

Project Contact

Organisation - Applicant details

Name of Organisation

Philippine Leprosy Mission, Inc.

First Name of main contact

[REDACTED]

Last Name of main contact

[REDACTED]

Position within the organisation

[REDACTED]

Email address

[REDACTED]

Full postal address

[REDACTED]

Contact telephone number

[REDACTED]

Organisation website

<https://leprosy.org.ph/>

Does an ILDS Member support this application

Yes

What is the name of the supporting ILDS Member?

[REDACTED]

To support your application, please upload a support letter from the ILDS Member here

[REDACTED]

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Important

Please confirm that you have read the grant type and grant guideline here

Yes

Have you received DermLink grants in the past 5 years?

No

About the project

Project start date:

[REDACTED]

Project end date:



PLEASE NOTE: All grants **MUST** be used within 24 months of being awarded. Extensions may be considered, where necessary)

What country will the project take place in?

Philippines

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About the project

What would you like to call your project?

Partners in Community Skin Health: an integrated approach to Skin Neglected Tropical Diseases (CommSkin)

Describe the project.

The Problem: Among the Neglected Tropical Diseases prioritized by the World Health Organization, there are 7 that have prominent skin manifestations, the Skin Neglected Tropical Diseases: leprosy, yaws, lymphatic filariasis, mycetoma, cutaneous leishmaniasis, Buruli ulcer and onchocerciasis. Recently, scabies and other ectoparasites have been added to the NTDs. The proposed intervention: The Partners in Community Skin Health (CommSkin, formerly called Partners in Leprosy Action or PILA) is a community skin health approach and social innovation strategy initiated by the Philippine Leprosy Mission in 2005 that brings together various stakeholders to develop sustainable community skin health programs to enhance awareness, early detection, treatment, and prevention of leprosy and other prevalent skin diseases. In 2015, PILA was selected as one of the top 23 best practices by the Social Innovation in Health Initiative (SIHI) of the TDR-WHO, University of Oxford, and University of Cape Town. A SIHI case study on the strategy found that it was able to increase skin health access and decrease stigma of skin diseases in the communities. The strategy is also well-received by the communities.(SIHI) The CommSkin strategy uses an inclusive and collaborative approach. It invites various stakeholders such as local officials, health officers, public and private healthcare providers such as dermatologists, and community members. The strategy seeks to boost local health systems at the periphery through skin health screening and care provision, capacity building for stakeholders, and awareness campaigns. The strategy also strives to organize social infrastructure to make it possible for the communities to sustain the skin health programs even after implementation of the project, should they desire and have the will to do so. The strategy allows for short-term screening and management of skin diseases while long-term solutions to be sustained by local stakeholders and the community are being formed. CommSkin prioritizes remote and impoverished villages with indigeneous peoples who have higher risks for poor skin health and skin NTDs. Although the PILA strategy has a particular focus on leprosy, it is not limited to the care of leprosy, as it intends to screen for and manage the various skin NTDs and is aligned with the WHO framework and guidelines on the integrated management of skin NTDs. This project will utilize a

playbook developed through implementation research on the factors for sustainability of the community skin health approach used by PLM in various communities. This guide will be shared with local government units. The Goal: This project aims to build the capacity for skin health services in two Geographically Isolated and Disadvantaged Areas (GIDA) of Mindanao Island Region where at least two Skin NTDs have been reported as endemic (ex. leprosy and yaws) using the Partners In Community Skin Health strategy as an integrated approach to skin NTDs.

What is the need you have identified; how did you identify it and how will your project meet it?

The Need: Leprosy, yaws, lymphatic filariasis, mycetoma, cutaneous leishmaniasis, and ectoparasites are endemic in the Philippines. Skin NTDs such as leprosy, lymphatic filariasis, and yaws have been earmarked for elimination by the Philippine government by 2030, together with 10 other priority infectious diseases (Multiple Diseases for Elimination Plan 2023-2030). Local governments need assistance in achieving elimination goals. How the need was identified: The Philippines has the highest number of new leprosy cases detected (~1000-2,000/year) in the Western Pacific Region. Despite the curability of leprosy and availability of free medication, delays in consultation, diagnosis, and treatment have contributed to disability and deformity caused by the disease. One of the biggest barriers to receiving care is the stigma attached to the disease and the discrimination against patients and their family members. There is limited public awareness about leprosy such as early signs and symptoms, its curability, and the availability of free medication, which contributes to poor health-seeking behaviour. Only one confirmed active yaws case already makes a community endemic. Yaws is actually targeted for eradication by the World Health Organization through Total Community Treatment with one-dose azithromycin, however, yaws has been a forgotten and neglected disease in the Philippines, as documented by Dr Belen Dofitas in two yaws studies. Yaws was thought to have been eradicated in the Philippines until, in 2017, active and latent cases were confirmed in the Southern Philippines by Dr Dofitas, a dermatologist and researcher. These endemic areas also have armed conflict, poverty, and geographically inaccessible communities, indigenous peoples, with hidden cases of Skin NTDs. Dr Dofitas, with Philippine Leprosy Mission, expanded the scope of PILA beyond leprosy to include the detection of Skin NTDs and renamed it to "Partners in Community Skin Health" (CommSkin). This was piloted in 5 towns in Tulunan Municipality, Cotabato province in 2018 where leprosy and yaws were endemic. PILA was able to: 1) engage and mobilize the various stakeholders for skin health in a remote villages endemic for Skin NTDs; 2) detect and treat 3 types of Skin NTDs among 1672 schoolchildren and community members: Ectoparasites (scabies and head lice), Leprosy, Yaws; and 3) strengthen the capacity of the existing health services (Rural Health Unit) to handle common skin diseases and skin NTDs. (Project report) This project can help: In areas of armed conflict and geographically inaccessible communities, there are likely to be more cases of skin NTDs. Innovative and integrated approaches such as CommSkin are therefore needed. More capacity-building for the health system is necessary so that skin NTDs, especially the forgotten yaws, can be recognized and treated. This project will continue to address the problem of skin NTDs in GIDAs with the help of dermatologists by enhancing community skin health through the training and guidance of health workers, skin health campaigns, community skin screening,

treatment of common skin diseases and skin NTDs. Active surveillance of Skin NTDs can also be established. With early detection, treatment, and rehabilitation, the stigma and disabilities will also be reduced and quality of life improved.

What are the planned activities for this project and the planned timeline?

Target communities: Endemic for 2 or more Skin NTDs: ex. yaws, leprosy, ectoparasites, and lymphatic filariasis. Project Sites 1: a selected town in Maguindanao province, Bangsamoro Autonomous Region of Muslim Mindanao with yaws and leprosy suspects reported Project Site 2: Tulunan municipality, Cotabato province where yaws, leprosy, and ectoparasites were detected in 2018; need to revive the Skin NTD control efforts

Description of the project The project will focus on one project site per year. Year 1: One endemic town in Maguindanao, BARMM (to be identified by BARMM coordinators) Year 2: One town in Municipality of Tulunan, Cotabato, Region 12 (to be identified by Tulunan MHO)

I. Social Preparation The project leader will present the CommSkin project to local chief executives (i.e. governors, mayors) and request their support in implementing the project through the municipal health office or rural health unit and in partnership with the Department of Education. Formal agreements may be necessary.

II. Operations Phase

1. Orientation and training:

1.1 Stakeholders meetings and orientations (i.e Municipal Health Office, Rural health unit, Local Government Unit representatives, Department of Education)

1.2 Training seminar on skin-related NTDs and the project implementation: RHU health staff, Dept. of Education school doctors and nurses, barangay health workers and schoolteachers.

1.3 Information campaign on skin-related NTDs

1.4 A local CommSkin Team for the municipality (ex. Rural health center doctor/nurses, Dept. of Education school nurses) will be formed to coordinate and implement activities.

2. Pre-screening of schoolchildren and households for any skin diseases:

2.1 Once a year, elementary and high school students will be instructed and required by their teachers to inspect their family members and themselves closely with the aid of flyers showing photographs of leprosy and other skin diseases. Students will undergo yearly skin check-ups by school nurses and physicians.

2.2 Students will record family members with skin problems and submit this homework to their teacher.

2.3 School authorities collect, consolidate the data and periodically submit the consolidated reports to their counterpart health authorities.

2.4 The Village Health Workers will screen households that are not included in the schools' screening.

3. Free skin health services & treatment of leprosy cases and NTDs: Those with skin problems will then be encouraged to visit the health center for proper diagnosis and treatment or consult during scheduled free skin clinics per village. Study dermatologists or Teledermatologists will be available for difficult to diagnose or manage skin patients.

Monitoring and Evaluation: At the middle and at end of the project term, the following output will be measured

- 1. No. and % coverage of households = target 85%**
- 2. No. and % population screened for any skin disease**
- 3. No. of skin-related NTDs detected (per disease, total)**
- 4. No. and % skin diseases detected**
- 5. No. of public health workers oriented and trained in skin-related NTDs and CommSkin**

At the end of the project term, a feedback meeting will be held with the various stakeholders in order to present the project's findings and recommendations and to involve the local government and health authorities in the finalization of the report and future plans.

Timeline: Year 1 & Year 2 will have the same activities; one project site per year

Activities Year 1 & Year 2

Social Preparation: Stakeholders Meeting Month 1 Training of project personnel Month 1 Information campaign Month 2 - 4 Pre-screening of schoolchildren Month 4 - 9

Pre-screening of households Month 3 - 9 Skin check-up; confirmation of diagnosis Month 3 - 10 Monitoring/ Interim report Month 6 Feedback Meeting & submission of Project report Month 11-12

Please summarise your project in 200 words

The Partners in Community Skin Health (CommSkin) is a community skin health approach and social innovation strategy that was initially developed by the Philippine Leprosy Mission to support leprosy control efforts in local government units. CommSkin has been expanded to address the problem of Skin Neglected Tropical Diseases (i.e. leprosy, yaws, lymphatic filariasis, ectoparasites, mycetoma, cutaneous leishmaniasis). The project will be implemented in two endemic, remote, impoverished villages in Tuluhan, Cotabato and in Maguindanao in the Southern Philippines, with one project site per year. With the direct involvement and guidance of dermatologists, CommSkin will help establish community skin health services and thus increase case detection and treatment of Skin NTDs as well as common skin diseases in an integrated manner. The focus will be on capacity-building (i.e. the training and guidance of health workers, dermatological supplies), skin health awareness campaigns, community skin screening, treatment of common skin diseases and skin NTDs. It aims to strengthen existing health services and influence better health-seeking behaviors. Active surveillance of Skin NTDs can also be established. With early detection, treatment, and rehabilitation, the stigma and disabilities due to Skin NTDs will also be reduced and quality of life improved.

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Unexpected challenges

Please explain how you will adapt your project in the event of restrictions and/or lockdowns as a result of unexpected events, e.g. changes in political or economic environment, natural disasters, COVID-19, etc

Field coordinators from the project sites will be trained and engaged to ensure the implementation of the project even when the project leader is not present personally. We will be flexible with activities when necessary. Dates and venues may be adjusted. We will have open communication with partner institutions and possible changes in expectations will also be discussed. Telehealth: I have successfully used online meetings and teletrainings for my field teams during the COVID pandemic when I conducted the second yaws community surveys in various parts of the Philippines. I have conducted telehealth trainings through asynchronous and synchronous means for remote rural health unit staff in the Southern Philippines in 2021. I will utilize these methods again should there be disruptions in the project sites. Teledermatology: I am an experienced teledermatologist and will be training the field project staff on how to refer patients through teledermatology as well during this project, as I have done in all my previous community projects and research. In the event of armed conflict or natural disasters, the project may be halted temporarily until such time that the security of the field team can be ensured. It is also possible to transfer to a safer project site if the security problems are expected to be prolonged. In the event of a

change in local politicians (ex. mayors) or municipal health officers, I will make courtesy calls again to introduce the project to them.

Engagement and experience

What relevant experience do you and the implementing team have in organising and delivering these activities? (if you have been a grantee of DermLink Grants Programme, please list the year, project title, and the ILDS Supporting Member)

I am an experienced community dermatologist whose career as a physician began in 1989 as a NGO community health worker. I have been the project leader of the Partners in Leprosy Action of the Philippine Leprosy Mission since its inception in 2006. PILA output: over 800,000 people screened in 5 regions, 45 municipalities; over 200 new leprosy patients detected; trained over 700 HCWs; reduced leprosy-related stigma I am an experienced clinical epidemiologist and public health researcher who has personally conducted surveys in the target project sites (health-seeking behavior study and community skin surveys in year 2000; yaws clinico-prevalence studies in 2017 and 2020). My PhD thesis was on yaws in the Philippines. Project leader, "Partners In Leprosy Action (PILA): a community skin health strategy as a combined approach to detecting skin-related Neglected Tropical Diseases"; Philippine Leprosy Mission, Inc. - Recipient of a grant from Galderma SKINPACT Awards 2017 for Community Leadership in Dermatology (Asia-Pacific edition) Coordinating Investigator, The Feasibility of Using Telehealth for Training Health Care Workers (HCWs) and Persons with Disability on Integrated Rehabilitation and Prevention of Impairments and Disabilities of Leprosy, Lymphatic Filariasis, Diabetes, Pressure Ulcers, and Other Chronic Wounds (TeleRPOID Project)"; TDR-WHO Small Grants Scheme on Infectious Diseases of Poverty (submitted for publication) Co-investigator of an implementation research on Community skin health approach: Labarda M, Dofitas B, Cruz JB, Mier-Alpaño JD, Community-Based Integrated Skin Health Approach for the Detection and Management of Skin Neglected Tropical Diseases in the Philippines - Identifying Factors for Sustainability. TDR-WHO WPRO Small Grants Scheme 2023 (ongoing)

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Impact measurement

How many participants are you expecting to engage? Please list the number of individuals involved per category (please write N/A if not applicable):

Dermatologists
(please specify if they will be delivering care or training or receiving it)

Healthcare workers
(please specify if they will be delivering care or training or receiving it)

Patients served
(seen or received care), please specify if a particular group of patients will be involved

Any member of the general public in the area? If so, please provide number served

Other (please specify)

Who are the stakeholders you plan to collaborate with? Please list their names, a brief description of their role in this project, and your previous experience of engaging with them

<p>Delivering care onsite or as teledermatologists and trainers: 5</p>	<p>Delivering care and receiving training: 40</p>	<p>Patients: ~1500 schoolchildren will be screened for any skin disease; 1000 Patients with Skin NTDs and pathologic skin diseases</p>	<p>~1000 General public will be screened for any skin disease and treated accordingly</p>	<p>20-30 School teachers trained on pre-screening schoolchildren for any skin disease</p>	<p>A. Region 12 Health Office Leprosy Medical Coordinator; coordination with regional office (future meeting) [redacted] Regional EREID Nurse Program Coordinator; coordination with regional office (future meeting) B. Department of Education (regional and provincial); school superintendents - I have coordinated with Dept. of Education in my past projects in Region 12 and BARMM C. Province of Cotabato Hon. [redacted] Provincial Governor ; oriented her about the presence of yaws and other skin NTDs in the province (2017); secured her commitment to support medications for skin diseases D. Municipality of Tulan, [redacted] Municipal Health Officer; coordinated with her for the SkinPact PILA Project in 2018 Rizaldy Cadigal, RN; Leprosy Coordinator; project staff of SkinPact PILA project in 2018 [redacted] Regional Leprosy Control Manager; coordinated with her for a training seminar on Skin NTDs and Leprosy for the regional health personnel (August 2023); planning for future yaws and leprosy case detection for 2025 [redacted] Maguindanao Integrated Provincial Health Office - Technical Services; coordinated with her for case detection of yaws in the province of Maguindanao in November 2023 F. Philippine Dermatological Society [redacted] Member, PDS Outreach Committee - coordination for requested dermatological medications [redacted], MD; trainer for common skin diseases; project dermatologist G. Department of Dermatology, Philippine General Hospital Maria Christine Filomena Batac, MD MSc: Faculty, Department of Dermatology, Philippine General Hospital-Head of the Division of Community Dermatology, Philippine General Hospital; mycology specialist; trainer for fungal skin diseases, project dermatologists; co-investigator in the Yaws study 2020 [redacted] MD MSc PhD: Professor, College of Medicine University of the Philippines Manila; clinical epidemiologist; scabies and other ectoparasites; trainer for ectoparasites; project dermatologist Dianne Paras, MD: Faculty, Department of Dermatology, Philippine General Hospital-Division of Community Dermatology; trainer for common skin diseases; project dermatologist; volunteer dermatologist for community skin clinics for indigenous people where yaws was found (November 2023) [redacted], MD: general dermatology; trainer for common skin diseases; project dermatologist</p>
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What are you aiming to achieve at the end of first year?

The project will commence in July 2025 after the local elections results (May 2025) have determined the local government leaders (Mayors, Governors). Year 1: Project site - One endemic town in Maguindanao, BARMM Output • Networking and agreements with regional, provincial, and local leaders and municipal health officers • Orientation and training of project staff and school teachers • Training seminar of RHU health workers on common skin diseases and Skin NTDs; project orientation • Formation of local project team • Information campaign on skin health and Skin NTDs • Community skin screening and school children skin screening • Coverage: 85% of households • Detection and treatment of Skin NTDs and common skin diseases • Establishment of active surveillance of Skin NTDs • Feedback to local leaders and health authorities • Planning for future CommSkin activities

Foundation for Sustainability: 1) Leaders of local government units will have a sense of ownership of the project. Local ordinances should be passed so that there will be a budget and continuity for CommSkin. This is the desired output in order to ensure political and logistical support beyond the project's term. 2) The Department of Health will continue to support the CommSkin strategy using government funds for NTDs. 3) Department of Education will institutionalize CommSkin strategy under its health and nutrition program.

What will be the outcomes of delivering this project? What is improving? e.g. Patient health/quality of life, knowledge, skills, environment, etc

A. Patients and community members - Improved skin health, health literacy and community participation, quality of life: 1) Reduced burden of skin diseases: Individuals with any skin disease will be provided accessible and free treatment, thus reducing the burden of skin diseases. 2) Reduced burden of skin NTDs: Hidden cases of leprosy, yaws, and other NTDs will be detected and immediately referred to the local health units for further tests and treatment. Early detection, treatment, and rehabilitation will reduce disabilities, poverty, and stigma; start of yaws eradication campaign 3) Improved participation in skin health, health-seeking behaviors, and quality of life: Families and the community at large will be involved in the detection process and acquire more knowledge and awareness on

NTDs and skin health, and their curability, thus reducing the stigma of skin-related NTDs, and improve health-seeking behaviors for skin problems. B. Health sector - Strengthening of existing health system: 1) The capacity-building ie. training seminars and IEC materials, medications, will enable the health workers to be more equipped to provide primary level care for common skin diseases especially skin NTDs. Even after the project ends, the training provided will sustain community skin health services. The local health workers will have an established referral system with teledermatologists. 2) Increased utilization of Rural Health Units for skin health problems: trained health workers and simple ointments for common skin diseases will encourage voluntary consultations (better health-seeking behaviors) for skin problems in rural health units. 3) Education sector: Improved skin health of children; establishment of regular skin health checks in public schools where ectoparasites (especially head lice) and infectious skin diseases are prevalent "Healthy Skin, Healthy Communities" is our tagline in Philippine Leprosy Mission.

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Project costs

What is the total cost of the project? (in USD)

██████████

What is the grant amount you are requesting via the DermImpact grant? (in USD) Please note that the total amount of fund for this project is 20 000 USD for two years; you can request up to 10 000 USD per year. We will only release the second transfer upon receiving and reviewing Interim Report

██████████

██████████ have a shortfall, how will this be met?

In case of delays in fund remittances to the project leader, she can advance personal funds if there are no other sources in order to keep the project moving. project leader can tap the remaining prize money given to her by the 2020 UP Gawad Pangulo Award for Partners in Leprosy Action. The local government unit can add counterpart contributions to the project expenses ex. meeting and training expenses, printing of information materials, transportation expenses of health workers to project sites and meetings.

Costs breakdown

Activity / Item / Service	Total Cost (in USD)	Amount requested from this grant (in USD)	Description

Activity / Item / Service	Total Cost (in USD)	Amount requested from this grant (in USD)	Description
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Please upload any additional/supporting information regarding the breakdown of costs for your project here.

[REDACTED]

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Data protection statement

If you have applied for, or hold a grant with us, then we will use the information you give us during assessment and during life of your grants (if awarded) to administer and analyse grants and for our own research purposes. Information will be used for publicity purposes through various medias such as websites, Twitter, newsletters, leaflets, case studies and others.

We may give copies of all or some of this information to individuals and organisations we consult when assessing applications, administering the grant programme, monitoring grants and evaluating funding processes and impacts. These organisations may include accountants, external evaluators and others.

We might use personal information provided by you in order to conduct appropriate checks and carry out our due diligence.

If you provide false or inaccurate information in your application or at any point in the life of any funding we award you and fraud is identified, we will provide details to fraud prevention agencies, to prevent fraud and money laundering.

We might use the data you provide for research purposes. We recognise the need to maintain the confidentiality of vulnerable groups and their details will not be made public in any way, except when required by law.

The ILDS privacy policy is availble in full on our website: <https://ilds.org/privacy-policy/>

I confirm that I have read and understood the statement above.

- Tick here

Declaration

I confirm that I have authority from the project contact to submit this form on their behalf and that the information I have provided is correct and true. Any false or misleading information will result in the application being disqualified, and any funding granted will be stopped or any funding already awarded will be reclaimed.

- Tick here

Full name

[Redacted]

Position

[Redacted]

Email address

[Redacted]

