

Scenario Materials Guide for Doctor to the Barrios

Authors:

Carlo Emmanuel Yao¹, Joanne Abigail R. Pamin¹, Arianna Raquel S. Abundo², and John Q. Wong¹

¹EpiMetrics, Inc.

²Ateneo School of Medicine and Public Health, ASMPH

Executive Summary

As doctors to the barrios are deployed to different local government units, each faces the COVID-19 pandemic in a different context. With varying cultures, and capacities, unified solutions may not cover the spectrum of situations. Hence, responses ought to be adaptable rather than set in stone.

This document serves as a guide, not a rule book, in building strategies against the pandemic. This simulation guide is based on the Human Centered Design (HCD) framework which is premised on the idea that the best solutions are the ones people create for themselves. Contained in this document are multiple scenarios likely to be encountered in the different phases of the pandemic interval. Each interval has its corresponding main problems and related issues. These scenarios serve as discussion points with multiple stakeholders such that other problem definitions may be extracted, and all possible solutions taken into consideration. Through the enriched discussion, a locally appropriate response plan may be formulated.

Foreword

This manual was created for and with the doctors to the barrios. May this help them during these trying times.

Introduction

In 2020, the Philippines faces the challenge of responding to the COVID-19 pandemic. Preparedness, strategy, and innovation are essential, as each local government unit (LGU) confronts the pandemic with its own perspectives, cultures and context.

This manual is not a rule book, rather it is a guide or a means to build strategies. As knowledge regarding COVID-19 is evolving, responses ought to be innovatively adaptable rather than set in stone.

The next sections of this manual contain COVID-19 scenarios that reflect the contexts of various communities in the country. These scenarios are according to situations likely to be encountered in the different phases of the CDC pandemic interval. Through these, plans and strategies may be formulated in the hope of creating the appropriate response applicable to one's community. By simulating these scenarios, one can prepare accordingly.

Before proceeding, it is advisable that the reader go through: [Technical Brief Issue 5. Empowered Devolution: The COVID-19 Preparedness and Response System](#)

How to Use This Guide?

I. Human Centered Design (HCD)

This simulation guide utilizes the **Human Centered Design (HCD)** framework introduced by IDEO.ORG in design thinking.

It runs on a simple principle: *the best solutions are the ones people create for themselves*. In other words, those who encounter or experience a problem, are the best people to solve it.

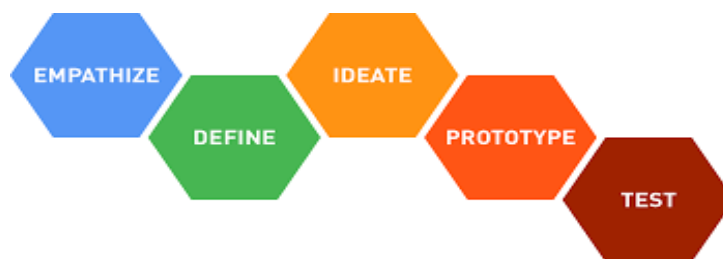


Figure 1. Human Centered Design Framework

Hearing --- Create ---- Develop (Refine)

To create innovative solutions (or in this case a COVID-19, response plan), one must **empathize** with the people encountering the problem whilst understanding and properly **defining** it. Eventually, one gathers the best **ideas**, and creates a working **prototype** that can eventually be **tested** and refined.

To help remember the framework, one needs simply to think of the following phases: **Hearing, Create, and Develop (also HCD)**.

1. **Hearing** = **Empathize** with the people and **define** the Problem
2. **Create** = Gather **ideas** and **create** a working **prototype** (or a response plan)
3. **Develop** = **Test** and refine

Preparing for the Simulation

As one goes through the different sections of this simulation guide, it is crucial to always remember to begin with the end in mind. That is, to create a response plan for COVID-19 in the different phases of the pandemic interval.

I. Interval Simulation Guide

a. Situate the LGU in the framework according to its current context

1. Determine the critical care utilization rate for your province or jurisdiction.
2. Determine Case doubling rate for your province or jurisdiction.
3. Depending on the above, identify the pandemic interval the province is in.

Table 1. Epidemic Phases

Epidemic Phase	Recognition	Initiation	Acceleration	Deceleration	Preparation
Risk Level	Low	Moderate	High	Moderate	Low
Outbreak size: *Prov≤25 *HUC≤15 *ICC≤5	< 30% Critical care Utilization Rate (CUR)	30-70% *CUR	> 70% CUR	30-70% CUR following Acceleration phase	< 30% CUR following Deceleration phase
Outbreak size: Prov>25 HUC>15 ICC>5		≥ 7 day *CDT or ≤ 70% CUR	< 7-day CDT or > 70% CUR	7 to 30-day CDT and 30-70% CUR	> 30-day CDT and < 30% CUR
Strategy	CONTAINMENT	GENERAL COMMUNITY QUARANTINE	ENHANCED COMMUNITY QUARANTINE	GENERAL COMMUNITY QUARANTINE	PREPARATION (for next phase)

*Note: HUC- Highly Urbanized Cities; ICC- Independent Component Cities; Prov- Province; CUR- Critical care utilization rate; CDT- Case doubling time

II. Desktop Simulation Guide

a. Preparation

1. Gather all necessary stakeholders
 - i. Create a concept note informing the stakeholders of the simulation's purpose: to formulate a contextualized preparation plan. Likewise, detail how the activity will transpire. You may use [this template](#). Essentially, stakeholders should include members of the Local Disaster Risk Reduction Management Council:
 - The Local Chief Executive, Chairperson;
 - The Local Planning and Development Officer, member;
 - The Head of the LDRRMO, member;
 - The Head of the Local Social Welfare and Development Office, member;
 - The Head of the Local Health Office, member;
 - The Head of the Local Agriculture Office, member;

- The Head of the Gender and Development Office, member;
 - The Head of the Local Engineering Office, member;
 - The Head of the Local Veterinary Office, member;
 - The Head of the Local Budget Office, member;
 - The Division Head/Superintendent of Schools/District Supervisor of the DepEd, member;
 - The highest-ranking officer of the Armed Forces of the Philippines (AFP) assigned in the area, member;
 - The Provincial/City Director/Component City/Municipal Chief of the Philippine National Police (PNP), member;
 - The Provincial Director/City Municipal Fire Marshall of the Bureau of Fire Protection (BFP), member;
 - The President of the Liga ng mga Barangay, member;
 - The Philippine Red Cross (PRC), member;
 - Four (4) accredited Civil Society Organizations (CSO), member; and
 - One (1) private sector representative, member.
- ii. Allot a 1 to 4-hour session, depending on group capacity to collaborate.
2. Prepare a venue
- i. Feel free to be guided by [this form](#).
 - ii. Should a physical gathering be necessary, please ensure social distancing practices related to COVID-19.
3. Prepare materials (examples below):
- i. Metacards
 - ii. Pens
 - iii. White board
 - iv. Manila paper and masking tape
 - v. Projector
 - vi. Laptop
 - vii. Meals

b. HCD Framework Phases*

1. Hearing Phase

i. Select a facilitator and scribe**.

- Tasks:
 - Introduce and periodically update the exercise scenario
 - Moderate the discussion by asking participants questions
- Background of either:
 - Introduce and periodically update the exercise scenario
 - Moderate the discussion by asking participants questions

***Ideally, facilitators should not take part in the discussion. However, in circumstances wherein no suitable facilitator is available, a member of the stakeholders can take on this role.*

***Scribes should write down agreed upon thoughts and ideas to serve as the group's collective memory.*

- ii. Define the main problem, and its related issues or hindrances to implementation posited in the scenario. Contextualize this to your situation in terms of the pandemic.

- The group should discuss the overall scenario. The scenario serves to define a sample problem, e.g., sustained local transmission. However, given the spectrum of perspectives, other problem definitions may be extracted from the discussion. These should be defined and noted.
 - Tip: Using metacards will allow members to participate freely. Group metacards together to form a collective thought. You may also organize thoughts and concerns into a table (see Table 2).

Table 2. Interval Scenario HEARING sample table

Sample Problem	Detailed Concern Areas	Impact
Limited testing capabilities	Need to plan management for probable cases	High
Positive cases had previously been in high-traffic areas	Robust contact tracing to find all infected patients	High
Vulnerable populations	Must identify those most likely to progress into severe disease Develop plans to address comorbidity	High
Planned large events	Prevent large gatherings that will increase chances of spread Determine best ways to gain community support	High

- Allow situations to be defined and take note of them. Do not be limited to the scenario given; feel free to explore other possibilities. Continue to define and discuss.
- iii. Ensure that every aspect of the scenario is addressed. Consider the guide questions posited in the scenario.
2. Create Phase
 - i. Gather all possible solutions to all identified problems of the scenario. Discuss openly on a response plan. Use the scenario as a basis on how to respond. Feel free to address other defined problems, or situations related to the sample problem.
 - Tip: Use metacards to allow individuals to provide solutions in every aspect of the scenario or defined problem.
 - ii. As a group, select agreed upon action points to undertake.
 - Tip: You may organize your action points in a table (see Table 3).

Table 3. Interval Scenario CREATE sample table

Sample Concern Area	Proposed Plan/s	Timetable	Success Measure	Responsible Person/Team
Isolating all imported cases	Identify known sources of outbreaks (i.e. recent fiesta, markets)	3 days	All imported cases identified	Contact tracing team
Disease information dissemination	Create appropriate infographics	1 week		
	Identify methods of dissemination		Increased understanding of focus groups or surveys given after information dissemination	
	Form focus groups or informal surveys pre- and post-information dissemination			

iii. Summarize a plan

- It is suggested that a uniform document be created.
 - Tip: The group should assign persons responsible for specific solutions. Deadlines should be defined. Keep the summary simple and straight to the point. Avoid text heavy statements for easy readability and reference

iv. Testing

1. Run the scenario again, but for this round, request stakeholders to respond or comment according to the new plan.
 - Tip: Consider role-playing to act out the scenario.
2. Some questions to consider:
 - Are all aspects of the scenario addressed?
 - Has everyone been heard?
 - Are the key performance indicators (KPIs) of concerned areas within the plan specific, measurable, agreed upon, realistic, and time-bound?
3. If the group finds the plan weak, or if there are action points that need to be addressed, return to the Create Phase and improve on the plan.
4. Repeat testing as necessary.

3. Develop Phase

- i. When the sample problem (e.g. sustained local transmission) is apparent, it may be difficult to adhere to all plans. In light of new data, it may be necessary to reconvene, iterate, and refine the plan further.
 - Tip: Agree with team members on where and when to meet again to refine and redevelop community plans. Consider adding this during the Create Phase

***Repeat the Three Phases as necessary.**

Simulation Scenarios¹

I. Scenario: Recognition interval – Increasing imported cases

a. Scenario objectives

1. To prevent progression of imported cases into local transmission
2. To determine appropriate distribution of scarce resources
3. To devise information dissemination methods to increase community awareness

b. Desktop Simulation

1. Gather all relevant stakeholders. Essentially stakeholders should include members of the Local Disaster Risk Reduction Management Council²:

- The Local Chief Executive, Chairperson;
- The Local Planning and Development Officer, member;
- The Head of the LDRRMO, member;
- The Head of the Local Social Welfare and Development Office, member;
- The Head of the Local Health Office, member;
- The Head of the Local Agriculture Office, member;
- The Head of the Gender and Development Office, member;
- The Head of the Local Engineering Office, member;
- The Head of the Local Veterinary Office, member;
- The Head of the Local Budget Office, member;
- The Division Head/Superintendent of Schools/District Supervisor of the DepEd, member;
- The highest-ranking officer of the Armed Forces of the Philippines (AFP) assigned in the area, member;
- The Provincial/City Director/Component City/Municipal Chief of the Philippine National Police (PNP), member;
- The Provincial Director/City Municipal Fire Marshall of the Bureau of Fire Protection (BFP), member;
- The President of the Liga ng mga Barangay, member;
- The Philippine Red Cross (PRC), member;
- Four (4) accredited Civil Society Organizations (CSO), member; and
- One (1) private sector representative, member.

c. Overall Scenario

Within the past week, the number of COVID-19 positive patients in your Provincial Hospital has been steadily increasing. This has caused concern amongst the hospital staff, who are able to manage the current number of cases but worry that the LGU has not given clear directions on how to proceed should the numbers rise. Contact tracing reveals that all cases are imported, with a cluster originating from an outbreak at a recent fiesta in a neighboring municipality. Many of the admitted patients are farmers and fishermen, who had regularly sold their goods in neighboring provinces before travel restrictions were implemented.

Although there does not appear to be local transmission within the province, you notice that members of the community have been slow to adopt recommended protective measures including social distancing, avoiding unnecessary travel or mass gatherings. Few have stayed

¹ World Health Organization (WHO). 2020. "WHO Simulation Exercise Toolbox". *World Health Organization*. <https://www.who.int/ihr/publications/exercise-toolbox/en/index1.html>.

² National Disaster Coordinating Council (NDCC). 2010. *Philippine Disaster Risk Reduction And Management Act Of 2010*. Ebook. Quezon City: NDRRMC. http://www.ndrrmc.gov.ph/attachments/article/95/Implementing_Rules_and_Regulation_RA_10121.pdf

indoors, instead choosing to escape the heat and seek entertainment outside. Police presence appears to be the main deterrent.

Others in the community have also expressed frustration with the lack of coordination between neighboring municipalities. They complain that your area is not doing enough to prevent outsiders from entering. You have also received informal consultations through text messages from community members who are curious about common COVID-19 symptoms mentioned in the evening news.

Meanwhile, your clinic has been given a budget by the LGU and tasked to provide a list of supplies needed.

d. Guide Questions

- With many farmers and fishermen unable to work due to isolation protocols, how will you ensure a steady supply of food for the community?
- With an increasing incidence of imported transmission, what steps will you take to identify, and isolate all cases?
- How will you determine the allocation of PPEs, essential medicines, and health worker manpower?
- What plans will you develop for monitoring and follow-up of cases in the community?
- What communication materials and networks are best activated to increase public awareness of the disease?

Table 4. Recognition Interval Scenario HEAR sample table

Sample Problem	Detailed Concern Areas	Impact
No clear direction from the LGU	Look for appropriate government authority or reference to create action plans	Moderate
Isolating all imported cases	Importance of robust contact tracing to identify cases	High
Lack of coordination between neighboring municipalities	Unified municipality approach to prevent entrance of undetected positive cases	High
Disease information dissemination	Strengthening public health messaging to ensure everyday preventive actions from individuals	High

Table 5. Recognition Interval Scenario CREATE sample table

Sample Problem	Proposed Plan/s	Timetable	Success Measure	Responsible Person/Team
Isolating all imported cases	Identify known sources of outbreaks (i.e. recent fiesta, markets)	3 days	All imported cases identified	Contact tracing team
Disease information dissemination	Create appropriate infographics	1 week	Increased understanding of focus groups or surveys given after information dissemination	
	Identify methods of dissemination			
	Form focus groups or informal surveys pre- and post-information dissemination			

II. Scenario: Initiation interval – Sustained local transmission

a. Scenario objectives

1. To identify best practices to slow transmission of disease
2. To identify and protect vulnerable populations
3. To anticipate necessary changes in healthcare workforce and critical infrastructure

b. Overall Scenario

You have been alerted of a suspected COVID-19 case in your village, a 62/M fruit vendor, known diabetic, who presented with high fever and cough. He lives with his wife, a 59-year-old with no known comorbidity. Several days after her husband developed symptoms, she noted fever and shortness of breath. The wife frequents the village church to volunteer. Both deny contact with any ill people or recent travel.

Elsewhere in the province, there have been reports of clusters exhibiting COVID-like symptoms. There does not appear to be any links between clusters, and all deny recent travel history or contact with confirmed cases. A handful have been tested and are positive for COVID-19.

Healthcare workers in your LGU have asked how you plan to manage confirmed, and suspected cases. Worries about contracting the disease are rising, with even healthcare workers expressing their anxiety.

Although there are orders to maintain community quarantine, members of the community have asked you whether or not they can push through with the planned events of the upcoming fiesta.

c. Guide Questions

- How will you improve testing capacity?

- What plans will you establish to ensure healthcare system preparedness?
- How will you assure members of the community who have recently visited high-traffic areas such as the fruit market and village church?
- What restrictions or recommendations will you give for different population groups?

Table 6. Initiation Interval Scenario HEAR sample table

Sample Problem	Detailed Concern Areas	Impact
Limited testing capabilities	Need to plan management for probable cases	High
Positive cases had previously been in high-traffic areas	Robust contact tracing to find all infected patients	High
Vulnerable populations	Must identify those most likely to progress into severe disease Develop plans to address comorbidity	High
Planned large events	Prevent large gatherings that will increase chances of spread Determine best ways to gain community support	High

Table 7. Initiation Interval Scenario CREATE sample table

Problem	Proposed Plan/s	Timetable	Success Measure	Responsible Person/Team
Improved testing and diagnostic capabilities	Coordinate with neighboring municipalities for streamlined testing	1-2 weeks	Increased number of tests conducted per day	Health unit
Need for robust contact tracing	Assemble volunteers for contact tracing teams Develop training modules for contact tracing	1 week	Number of contact tracing teams trained Number of patients assigned per contact tracing team	

III. Scenario: Acceleration interval – Established local transmission

a. Scenario objectives

1. To plan for a worst-case scenario in terms of the COVID-19 Pandemic
2. To determine an appropriate response for a surge in COVID-19 positive cases with scarce resources
3. To plan for a community wide response in terms of local transmission
4. To account for other negative externalities

b. Overall Scenario

You have been notified by your Provincial Hospital that COVID-19 positive patients have been identified as residing in the municipality you are stationed. Contact tracing reveals that these patients were infected locally, and likely to have been imported from the neighboring municipality. A total of 20 households have been affected. The provincial health unit reports local transmission is apparent within the province itself. Meanwhile on the same day, a number of community members have been sending you messages. They request you to see their family members who have been experiencing cough and fever for the past three days. Another patient has also arrived in your clinic due to difficulty breathing.

While in your clinic, you notice that supplies are also running low. You estimate that you have 10 days' worth of Personal Protective Equipment (PPE), that being medical masks and clean gloves. Procuring supplies will take time given the remote area you are situated in. PPEs are in high demand, and logistically, transportation to your area is limited. Your volunteer barangay health worker (BHW) informs you that the guerillas in the nearby mountains are increasing in activity. The BHW also reports that her fellow worker has been unable to report to work in your clinic due to fever.

c. Guide Questions

- How will you address local transmission of COVID-19?
- How will you address your scarce supply of PPEs and essential medicines?
- How will you address the possibility of mass casualty?
- How will you address your dwindling workforce?
- How will you address another disease outbreak (e.g. dengue) in conjunction with the current COVID-19 outbreak?
- You were able to identify a “super spreader” in your community, how will you respond?

Table 8. Acceleration Interval Scenario CREATE sample table

Sample Problem	Detailed Concern Areas	Impact
Depleting PPEs	Long delivery time due to difficult logistics Security of PPEs being stolen or hoarded Quality of PPEs (questionable effectivity)	High
Health Workers are getting sick and must quarantine themselves	It takes 14 days to quarantine and must be symptom free	High
Health workers will not be protected	Correlated to availability and use of PPEs.	
We cannot afford to have no medical staff in the community		
Mobilization of guerillas in the nearby mountain	Possible disruption of peace and order They are also afraid of the virus Not enough information on their activities and intent at this time	Low

Table 9. Acceleration Interval Scenario CREATE sample table

Sample Problem	Proposed Plan/s	Timetable	Success Measure	Responsible Person/Team
Depleting stocks of PPEs	Engage Private Sector for Mobilization (Given in kind)	1 week	Pledges on donated PPEs	Mayor Sanchez
Quarantined Workforce	Recruit Volunteers (Reserve)	2 Weeks	Five Barangay Health Volunteers to be mobilized when needed.	Nurse Cruz

IV. Scenario: Deceleration interval – Decreasing Cases

a. Scenario objectives

1. To identify signs of deceleration in terms of the COVID-19 outbreak in your area
2. To reduce the use of non-pharmaceutical interventions in the community (i.e. school closures) without compromising health
3. To mitigate COVID-19 related concerns
4. To identify best practices to prevent resurgence of positive cases
5. To account for negative externalities

b. Overall Scenario

Reports show that there is a marked decrease in COVID-19 related consultations in your health facility. The measures that were in place during the acceleration phase are still in effect. Unfortunately, you noted several families in your community have lost a family member to an unknown disease. It is suspected to be COVID-19 related. A number of family members are hoping to host funerals, but they know they are unable to, because of the community quarantine. In addition, you have lost one volunteer health worker to COVID-19. She died a few days ago in your referral COVID-19 hospital.

It has been two months since your community quarantine has been put into place. Reports show that despite agreed upon measures, many have violated the quarantine rules. The police note that children are still seen playing outside on the street and would run away upon seeing a policeman. Some household members were spotted drinking alcoholic beverages together beyond curfew hours while others have been detained and arrested for violation of curfew. There is a growing concern by citizens that measures are inhumane. They state that they would rather catch the virus, than starve and not live their lives.

Despite signs of deceleration, the summer is slowly ending. The seasonal rains are fast approaching. A few days ago, there was significant rain within the area. Today you note families bringing in four young children with high grade fever. Dengue fever is suspected.

You have been tasked to define the “new normal” in your community. Areas of concern that have been mentioned to you are preventing a second wave of cases, reopening of schools and workplaces, public health outreach, and responding to non-COVID health concerns, among others.

c. Guide Questions

- How will you determine the deceleration of the outbreak?
- How will you address casualties suspected of COVID-19?

- How will you address violations of agreed upon interventions?
- How will you address another disease outbreak (e.g. dengue) in conjunction with the current COVID-19 outbreak?
- How will you address the possibility of civil unrest?
- How will you prepare for oncoming seasonal diseases while being vigilant with COVID 19?
- What non-pharmaceutical interventions will remain in place? And which ones can be foregone or modified?
- How will you communicate these public health measures to the community?
- What guidelines will you recommend concerning infection prevention, mass gatherings, and travel?

Table 10. Deceleration Interval Scenario HEAR sample table

Sample Problem	Detailed Concern Areas	Impact
Several families want to gather for a variety of reasons	Death of loved ones especially if COVID-19 related	High - How to dispose of bodies properly - Respect for the dead and conducting rituals
Food Supply	Citizens are having a hard time gaining access to food supply and have resorted to planting their own food	High
Resumption of Cock Fighting Rings (Sabong)	A very relevant societal activity in the community	Low
Reopening of key community settings	New guidelines must be created to reduce large gatherings	High
Promoting good hygiene practices	Installation of hand sanitizers in high-traffic areas Disseminating infographics and other methods for public health messaging	High
Non-COVID health concerns may have been overlooked	Ensuring that chronic disease or other health concerns are addressed	High

Table 11. Deceleration Interval Scenario CREATE sample table

Sample Problem	Proposed Plan/s	Timetable	Success Measure	Responsible Person/Team
Helping Grieving Families	Providing financial and logistical support for burying the dead	1 week	Proper cadaver disposal	Mayor Sanchez/Barangay Captain
	Virtual funeral or wake		Number of families given support	
Creating guidelines for reopening of key community settings	Invite key stakeholders to planning meetings	2 weeks	Lack of new cases	All key stakeholders
	Develop goals and timelines			
Promoting good hygiene practices	Determining recommendations on use of masks	2 weeks	Lack of new cases	
	Source and install hand sanitizers in key areas			

V. Scenario: Preparation interval – No more outbreak

a. Overall Scenario

It would seem the worst is finally over. New COVID-19 cases have significantly dropped in your local community. A few cases are known to occur every so often, but it is manageable compared to a few months ago. There are significantly less fatalities as well during this time.

As things settle, news about COVID-19 seasonality was mentioned in the local news. It is likely that the virus will return in waves, hence, people should not remain complacent. Provinces are also preparing for their *balikbayans* to return in time for festivities and community events.

Meanwhile, talk about lowering community quarantine is circulating among community members. They are asking when they can return to living normally. They want to be able to do social gatherings, and even participate in fiestas and cockfighting derbies. As the dust settles, many vocal members of the community start criticizing the actions of those involved in the pandemic effort.

In the health unit, you notice that staff members are missing. They frequently fail to report to work. Several rural health workers have gone on absence without leave (AWOL) thrice this week. You suspect it is burnout, or possibly post-traumatic stress disorder.

b. Guide Questions

- How will you determine if the outbreak has reached the preparation phase? (Post deceleration)
- How will you address health care worker burn out?
- How will you address preparing for subsequent outbreaks of COVID-19?
- How will you prepare for the influx of people returning and visiting?
- How will you address the concern on “living normally” from now on?
- What is your definition of the “new normal” for your community?

- What is the most effective communication method for information dissemination?

Table 12. Preparation Interval Scenario HEAR sample table

Sample Problem	Detailed Concern Areas	Impact
Seasonality of the virus	Planning for a second/future waves of infections	High
Ending community quarantine	Guidelines must be decided and communicated because community members are eager to engage in mass gatherings	High
Social unrest	Address any valid criticisms	Moderate
Poor health care worker morale	Expectations and concerns of healthcare workers must be clarified to prevent staff attrition	High

Table 13. Preparation Interval Scenario CREATE sample table

Sample Problem	Proposed Plan/s	Timetable	Success Measure	Responsible Person/Team
Preventing future surges of infection	Continued monitoring of positive cases	1 month	Ability of the health care team to handle future surges of infections	All key stakeholders
	Creating an action plan to ensure preparedness			
Creating guidelines for reopening of key community settings	Invite key stakeholders to planning meetings	2 weeks	Lack of new cases	All key stakeholders
	Develop goals and timelines			
Poor health care worker morale	Conduct focus groups or surveys to understand current attitudes	1 week	Few or no unexplained absences	

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