The COVID-19 IPC training for home and community settings is a series of online as well as offline training events about the Coronavirus Disease 2019 (COVID-19) and the measures members of each community — primary healthcare personnel, workers in community-based isolation units and public spaces, caregivers as well as household members — can implement to prevent the spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

**ISSUES**

**COVID-19 in the Philippines**

On 7 March 2020 — barely over a month after the Philippines reported its first COVID-19 case — the first local transmission of SARS-CoV-2 was confirmed. Days after, the World Health Organization (WHO) characterized COVID-19 as a pandemic as it had, by then, affected over 100 countries.

To contain the spread of the virus, the country’s Department of Health-led Interagency Task Force (IATF) undertook measures to strengthen hospital preparedness, rapid response, risk communication, and information dissemination. These included putting the National Capital Region (NCR) and the rest of Luzon under an Enhanced Community Quarantine (ECQ) starting 16 March 2020 and setting up quarantine areas and community isolation units.

**Urgent Need to Develop and Roll Out IPC Guidelines**

Thus, DOH requested assistance from health partners in the rapid development and rollout of these IPC guidelines to communities. UNICEF responded to this request.

The term ‘community settings’ in this report’s context covers the following:

- homes
- community spaces where the public may congregate such as barangay halls, checkpoints, town halls, markets, places of worship, basketball courts
- community isolation units
- community-based primary health care facilities

**Restrictions on Face-To-Face Training**

Because of limitations on travel and gatherings imposed by ECQ measures, any IPC training on-site would be a challenge. The DOH and its development partners had to find ways to disseminate the IPC guidelines to as many frontliners and trainers as soon as possible without breaching the ECQ’s travel restrictions.

**Role of IPC**

Within hospitals, IPC as an approach improves the safety of patients and healthcare workers at every healthcare encounter. Effective IPC lessons healthcare-associated infections by at least 30 per cent.

However, IPC in the home and community plays an even bigger role in the fight against the COVID-19 pandemic for the following reasons:

- Transmission mostly occurs in public places;
- Prevention of infection at the community level keeps people healthy and avoids overwhelming the health system’s limited resources (health facilities, health workers, equipment, etc.);
- No effective treatment or vaccine has been developed yet for COVID-19. Therefore, large-scale non-pharmaceutical interventions are key to controlling its spread.

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3. The ECQ in Luzon was extended to 15 May 2020. On 16 May, Luzon was placed under Modified ECQ. The category was further relaxed to General Community Quarantine (GCQ) on 1 June but reverted back to Modified ECQ an 4 August.
In https://www.who.int/infection-prevention/en/
Prior to the 16 March 2020 quarantine in Luzon, Director Napoleon Arevalo of the DOH Disease Prevention and Control Bureau, and Dr Gemma Arellano, programme manager of the DOH Emerging and Re-emerging Infectious Diseases programme and COVID-19 Emergency Operations Center sought the support of DOH’s development partners—UNICEF, WHO, and USAID—in consolidating existing and updated guidance on IPC for COVID-19, and adapting these in the Philippine context.

WHO helped summarize the IPC guidelines for frontliners in hospitals. Meanwhile, because of UNICEF’s experience in working at the LGU level through its polio vaccination campaign in Metro Manila and select cities in Mindanao in 2019, the agency was tapped to help align the COVID-19 IPC guidelines for community settings of both WHO and DOH. It also helped create the concomitant training modules for frontliners in community settings as well as for families in home settings.

On 6 April 2020, UNICEF rolled out its IPC training events in coordination with DOH’s COVID-19 Emergency Operations Center; Disease Prevention and Control Bureau; and Centers for Health Development in the NCR, Region III, Region IV-A and the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).

Training topics on infection prevention and control included:

- **Basic information about COVID-19**: How SARS-CoV-2 spreads and infects people.
- **Infection prevention and control**: The role of IPC in stopping the transmission of SARS-CoV-2.
- **Guidelines on non-pharmaceutical interventions**: IPC measures to be practiced in all settings: hand hygiene, physical distancing, respiratory hygiene/cough etiquette, and use of personal protective equipment (PPE).
- **Nuts and bolts**: Information that needs to be urgently disseminated within communities—e.g., case definitions and management, home quarantine and self-isolation procedures; cleaning and disinfecting techniques; linen and waste management; the flow of patients in triage areas; safe management of a dead body.

Delivery of training was via (1) webinars (using the Zoom app); and (2) offline community platforms for targeted participants with limited or no Internet access (such as those in BARMM).

The training sessions initially prioritized health workers from each region, as well as civil society organizations (CSOs) and non-government organizations (NGOs) that could, in turn, echo the lessons to their respective local government unit (LGU) partners. Announcement of training dates through electronic and social media platforms made it easier for other interested institutions and individuals to learn about and join the webinars.

The webinars were meant for all community-based workers:
- barangay health workers, and sanitary inspectors
- local chief executives such as governors, mayors, and barangay captains
- parents, caregivers, and the general public

As topics included home IPC measures, the webinars also catered to parents, caregivers and the general public.

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For Offline Training. On-site training sessions were organized in areas without Internet access.

**Case 1:** ‘Enhancing Capacities of Frontline Health Workers in the Bangsamoro Autonomous Region in Muslim Mindanao’ Project

Given that most communities in BARMM do not have stable Internet access, UNICEF’s IPC training activities on the proper use of PPE and good hygiene were done on-site. To abide by the COVID-19 ECQ guidelines, sessions were conducted in open spaces and strictly imposed the wearing of face masks.

**Case 2:** Pamantasan ng Lungsod ng Maynila (PLM)-led Barangay-based Training

Because it adopted a seminar-workshop format, the Pamantasan ng Lungsod ng Maynila-led training in Barangay 704 (Malate, Manila) had to be delivered on-site (instead of via webinars). Volunteer barangay health workers underwent the training so that their ranks could augment the manpower of the Barangay Health Emergency Response Team for contact tracing and monitoring.

Target Reach for Capacity Building

The IPC training initially aimed to build the capacity of up to 2,500 health workers in Luzon, Visayas and Mindanao (i.e., based on the assumption that the activities will engage 250 health workers in 10 priority regions), who were then expected to cascade the training’s content to their respective LGUs.

In the succeeding weeks—as COVID-19 cases continued to rise and interest from other sectors (e.g., Department of Education, NGOs, private individuals) intensified—the target number of participants was adjusted to 7,000. As of 24 July 2020, the target had been brought up further to 10,000 as the list of expected participants now included volunteers and staff from the Philippine Red Cross.

**IMPACT**

**Numbers Reached and Profile**

Of the 7,973 community health workers who registered for the IPC webinars from 6 April to 11 August 2020, around 32 per cent were nurses. Aside from other hospital-based healthcare workers such as midwives, medical technologists and physicians, the list of attendees included sanitation inspectors, Philippine Red Cross volunteers, teachers, students and researchers.

To make the training more inclusive, UNICEF held a webinar that provided sign language interpretation. Fifty-three attendees benefited from such service. Moreover, a basic IPC presentation was adapted for persons with disabilities (PwDs) and children with disabilities (CwDs) as well as for organizations working with PwDs and CwDs. Such adaptation included adjustments in the graphics and automated narration for persons with low vision, and sign language interpretation for persons with hearing impairments.

The offline activities in BARMM, meanwhile, had trained 3,076 (or 220% of the target 1,400) community health workers in 98 targeted rural health units (or 140% of the target 70 rural health units) by 15 July 2020. On-site sessions were done in Basilan, Lanao del Sur, Maguindanao and Sulu with the help of Health Organization for Mindanao, UNICEF’s Mindanao-based implementing partner.

In sum, both webinars and face-to-face training events have reached 11,049 participants (or 110% of the current target of 10,000).

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In BARMM, where many areas have no Internet access, health workers attend the COVID-19 IPC training on-site while observing the physical distancing rule.

“Thank you for the very informative webinar. I really learned a lot from it. Hope [there will be more] webinars like this to further educate not only the healthcare professionals but everyone in the community and to correct those incorrect practices as well as the incorrect information.

- Jearamie Anne Sanico, Medical Technologist, Philippine Red Cross, Ormoc City, Leyte

Scale-up Plans by Institution

UNICEF received requests for copies of the training slides from attendee-groups that planned to echo the IPC modules to their communities. Among these institutions are:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Scale-up Plans</th>
<th>Targets</th>
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<tbody>
<tr>
<td>Department of Health</td>
<td>Start with 250 community workers in NCR, Region III and Region IV-A each, and then scale up to the rest of the country’s regions.</td>
<td>Other interested community-based health workers to access the recorded webinars for free through the DOH Academy E-learning Platform.</td>
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<tr>
<td>Association of Philippine Schools of Midwifery (APSOM)</td>
<td>Using UNICEF presentation documents on ‘IPC in Community Settings’, APSOM will train its faculty members through webinars starting July 2020.(^\text{10})</td>
<td>Faculty members from the 250 schools with Midwifery programmes.</td>
</tr>
<tr>
<td>Integrated Midwives Association of the Philippines (IMAP)</td>
<td>IMAP plans to echo UNICEF’s IPC training in community settings to its member-midwives, including those who run their own birthing clinics.(^\text{11})</td>
<td>225 midwives, who will then echo to other midwives in local chapters starting September. To cover 8,000 midwives (about 20% of its members) by end-November 2020.(^\text{12})</td>
</tr>
<tr>
<td>City of Manila</td>
<td>The Pamantasan ng Lungsod ng Maynila adapted the IPC modules for the barangay setting and pilot tested them in Barangay 704 (Malate). The school sought volunteer health workers to be trained to augment the manpower of the Barangay Health Emergency Response Team for contact tracing and monitoring.</td>
<td>The same training-the-trainer activity was planned to be implemented in the COVID-19 hotspots of Sampaloc, Tondo 1, Tondo 2 and San Andres, where trained volunteers were then expected to echo the lessons to the other barangays in their areas.(^\text{13})</td>
</tr>
<tr>
<td>Philippine Red Cross (PRC)</td>
<td>PRC plans to have 170 of its own volunteers undergo the COVID-19 IPC training. It will also help register community health workers in six cities and one municipality in the NCR for the said training.</td>
<td>370 community healthcare workers and 170 PRC volunteers.(^\text{14}) (By 30 June 2020, PRC had helped 273 LGU healthcare workers register for the IPC training; 185 PRC volunteers had also registered.)</td>
</tr>
</tbody>
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\(^\text{10}\) As indicated in a letter to UNICEF by IMAP National President Conrason Paras and Executive Director Patricia Gomez.
\(^\text{11}\) Based on an email from IMAP Executive Director Patricia Gomez dated 16 July 2020.
\(^\text{12}\) As reported by PLM Dean Tetchie Cadiz in an email; the training in Barangay 704 went ahead. Meanwhile, training in the four other identified areas encountered technical and administrative issues.
\(^\text{13}\) As indicated in UNICEF’s target document (internal report).
CHALLENGES

While the target audience’s responses towards the COVID-19 IPC webinars have been encouraging, there is now a need to quantify the impact as well as to create a strategy on how to sustain the momentum achieved since April 2020.

a) Measuring the Impact
There are two areas where performance indicators have to be identified for this initiative’s evaluation design:

- How trainer-attendees scale up the IPC training.
  How shall trainers’ delivery of the IPC content to their own communities be evaluated (i.e., shall it be in terms of number of trainees, geographic reach, etc.)? Also, how can UNICEF and its partners motivate the trainers to report back on the status of their scale-up efforts?

- Change in the behaviour of trainers’ target audience.
  The IPC modules espoused and highlighted the WHO-recommended non-pharmaceutical interventions. How then should the change in the target audience’s behaviour be evaluated? How can the IPC training’s impact be correlated to the flattening of the curve in a community? Should sampling be done? What tools should be used to measure?

b) Sustaining the Initiative’s Gains
Because the number of COVID-19 cases continues to rise, there remains a need to reach out to more communities and teach them the recommended non-pharmaceutical interventions.

Sustainability is key in terms of:

- Making sure the IPC training modules are brought up-to-date as and when new findings about the virus are released by the scientific community and supported by reliable evidence.
  The COVID-19 training has been handed over to DOH, with video versions of the training module uploaded onto the DOH Academy E-Learning Platform. The training course is self-paced and free to access by signing up to DOH Academy.

  However, since the scientific community continues to gain new information about the nature of SARS-CoV-2, the DOH—as the next IPC training owner—must keep the IPC content as up-to-date as possible. It must also take a proactive approach in directing its target audience towards these training courses.

- Getting communities to practice the COVID-19 non-pharmaceutical interventions as part of a bigger behavioural change strategy for the Philippines.
  Practices such as hand washing and not spitting in public places are sound measures to protect households against not just COVID-19 but other infectious diseases as well. The COVID-19-focused IPC recommendations can be incorporated into the routine delivery of health services and other DOH health campaigns as part of a national behavioural change objective.

"[A speaker] in the webinar said that IPC should not stop once the [spread of] COVID-19 cases has been addressed. I will incorporate the [IPC module] in my syllabus (Foundation of Midwifery Practice, Asepsis and Infection Control) this coming semester as well as disseminate the COVID-19 updates within our institution immediately.

— Rayna Grace T. Colonia, Clinical instructor, Occidental Mindoro State College"
NEXT STEPS
Details on the following steps will be laid out in the next weeks:

**Video recordings**
The COVID-19 training has been handed over to DOH, with video versions of the training module uploaded onto the DOH Academy E-Learning Platform. The training course is self-paced and free to access by signing up to DOH Academy.

**Evaluation Process**
A design for the evaluation process will outline the ways to measure the impact of this initiative on trainers as well as on communities.

**Turnover to DOH**
The initiative’s momentum has been set since it started in April 2020. Sustaining the momentum after the turnover to DOH is crucial since the spread of SARS-CoV-2 over time has not yet slowed down. There may be a need to re-direct future IPC trainings more towards LGU-based frontliners and leaders, and their residents.

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**Media Coverage**


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