## VULNERABILITY TARGETING OF PERSONS WITH HEIGHTENED NEEDS

●●●● **BACKGROUND**

### ALL INDIVIDUALS AFFECTED BY VIOLENCE ARE IN NEED – WHY A PROTECTION AND VULNERABILITY FOCUS?

Everyone in Cabo Delgado is in a need. A protection and vulnerability focus is nevertheless critical where the scale of existing humanitarian assistance cannot fully reach all persons in need. Therefore, a prioritization of assistance is called for to reach persons that are **most in need**. This bases itself upon a global agreement where **humanitarian assistance should always reach those most in need**.

**Prioritization** of persons most in need on the other hand entails a coordinated effort to decide *who* and *where* to support with *what* kind of assistance and *when* to start with *whom*.

Bearing in mind the principle of **do no harm,** prioritization of persons most in need must avoid unintended consequences such as community tensions. To this end, vulnerability targeting criteria must be clearly communicated and transparently used at all stages of the response. It is also important to include **accountability mechanisms** in all programs. Ensure that you have set up a way for those receiving support to give feedback and identify gaps.

**Community participation and inclusion** must therefore be ensured at all stages of the response where a broad-base of community representation is in place.  To this end, the National Community Engagement and Accountability to Affected Populations (CE/AAP WG) plays an advisory and coordination role.

Ensuring that you have the **full picture and that prioritization criteria is evidence-based**, is emphasized by way of leveraging disaggregated data [details of sex, age, marital status, disability, economic situation etc.] in assessments and when deciding on who-where-what-when to support in order to give a fuller picture related to needs.

**There is no generic prioritization list.** Each organization should continuously assess vulnerability for each project at the planning stage before humanitarian response are encouraged to use the IASC Gender with Age Marker (GAM) as a tool to assess to which extent programs address gender- and age-related differences. Protection Monitoring reports will serve as a useful guidance on vulnerable groups and the Protection Cluster Provides on-going support in establishing functioning vulnerability targeting across all sectors of the response.

**Limited humanitarian access** compounds vulnerability of many persons in need, especially in unserved or severely underserved areas. To this end, in Cabo Delgado, **consider different groups in relation to their displacement experience:** non-displaced violence-affected population, IDPs Cabo Delgado, Nampula or Niassa where humanitarian access exists, as well as possible returnees to their place of origin.

**Equality of the humanitarian response is a foundational principle** where humanitarians must avoid creating a divide between groups. Consider including host communities in your response.

### WHAT IS THE DEFINITION OF VULNERABILITY?

A person is not vulnerable from birth but due to life circumstances (e.g. poverty, education) and/or discrimination based on other characteristics (gender, disability, age etc.) and therefore is not able to enjoy equal access to human rights and may be more exposed to threats/risks and/or marginalized.

People are, or become, more vulnerable due to a combination of physical, social, environmental and political factors, and vulnerability is not a fixed category.

Not everyone with the same characteristics will experience the same level of vulnerability, i.e. being a woman does not make the person vulnerable per se but a pregnant woman whose husband was killed and whose house has been damaged will have protection concerns.

Responding to 'specific needs' of the elderly, chronically ill, persons with disabilities, lactating or pregnant women means safeguarding their human rights to shelter, food, health and education and this sometimes requires the humanitarian or development actor to have a stronger focus on certain groups or individuals for support.

## ●●●● VULNERABILITY TARGETING

Vulnerability targeting and prioritization for assistance will help to identify those persons for whom it will be harder to recover without support or who may face particular protection risks if assistance is delayed. Ensure evidence based data prioritizing individuals or groups for assistance.

**CRITICAL ASPECTS**

- **Ensure Accountability Mechanisms**: Set up a structure for those receiving assistance to give feedback and identify gaps
- **Meaningful Access to Assistance**: Do persons with specific needs able to access services? Are people targeted already receiving any kind of assistance (e.g. Government)?
- **Access to Documentation**: Persons without documents may not be able to register for distribution lists, access services, go to school etc.
- **Mental Health and Psychosocial Services**: Stay up to date on referral pathways and existing services for persons who have experienced trauma and are in need of psycho-social services?
- **Ensure do no harm** in any assistance provided by conducting all necessary risk assessments
- **Holistic approach to prioritization**, including host community, persons who have not left places or origins and returnees where appropriate.
- **Multiple and overlapping vulnerabilities** further requires a holistic approach to targeting and prioritization. For example a young girl is vulnerable both due to their age and gender or an older person with AIDS is vulnerable due to their age and chronic illness etc.

The following groups face heightened vulnerabilities, consider their specific needs and prioritization:

**PERSONS WITH CHRONIC ILLNESS AND SERIOUS MEDICAL CONDITIONS** (INCLUDING MENTAL HEALTH ISSUES)

**People with chronic illness and serious medical condition may require regular medical attention and medication. Their life can be at risk if their treatment is interrupted and they require targeted assistance for survival.**

- Are they meaningfully able to access adequate medical care (consider access barriers such as IDs, payment for services, physical barriers for PWD, restricted movement, availability of specialized services etc.)
- Are they able to have continuous access to their medication (e.g. persons with HIV/AIDS)?
- Is the area at considered high-risk for local transmission of COVID-19?
- Are they receiving any state support (free of charge medication)? Do they require targeted assistance for survival?
- Does the condition require a specific diet which the PoC cannot access?

**PERSONS WITH DISABILITIES[1]**

**They have specific needs in across all sectors, may not have the required documents to prove their disability and are likely to face more difficulties in accessing services.**

- Does a person with disability encounter any discrimination?
- Is the disability linked to an injury that was caused by the violence?
- Does the disability impact daily life and restrict independent movement e.g. access to toilets, collective centers
- Does the person with disability receive support to assist with daily life?
- Does the person with disability have access to specific services (medical, rehabilitation, etc.)?
- Is the person with disability/ the main breadwinner and how does that impact the household?

[1] *Including an adult or child who is physically or mentally impaired by illness, infection or injury which impacts daily life and restricts independent movement*

**OLDER PERSONS**

**They may suffer from health problems and/or have difficulty in adjusting to their new environment and knowing where to seek assistance, in particular those who have been separated from usual caregivers.**

- Does the older person have external support to assist with daily life?
- Does the older person have contact with family members?
- Does the older person also have a medical condition that requires additional support?
- Does the older person have dependents? Especially minor children or adult dependents with disabilities/serious medical condition.

## WOMEN AND GIRLS

**Women and girls face protection risks particular to their gender (such as trafficking, kidnapping, negative coping mechanisms such as survival sex). Please consider the following groups when prioritizing women and girls:**

- Single female heads of household
- Adolescent girls or young adults without support networks
- Women who are survivors of violence, including sex and gender-based violence
- Pregnant and lactating women
- Women who have family members who have been killed or injured during the situation of violence.

## CHILDREN (More than 50% of IDPs)

**Due to violence and the changes in their lives, children are more at risk of abuse, neglect, exploitation and violence. For many access to education is disrupted and their wellbeing is affected. Children, adolescents, and young people are exposed to specific risks due to their gender, so it is important to take gender into account. NOTE: a child is anyone under the age of 18.**

- Unaccompanied minors, orphans and children separated from parents.
- Children without documentation, including birth registration.
- Children at risk of being abandoned or institutionalized (i.e. children with disability, displaced children whose parents cannot provide for them).
- Adolescents at risk of trafficking, recruitment or association with military or armed groups due to socio-economic hardship, family situation, etc
- Girls at risk of SGBV by security personnel or armed groups.
- Children with disabilities.
- Children living in crowded spaces (collective centers) may be at greater risk of domestic violence.

## TIPS ON VULNERABILITY TARGETING AND PRIORITIZATION

1. Conduct a **vulnerability analysis** as part of planning your intervention;
2. **Seek guidance** from the Protection Cluster where needed when carrying out vulnerability analysis and prioritization.
3. **Refer** persons with heightened needs to adequate **services** or seek support from Cluster Coordinators for follow up depending on needs;
4. Ensure services and activities are **inclusive and meaningfully accessible** to all groups, e.g. shelter close to services, social activities for children at risk of recruitment etc.
5. **Prioritize** persons with heightened vulnerabilities for all kinds of distributions on basis of verified data. Ensure **distribution lists are accurate and trustworthy;**
6. Consider **multiple and overlapping vulnerabilities**, including a combination of above factors as well as **socio-economic factors**, **security etc**.