o tandok ang sugat. Pumunta agad sa health center o animal bite center upang mabakunahan.

References and suggested readings:

- DOH National Rabies Prevention and Control Program. Manual of Procedures (2019). Accessible at:
https://doh.gov.ph/sites/default/files/publications/Rabies%20Manual_MOP_2019%20nov28.pdf

Influenza

Recommendations on training

1. Cough etiquette and annual flu vaccination should be the main theme of the training.
2. BHWs should understand that while flu vaccination is for everyone, senior citizens are usually prioritized because they are prone to hospitalization and death if they contract or get flu.
3. BHWs should also keep in mind that flu is a viral disease and therefore antibiotics is not indicated for it.
4. The trainer may also explain why there are different variants of flu and why the need for annual flu vaccination.

Suggested review questions

MGA POSIBLENG TANONG

SAGOT

Ano ang influenza, flu, o trangkaso?

Ang flu ay sakit na mabilis kumalat sa komunidad. Ito ay nakuha sa paglanghap ng hangin na may virus mula sa taong may sakit, lalo na kung ito ay umubo o bumahing. Madalas na mabilis lang gumaling ang isang taong may flu, ngunit ito ay maaaring magdulot ng pagkaospital o pagkamatay sa mga nakakatanda at mga mahihina ang resistensya.

Anu-anong mga sintomas at senyales ng flu?

- Mataas na lagnat
- Pananakit ng mga kasu-kasuan
- Pananakit ng ulo
- Sipon
- Ubo
- Pananakit ng lalamunan

Anu-anong dapat gawin para maiwasan na magkaroon ng flu?

- Magpabakuna taon-taon ng flu vaccine, lalo na ang mga nakakatanda.
- Panatilihin ang magandang bentilasyon sa bahay. Iwasang magtagal sa mga lugar na kulob ang hangin.
- Gawin ang tamang paraan sa pag-ubo at pagbahing.
- Payuhang isang taong may flu na pansamantalang huwag makihalubilo sa ibang tao habang may sakit.
- Gumamit ng face mask.
- Regular na maghugas ng kamay.

References and suggested readings:

- Influenza Symptoms & Prevention. San Lazaro Hospital. Accessible at: <https://slh.doh.gov.ph/14-doh-advisories/33-influenza-symptoms-prevention>
- Influenza. Department of Health. Accessible at: <https://doh.gov.ph/Health-Advisory/Influenza>

Hepatitis A, B, at C

Recommendations on training

1. Trainings should address the misconceptions about hepatitis, particularly those that may affect the work or employment opportunities of community members.
2. Trainings should also impart the key messages the BHWs should be disseminating in their communities.
3. The trainer can also present pictures of how jaundice looks like.

Suggested review questions

MGA POSIBLENG TANONG	SAGOT
Ano ang hepatitis?	Ang hepatitis ay impeksyon na dulot ng iba't ibang klase ng virus na nakakaapeko sa atay ng isang tao. Madalas na walang sintomas ang taong may hepatitis, ngunit maaari itong humantong sa pagkasira ng atay. Ang sirang atay ay maaaring magdulot ng pagkaipon ng dumi sa katawan at pamamanas na maaring ikamatay ng isang tao.
Paano nakukuha ang hepatitis	<p>May iba't ibang uri ng hepatitis virus, at iba-iba ang paraan kung papaano nakukuha ang mga ito</p> <p>Ang Hepatitis A virus ay nakukuha sa pagkain na kontaminado ng virus mula sa dumi o ihi ng isang taong may sakit.</p> <p>Ang <i>Hepatitis B at C</i> ay nakukuha sa mga sumusunod:</p> <ul style="list-style-type: none"> • Pagsalin ng dugo mula sa donor na maysakit • Pakikipagtalik sa taong may hepatitis B at C • Paggamit ng syringe na ginamit ng isang taong may hepatitis B at C <p>Ang isang sanggol ay maaaring mahawa sa sinapupunan kung ang nanay ay may impeksyon ng hepatitis B. Ito ang dahilan kung bakit inaalam sa pre-natal consult kung may hepatitis B ang isang ina.</p>
Nagagamot ba ang hepatitis?	Ang hepatitis A ay maaaring magamot, ngunit ang hepatitis B at hepatitis C ay habangbuhay na impeksyon.
Kailangan bang iwasan ang taong may hepatitis?	Hindi. Hindi nakakahawa ang physical contact sa taong may hepatitis.
Maaari pa din bang magtrabaho ang isang taong may hepatitis B?	Maaari pa ding magtrabaho ang isang taong may hepatitis B. Hindi nakakahawa ang physical contact sa taong may hepatitis.
Papaano maiwasan na magkaroon ng hepatitis?	<p>Upang maiwasan ang hepatitis A, siguraduhin na maghugas ng maayos ng kamay pagkatapos dumumi at bago humawak sa pagkain. Siguraduhing maayos ang pagkakalinis at pagkaluto ng pagkain.</p> <p>Upang maiwasan ang hepatitis B, siguraduhing kumpleto ang tatlong doses ng bakuna laban dito, lalo na ang mga sanggol sa unang anim na buwan.</p> <p>Upang maiwasan ang parehong hepatitis B at C, siguraduhin na gumamit ng proteksyon kapag nakikipagtalik. Iwasan ang paggamit ng gamit na syringe. Para sa BHW, siguraduhing tama ang pagtatapon ng mga nagamit na syringe upang maiwasan na nakatusok ito ng ibang tao.</p>

References and suggested readings:

- Department of Health. undated. Hepatitis A. Available at <https://doh.gov.ph/Health-Advisory/Hepatitis-A>
- Department of Health Department Circular 2022-0344. Dissemination of the Omnibus Health Guidelines per Lifestage. Available at <https://dmas.doh.gov.ph:8083/Rest/GetFile?id=719750>
- Department of Labor and Employment Advisory No. 05 Series of 2010. Guidelines for the Implementation of a Workplace Policy and Program on Hepatitis B.
- United States Center for Disease Control. 2020. The ABCs of Hepatitis - for Health Professionals. Available at <https://www.cdc.gov/hepatitis/resources/professionals/pdfs/abctable.pdf>