

Global Working Group on Community Shielding Situation Update #1: August 2020

Context

Community shielding is an approach to COVID-19 mitigation based on protecting the most vulnerable, and aims to mitigate the impact on low-income countries, particularly those affected by humanitarian crisis. Through targeted prevention measures, shielding enables those at highest risk of severe COVID-19 outcomes to live safely and in dignity but separately from the rest of the population, in what is called a ‘green zone’¹. Shielding principles can be applied at various levels, from a single person being shielded within a family home, to a group of people being shielded together in a communal green zone. When integrated with other complementary COVID-19 suppression measures and driven by the targeted community to determine the appropriate shielding approach, shielding behaviors and practices can aid in keeping the highest-risk free of COVID-19, and thus reduce the burden on weak health systems.

Since the end of June, a **working group** of humanitarian organizations (AAH, DRC, NRC, Save the Children, WASH Cluster) and the LSHTM have met bi-weekly to discuss the community shielding concept and its operationalization in humanitarian contexts globally. The goal of the working group is to share learning and tools, and advance implementation in locations where shielding is considered to be a useful

¹ High risk criteria are based on LSHTM guidance documents; people age 60+ and those with pre-existing chronic conditions. For full criteria and description of the shielding approach,

and feasible approach within a broader COVID-19 response. Discussion to date has been centered around feasibility, risks and mitigation, development of tools for implementation, and monitoring and evaluation. In light of the continued COVID-19 crisis globally, the working group endeavors to share its progresses and learnings outside of the group of participating agencies, to encourage wider consideration of the potential effectiveness and feasibility of the shielding concept in humanitarian settings.

Global Shielding Overview

In Yemen, DRC began operationalizing the community shielding approach in internal displacement (IDP) sites in early April, and the WASH Cluster has been leading a complementary approach in urban areas, outside of IDP sites (more detail on Yemen below). Shielding is also integrated within a number of humanitarian partners global COVID-19 response strategies, and is in the preparation phase of being rolled out within country operations. Save the Children is in the pre-planning phase to pilot shielding in both **Yemen and Lebanon**. Also in **Lebanon**, AAH and NRC are collaborating with MSF to pilot the approach in one refugee camp. Both AAH and NRC, as well as Save the Children, are also exploring the feasibility of the concept in other countries.

Discussions and planning globally have to date focused on understanding **how shielding principles can be applied and adapted to the nuances of diverse humanitarian contexts**. Key learnings from community consultation in Yemen and Lebanon for example indicate preference for family level shielding, however group level shielding (e.g., where a house

see: “Guidance for the prevention of COVID-19 infections among high-risk individuals in camps and camp-like settings”, Favas, C. London School of Hygiene and Tropical Medicine, Version March 31 2020

or group of houses in a neighborhood is dedicated to shielded, high-risk individuals) may be the most appropriate solution in other contexts. Careful consideration should be given to the potential high impact associated with the risk of high-scale transmission and severe disease in case of group level shielding, in order to identify and implement specific risk mitigation measures (e.g., limiting the number of high-risk individuals shielding together, ensuring that none of the high-risk individuals' household members have COVID-19 like symptoms before shielding, stringent IPC measures etc.) The risks of family level shielding, in which one or two people within a family are shielded together, are of lower impact and have less potential for creating additional risks of virus transmission to shielding individuals. Risks associated with family level shielding are primarily risks of shielding individuals or their family members not fully complying with the recommended protocols resulting in low effectiveness, as well as the potential for compromised well-being of the shielded person given prolonged periods of partial isolation.

The LSHTM continues to inform the shielding response globally, having published both the original paper outlining the concept and its application for the COVID-19 response in low-income countries and displaced populations, and the subsequent operational guidance documents with practical information to guide actors in their implementation. The LSHTM has developed a shielding monitoring and evaluation protocol that will continue to support partners in developing related tools for both operational monitoring, and to inform the evidence base for shielding globally. Guidance on shielding has also been released by the UK Government, ALNAP and Social Science in Humanitarian Action (SSHAP), and the African Center for Disease Control and Infection (CDC). The US CDC has also published guidance on operational considerations for shielding implementation, which emphasizes the additional resources

required, risks and challenges, as well as the potential short and long-term adverse consequences of shielding.

Snapshot: Yemen Community Shielding Response

Humanitarians in Yemen have been working since early April to understand feasibility, community acceptance, and to operationalize implementation modalities of shielding considering a number of factors including the lack of accurate transmission data, resource and service constraints, and cultural preferences. As well to identify key enabling factors that can be supported by humanitarians, to complement and enhance the likelihood of effective shielding.

Community consultation

DRC began community consultations on the shielding concept in **26 internal displacement (IDP) camps** in early April across two areas in Yemen; Abs district in the north of the country, and the West Coast of Southern Al-Hudaydah accessible from the south. **Community feedback has been generally positive** on the approach and a high level of willingness has been expressed from families to take measures to protect their high-risk family members. In DRC-managed IDP camps an average of 10% of site residents are considered at high-risk of severe COVID-19 infection based on WHO criteria adapted for Yemen (those with pre-existing chronic illness or above 50 years old). Community consultations have indicated that approximately 70% of families with high-risk individuals express a willingness to establish a green zone in their home to shield the high-risk person(s). Based on strong cultural preferences of privacy and family-level caregiving, **family level shielding** was

determined unanimously by displaced communities as the accepted approach.

Shielding implementation

Community focal points have been identified and trained to conduct household level discussion and training sessions with high-risk families. Members of the community have also been trained to conduct family level training sessions on the infection, prevention, and control (IPC) measures required to actualize the green zone arrangement they have established within their family compounds. **Kits containing 14 items to support shielding** including bleach and scrubbing brushes for disinfection, have also been distributed to high-risk families, primarily to enable more effective prevention and shielding practices but also to support the general community awareness of COVID-19 and the importance of protecting high-risk individuals. This response has been **integrated** within DRC's Site Management (SMC/CCCM) response to COVID-19 including provision of soap for handwashing, water systems rehabilitation to increase water supply, awareness raising, and latrine and shelter construction to reduce shared access to facilities and support less congested living. The processes, tools and trainings developed have been shared widely and have supported other partners, including ACTED, NRC and IOM in preparing for shielding implementation in other key displacement areas in Yemen.

Based on the up-take in DRC managed IDP sites and the Yemeni norm of "Al-hegerah" in which particular care for the vulnerable is culturally inherent, the WASH Cluster and NGO partners in Yemen have also led the expansion of shielding **outside of IDP camps**, initially focusing on areas considered at greater risk of high COVID-19 transmission, including in urban, residential neighborhoods where WASH and health services are particularly limited. **Referrals to health and nutrition facilities as well as**

cash assistance are part of the package to enable shielding, as well as **household level risk communication** and education on shielding and IPC, including the distribution of IPC kits. **Pre-existing community structures** including traditional leaders, and community health volunteers are being utilized to facilitate community and family level buy-in to the concept. Consultations with Ministry of Health officials, as well as local leaders and groups received positive feedback, which has supported a joint identification of high-risk households to volunteer to shield. In addition to being part of the Yemen WASH Cluster COVID-19 strategy, shielding is also included within the Yemen Humanitarian Response Plan (HRP) Extension, Strategic Objective 1 and in line with the "Suppress" pillar of Yemen's "4S" COVID-19 response strategy.

Monitoring and evaluation

In IDP camps, household level monitoring is ongoing now to provide preliminary data on levels of compliance to the IPC protocols, to confirm understandings of prevention measures and health resources available, and to observe changing perceptions of COVID-19 risk over time. Inside and outside of IDP camps, DRC and the WASH Cluster are working with the LSHTM to develop a context-specific monitoring and evaluation system to assess the implementation feasibility and impacts of the shielding approach on the morbidity and mortality of high-risk people. This approach is under development and findings will be shared in due course.



DRC staff hold a community shielding consultation session with women in a displaced persons camp in Abs, Yemen (May 2020).

Resources

1. LSHTM COVID-19 Response Page
2. Danish Refugee Council (DRC) Yemen Shielding Tool Kit
3. Yemen WASH Cluster **Shielding Resources**
4. Action Against Hunger (AAH) **Shielding Tools**
5. African Center for Disease Control and Infection (CDC). **Guidance on Community Physical Distancing During COVID-19 Pandemic**. May 12 2020.
6. Dahab, M., van Zandvoort, K., Flasche, S. et al. **COVID-19 control in low-income settings and displaced populations: what can realistically be done?**. *Confl Health* 14, 54. 2020.
7. Favas, C. **Guidance for the prevention of COVID-19 infections among high-risk individuals in camps and camp-like settings**". London School of Hygiene and Tropical Medicine. March 31 2020.
8. Public Health England. **Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19**. GOV.UK. April 2020.
9. Tulloch, O. **Considerations and principles for shielding people at high risk of severe outcomes from COVID-19**. *Social Science in Humanitarian Action*. April 2020.
10. Ramalingam, B., Singh, N., Mahieu, A., Blanchet, K. **Responding to COVID-19. Guidance for humanitarian agencies**. Rapid Learning Review. ALNAP. 2020.
11. Ratnayake, R., Favas., Warsame, A., Checchi, F. **Protocol for the monitoring and evaluation of shielding against COVID-19 among high-risk persons in low-income settings**. London School of Hygiene and Tropical Medicine. June 2020.
12. Schmidt-Sane, M., Jones, L., Tulloch, O. **Emerging Evidence on Shielding Vulnerable Groups During COVID-19**. *Social Science in Humanitarian Action*. Sept 2020.
13. US Centers for Disease Control and Prevention. **Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings**. July 2020.