IMPLEMENTING SHIELDING TO SUPPORT COMMUNITIES THROUGH COVID-19 ISOLATION

AN EXPERIENCE FROM LEBANON

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The aim of shielding is to provide an extra layer of protection against COVID-19 to those most at risk of suffering from serious consequences, such as elderly and people with medical pre-conditions. This is of primary importance in a context where physical distancing and prolonged lockdown and isolation are difficult to respect due to the specific settings of the site (overcrowding, lack of access to steady income, etc.).

In practice, it consists on the creation of green zones that can be at household, block or site level depending on the choice of the community, where individuals at risk are relocated and are enabled to practice COVID-19 prevention measures in a safe and dignified way. Action Against Hunger rolled out a shielding project, along with MSF and NRC, in Lebanon to understand whether this approach would be effective in addressing the challenges faced by those in isolation or at general risk of COVID-19. A brief overview of the shielding process can be found below:

1. PREPAREDNESS: the main phase of community engagement. During this phase the three agencies conducted several meetings with the community, introduced them to the concept of shielding, identified and trained members of the community to be part of the Social Care Committees, conducted a risk analysis with the community to decide if they are willing to proceed with the pilot and which level of shielding to adopt, identified people most at risk to be shielded and set up the green zones.
2. ACTIVATION: for the pilot, a 10-day shielding was conducted to test the approach and the shielding in the green areas. In consultation with MSF, 10 days was considered the minimum time to effectively see the challenges of the approach and identify areas to improve, that would have not appeared with a shorter pilot. Later on, the community would decide when to activate the shielding based on triggers they identify according to their own risk acceptance.
3. FOLLOW-UP: monitoring of access to basic items as well as compliance to preventive measures and respect of the green zones. The members of the Social Care Committees are responsible for the daily monitoring with remote and adhoc in-person support from the agencies, especially for cases in need of medical follow-up and MHPSS.

The approach builds on a strong community engagement component which is the foundation of a successful outcome. In Arsal, the pilot was first attempted in one site where it did not move to the implementation phase. This was because the community perceived the risk of stigma to be too high for them to be involved in the project. Following an internal review and lessons learnt exercise, changes were made to strengthen the community engagement prior to implementation, increasing the number of community meetings, ensuring the community ownership of the process from the very beginning in identifying members of the Social Care Committees (SCC) and empowering them to become trusted members of the community in the fulfilment of their roles.

These changes were rolled out in a second pilot, which ended up being much more successful. In this pilot, the community has been more broadly engaged and were encouraged to take a leading role in the process, identifying risks and mitigation measures and ultimately agreeing to proceed with shielding at household level. Nine individuals were identified to be shielded in their homes following interventions done by the three agencies to improve their Shelter and WaSH conditions. The agencies then created the green zones where they would be staying. Monitoring data indicated that as time goes by, individuals are more prone to feeling lonely, sad or even desperate as a result of the isolation, thus requiring access to psycho-social support (PSS) during the time they are shielded. Nonetheless, at the end of the pilot, the participants expressed positive feedback, understanding the risks of COVID-19 and what they can do to prevent it and protect themselves. As COVID-19 cases spiked in Arsal, the community autonomously decided to restart shielding themselves and requests to participate in shielding have been received from nearby sites.

The main limitation of the approach appeared to be the length of the process, with roughly one month needed for community engagement in the preparedness phase.
This extensive process makes it difficult to rapidly scale up to cover a broader population. In addition, the outcome of the community engagement is not predictable as the community may decide not to proceed in the process (as in the first site) or only part of them will continue (as happened in the second site, where some individuals at risk decided not to participate). Lessons learnt and recommendation from the pilot in Arsal recognise the emphasis on respecting the community and individuals' own perception of the risks and benefits of the approach. Some people may decide not to proceed because of fear of stigma, or due to the need to continue working.
In any case, the community support for the approach is essential to continue with the shielding even if not all the individuals at risk are going to be shielded.

From the pilot, the teams in Lebanon highlighted the importance of including the community in the preparation and the implementation phases. Through the identification and training of the SCC, the community is empowered to implement, monitor and address challenges that may arise from shielding through an enhanced community network that will support the community also after the end of the COVID-19 pandemic.

Moreover, having the monitoring owned by the community ensures regular follow up without disruption that could occur in case the implementing agency was in charge of the monitoring and access to the site was limited due to lockdown or other access issues.

The team identified the lack of international humanitarian agencies considering shielding as a viable approach, despite the uncertainty of the evolution of the pandemic in humanitarian settings, existing unmet needs, and the importance of community engagement.