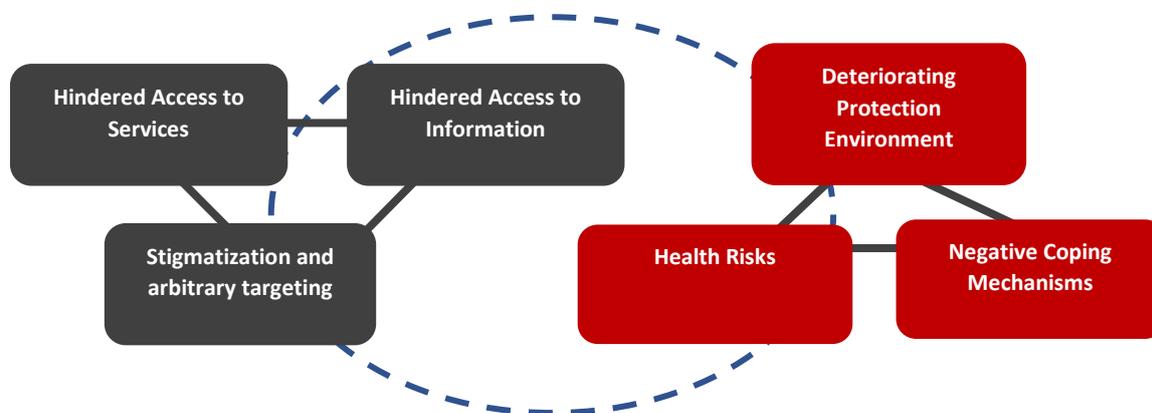


Preparedness and Response to Covid-19 Protecting Groups at Disproportionate Risk

Vulnerable groups, already affected by the conflict in Yemen, are at disproportionate risk in case of a Covid-19 Outbreak. This is largely due to their limited access to healthcare and effective early-warning systems. Humanitarian responses should prioritize those groups, and ensure they are included in decision-making processes throughout preparedness, mitigation and response phases.

Factors that exacerbate risks for these groups, include:

- Ongoing conflict [and weak rule of law in some areas]
- Lack of social services and safety-net programs
- Limited resources/capacities at the individual and household level to cope and adapt
- Limited access to social support networks and technology
- Dependency on daily wages and seasonal labor
- Limited availability of specialized services
- Social norms and historical stigma



Groups at disproportionate risk during pandemics suffer from hindered access to services and information, often aggravated by stigmatization and arbitrary targeting. These often contribute to the heightening of health risks and the deterioration of the protection environment of those groups, pushing many to resort to negative coping mechanisms.

Example 1: A daily laborer who lost his access to income as a result of precautionary measures or restrictions might force his children or wife to engage in begging.

Example 2: A members 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.

Example 3: An individual with visual impairment might not have adequate access to information and become exposed to greater health risks, because the only awareness raising campaign conducted in his/her area was through printed leaflets.

Who are the populations at risk?

- IDPs in sites and Marginalized communities 'Muhamasheen'
- Migrants and refugees
- Poor people and daily workers
- Older people
- People with disabilities
- Women and girls
- Children
- Other

Steps to Follow:

-  Identify and prioritize groups at disproportionate risk and at risk of exclusion based on a contextual risk analysis and not on predefined assumptions.
-  Engage diverse groups and communities to map challenges and barriers to access to services/information (including as a result of Covid-related precautionary and restrictive measures).
-  Analyze protection risks in light of shifting power dynamics and identify potential or new barriers to access to services/information.
-  Monitor regularly obstacles to access to services.
-  Develop service mappings, arrange for meaningful access and establish referral pathways that accommodate people with specific needs and concerns.
-  Advocate with and support service providers (including channels to information) to make their services more accessible including to people with reduced mobility.
-  Ensure your awareness raising material are accessible to all (e.g. people with hearing or visual impairment, illiterate individuals, people with reduced mobility, etc.)
-  Ensure awareness raising material is also available in languages other than Arabic (especially for migrants).
-  Ensure wider dissemination to reach people in hard to reach, remote and rural areas.
-  Develop innovative methods for awareness raising to reach the 'less visible' populations.
-  Ensure your awareness raising material and modalities are accessible for women and girls, while culturally sensitive to avoid causing harm.
-  Ensure critical specialized protection services are available and/or not discontinued to support groups at disproportionate risk including case management.
-  Maintain a minimum of protection monitoring activities.

Note

Protection Risk = Threat + Vulnerability x Time

Threat: Violence, Coercion and/or Deliberate deprivation

Vulnerability: Factors & Context

Time: Duration of exposure to threat or duration of state of being vulnerable