Protection Cluster Yemen

COVID-19 Response: Key Protection Principles and Guidance

COVID-19 LESSONS LEARNED

Situation Background

The spread of COVID-19 is intensifying existing protection needs and increasing the numbers of people who require humanitarian assistance. Mitigation measures and movement restrictions implemented to prevent the spread of the virus, caused many activities to be put on hold or conducted remotely through phone. This has impacted service delivery and placed a heavy burden on affected populations, especially on the poor and most vulnerable groups. Protection monitoring to assess the protection needs and risks was restricted, limiting the comprehensible overview of the protection situation, which could have informed service delivery and advocacy. The Second wave is having a devastating impact putting 15 million people, already in need of humanitarian aid and protection, at heighten risks. The Protection Cluster and its partners are regularly monitoring the situation to provide protection assistance to affected groups and conduct high-level advocacy.

WHAT HAVE WE LEARNT FROM THE FIRST WAVE?

The COVID-19 pandemic has heightened protection concerns for Yemeni communities, internally displaced persons, migrants and refugees. Major protection risks identified include:

- **Increased socioeconomic vulnerability** due to loss of livelihoods and/or disrupted household income, resulting in higher reliance on negative coping mechanisms such as early marriage and child labour.
- **Psychosocial distress** by the lack of peer-support, limited access to health facilities, a lack of livelihood opportunities and increased prices of basic items has significantly affected children and their households.
- **Neglect and lack of care** has particularly affected children and women. Lockdown measures exacerbated the exposure of child and women to neglect, exploitation and abuse especially in families where daily labour is the only source of income. School closures, have also left many children without parental care during the day, which encouraged the adoption of negative copying mechanisms such as child labour.
- **Risk of evictions increased** due to socioeconomic vulnerability resulting from the loss of livelihoods and income.
- **Increased challenges for persons with specific needs,** including people with disabilities, older persons and people with chronic diseases in accessing basic health services (i.e. mobility constraints) and information as well as increased discriminatory behaviours, neglect, and exclusion.
- **Impossibility of social distancing** for IDPs and households living in both organized and spontaneous IDP sites, which are characterized by small, often single-room accommodation, and living areas that are highly congested. Lack of hygiene items and loss of basic income increased the risk of possible exposure to COVID-19.
- **Heightened exposure for women and girls** to violence, including sexual violence, physical, domestic and emotional abuse.
- **Misinformation** and different community perception towards COVID-19 pandemic has negatively influenced adaption of preventive measures and following clear health messages

The operating environment with COVID-19 imposed new operating challenges on protection partners to implement and reach those in dire need, which include:

- Limited national and sub-national Cluster meetings specially during the first few months to coordinate the response.
- Lack of funds to respond to the increased demands of protection support including cash assistance in camps and informal settlements.

Successes in the Protection Cluster Covid-19 Response

The Protection Cluster worked with its partners to mitigate the impact of the pandemic on the most vulnerable groups and to help ensure the continuity of protection services. The following protection response is implemented to reduce protection risks that have exacerbated by COVID-19:

- Development of general COVID-19 guidance documents for partners use (within 1 month of the first confirmed case in country).
- Capacity building sessions on COVID-19 preventive measures and various topics such as psychosocial support for frontline workers.
- Regular protection monitoring and data collection from the hubs to assess the response, needs and associated risks. This includes collaboration with other clusters (RRM, CCCM, Health, etc.) to monitor the protection situation in the quarantine sites and isolation centers for advocacy and service provision.

PROTECTION PRINCIPLES AND GUIDANCE

I. Key Principles and Consideration

Do No Harm

The Protection Cluster reminds all partners to adopt the following to mitigate the risk of COVID-19:

- Ensure that community centres, women/girls safe spaces and child friendly spaces have functioning water and sanitation facilities, clean water, soap, hand sanitizers (or similar) and information materials on COVID-19 prevention. Centers and spaces should be cleaned on daily basis and surfaces disinfected several times a day, and staff should be made aware of the necessary hygienic practices as instructed by WHO.
- Avoid big gatherings, campaigns, meetings and awareness sessions. Where relevant and/or possible, substitute in-person meetings with technology-based options.
- Practice the social distance of 1 meter in private consultations and case management.
- Staff who implement protection activities in health facilities must be aware of the COVID-19 protocol for those facilities and must request support from specialized health actors for more information on preventive measures.
- Partners are encouraged to replace unnecessary protection assessments, Focus Group Discussions and community consultations with other means of data gathering and verifications such as observations checklists, Key informant interviews, secondary data revision, phone calls, etc.
- Field/mobile teams whose job is to identify vulnerable individuals and refer them to service providers must adopt additional preventive measures to protect themselves and the people affected.

- Partners who work with community-based structures (focal points, Community Based Protection Networks, community committees, etc.) have the responsibility to disseminate relevant information on preparedness, mitigation, and response among them. It is important also to revisit the terms of reference of those structures to reflect key information mentioned in this document. *Please see the link below for ready to use materials on COVID-19.* [i]

Non-discrimination

Everyone has the right to be treated with respect and dignity, and to enjoy meaningful access to services including healthcare. At times of pandemics, many groups are at risk of becoming victims of stigmatization, which could increase their vulnerability to be excluded from basic services, for example a member of the Muhamasheen community living in an IDP site might refrain from reporting symptoms of COVID-19 out of fear of being stigmatized or targeted.

Protection partners must promote the principle of non-discrimination in all situations and must be advocates for the right of everyone to access unhindered services. Where relevant, protection partners with protection monitoring expertise must monitor practices and coping mechanisms contributing to exclusion and discrimination and seek support from protection cluster and its areas of responsibilities.

Right to information

Everyone has the right to information. Protection partners must make sure that vulnerable groups are able to access information on COVID-19. While protection actors do not necessarily implement public health related programs, they still have the responsibility to only share reliable information and to flag the importance of access to information to those who implement such programs.

Vulnerable groups, already affected by the conflict, are at disproportionate risk during COVID-19 outbreak (first and second waves). This is largely due to their limited access to healthcare and ineffective early-warning systems. Protection responses should prioritize those groups, and ensure they are included in decision-making processes throughout preparedness, mitigation, and response phases.

Elderly, people with health conditions or disabilities, marginalized communities, IDPs (particularly those hosted in sites with poor WASH services), IDPs in transit, refugees and migrants, children and civilians in highly populated remote areas might also be at higher risk, and thus additional efforts must be in place to disseminate information among them (using the appropriate language).

Identify the most vulnerable and address their specific needs

i. Conduct gender and protection-analyses to identify inequalities, gaps, and capacities that should subsequently inform the response plan and implementation.
ii. Identify and prioritize groups at disproportionate risk and at risk of exclusion based on a contextual risk analysis.
iii. Ensure the awareness raising materials are accessible to all (e.g. people with hearing or visual impairment, illiterate individuals, people with reduced mobility, adequate language etc.) especially in hard to reach, remote and rural areas.
iv. Develop innovative methods for awareness raising to reach the 'less visible' populations.
v. Ensure critical specialized protection services are available and/or not discontinued to support groups at disproportionate risk including case management. Maintain the minimum protection monitoring activities.

MAINTAINING EFFECTIVE COMPLAINTS AND FEEDBACK MECHANISMS

In Yemen, the overall understanding of the COVID-19 outbreak is slowly evolving, however there are information gaps, misconceptions, and rumors about the virus, how it can spread or how to prevent the risk of infection, which can create social tension or lead to practicing harmful behavior.

For this, maintaining effective complaints and feedback mechanisms during preparedness and response will:
- Enable protection actors to monitor and respond to perceptions, rumours and feedback through trusted communication channels, in order to address negative behaviors and social stigma associated with COVID-19.
- Empower affected communities and strengthen their participation in times when they might feel increasingly isolated, especially in remote and rural areas.
- Improve the quality of service provision and contribute to maintaining the integrity of the humanitarian response especially as physical/in person monitoring becomes more challenging.
- Contribute to a more inclusive response.
- Strengthen the relationship with affected communities and build trust, while all other social/support networks and systems are put to test.
- Ensure that humanitarian interventions Do No Harm.

What makes a complaints and feedback mechanism effective?

❖ **Safe** and in line with Do No Harm principle. Ensure that confidentiality and privacy are respected in all forms of consultation, counselling and personal information sharing.

❖ **Known** to affected communities – Affected communities should be made aware of the existence and value of the complaint and feedback mechanism.

❖ **Functional** – Feedback is important, so is response! Address the complaint, respond to it and learn!

❖ **Accessible** to affected communities, including the most vulnerable and those at risk of exclusion – Even beyond physical accessibility

In many areas of Yemen, the preferred modality of providing feedback and voicing complaints is face to face and group discussions. The hotlines are good mechanism to have access to the necessary sources of information, however in some areas network coverage are weak or not feasible if not toll-free. Complaint boxes might not be ideal in areas where levels illiteracy is high especially among groups at risk of exclusion.

Steps to establish and/or adapt your complaints and feedback mechanism
- Map out existing feedback and complaint mechanisms in your organization.
- Assess and identify already existing challenges
- Organize awareness raising sessions to inform people of the complaints and feedback mechanism as well as to understand how it's being used and what would be their preferred modality for providing feedback and voicing complaints.
- Design and/or adapt your mechanism (if possible, pilot it!)
- Analyze, learn and adapt as you go!

How to utilize Community Structures to maintain effective feedback and complaint mechanisms in light of COVID-related precautionary and preparedness measures?

- **Ask Communities for Solutions**: communities are always better placed to advise on how to engage with them. Ask them what means of communication they prefer, what engagement they can ensure and what role they can and want to play. Communities are resilient and will always find

solutions, so work with them to determine how to continue supporting the services that are needed, while keeping everyone safe.

- **Community-led initiatives:** ask communities what support they need for their own initiatives. For example, communities may need access to information such as preventive measures, awareness, hygiene practices, etc. or may need for protection actors to act as bridges between them and humanitarian actors, other communities, organizations and authorities.

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ii https://drive.google.com/drive/folders/1UYGCOnPJEfhxmlUDeZ18IJYSZe3UionY