Protection Cluster Yemen

Covid-19 Preparedness and Response

Protection of groups at Disproportionate Risk

As part of Covid-19 preparedness and response efforts, Protection actors should engage in an exercise of analyzing current and potential protection issues to identify groups at disproportionate protection risk. It is essential at this stage, and in light of shifting dynamics, to avoid recycling predefined categories and vulnerabilities. Individuals at risk should be identified as a result of a thorough and ongoing protection risk analysis against an incessantly changing context. It is also worth noting that groups at disproportionate risk in relation to protection **are not necessarily the same as high-risk groups from a health perspective.**

Among others, the groups at disproportionate protection risk include IDPs in IDP hosting sites, Muhamasheen (marginalized communities), refugees, migrants and asylum seekers, people with disabilities, women and girls, daily laborers (& casual and seasonal workers) and owners of micro/small businesses. Those groups are disproportionately exposed to protection threats as a result of a combination of factors, with limited access to basic services and social protection as a common denominator. In case of a Covid19 Outbreak, these groups will face greater challenges to access proper healthcare in a safe and dignified manner, and will find their situation exacerbated by an increasingly deteriorating protection environment. Existing social stigma and exclusion patterns will also contribute to discouraging people from reporting suspected cases or raising their concerns, which could potentially aggravate the public health risk.

The below lists general steps that support the implementation of mitigation measures to help prevent, reduce and respond to risks of exclusion and/or disproportionate impact on vulnerable groups. The mitigation measures aim to promote the protection of all groups during the pandemic (throughout the various phases of prevention and response) and contribute to alleviating the impact of the changing dynamics on the protection environment of the most vulnerable. The measures should be mainstreamed either as part of a stand-alone protection program or can be adapted to programs under different sectors to avoid causing harm, and ensure all humanitarian responses are inclusive, and uphold people's rights and dignity.

Those measures fall under five different overarching activities:

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General Steps to Support the Implementation of Mitigation Measures

1- Ensure an effective protection monitoring mechanism is in place.
- Map out your community focal points and structures.
- Call them or organize a quick face to face meeting while ensuring adequate protective measures are in place (e.g. social distancing).
- Explain to all your community structures what it is you're looking for during this period: what should they look out for? what should they report/communicate? how can they do that? and how often should they do it?
- Use reported information to inform programs and advocacy.
- Provide feedback to the community.

Key issues to monitor, analyse and report on include: violence, abuse, exploitation, coercion, and deliberate deprivation – including related to GBV and child protection, self-protection strategies, (negative) coping mechanisms, and social cohesion; access to public health information and medical services (prevention, testing, and treatment); access to other essential services (WASH, shelter, food security and livelihood); changes in laws and policies and their implementation particularly to identify abuse of power in the context of declaration of state of emergency, rights of people deprived of their liberty, or situations of discrimination and stigmatization of specific populations (e.g. displaced persons and other marginalized groups); arbitrary or discriminatory restrictions to freedom of movement, as well as forced displacement and forced returns. (GPC Operational Footprint)

2- Establish meaningful referral pathways.
- Update your service mapping to reflect emerging barriers to access to services. (i.e. add a column/section in your service mapping that captures the barriers to access to services and update it regularly reflecting the barriers for different groups)
- Provide all affected communities with hotlines/phone numbers of essential service providers.
- Advocate with service providers to ensure continuity of provision of critical services and to promote inclusive service provision.
- Maintain continuous coordination with various service providers in your area of operation.

3- Ensure effective complaint and feedback mechanisms are accessible to different groups.
- Map out existing feedback and complaint mechanisms in your organization;
- Assess and identify already existing challenges.
- Present the challenges to the community and consult with them on potential or anticipated Covid19 related challenges.
- Consult with the community (different groups of the community) on their preferred modality for providing feedback and voicing complaints.
- Design and/or adapt your mechanism.
- Devise an awareness raising plan, to ensure community members are aware of your complaints and feedback mechanism, and of its value. (this can be done remotely through community focal points and structures)
- Analyze, learn and adapt as you go!

Groups at Disproportionate Risk in Yemen

i.   IDPs in IDP sites

Most of IDP hosting sites in general lack adequate infrastructure and basic services. As a result of displacement, many IDPs lose their social support networks and struggle to access sustainable livelihood opportunities. IDP men, women, boys and girls are exposed to a wide array of protection threats, with limited capacities to prevent, respond to or mitigate them, leading many to resort to negative coping mechanisms. Mounting tensions between IDP and host communities, and security incidents, also exacerbate IDPs' inability to access services and undermine their sense of safety and security. It is worth noting that many IDPs in the IDP sites face exclusion and discrimination either for being from the Muhamasheen community or for being originally from Northern governorates and displaced in Southern governorates.

IDPs' already limited access to services and livelihoods opportunities might be further hindered as a result of Covid19 prevention measures, especially restriction of movement. Poor hygiene conditions and facilities in sites will also further fuel stigmatization and exclusion of IDPs.

ii.   Muhamasheen (Marginalized communities)

Historically, members of the Muhamasheen community faced extensive challenges to access basic services and protection in Yemen. Living often at the fringes of society, a large portion of Muhamasheen communities are poor (or extremely poor) and have limited access to adequate livelihoods opportunities. This is largely due to systematized discrimination and exclusion, as well as limited legal protection (largely due to lack of legal documentation, and weak enforcement of the law and accessibility to redress). Muhamasheen women, most notably those living in IDP hosting sites or engaged in begging, are at high risk of sexual, verbal and physical abuse, as a result of long-standing social stigma. Men are often excluded from certain jobs, which consequently pushed them to rely greatly on casual labor and accept exploitative conditions. Members of the Muhamasheen community already report high-levels of discrimination when accessing healthcare, especially in public hospitals and facilities. Sites or areas where most of the Muhamasheen live are usually characterized with weak infrastructure and poor sanitation.

Livelihood opportunities for members of the Muhamasheen community will be further reduced as a result of Covid19 prevention and response measures. Limited access to basic services will be further exacerbated, including access to adequate healthcare; and fears of being stigmatized and targeted might contribute to discouraging Muhamasheen from reporting suspected cases or seeking assistance.

iii.   Refugees, Migrants and Asylum Seekers

Refugees, migrants and asylum seekers in Yemen are among the groups at highest protection risk as a result of a combination of factors leading to mainly poor and inadequate access to services. While refugees who have been in country for years enjoy a more or less strong social support network, they continue to struggle to have meaningful access to quality basic services. Discrimination, in addition to the inability to afford the cost of healthcare, is among the most reported obstacles hindering accessibility for refugees. Migrants and asylum seekers, especially new arrivals, suffer from limited availability of services as well as limited awareness about basic and specialized services. The latter often lack sufficient resources to access services and are exposed to extensive risk as a result of their legal status. Mobility and actual access to services for migrants are hindered by their fear of being arrested. Members of the different groups in question often resort to negative coping mechanisms to make ends meet. Indeed, populations on the move are unable to take the time to develop positive coping mechanisms to ensure that their basic needs are met and that they are able to meaningfully access services.

Precautionary measures in the fight against Covid19 imposed by the authorities have exposed migrants to disproportionate protection risks, especially risks of arrest (most notably at existing and improvised checkpoints).

The living conditions and protection environment of all groups under this section might further deteriorate as a result of prevention and response measures, most likely because their access to income will be hindered. They are also at greater risk of stigmatization as a result of pre-existing discriminatory social and structural practices.

Mitigation Measures (i, ii and iii):

Stay informed

- Ensure community focal points, networks and committees remain active regardless of prevention and response measures in place, while ensuring they are not exposed to any health risks.
- Community structures engaged in identification and monitoring of protection risks and needs, and in identification and referral of individuals to basic services must include members of the different communities to maximize reach and inclusivity.
- Engage members of communities (including women, men, boys and girls) to identify covid-related concerns; and advocate with relevant stakeholders and service providers where possible/relevant. Keep monitoring the protection concerns that were identified prior to COVID19 and might be exacerbated by the outbreak.

Ensure Access

- Consult members of different communities (including women, men, boys and girls) on needed support to access services, especially healthcare. Design interventions to support meaningful access (including referral pathways, support for referrals/cash, awareness raising on available services etc.)
- Sensitize members of other communities on the right of all to access healthcare, and other services, and be protected against discrimination, within the larger framework of public health concerns. Join initiatives and efforts to debunk rumors and false information, especially those reinforcing the stigmatization of refugees, migrants, IDPs and Muhamasheen.
- Support advocacy efforts that promote humanitarian principles, access and right to protection, as well as protection mainstreaming, in the response and preparedness plans of authorities and other actors.
- Ensure communities have access to feedback and complaint mechanisms.

Adapt interventions

- Adapt protection activities to ensure public health issues are addressed, while continuity of services is upheld; especially case management for high-risk cases. Revise CASH-based interventions on the basis of an analysis of emerging barriers to market accessibility, availability of goods and stability of prices.
- For covid-19 related prevention and response measures in sites, refer to IASC guidance note on camp and camp like settings; and to Yemen CCCM Cluster guidance note on Covid-19 prevention and response (including guidance on community shielding).
- Ensure functioning referral pathways are established for protection services as well as other essential services, especially health, for different groups. Encourage available service providers to accept referrals and ensure meaningful access for refugees and migrants, IDPs and individuals of the Muhamasheen community, free of discrimination.
- Develop service mappings for areas with high concentration of each community (e.g. IDPs, Muhamasheen, Refugees or Migrants). Provide communities with hotlines for providers of basic services.

Awareness raising

- Develop information material on available services for different groups, and maintain hotlines/information desks to increase communities' awareness about available services.
- Consult members of those communities (including women, men, boys and girls) to identify preferred modalities for awareness raising and information sharing. Design community communication and engagement activities accordingly (taking into account levels of illiteracy and people with disability).
- Ensure awareness raising material is available in different languages.
- Ensure that migrant new arrivals are targeted with awareness raising activities **in the relevant languages.**

i. People with Disabilities

Persons with disabilities (PWD) in Yemen already face limited availability of adequate specialized services and care. Stigmatization of PWD leaves many isolated and neglected, making chances for integration in the society, education and labor market very difficult. The protracted conflict in Yemen and the dire humanitarian situation have an increased impact on PWD, especially in light of aggravated disruption of service provision, including healthcare. It is often more difficult for PWD to flee violence and/or enjoy their basic human rights in displacement. PWD living in IDP hosting sites face massive challenges accessing aid and adequate living conditions (e.g. sanitation facilities).

Poor access to healthcare for PWD combined with limited capacity of the healthcare system to cope with a nation-wide Covid19 Outbreak, puts them at increased risk of infection and complication, especially that existing stigma exposes them to increased risk of neglect, exclusion and discrimination. Inaccessibility to WASH facilities in IDP hosting sites (and other) will further exacerbate PWD's risk of infection. Maintaining the recommended social distance is also challenging for PWD who rely on a caregiver, and isolation measures might expose them to increased mental health and psychosocial distress.

Mitigation Measures:

Stay informed

- Maintain functioning and effective protection monitoring to identify protection risks specific to PWD in light of prevention and response measures (recently put in place).
- Disaggregate protection monitoring data by age, gender and diversity.

Ensure Access

- Support advocacy efforts to ensure that children and adults with disabilities have access to appropriate prevention and response measures, and are not excluded from risk communication initiatives.
- Identify and address barriers that prevent safe access to health services, including the availability of accessible transport and physical accessibility at health facilities.
- Engage communities to address social norms that might trigger the de-prioritization or exclusion of PWD. Join initiatives and efforts to debunk rumors and false information, especially those reinforcing the stigmatization of PWD.
- Engage with WASH actors to ensure the accessibility of sanitation facilities, especially in IDP-hosting sites.
- Adapt activities accordingly to ensure access to PWD in the event of reduced mobility of caregivers.

Adapt interventions

- Develop service mappings for services available for PWD, and ensure they are updated regularly to reflect potential access barriers. Raise awareness of PWD and caregivers around available services. Establish efficient referral pathways.
- Advocate with humanitarian actors, including other protection actors and service providers, to maintain the continuity of assistance for PWD and their caregivers.
- Provide PSS and MHPSS to PWD affected by recently introduced measures (as well as social distancing), self-quarantine measures and where possible in isolation centers (in collaboration with WHO).
- Revise CASH-based interventions on the basis of an analysis of emerging barriers to market accessibility, availability of goods and stability of prices.
- Ensure adequate internal capacity to sustain case management activities, especially for high-risk cases.

Awareness raising

- Make messaging and awareness raising material accessible to PWD, including people with visual, hearing or intellectual impairments. Remember that people with reduced mobility may face difficulties to move around and access awareness raising sessions or material. Engage specialized organization to advise on design of awareness raising material (as well as service provision).

ii. Women and Girls

Women and girls in Yemen are already at a disadvantaged as a group as a result of the existing social structure/norms and exclusion from decision-making processes. Protection of women and girls has been further exacerbated by five years of conflict, displacement, deteriorating services and infrastructure and depleting resources. The precarious situation of women and girls in war-torn Yemen exposes them to higher risks of gender-based violence, challenges to access services, psychosocial distress etc. As a result of the war, many women had to take up non-traditional additional responsibilities such as earning an income; however, there is no evidence that this resulted in increased autonomy of women and/or participation in public life and decision making (i.e. this did not necessarily lead to a drastic shift in power dynamics).

Potential loss of income due to prevention and response measures, as well as the overall worsening of the economy, put women and girls at further protection-related risks. On the one hand, economic and social stress, usually coupled with restricted mobility, often contribute to increased domestic violence. On the other hand, confinement to the house might further reduce women and girls' already limited autonomy. As children are out of school and family members are home, women's unpaid care work also increases. Furthermore, the health and protection of women and girls might be impacted as a result of the reallocation of resources and priorities; with protection and health services available for them including sexual and reproductive health services, often deprioritized.

Mitigation Measures:

Stay informed

- Ensure effective protection monitoring mechanisms are in place to monitor and identify emerging protection risks, needs and concerns specific to women and girls. When adapting protection monitoring mechanisms to remote monitoring, make sure that access to women remains possible, **taking into consideration that mobile phones are usually kept by men**.
- Ensure community focal points, networks and committees include women and have access to women and girls to maximize their representation in protection monitoring

findings, as well as ensure adequate identification and referral of women and girls in need for essential services.
- Engage women and girls to identify covid-related concerns; and advocate with relevant stakeholders and service providers where possible/relevant.

Ensure Access

- Analyze dynamics at the household level to understand who controls spending and ensure that women and girls benefit from the cash assistance. Based on thorough analysis, decide whether to provide cash or in-kind assistance.
- Consult women and girls on needed support to access services, especially healthcare. Design interventions to support meaningful access (including referral pathways, support for referrals/cash, awareness raising on available services etc.)
- Support advocacy efforts that promote humanitarian principles, access and right to protection, as well as protection mainstreaming, in the response and preparedness plans of authorities and other actors. Advocate with health actors, health facilities and hospitals to ensure necessary measures are put in place measures that make services safely available to women and girls, including gender appropriate measures in isolation centers and units, as well as quarantines where relevant.
- Ensure women and girls have access to feedback and complaint mechanisms.

Adapt interventions

- For detailed guidance on continuity of service provision for women and girls, please refer to GBV SC-Yemen note on "Further Considerations for GBV Prevention and Response".
- Ensure functioning referral pathways are established for protection services (including GBV services) as well as other essential services such as reproductive health services.
- Develop service mappings that are gender sensitive. Provide women and girls with hotlines for providers of basic services.
- Adapt protection activities while maintaining a gender lens, to ensure public health issues are addressed, while continuity of services is ensured; **especially case management for high-risk cases.**
- Revise cash-based interventions on the basis of an analysis of emerging barriers for women and girls to market accessibility, availability of goods and stability of prices.
- Ensure women and girls have access to or benefit from any cash assistance provided. Adjust targeting criteria for protection cash assistance to include covid-related protection needs and support families address emerging protection risks, addressing simultaneously social and economic pressure at the household level to help prevent domestic violence

Awareness raising

- Develop information material on available services for different groups, and maintain hotlines/information desks to increase communities' awareness about available services.
- Consult women and girls to identify preferred modalities for awareness raising and information sharing. Design community communication and engagement activities accordingly (taking into account levels of illiteracy and people with disability, as well as women and girls' accessibility).
- Ensure awareness raising material is available in different languages, and is gender sensitive.
- Sensitize men and boys and members of different communities on the right of women and girls to access healthcare, and other services.

iii. **Daily Laborers, Casual Workers, Seasonal Workers, Owners of Micro and Small Businesses**

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It is estimated that three quarters of the workforce in Yemen work in the informal sector. The latter includes casual and seasonal workers. Access to decent income generating opportunities is already highly challenging, as the war and deteriorating situation pushed many to accept exploitative work conditions and low-paid jobs. Communities already facing exclusion and discrimination in society (and hence enjoying more limited access to education) are more likely to engage in informal work and unskilled labor, and have less chances of getting a permanent paid job. Working in the informal sector, casual workers find themselves without any protection at the workplace or ability to seek redress, which exposes them to heightened risks, especially for women and individuals from more disadvantaged communities.

The pandemic in general has a negative impact on the economy (including small and micro businesses) and the availability of income generating opportunities. Restrictions on mobility also hinder people's accessibility to jobs and their ability to find ones. Casual workers are disproportionately affected by such measures. (Those engaging in work in the informal sector are generally affected as they do not have access to protection under the labor law and are at high risk of losing their jobs/access to income generating opportunities, without any possibility to seek legal protection or redress). Households who are already poor, extremely or/and under the poverty might find themselves forced to resort to negative coping mechanisms to meet their families' basic needs. In other words, women might be at higher risk of exploitation, begging, trafficking etc. and children might be forced to engage in child labor and often worst forms of child labor.

Mitigation Measures:

Stay informed

- Ensure Protection Monitoring activities reach all groups including non-traditional targets without pre-defined bias on vulnerabilities. Level of vulnerability should be analyzed against a continuously changing context, and on the basis of the results of protection analyses. Protection monitoring should not target pre-defined groups only.
- Monitor protection risks associated with loss of access to income generating opportunities, draw trends and inform programs accordingly.
- Monitor trends of negative coping mechanisms adopted by families who lose access to income.
- Be aware of potential correlation between loss of income and levels of domestic violence.

Ensure Access

- *Where possible advocate for unhindered access of those populations to health services*

Adapt interventions

- Adopt a case management modality to provide a comprehensive response to emerging protection risks where applicable.
- Adjust targeting criteria for cash assistance where relevant to respond to emerging protection risks, in light of covid19 related developments. Consider economic shocks as factors contributing to protection risks and the worsening of the protection environment of communities when designing cash-based interventions.
- Adapt psychosocial support services to accommodate men and women who undergo an economic shock and are considering/might consider resorting to negative coping mechanisms.

Awareness raising

- Raise awareness among non-traditional groups around availability of services. Keep in mind that these groups might not have prior experience accessing humanitarian and social services.