



Manual for Teachers

for the Implementation of the Essential Health Care Program in Schools



IMPRESSUM

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FIT FOR SCHOOL WORKS IN PARTNERSHIP WITH



Australian Government
Aid Program



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“Through this program, we can give each child beneficiary a way to better health making them truly fit for school and able to achieve their maximum potential in education and development.”



Foreword

The Fourth Edition of the Teacher's Manual for the Essential Health Care Program (EHCP) serves as the showcase output of this laudable program of the Department of Education (DepED) with local governments that earned prestigious international awards.

This manual will guide you on the implementation of this program that reaches more than one million public elementary school children in many provinces nationwide. You will be able to influence tangible health improvements to children who suffer from a high burden of preventable diseases - intestinal worms, diarrhea, and tooth decay. Through this program, we can give each child beneficiary a way to better health making them truly fit for school and able to achieve their maximum potential in education and development.

Together with the support of the Department of Health, the German Development Cooperation (GIZ), Fit For School Inc., other private sector and non-government organizations, and stakeholders, we can be models for multi-sector collaboration in giving good education and good health to the Filipino children. Our partnership can become world standard as EHCP is already considered the best practice in oral health care.

While at the helm of the department, I commit to further expand and improve the implementation of this groundbreaking program. We will encourage more partners to join us in making our children healthier through clean practices of handwashing and toothbrushing.

We move on onwards in transforming our schools into healthy public places that benefit our school children and their community for a better start in life for a brighter future.

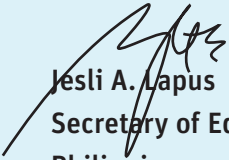


Br. Armin A. Luistro FSC

**Secretary of the Department of Education
Philippines**

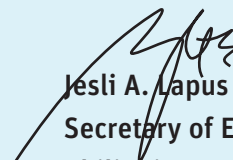
To: DepED ARMM Regional Secretary
Regional Directors
Schools Division/City Superintendents
Regional/Division Physical Facilities Coordinators
Heads, Public Elementary and Secondary Schools
All Others Concerned

1. Fully aware of confirmed Influenza A(H1N1) cases in the country and that schools can be a major source of transmission of the virus, immediate measures need to be undertaken to prevent its spread and other infectious diseases in school.
2. Relative to this, all schools, regional and division offices are required to take immediate actions as follows:
 - a. Assessment of the availability of water resources at the school level. The Division shall ensure availability of running water and soap in all schools. If running water is not available, storage of clean water container/drum may suffice.
 - b. Construction for common handwashing facilities in schools to be sourced from Maintenance and Other Operating Expenses (MOOE) or School Building Repair and Maintenance Scheme (SBRMS) funds or from any available local funds. For this purpose, a special design of lavatory counter and cost estimates are enclosed for reference. Implementation of this project shall be subject to the guidelines for utilization of MOOE and SBRMS funds.
3. The facilities shall be made available immediately or within one week upon receipt of this Order.
4. Immediate dissemination of and compliance with this Order is directed.


Jesli A. Lapus
Secretary of Education
Philippines

To: Undersecretaries
Assistant Secretaries
Bureau Directors
Regional Directors
Schools Division/City Superintendents

1. Education and health are interrelated. Academic performance of the pupils and instructional outcomes are determined by the quality of health of the school children. Unhealthy children cannot develop their full potential which may result to high drop-out rates and low academic performance. The health status of public school pupils in public schools is alarmingly poor. Dental caries, infectious diseases (respiratory tract infections and diarrhea) and worm infestations are the most common hygiene deficiency related infectious diseases in public schools which are due to lack of water and functional sanitary facilities. If unattended, these will lead to malnutrition, poor physical growth and other diseases like anemia, toothache, among others.
2. To address these problems, the Essential Health Care Program (EHCP) for school children shall be institutionalized in all schools. Through this project, soap, toothbrush, toothpaste with fluoride and deworming medicines will be provided for the conduct of daily handwashing, daily toothbrushing and bi-annual deworming of all children. These are the most cost-effective, evidence-based preventive interventions to improve the health of school children in public schools and thereby, improving their academic performance.
3. Recently, the Department of Education (DepED), League of Provinces of the Philippines (LPP) and Fit for School Inc., forged a Memorandum of Understanding (MOU) for a nationwide implementation of EHCP.
4. Regional directors, schools division superintendents shall establish linkages with LGUs and jointly participate in the planning while the regional/division health and nutrition personnel and Adopt-A-School Program (ASP) coordinators will be responsible for the orientation of school principals and teachers and monitoring and evaluation of the project.
5. School principals and teachers shall be oriented by the health and nutrition personnel for proper supervision/ implementation of the daily handwashing with soap and toothbrushing with fluoride toothpaste. Parent Teachers Associations (PTAs) are encouraged to establish handwashing/toothbrushing facilities, toothbrush holders and other improvements of the schools.
6. Enclosed are the implementing guidelines of the project.
7. Widest dissemination and compliance with this Order is desired.


Jesli A. Lapus
Secretary of Education
Philippines

IMPLEMENTING GUIDELINES

- The focus of EHCP is the institutionalization of evidence-based cost-effective interventions, such as daily handwashing with soap, toothbrushing with fluoride toothpaste and bi-annual deworming as school activity.
- The program shall be implemented in all schools nationwide targeting preschoolers and Grade I-VI.
- The project shall be financially covered by the LGU depending on the number of children involved in the project and should have a strong support from Regional and Division Officials in establishing a linkage to LGU sans schools administrators, teaching and non-teaching personnel.

Regional Directors and School Division Superintendents:

- Issue a Regional/Divisional Memorandum for all regions/division schools to implement the EHCP
- Oversee the overall implementation of the project
- Inclusion of the school health programs into the performance ranking system for teachers and principals
- Showcase Basic Education System Reform Agenda (BESRA) and use the program to strengthen linkage with the local government

School Principal:

- Call for PTA assembly for proper information of parents and teachers on the EHCP
- Ensure that handwashing and toothbrushing are done daily in schools
- Link with LGUs and other stakeholders to provide the supportive environment
- Ensure availability of supplies (soap and toothpaste)
- Coordinate with the Chief of Health and Nutrition Section

School Health Personnel:

- Conduct a basic orientation on the EHCP to school administrators, teachers, PTA officials/members and Barangay Health Workers (BHW) during the PTA assembly
- Monitor and give feedback to teachers and to the principal on the status of implementation and make suggestions for improvement
- Provide teachers and parents with needed information and address their questions, concerns and misconceptions on deworming
- Provide technical support to teachers and oversee/do deworming activities in their areas of responsibility
- Seek assistance of the barangay health workers during the mass deworming activity



Introduction

Education and health go hand in hand. Children need to be healthy to be fit for school. Sadly, too many children in the Philippines are afflicted by everyday ailments that impact largely on their physical and mental development and limit them from getting the most from their education. The majority of Filipino children very often suffers from worm infections, severe tooth decay and from infectious diseases. Toothaches have a huge impact on the quality of life of children and on their ability to learn. Diarrhea, stomachaches, and itchy skin infections also contribute to poor participation and school absenteeism. Even the best education system cannot guarantee high academic performance when students are frequently ill or in pain.

However, many of these diseases and ailments are preventable. There are simple, scientifically proven interventions that greatly limit their occurrence and transmission. The key is good hygiene.

The Essential Health Care Program (EHCP) for Filipino Children focuses on three such interventions – daily handwashing with soap, daily toothbrushing with fluoride toothpaste, and biannual deworming.

Handwashing with soap is regarded as more effective than any other single health intervention, reducing the incidence of diarrhea by 42% to 47% and respiratory

infections by up to 30%. Toothbrushing with fluoride is recognized by both the World Health Organization and the FDI World Dental Federation as the most realistic way of reducing the burden of tooth decay in populations. Meanwhile, biannual deworming has been proven worldwide to reduce helminth infections by up to 30% resulting in improved nutrition and body weight.

EHCP is cost effective and can be easily implemented on a mass scale, even in under-resourced communities. How? Through an existing, well-organized institution – the public school system. School is a second home to most children. Because of the country's widespread poverty, the school is also often the only environment that is equipped with the resources to expose children to healthy practices.

By working closely with the Department of Education and Local Government Units (LGUs), we have incorporated EHCP into regular school activities that have the potential to significantly improve the health of Filipino children.

The role of teachers is especially vital to the success of EHCP. Through their commitment to the program, they ensure that these interventions are correctly practiced by their students and become lifelong, healthy habits.

1 ● Handwashing



Handwashing has been recognized as the most important step in avoiding illness and preventing the spread of germs to others.

INFECTIOUS DISEASES

Infectious diseases are diseases that spread from one person to another. Worm infections, diarrhea, common colds, coughs, even bronchitis and skin infections are the most common infectious diseases. Lack of cleanliness is the root cause for the spread of these diseases. If we all take care to keep ourselves, our home and our school clean, we can guide children to cleanliness and stop most diseases before they start.

FACT

Scientific research gathered in several studies showed that regular handwashing with soap can reduce the rate of diarrhea by 31% to 47% and respiratory illness by 30%.¹

According to our own research, EHCP reduced malnourishment among children by 20%.⁷



You should always wash your hands with soap after using the toilet, after handling pets, before handling food and before eating.

Guidelines for Daily Handwashing

All children will wash their hands with soap at least once a day in school as a group activity.

The best time to do this is before eating at recess or at lunch time.

The teacher will assign and train students to help their classmates conduct the handwashing activity in an organized manner.

After about a week, children get used to this procedure and the role of the teacher will be limited to supervision.

The teacher will remind the children to wash their hands with soap after using the toilet, after handling pets, before handling food and before eating.

Children are encouraged to be advocates for handwashing with soap and make it a routine in family life.



1.

Wet hands with running water.



4.

Rub palms together with fingers interlaced.



7.

Rub left palm against the back of the right hand and vice versa.



2.

Apply soap, create lather and rub all surfaces for 20 seconds.



3.

Rub right hand over left and vice versa.



5.

Rub the backs of fingers against the opposite palm.



6.

Grasp thumb and rub with a twisting motion. Repeat for other thumb.



8.

Rinse hands with running water.



9.

Dry hands in the air.

Do not use a towel!
Towels become a source of infection after the first use.

Frequently Asked Questions | Handwashing

When washing hands, can I use any kind of soap?

Yes. With proper use, all soaps, even laundry and dishwashing soaps, are effective in cleaning our hands. However, laundry soaps have a stronger formula than other soaps.

Do we need to use antibacterial soap?

No. It is the action of rubbing and not the type of soap that physically removes bacteria from the skin.

How can you implement handwashing with soap in schools that have no access to water?

Access to water is essential. Activities can be started using collected rainwater and tippy tap wash stations. It is important to make water an issue and lobby for access to water in the barangay council.

Can rainwater be used for handwashing?

Yes. If water is scarce, water from a well, rainwater and even seawater can be used for handwashing, but it is of utmost importance that handwashing is always done with soap.

Why is it also important to trim fingernails?

The area under fingernails has the highest potential for harboring bacteria and viruses. Well-trimmed nails are easier to keep clean.

If water is scarce, can two or more children use the same water from a basin for handwashing?

Children should not use the same water from a basin when washing hands together as they will also share their germs. Children should rinse their hands individually and it is best to use flowing water.

Is the promotion of handwashing only being done in the Philippines?

No, this is part of a global initiative to promote handwashing. It is proven that handwashing with soap is the single most effective intervention in reducing the spread of infectious diseases and thus saving lives. Around the world, different stakeholders such as UNICEF, the World Bank, universities, industry partners and governments have joined forces to promote handwashing with soap on a mass scale. The Philippine government is now part of this global movement.

Can I participate in the promotion of handwashing and how?

Yes, everyone is welcome to join the global movement for handwashing with soap. All you have to do is make it a habit in your own personal and professional life, talk about it among family members, friends and colleagues. Encourage your neighbors, your church and your sports mates to join and carry out handwashing activities. It feels good to be part of this important global initiative.

Experiences

Jem Narisso, Grade III Teacher

“Honestly speaking, in the beginning I was hesitant about washing hands with the kids every day because I feared it would interfere with all my other duties as a teacher. But it turned out to be easy because children like to take the lead for common activities and to develop their leadership skills. I enjoy that the children are so much cleaner.”

Perlita del Rosario, Mother and Parent Teacher Association Member

“Since our school has the Essential Health Care Program, we have a new policy. Each child has to bring water to the school every day, because our school has no water. We appreciate that soap, toothbrushes and toothpaste are provided by our governor, but we really need water in the school now. The barangay council has promised to provide the necessary materials while our Parent Teacher Association (PTA) will provide the labor. We are so happy about the improvement of our school.”

2 ● Toothbrushing



According to the World Health Organization (WHO) and the FDI World Dental Federation, toothbrushing using toothpaste with fluoride is the most realistic way of reducing tooth decay.

TOOTH DECAY

Tooth decay is the most common chronic childhood disease worldwide. Tooth decay does not heal by itself. In low-income countries, nearly all tooth decay remains untreated. Consequently, the decay will last a lifetime and will affect the general health and quality of life of a person.

Tooth decay hurts and deprives children of a good night's sleep, making it harder for them to pay attention in class, play with friends and enjoy life. Ultimately, it may hinder social development.

You should brush your teeth at least twice a day: once in the morning and always before going to sleep.



FACT

The effectiveness of fluoride in preventing tooth decay has been firmly established. Research has shown that school-based fluoride toothbrushing programs lead to a 40% to 50% reduction in new tooth decay.^{2,3}

An evaluation revealed that new oral infections were reduced by 39% after one year of EHCP implementation.⁷

Guidelines for Daily Toothbrushing

Children should start their day with fresh breath and clean teeth.

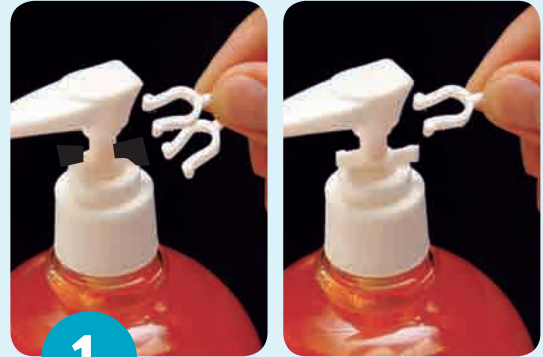
All children will brush their teeth at least once a day in school as a group activity.

The teacher will assign and train student leaders to help their classmates conduct the toothbrushing activity in an organized manner.

Filipino children are very good at group activities. Daily toothbrushing will help make them even better at performing activities together. The role of the teacher is to supervise.

After a week of training, the whole activity should not take longer than five minutes of each school day.

Children are encouraged to be champions of clean teeth and fresh breath, and to motivate their parents and siblings to make a daily habit of brushing teeth, especially before going to bed.



1.

Before using, remove the two locks from the toothpaste dispenser and pump the plunger until the toothpaste comes out. Replace one lock and pump. Now the dispenser is ready for use.



2.

Press the dispenser once to apply a drop of toothpaste onto a dry toothbrush. No water is needed, only saliva. If you are using a tube of toothpaste, squeeze a pea-sized amount onto the toothbrush.



3.

Brush all teeth, especially your molars, for two minutes.



4.

Feel with your tongue if all teeth are smooth and clean.



5.

Spit the toothpaste out. Do not rinse your mouth.



6.

Wipe your mouth with some water using clean hands.



7.

Rinse your toothbrush with water.



8.

Return your toothbrush to the toothbrush holder.

Frequently Asked Questions | Toothbrushing

Is bad breath caused by a lack of oral hygiene?

If teeth are not cleaned, bad breath will annoy the people around you. Some people have bad breath because they have bacteria in their mouths, which produce sulfur compounds. It is helpful to brush the tongue intensively because this is where these bacteria reside.

What can I do to keep my teeth healthy?

Cut down on sugary snacks and drinks. Get into the habit of eating fresh fruits as snacks, replace soft drinks with water and brush your teeth twice a day with fluoride toothpaste.

Why is it important to use fluoride toothpaste?

In many countries, the levels of tooth decay have fallen by over 50% in the last 20 years. Leading experts around the globe have agreed that this development is almost entirely due to the use of fluoride toothpaste.

Why is it important not to rinse the mouth after toothbrushing?

Rinsing will reduce the positive effect of the fluoride on your teeth. If you feel a need to rinse out the food particles, brush your teeth and rinse, then brush teeth again with fluoride toothpaste, this time without rinsing.⁴

Do I need to change toothbrush every three months?

No. Research has shown that there is no difference in cleaning effectiveness between an old and a new toothbrush in the hands of children.⁵

Can I use salt as an alternative to toothpaste?

You can use salt for cleaning purposes, but you need fluoride to prevent tooth decay.

Can I use a guava stick to clean my teeth?

Yes, of course. In the absence of toothbrushes the guava stick is effective in cleaning teeth, but do not forget to place a drop of toothpaste on your guava stick.

Is toothpaste safe to swallow?

Toothpaste is not intended to be eaten and children are encouraged to spit out the toothpaste. However, it is known that children will always swallow some toothpaste, but even when they do so, it is harmless.



Experiences

Lara, Grade V Student

“I am Lara and I am a Grade V pupil. I am the president of the fluoride patrol of our school. My role in the fluoride patrol is to spread dental information to our classmates, to facilitate the formation of my classmates' lines during toothbrushing, to campaign for NO candies, to avoid dental caries and to report any of my classmates' dental or medical related problems to the teacher or the nurse. I like being in the fluoride patrol because it gives me the opportunity to serve my classmates and also develop my sense of responsibility.”

May Figueroa, Grade I Teacher

“I enjoy the Essential Health Care Program because my pupils are so much cleaner, they smell better and they have no bad breath anymore. I like watching them and see how much they enjoy the common activity. It is not an additional burden on my shoulders because the children got used to the daily exercise after a few days and now do everything themselves. I enjoy participating in the process along with my pupils.”

3 ● Deworming



Nowadays worm infections can be controlled through biannual deworming with inexpensive, highly effective single-dose drugs.

COMMON WORM INFECTION

Soil transmitted helminth (STH) infection, also known as worm infection, and schistosomiasis are very common. School-age children in developing countries are the most heavily infected population.

Untreated worm infections cause anemia and can lead to poor mental development. When infected, children lose energy and their ability to concentrate. As a result, they are always tired and cannot actively participate in class. Going to school becomes tiresome for infected children.

Heavily infected children will not grow as expected for their age. Malnourished children become even more malnourished.

In the Philippines, 7 out of 10 elementary school children have worms, with 2 out of 10 being heavily infected.



FACT

An evaluation of the impact of school-based deworming revealed that deworming children in Kenya reduced absenteeism by 25%.⁶

Our own research in the Philippines showed a reduction of absenteeism by 27%.⁷

You should be dewormed every six months. Deworming drugs are safe and can also be given to children who are not infected.



Guidelines for Mass Deworming

The DepED health personnel in collaboration with the barangay health worker (BHW) will orient and educate parents and teachers on mass deworming to address all questions and concerns.

Parents need to sign a form as a way of giving their informed consent for the deworming of their children.

The teacher will call five children at a time and administer the deworming tablets, which will be chewed by the children immediately under direct observation of the teacher.

The principal is encouraged to establish linkage with the community and seek the presence of the BHW on the deworming day.

This procedure will take place every six months.

The data of deworming and the names of all children dewormed will be documented in the teacher's record book.



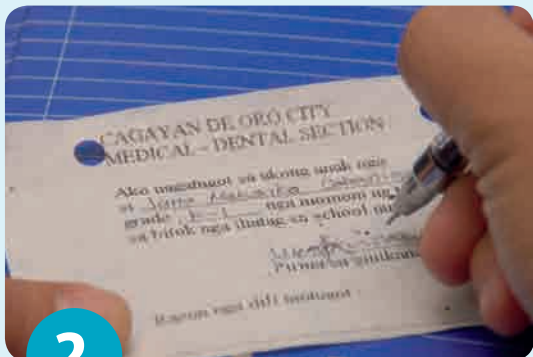
1.

School nurses or health workers orient teachers and parents.



4.

Upon receiving the tablet, children must chew and swallow it immediately.



2.

Parents give their informed consent.



3.

Teacher calls five children at a time.



5.

Teacher inspects the children's mouths.



6.

A parent will assist in the documentation.

Frequently Asked Questions | Deworming

What are the symptoms of worm infection?

Worms and other parasites live in people's intestines and cause disease. Some worm types can be seen in the stool. Some worms lay their eggs outside the anus, which causes itching, especially at night, and interrupts sleep. If the infection is not treated, an infected person may experience loss of appetite, abdominal pain and decline in energy levels resulting in decreased physical and mental performance. An infected person will also experience a deficiency in vitamin A, which leads to anemia (for hookworm cases only), dry eyes and even blindness. The body of an infected person cannot absorb food properly, which then leads to malnutrition and intestinal obstruction.

How can I prevent the children from being infected?

Prevention of worm infection requires improvement of personal hygiene and sanitation facilities. First, use a toilet whenever possible. Second, always wash hands with soap after going to the toilet and before eating. Rubbing hands with soap will get rid of microscopic worm eggs you or the child may have picked up. Third, wash vegetables thoroughly with clean water. Fourth, keep fingernails and toenails short. Finally, always wear shoes or slippers to keep feet from direct contact with the soil.

Are deworming drugs safe?

Deworming drugs are safe and can also be given to non-infected children. They are safe for all children above 1 year of age.

Why should my child be dewormed again when he was dewormed last year?

Children will easily be reinfected. Therefore, deworming is needed every six months. It will prevent chronic infection and a heavy worm load.

Can we deworm without a lab result?

The World Health Organization recommends the deworming of all children without prior laboratory testing if the infection rate in the area is higher than 50%. The infection rate in the Philippines has been higher than 50% in all areas surveyed. Deworming of all children is recommended in schools as the drugs used are safe even for non-infected children.

Why was my child dewormed in school and in the community several times last year?

In the past, there have been overlapping deworming programs. Collaboration among DepED, DOH, DSWD, respective LGU offices and barangay health workers will assure coordination and mainstreaming of efforts.

Why do children have the highest risk of intestinal worm infection?

Most intestinal worms are so-called "soil transmitted helminths," which means that the infection is spread through soil. Soil is easily contaminated with human excreta or waste. Children play on the ground then put their fingers in their mouths and get infected. Thus, proper handwashing before eating is very important.

Experiences

Boy Morales, Grade III Student

"Our teacher told us how worms live and grow in the body of children and why we can get infected. I had often seen worms in my feces and always wondered how they entered my body. Our teacher told us that the eggs of worms are on the ground where we are playing. Ants and beetles carry the eggs of worms from the feces of people who have worms and distribute them all over. The eggs are very small and tiny. We cannot see them, but they are on our hands and under our fingernails. Now I always wash my hands before I eat because I do not want to swallow the eggs of the worms. In our school we wash our hand all together prior to recess because this is a school policy."

Maria Gonzales, Mother, Bukidnon

"I was afraid to let my child be dewormed because I was told by my mother that deworming will make the worms come out of the mouth, the ears and the eyes, and the child may be blind or deaf after the deworming. I was too shy to ask about this, but the nurse in the school told us that this is not true and just an old wife's tale. I am well informed now and happy because after the deworming, my child gained weight and is happily playing around."

4 ● Roles & Responsibilities



The Fit For School approach identifies different roles to ensure the smooth implementation of daily handwashing with soap and daily fluoride toothbrushing. Children are not only the beneficiaries but also the prime actors in school health programs.



THE ROLE OF THE CHILDREN

- remind the teacher when it is time for handwashing and toothbrushing, and lead the formation of student lines during these activities
- maintain cleanliness of the facilities
- assist the teacher in implementation and monitoring
- report difficulties to the teacher
- remind parents to buy and use soap and toothpaste at home
- remind parents, grandparents, caregivers and older siblings to wash their hands before preparing food
- encourage younger siblings to wash their hands at critical moments and remind them to brush their teeth, especially before going to bed



THE ROLE OF THE TEACHER

- seek close partnership with parents in constructing the handwashing facilities and in preparing toothbrush holders
- orient the children on the activities
- facilitate and supervise the daily activities
- facilitate participatory learning in addition to conducting lectures or lessons
- empower children to take leadership roles and responsibility
- ensure availability of water
- organize the regular cleaning of facilities
- ensure availability of toothpaste and soap
- administer the deworming medicine after being oriented by health personnel



THE ROLE OF THE SCHOOL DIVISION SUPERINTENDENT (SDS)

- issue a memorandum for all schools to implement the EHCP, including the EHCP survey
- oversee the overall implementation of the project in the division and ensure monitoring of the program at least once a year in all schools
- ensure the distribution of soap, toothpaste and toothbrushes according to DepED distribution system
- include compliance with school health programs in the performance ranking system for teachers and principals
- use the program to showcase Basic Education Sector Reform Agenda (BESRA) good practice and to strengthen linkage with the LGU



THE ROLE OF THE SCHOOL PRINCIPAL

- call for PTA assembly to properly inform parents and teachers about EHCP
- include group handwashing and toothbrushing activities in the daily class programs
- instruct all teachers in your school and ensure strict compliance with the EHCP guidelines
- link with LGUs and other stakeholders to provide a supportive environment
- ensure availability and proper distribution of supplies (soap, toothpaste, toothbrushes) within your school
- ensure monitoring at least once a year and communicate the results with the teachers and the community
- recognize achievements of individuals in their performance ranking



THE ROLE OF THE SCHOOL HEALTH PERSONNEL

- conduct a basic orientation on the Fit for School EHCP for teachers, school administrators, PTA members and parents, establish linkage with the community, especially with the BHW
- provide teachers and parents with needed information and address their questions, concerns and misconceptions about deworming
- request the presence of the BHW during mass deworming day to support the teachers
- take the lead in coordinating the annual monitoring with the PTA and a barangay official
- give feedback and explain monitoring results to teachers and to the principal



THE ROLE OF PARENTS AND THE COMMUNITY WITHIN THE PTA

- facilitate the construction of washing facilities and provision of toothbrush holders
- lobby for access to water and sanitation in the school
- participate in annual monitoring
- participate in PTA assembly, address questions and concerns to the health personnel and sign consent forms for deworming
- be a good role model by handwashing with soap at critical moments, toothbrushing and reminding your children to brush their teeth in the evening
- provide access to soap, toothbrushes and toothpaste at home, so that children can grow up healthy



THE ROLE OF LOCAL CHIEF EXECUTIVES (GOVERNORS, MAYORS, BARANGAY CAPTAINS)

- support institutionalization of EHCP in provinces through provincial ordinances
- take the lead in programs for behavior change and healthy habits
- ensure budget allocation
- ensure timely procurement of program materials
- encourage community involvement



THE ROLE OF NGOS, DEVELOPMENT AGENCIES AND OTHER INTERNATIONAL ORGANIZATIONS (WHO, WORLD BANK, ETC.)

- promote and advocate school health on a local, national and global level
- support communities and schools in their efforts to improve water and sanitation facilities
- strengthen school and village community action by setting incentives and awarding outstanding performance
- provide technical assistance to government agencies and support government agencies' ownership of the program
- spearhead framework development
- promote and strengthen global partnerships among stakeholders and prevent program duplication and overlapping



THE ROLE OF PRIVATE PARTNERS

- engage in community partnerships
- encourage community involvement
- provide funds for capacity development
- provide financial support for pilot projects and support the scale-up process
- use mass media for health campaigns
- engage in global partnership for development
- assist the scientific community in research and development efforts
- offer affordable, mass market quality health care products



THE ROLE OF THE ACADEME

- conduct research to strengthen the evidence of the effectivity of the interventions
- support government agencies with research
- advocate more affordable health care solutions
- devise and encourage simple and effective health habits
- disseminate information on scientific developments
- transfer technology and know-how to private companies, NGOs and LGUs
- work closely with the various development agencies, aid agencies and departments in government to promote the general health and welfare of children
- take an active role in the advocacy process

Frequently Asked Questions | Roles & Responsibilities

Why should teachers be involved in training children to develop healthy habits?

Handwashing with soap and toothbrushing with fluoride toothpaste are necessary life skills for children. The school offers the perfect venue for children to learn about personal hygiene and teachers are the children's role models. The children will then spread the message to their families. It is very rewarding for teachers to work with clean and healthy children and to experience making a difference in a child's life.

Can teachers instruct children in toothbrushing even if they are not dentists?

Yes. You do not need to be a dentist to teach proper toothbrushing. Parents around the globe familiarize children in toothbrushing without being dentists themselves. Toothbrushing is a simple life skill and children need to practice it daily in order to master it. Teachers are well prepared to teach life skills.

Are teachers allowed to perform deworming?

The World Health Organization recommends that school-based deworming should be done by well oriented teachers. Teachers around the globe have been doing this successfully. Teachers are allowed to perform deworming if parents have signed the informed consent form. Teachers should be oriented by the health personnel on the deworming procedure. The school nurse and the school principal should involve the community and ask the the BHW to be present in the school during the deworming day.

Can children be leaders in practicing personal hygiene?

Children are perfect leaders and have proven to be able to facilitate formation of their classmates' lines on many other occasions. Practicing personal hygiene as a group activity offers a good learning experience for each child, so that they can practice these habits at home and train parents and siblings. It is important that they do this EVERY day. Only a daily routine will lead to sustainable behavior change.

What is the role of health personnel if teachers are deworming and doing handwashing and toothbrushing with the children?

Health personnel are the technical experts. They are trainers and health managers and serve as a bridge between the health and education sectors. Their role is crucial! School health managers oversee and monitor the program and support teachers and administrators in the implementation.

How can civic and church organizations participate in the Fit for School program?

Civic organizations (Rotary Clubs, Kiwanis, etc.) and church organizations can strengthen the program on the local level. They participate by supporting the communities in obtaining access to water and improving washing facilities. In some areas, civic organizations provide the funds for additional health services, like micronutrient supplementation, eye glasses or oral urgent treatment.



Experiences

Analisa Mendoza, Barangay Health Worker

"When the DOH and DepED started the school-based mass deworming program, the coverage rate for deworming in our barangay went up immediately. In former times, we health workers spread information from house to house, and encouraged the families to bring their children to the health center. We could not get it done; there were so many children. The teachers in our elementary school can do it in a systematic way and together we can reach all the children, even those whose parents do not care."

Jamcel Artango, School Dentist

"In my area of responsibility, I have to take care of more than 30,000 children. It is impossible for me to treat or deliver lectures to all of them. But I can orient the administrators, principals and teachers about the importance of daily toothbrushing and support them in implementing this. Children have much improved oral health since they began brushing in school every day. By doing this, I can make a real difference in the oral health of the children. How much I wish all teachers understand and support this."

5 ● How to Create a Supportive Environment



The active participation of parents is needed for the successful implementation of the Essential Health Care Program. Involvement of the community and the support of the barangay council is the key.

WATER, SANITATION AND HEALTH IN SCHOOLS

Providing access to safe water and sanitation remains a major challenge in Philippine schools. The Essential Health Care Program can serve as a starting point for making access to water and sanitation a priority in School Improvement Plans.

FACT

The results of a recent survey of elementary schools in Misamis Oriental show that 71% of the toilets are in desperate need of repair and one out of three toilets does not have running water, while 42% of the assessed schools do not have water at all.

Guidelines for Access to Water

Each child should have access to water, either from a tap or from a water container (jug, canister, tippy tap) in the classroom.

Schools without access to water should develop ways and means to ensure availability of water by encouraging the students and parents to bring water to the school.

Access to water in the school should be a priority of the barangay.

On the average, at least one liter of water is needed for every child per day.



Access to water and improvement of washing facilities are the responsibility of the whole community.

Guidelines for Tippy Tap Wash Stations

Tippy taps offer a low cost solution for schools that do not have access to piped water.

As a temporary solution, the construction of a tippy tap can be done in each setting, providing sufficient wash stations so that many children can wash their hands at the same time in an organized manner.

Placing the bottles under the sun for at least six hours will increase the water quality (<http://www.sodis.ch>). The UV light of the sun will disinfect the water.

Building tippy taps is a fun activity for children, parents and teachers.



1.

Fix a string to the bottle and remove the label.



4.

Fix soap in a stocking or a fish net near each bottle.



2.

Make a hole in the cap of each water bottle.



3.

Fix the bottles to the wash stand so that they can be easily turned to an upright position.



5.

Wet hands by squeezing the bottle and lather your hands using soap.



6.

Rinse hands or toothbrush by squeezing the bottle.

Guidelines for the Design and Construction of Handwashing and Toothbrushing Facilities

Assess the water and sanitation conditions in your school, discuss needed improvements and seek support from the barangay council.

Think about immediate improvements and long-term improvement as part of the school improvement plan (SIP).

To facilitate handwashing and toothbrushing as daily school activities, each classroom should be equipped with its own washing facility.

If water pressure is too low or unreliable, do not use faucets. Punched pipes will work much better and consume less water.

Most important that the facility functions no matter whether concrete or indigenous material is used.

Ensure regular cleaning of the facility and be proud of your healthy school.

Use the experiences that others have made. Watch the video on the DVD or on the website.



1.

Build the facility close to the classroom



4.

Consider using a container to ensure constant water pressure



7.

Inclining the facility lets water flow smoothly



2.

The facility should accommodate at least 10 kids



3.

Use of indigenous materials is a low-cost option



5.

Punched water pipes reduce cost and water consumption



6.

Tippy taps are immediate low cost solutions



8.

Ensure proper drainage



9.

Consider roofing for group activities, rain or shine

Guidelines for the Toothbrush Holder

Each child will receive one toothbrush with a cover per year. These are to be stored in a toothbrush holder inside the classroom.

The toothbrush holder will be fixed to the wall so that children can easily reach it.

The toothbrush holder should be easy to clean.

There should be spaces between the brushes to avoid cross infection.

The slots should be designed in such a way that the head of the brush is exposed to the air. The cover has little holes to prevent molding.

Each space and each brush should be clearly labeled to avoid mixing up brushes.



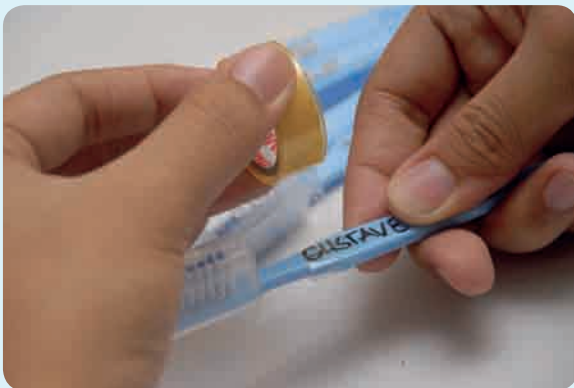
Never let the children bring the brushes home. A second brush is needed at home.



Using a permanent marker, toothbrushes must be labeled individually according to student name or number.



As an alternative to labeling, have the children personalize their toothbrushes for easy identification.



The label must be wrapped with tape to prevent it from being erased over time.



6 ● Monitoring



Monitoring is necessary for assessing the strengths and weaknesses of the implementation, providing valuable feedback to schools and strengthening school-based management

ASSESSING EHCP IMPLEMENTATION

Regular monitoring and evaluation shows the status of EHCP implementation and whether handwashing and toothbrushing have become a routine in daily school life. It also helps to identify challenges and needs for additional support in managing the program.

PROVIDING FEEDBACK TO SCHOOLS

The results from the monitoring should be discussed among the monitoring team, the classroom teacher and the school head. This will provide valuable feedback to the school.

IMPROVING PROGRAM MANAGEMENT

After the monitoring, the school head and the monitoring team should jointly develop an Action Plan that addresses the findings of the monitoring activity. Responsibilities should clearly be assigned to the school, parents or the barangay.



School heads, teachers and nurses can also use the monitoring form on their own throughout the school year.

AREAS FOR MONITORING:

- EHCP Supplies
- Orientation
- Deworming
- WASH in Classroom
- Water Access
- Group Facility
- Group Activities



Guidelines for Monitoring

Annual monitoring is carried out in every school in one randomly selected class.

The members of the monitoring team are the DepED Health Personnel, Barangay Captain or Kagawad and the PTA President or Officer, who each represent one key local stakeholder.

An advance copy of the School Survey Form is distributed to the principals of all schools in the division by the SDS. On the day of the actual school visit, the team will use this form as a guide in the monitoring process.

The SDS will assign the staff responsible to encode the collected data from the survey forms into an online system that will be accessible to DepED officials at the divisional and regional level.

Please watch our Monitoring film on the DVD or on the website.



1.

Prepare for the visit and bring the needed materials.



4.

Check the availability of EHCP materials.



7.

Compare answers and agree on common scoring.



2.

Randomly select the class and section to be monitored.

MORNING SESSION:		
TIME	MINUTES	SUBJECT
7:30 – 7:40	10	Parangal sa Watawat
7:40 – 7:55	15	Uninterrupted Sustained Silent Reading
7:55 – 8:25	30	Character Education
8:25 – 9:55	90	English I
9:55 – 10:10	15	RECESS
10:10 – 10:20	10	EHCP (Essential Health Care Program)
10:20 – 11:30	70	Mathematics I
11:30 – 11:40	10	Remedial Reading (Math)
11:40 – 12:00	20	Preparation of Instructional Materials

3.

Check the class program schedule.



5.

Check deworming records and coverage.



6.

Observe and assess the group activities.



8.

Discuss results and create an Action Plan



9.

Encode the data into the online system.

Frequently Asked Questions | Monitoring

How do we ensure the involvement of parents and the barangay?

The PTA and the barangay should be informed of the monitoring activity well in advance. Also, it is very important that the school health staff provides an excellent orientation about the monitoring process. Nurses may use this Manual or the video for that purpose. Schools divisions may also consider translating the monitoring form to local dialects.

Why does the monitoring team consist of three people who all have to fill out a form?

Having each team member fill out an individual survey form shows the involvement of all stakeholders. A form signed by all key persons involved in the monitoring establishes accountability and transparency. Filling out the forms is only the first step of the entire monitoring process. The completed forms will be the basis for discussion of results among the stakeholders and their respective constituents, which is one of the most important aspects in monitoring.

How do we assure that the monitoring results are honest and correct?

First, it is the responsibility of the monitoring team to report honest and correct results. Only then can the school properly assess the implementation and improve where necessary. Second, the monitoring results are transparent and visible to DepEd administrators at the divisional, regional and national level. They could always be verified in a follow-up visit. Third, schools divisions may also consider to have peer assessments or to involve a district supervisor.

Why do we randomly select one classroom?

It is impractical for the team to monitor all classrooms, so it is necessary to select one. Random selection is important because all classrooms should be implementing EHCP as well as possible. The school should not focus on showcase classrooms and honors classes.

Why should the classroom teacher and school head sign the forms?

Signing completed forms emphasizes the significance of their roles in the implementation of the program and their participation in discussing findings, generating feedback, identifying challenges and finding solutions to improve the implementation of the program and the status of facilities.

How should the Action Plan be developed?

The Action Plan should be based on the findings of the monitoring activity. It should be developed jointly by the school head, the health personnel, a barangay official and a PTA officer. These stakeholders could decide to copy good practices observed during the monitoring school-wide or to address specific issues for improvement.

Why should all schools be monitored?

There are schools without EHCP materials yet, but they may have taken an initiative to start implementing EHCP on their own so these efforts and best practices should be identified. Monitoring will also orient them about the possibilities and benefits they might have with additional support from the different stakeholders. The competition for the GSK Award could greatly encourage these schools to fully implement EHCP.

Experiences

Nilo Meneses, PTA Officer

“The role of the parents is essential for the success of the program. As a parent, I want to see that my child has a chance at school to develop healthy habits. I also want to make sure that the facilities that we built are put to good use. I am proud to be part of the monitoring team and I am looking forward to work with our principal and the barangay to make the program even better.”

Gemma Masiplat, Principal

“I think it is very important that we regularly monitor the EHCP. It encourages our teachers to give their best and is a chance for our school to shine and to show our good performance. The feedback from the monitoring team is very valuable because it helps us to improve the program further. It clearly proves that this is a joint project by parents, the barangay and the school.”

Checklist for Teachers

PHASE I: PREPARATION

- Primary assessment
- Read the manual
- Watch the videos provided with the manual
- Set a Homeroom PTA members and officers meeting
- Inform the barangay officials of the meeting
- Encourage their participation
- Include health personnel in the meeting
- Discuss the program with the PTA
- Show the manual and videos to the parents
- Discuss how the parents contribute to the construction of the handwashing facility and the toothbrush holder
- Supervise the construction of the handwashing facility together with parent-volunteers or barangay officials

PHASE II: IMPLEMENTATION

Daily Handwashing with Soap

- Have at least two soap dishes ready
- For soap bars: cut each soap bar into three pieces
- For liquid soap: Mark one bottle with “GIRLS” and the other “BOYS”
- Keep the soap dish or liquid soap bottle in a dry place in the health corner
- Assign and train a student leader to help his/her classmates conduct the handwashing activity in an organized manner
- Time the whole activity; after a week, the procedure should not take longer than five minutes
- Perform the activity daily

Daily Toothbrushing with Fluoride Toothpaste

- Put the holder in an area where children can easily reach for their toothbrushes
- Request toothbrushes, toothpaste bottles and soap from the principal
- Label the toothbrushes individually according to student name or number using a permanent marker, or have the children personalized their toothbrushes for easy identification
- Label one toothpaste bottle “GIRLS” and the other “BOYS”
- Remove ONLY one lock/stopper from the dispenser
- Assign and train a student leader to help his/her classmates conduct the toothbrushing activity in an organized manner
- Time the whole activity; after a week of training, the procedure should take less than five minutes

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