



## Child Protection COVID- 19 Guidance -Yemen

### Introduction

Infectious diseases like COVID-19 can disrupt the environments in which children grow and develop. Yemen is a country already touched by different possible risk for children, COVID-19 can represent an additional risk.

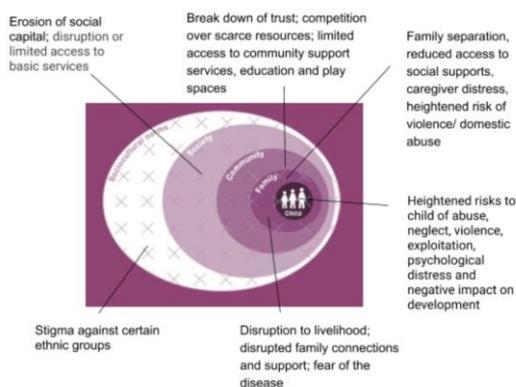
Disruptions to families, friendships, daily routines and the wider community can have negative consequences for children’s well-being, development and protection. All this in Yemen can be aggravated by ongoing conflict, displacement. In addition, measures used to prevent and control the spread of COVID-19 ( social distances, quarantine and isolation) can expose children to protection risks. Home-based, facility-based and zonal-based quarantine and isolation measures can all negatively impact children and their families.

**This document aims to support also non-child protection actors to conduct their work using child protection length into while planning their response.**

### Why it is important to pay strong attention to children in COVID-19 situation?

COVID-19 can quickly change the context in which children live. Quarantine measures such as school closures and restrictions on movements disrupt children’s routine and social support while also placing new stressors on parents and caregivers who may have to find new childcare options or forgo work. Stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress, especially among those groups which are already very vulnerable such migrants and Muhamasheen. Disease control measures that do not consider the gender-specific needs and vulnerabilities of women and girls may also increase their protection risks and lead to negative coping mechanisms. Children and families who are already vulnerable due to socio-economic exclusion or those who live in overcrowded settings are particularly at risk.

In working with government, CP actors should advocate to ensure measures implemented to address COVID-19 accord with international standards, in line with the WHO advisory, and are human rights-based, non-discriminatory and proportionate.



### Protection risk for children and causes that children can encounter in Yemen related to COVID-19

#### Child Protection Risk: Physical and emotional maltreatment

| <u>Risk due to COVID-19 in Yemen</u>  | <u>Possible Causes</u>   |
|---|--|
| <ul style="list-style-type: none"> <li>● Reduced supervision and neglect of children</li> <li>● Increase in child abuse and domestic/interpersonal violence</li> <li>● Poisoning and other danger and risks of</li> </ul> | <ul style="list-style-type: none"> <li>● Childcare/school closures, continued work requirements for caregivers, illness, quarantine/isolation of caregivers</li> </ul> |



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| <p>injuries to children</p> <ul style="list-style-type: none"> <li>● Pressure on or lack of access to child protection services</li> <li>● Vulnerable groups as migrants and Muhamasheen risk to be more discriminated because leaving in the street and at risk to contract the virus or any other disease</li> </ul> | <ul style="list-style-type: none"> <li>● Increased psychosocial distress among caregivers and community members</li> <li>● Availability and misuse of toxic disinfectants and alcohol</li> <li>● Increased obstacles to reporting incidents</li> <li>● This can be also aggravated in IDPs camps and due to displacement</li> </ul> |
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**Child Protection Risk: Gender-based violence (GBV)**

| <u>Risk due to COVID-19 in Yemen</u>  | <u>Possible Causes</u>  |
|---|---|
| <ul style="list-style-type: none"> <li>● Increased risk of sexual exploitation of children, including sex for assistance, commercial sexual exploitation of children and forced child marriage</li> <li>● Pressure on or lack of access to child protection/GBV services</li> <li>● GBV committed by military forces</li> </ul> | <ul style="list-style-type: none"> <li>● Reduced family protection of children</li> <li>● Reduced household income and/or reliance on outsiders to transport goods and services to the community</li> <li>● Girls' gender-imposed household responsibilities such as caring for family members or doing chores</li> <li>● Increased obstacles to reporting incidents and seeking medical treatment or other supports</li> <li>● GBV cases due to proximity to check-points</li> </ul> |

**Child Protection Risk: Mental health and psychosocial distress**

| <u>Risk due to COVID-19 in Yemen</u>   | <u>Possible Causes</u>   |
|--|--|
| <ul style="list-style-type: none"> <li>● Distress of children due to the death, illness, or separation of a loved one or fear of disease</li> <li>● Worsening of pre-existing mental health conditions</li> <li>● Pressure on or lack of access to MHPSS services</li> </ul> | <ul style="list-style-type: none"> <li>● Increased stress levels due to isolation in treatment units or home-based quarantine</li> <li>● Children and parents/caregivers with pre-existing mental health conditions may not be able to access usual supports or treatments</li> <li>● Quarantine measures can create fear and panic in the community, especially in children, if they do not understand what is happening</li> </ul> |

**Child Protection Risk: Exploitation, forced labour, abduction, recruitment**

| <u>Risk due to COVID-19 in Yemen</u>   | <u>Possible Causes</u>   |
|--|--|
| <ul style="list-style-type: none"> <li>● Increased engagement of children in hazardous or exploitative labour</li> <li>● Likely new worst forms of child labour that could emerge as a result of the emergency</li> <li>● Communities attitude and practice towards protection of children from hazardous and worst forms of child labour</li> <li>● Child recruitment risk</li> </ul> | <ul style="list-style-type: none"> <li>● Loss or reduction in household income</li> <li>● Opportunity or expectation to work due to school closure</li> <li>● Proximity to check points</li> </ul> |

**Child Protection Risk: Unaccompanied and separated children**

| <u>Risk due to COVID-19 in Yemen</u>   | <u>Possible Causes</u>  |
|--|---|
| <ul style="list-style-type: none"> <li>● Family Separation</li> <li>● Becoming unaccompanied or child head of household</li> <li>● Being placed in institutions</li> </ul> | <ul style="list-style-type: none"> <li>● Loss of parents/caregivers due to disease</li> <li>● Isolation/quarantine of caregiver(s) apart from child(ren)</li> </ul> |



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|--|--|
|  | <ul style="list-style-type: none"> <li>• Children sent away by parents to stay with other family in non-affected areas</li> <li>• This can be also aggravated in IDPs camps and due to displacement</li> </ul> |
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**Child Protection Risk: Social exclusion**

| <u>Risk due to COVID-19 in Yemen</u>  | <u>Possible Causes</u>  |
|---|---|
| <ul style="list-style-type: none"> <li>• Social stigmatisation of infected individuals or individuals/groups suspected to be infected such as Muhamasheen, street children</li> <li>• Increased risk/limited support for children living/working on the street and other children already at risk</li> <li>• Increased risk/limited support to children in conflict with the law, including those in detention</li> </ul> | <ul style="list-style-type: none"> <li>• Social and racial discrimination of individuals/groups suspected to be infected</li> <li>• Disproportionate impact on more disadvantaged and marginalized groups</li> <li>• Closure/inaccessibility of basic services for vulnerable children and/or families</li> <li>• Disruption to birth registration processes due to quarantine</li> </ul> |

**Actions to prevent/response to Child Protection risks:**

- Develop Safeguarding procedures/guidelines notes to ensure safe treatment environment for children.
- Ensure that CP and non-CP workers at direct contact with children are well-oriented on COVID-19 related CP risks.
- Update service mapping and highlight safe mechanisms of identification and referral of children at risk.
- Advocate free access to available services for all vulnerable and at risks children and their families including marginalized and children with disabilities.
- Develop semi structured MHPSS module with focus on awareness raising about the right techniques to cope with stress FPA ( First Psychological Aid), fear and anxiety to COVID-19 and maintain healthy mind.
- Engaging community- based CP networks through online module to contribute to prevention and response to CP risks in their communities.
- Remote case management support to vulnerable cases affected by COVID-19.
- Provide appropriate assistance to families whose income-generating opportunities have been affected.
- Establish Social works linked to CP system including rapid registration for family tracing and reunification.
- Set up child friendly community feedback mechanisms
- Raise awareness on good parenting methods
- Conduct prevention of family separation campaigns
- Identify temporary family care opportunities for UASC



**Dos and Don't guidelines for non- CP actors dealing with children**

| Do   | Don't   |
|--|---|
| <ul style="list-style-type: none"> <li>• Introduce yourself</li> <li>• Create trust</li> <li>• Use simple language</li> <li>• Be patient</li> <li>• Make sure you have adequate privacy</li> <li>• Be sensitive to a child's emotions</li> <li>• Ask the child for permission</li> <li>• Keep children's views and answers confidential</li> <li>• Be flexible and creative</li> <li>• Listen to and respect children's views</li> <li>• Record exactly what children say</li> <li>• Lower yourself to the level of children, don't stand over them or sit on a chair, sit with them on the floor</li> <li>• Be self-critical, reflect on your behaviour towards children</li> <li>• Show interest and respect for children's opinions, knowledge and skills</li> <li>• Let them do things for themselves, in their own way</li> <li>• Be humble</li> <li>• Use methods that allow children to express their views, knowledge and skills.</li> </ul> | <ul style="list-style-type: none"> <li>• Lecture</li> <li>• Rush</li> <li>• Criticise</li> <li>• Interrupt</li> <li>• Dominate</li> <li>• Overwhelm a child with several adult assessors</li> <li>• Embarrass children, or laugh at them</li> <li>• Reinterpret what children say</li> <li>• Talk down to children</li> <li>• Stand or sit higher while children stand or sit lower</li> <li>• Make negative comments to or about children</li> <li>• Praise, or otherwise favour, some children and not others</li> <li>• Compare some children unfavourably with others</li> <li>• Treat boys or girls, children with more schooling or from ethnic groups differently.               <ul style="list-style-type: none"> <li>• Do <b>NOT</b> ask personal questions trying to investigate if they are victim of violence or not. Instead if you suspect this please refer the child to a CP partner.</li> </ul> </li> </ul> |

**Health**

- Advocate for vulnerable children and their families' free access to healthcare
- Disaggregate data of people in need by sex and age
- Ensure that children head of household are also informed on COVID-19 available services including at the entry point
- Collaborate to include CP concerns in health sector assessment and monitoring tools.
- Referring children's cases to CP (particularly MOSAL) and health services to ensure children receive safe, appropriate, family-based care if separated during health response.
- Advocate for clear and child-friendly intake and discharge procedures to promote family unity and reduce the risk of separation.
- Facilitate safe and regular communication between children and parents/caregivers who are temporarily separated or in quarantine.
- Collaborate to ensure child-friendly health facilities/access to health care, including guidance for health staff/RRT on child-friendly communication and special measures to support children's psychosocial well-being when undergoing treatment and quarantine.



- Support child safeguarding training for health workers (particularly where children are separated from their families or caregivers).
- Establish safe, child-friendly complaints and feedback mechanisms in health care facilities.
- Collaborate on mental health and psychosocial support (MHPSS) care and messaging for children and caregivers affected by COVID-19.
- Include child's needs during a COVID-19 outbreak in contingency plans .
- Ensure that information, education and communication (IEC) materials, including information on available services, are produced and displayed with limited text in child-friendly versions.

#### **WASH**

- Collaborate to ensure child-friendly hand-washing stations are available at health facilities, schools, child care centres, alternative care centres, and other locations children are likely to visit and entry point in Yemen.
- Disaggregate data of people in need by sex and age
- Collaborate to provide safe, child-friendly hygiene promotion activities before and during outbreaks, including the development of posters and infographics targeting children, parents/caregivers and teachers.
- Collaborate on safety audits to assess and address any safety needs at WASH facilities and ensure children and particularly children head of household have regular access to WASH facilities and Water points .
- Include child's needs during a COVID-19 outbreak in contingency plans .
- Ensure that information, education and communication (IEC) materials, including information on available services, are produced and displayed with limited text in child-friendly versions.

#### **Nutrition**

- Ensure children and families in quarantine, self-isolation or health facilities have access to adequate nutritional support.
- Collaborate on safety audits to assess and address any safety needs at nutrition centres.
- Collaborate on mental health and psychosocial support (MHPSS) care and messaging for children and caregivers affected by COVID-19.