



UNHCR/WFP

**Joint
Assessment
Mission
(JAM)**

YEMEN

October 2015

Final REPORT

FOREWORD

We are pleased to present the findings and recommendations of the 2014/15 Joint Assessment Mission (JAM). UNHCR and WFP conduct a JAM biennially in order to adjust programmatic responses to address the growing humanitarian needs of refugees in Yemen. The purpose of the current JAM was, therefore, to assess the overall situation and needs of refugees and to determine the appropriate response options and required interventions for the next 24 months.

The JAM has generated valuable information on the current food security and nutrition situation of refugees in Yemen. It also highlights issues related to the ongoing food and non-food assistance to the refugees located in different areas of the country. During 2013-2014, WFP and UNHCR together with the Government of Yemen (GOY) and various implementing partners have been supporting refugees based on the recommendations of the 2012 JAM.

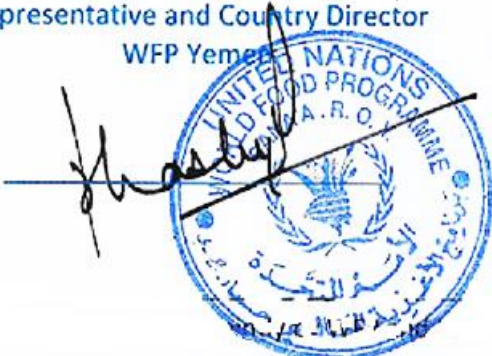
Although the coordinated effort and ongoing assistance have helped to improve the nutritional status in Kharaz camp, the level of malnutrition of refugees in Basateen is currently found at a critical level and the high level of food insecurity among refugees in all locations has continued to be among the most serious challenges. In general, the JAM findings have revealed that the overall situation of the refugees is of concern.

The report also offers updated information on the current number of refugees in Yemen. The findings of the JAM remind us that we still face a huge challenge ahead, requiring our collective action. All stakeholders need to join forces and resources to achieve a better and sustainable impact on the wellbeing of refugees in Yemen.

We would like to thank all agencies and individuals, as well as the refugees and host communities, who have participated and contributed to the successful completion of the current JAM. Special thanks go to the technical teams of UNHCR and WFP (at all levels – CO, SO, RB, and HQ) who were directly and indirectly involved in the process of the JAM.

Finally, we would like to express our appreciation for the support provided by the GOY through its different offices. Without the support of the GOY, hosting of refugees and their protection would not be possible. Furthermore, without the support and cooperation of the GOY, the 2014/15 JAM would not have been a success.

Purnima Kashyap (Dr)
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The image shows a blue ink signature of Purnima Kashyap over a circular blue stamp. The stamp contains the text 'UNITED NATIONS WORLD FOOD PROGRAMME' and 'WFP YEMEN' along with the UN emblem and Arabic text.

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The image shows a blue ink signature of Johannes van der Klaauw over a circular blue stamp. The stamp contains the text 'UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES' and 'UNHCR YEMEN' along with the UN emblem and Arabic text.

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ACRONYMS

ACT	Aden Container Terminal
CFS	Complementary Food Supplement
CI	Confidence Interval
CMR	Crude Mortality Rate
COMPAS	Commodity Movement Processing and Analysis System
COP	Country Operation Plan
CP-SHS	Cooperative Partner – Society for Humanitarian Solidarity
CS	Community Services
CSB	Corn Soya Blend
CSSW	Charitable Society for Social Welfare
FAO	Food and Agriculture Organisation
FDP	Food Distribution Point
GAM	Global Acute Malnutrition
GFD	General Food Distribution
GoY	Government of Yemen
HEB	High Energy Biscuit
HH	Household
HIS	Health Information System
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ID Card	Identification Card
IEC	Information, Education and Communication
IGA	Income Generation Activity
IMI	Integrated Micronutrient Intervention
IP	Implementing Partner
IPD	In-Patient Department
JAM	Joint Assessment Mission
JPA	Joint Plan of Action
Kcal	Kilocalories
LNS	Lipid Nutrient Supplement
LRTI	Lower Respiratory Throat Infection
LTI	Landside Transportation Instruction
MAMI	Management of Acute Malnutrition in Infant
MCC	Mother and Childcare Centre
MNP	Micronutrient Powder
MoE	Ministry of Education
MoPHP	Ministry of Public Health and Population
MoTEVT	Ministry of Technical Education and Vocational Training
MOU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference
NARF	New Arrival registration Form
NASCRA	National Sub-Committee for Refugee Affairs
NFI	Non-Food Item
OTP	Out-Patient Therapeutic Programme
PHC	Primary Health Care
PRRO	Protracted Relief and Recovery Operation
PHHIV	Public Health and HIV
RSD	Refugee Status Determination
RUSF	Ready to Use Supplementary Food
SAM	Severe Acute Malnutrition

SFP	Supplementary Feeding Programme
STI	Sexually Transmitted Infection
TB	Tuberculosis
ToR	Terms of Reference
TRC	Temporary Registration Card
U5DR	Under five Death Rate
UAE	United Arab Emirates
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
URTI	Upper Respiratory Throat Infection
WFP	World Food Programme
WSB	Wheat Soya Blend

EXECUTIVE SUMMARY

Background

Yemen is a historic transit hub for migrants and stands out in the region for its hospitality towards refugees. It is the only country in the Arabian Peninsula that is a signatory to the 1951 Refugee Convention and its 1967 Protocol. The protracted civil war in Somalia in 1991 has led to a large influx of refugees into neighboring countries. Since then, Yemen has been granting *prima facie* refugee status to Somalis, who are still suffering from ongoing civil conflict. In addition to Somali refugees, several thousands of Ethiopian and Eritrean migrants have been crossing into Yemen since 2009 and the numbers have grown in recent years. Most of these migrants come to Yemen often with the expectation of reaching the neighboring oil-rich Gulf States.

WFP and UNHCR have been providing food and non-food assistance to Somali refugees in Yemen since 1992. Given the protracted nature of the displacement, and the visible lack of durable solutions, WFP has continued supporting the refugees through its Protracted Relief and Recovery Operation (PRRO) which has been updated every two years based on the findings of the JAM. The biennial Joint Assessment Mission (JAM) helps in adjusting programmatic responses in this changing context. The main purpose of the 2014 JAM was to provide updated number of refugees and assess the nutrition and food security situation of refugees in Yemen and provide recommendations for action. The findings and recommendations of the current JAM will form the basis for the next two years operations for supporting refugees in Yemen.

To achieve the objectives of this mission various data collection methodologies were used including key informant interviews with relevant government authorities at various levels and partners at national, regional and local, as well as camp levels, and camp management. Moreover, focus group discussions were conducted with local host communities, refugee leaders, refugee women, men and youth groups. Physical observations and site inspections were also among the methodology employed during the mission. Literature review and secondary data collection and analysis have been the most important exercises that yield the majority of the current JAM information.

Key Findings

Number of Refugees: The total number of refugees in Yemen is currently estimated to be over a quarter of a million (257,645). The number of refugees is currently estimated at 244,204 out of which about 104,274 refugees are registered at the UNHCR-supported Government-run registration centres. Government registration centres issue refugee ID cards to the registered refugees. The issued ID cards are valid for two years, nevertheless as of 31 Dec 2014, there were 93,586 refugees who had not renewed their ID cards due to mandatory HIV and hepatitis testing requirement which is imposed by the government registration authorities. In early 2015 the total number of registered refugees in Kharaz camp was 16,500, which had steadily grown from 12,645 in 2009. Information on gender composition of refugees in the camp indicates that 51 percent are female and 49 percent are male. Moreover, more than half of the refugees residing in the camp are below 17 years old and 19 percent are children under five. The camp population is composed of 95 percent *prima facie* Somali refugees and 5 percent Ethiopians.

Nutrition: The on-going well-coordinated food assistance and nutritional interventions in Kharaz camp since the beginning of 2013 have resulted in improvement of the nutrition situation of refugee children – reducing the acute malnutrition rates to their current low level. The achievement may be

attributed partly to the concerted effort in delivering the required support. However, as the refugees in the camp are almost entirely dependent on humanitarian assistance, any disruption of the interventions could certainly reverse the gains. Refugees in Basateen are receiving limited assistance. The deterioration in the level of malnutrition is mainly associated with the high levels of prevalence of diseases coupled with high level of food insecurity. The rate of malnutrition among refugee children in Sana'a is very low despite the high level of prevalence of diseases and high food insecurity situation coupled with lack of assistance. Despite the continued coordinated efforts and nutritional interventions, anaemia has still continued to be the serious health problem for both the refugees and the host communities. The alarming level of anaemia, coupled with the widespread prevalence of other diseases such as diarrhea and measles, as well as the high level of food insecurity could potentially lead into deterioration of malnutrition rates. The distribution of MNP which was started in 2011 and has been ongoing until end of 2014 has helped in reducing the prevalence of anaemia among refugee children under five in Kharaz camp

Health, WASH and Shelter: Health related problems are still among the main challenges for refugees both in the camp and elsewhere. The WASH facilities are insufficient to meet the requirements of the refugees. Inadequate shelter conditions also contribute to unhealthy living situation of the refugees creating a conducive environment for communicable diseases. The high prevalence levels of anaemia, diarrhea, URTI and LRTI in all refugees' locations are worrisome, which could lead to deterioration in the level of malnutrition.

Food security situation: Despite the ongoing regular food assistance, the level of food insecurity of refugees in Kharaz camp is very high. Inadequate food assistance (lasts only for 2-3 weeks, due mainly to selling of rations and sharing the food aid with non-beneficiaries), limited food varieties in the food aid ration, sale of part of rations to cover other expenses (such as medicine, cooking gas, education related payments, etc.), poor quality of some of the food assistance, growing number of family members and sharing of rations with non-beneficiaries (non-registered refugees), and lack of job opportunities to supplement the food aid are among the reasons for the high level of food insecurity. Although refugee households in the camp have high levels of food insecurity, malnutrition rate among children is very low. This could be a result of favouring them in feeding/meals at the expense of other family members, as well as other special nutritional programmes benefiting children. The situation in Sana'a and Basateen is not any better and the refugees in those locations are suffering from serious food shortages. Refugee families are consequently obliged to use negative coping strategies that include reducing meal size and number of meals, borrowing, begging, and engaging in dangerous practices such as commercial sex.

Livelihoods opportunities and durable solutions: Lack of viable self-reliance activities and livelihoods opportunities is the most serious problem from which all refugees in all locations suffer. This issue has been raised since the 2009 JAM with specific recommendations, which have not been adequately addressed. Although there are some skills development activities, they have had limited impact in terms of offering refugees meaningful employment opportunities. Refugees in Kharaz camp have few opportunities for income-generation, as the camp is located in a remote area and within the highly food insecure governorate of Lahj. Many refugees in Sana'a and Basateen are engaged in low-paying jobs such as car washing, domestic work, garbage collecting, etc. The incomes from such jobs is not enough to support the refugee families expose them to several life-threatening challenges coupled with the impact of the civil unrest and conflicts in Yemen.

Main Recommendations

Based on the key findings of the JAM, the following recommendations are suggested for considerations of required actions to improve the living conditions of refugees in Yemen.

- Review the camp population figure and design a mechanism for updating the numbers. UNHCR continues to advocate for exemption of refugees from mandatory HIV and hepatitis testing and promote unconditional issuance and renewal of ID cards.
- The ongoing nutritional interventions need to be continued and scaled up in order to maintain the low level of malnutrition in Kharaz camp and to reduce the high malnutrition rates in Basateen.
- The shelter and WASH facilities at Kharaz camp should be better maintained to curb associated health problems.
- Beneficiary numbers need to be revised in order to address the food needs of those who are not targeted and are sharing rations with the current beneficiaries and avoid dilution of rations so that the intended nutritional impact can be achieved.
- Non-food requirements of the refugees are to be adequately addressed to avoid food sales to meet other needs (medicines, school exam fees, kerosene etc.).
- The issues of viable self-reliance opportunities for the refugees need to be addressed through a well-designed and durable livelihoods support systems and activities. Some of the skills development initiatives are good but they are not taking the refugees to any better opportunities, unless they are linked with concrete gainful and marketable livelihood activities.
- For those refugees who are determined to opt for voluntary repatriation, all the necessary pre-conditions have to be assessed and repatriation package assistance need to be planned together with authorities in their home countries.
- Further study need to be conducted to better understand issues related to durable solutions and explore complementary cash transfers for refugees – for which market assessments should be conducted.
- Finally, it is crucial to develop a time-bound Joint Plan of Action (JPA), with clearly defined tasks and responsibilities delegated to specific concerned agencies.

1. INTRODUCTION

Yemen is a historic transit hub for migrants and stands out in the region for its hospitality towards refugees. It is the only country in the Arabian Peninsula that is a signatory to the 1951 Refugee Convention and its 1967 Protocol. Since the 1991 outbreak of hostilities in Somalia, Yemen has been granting prima facie refugee status to Somalis. Although there have been some challenges faced by the refugees, generally they have been under good treatment by the host communities and receiving various humanitarian assistances that have helped them to live a peaceful life compared to the situation they left behind back home.

The on-going civil conflict in Somalia, and political instability and poverty in Eritrea and Ethiopia, have continued resulting in an increased influx of refugees, asylum-seekers and migrants arriving into Yemen in search of safety, protection and economic opportunities.

The protracted civil war in Somalia has led to a large influx of refugees into neighboring countries since 1992. In Yemen, it is estimated that there are over 257,600 refugees of whom the government had registered 104,274 by the end of 2014. Although the majority of arrivals were historically from Somalia, in recent years a growing number of Ethiopians and Eritreans have been crossing into Yemen. Other refugee populations include mainly Iraqis and Syrians. Those from Ethiopia and Eritrea come to Yemen often with the expectation of reaching the neighboring oil-rich Gulf States.

While the vast majority of the refugees settle in urban areas across the country, particularly in Sana'a, Aden and Mukulla cities, approximately 16,500 reside in Kharaz refugee camp. In addition to the Kharaz camp, UNHCR is operating 3 reception centres for new arrivals at Mayfa'a (*Shabwah Governorate*), Ahwar (*Abyan Governorate*) - east of Aden, and Bab al Mandeb (*Taiz Governorate*) - west of Aden.

The majority of refugees in Basateen (urban area of Aden) are engaged in informal employment. Language barrier remains an issue for the refugees, who lack the ability to speak Arabic, limiting integration and work opportunities in the community. Refugees in Kharaz camp do not have viable self-reliance opportunities due to the isolation and harsh climate of the area.

Kharaz camp and surrounding villages are located in the Lahj Governorate in a valley west of Aden in the southern part of the Republic of Yemen. The camp was built between 2000 and 2001. It is an open camp, where most of the refugees depend on food aid and other livelihoods sources are very scarce. During summer when the climate is very hot, a large number of refugees move to Sana'a, or to the urban areas of Aden, where they try to find opportunities for earning their living.

Following the recommendations of the 2012 JAM, WFP and UNHCR have jointly been providing humanitarian food and non-food assistance to the refugees in Kharaz. Moreover, in order to contribute to food diversification and improve availability of green vegetables to the refugees in the camp, UNHCR in partnership with ADRA implemented home gardening projects during the past two years. Various livelihood support activities were also put in place aiming at attaining durable solutions. Based on the 2012 JAM JPA, UNHCR and WFP have also conducted a comprehensive nutrition and food security survey on refugees in Kharaz camp, Basateen and Sana'a, and the findings are used as key inputs for the current JAM.

Despite the continued coordinated efforts and nutritional interventions, anaemia has continued to be a serious health issue for both the refugees and the host communities. The prevalence of anaemia among refugee women (15 to 49 years) in Kharaz camp is 36.9 percent, while it is 36.4 percent in

Basateen, and 37.9 percent in Sana'a – which are all at serious levels, according to WHO's public health emergency threshold classification¹.

The protracted refugee situation in Yemen has required continuous food and non-food assistance. The biennial Joint Assessment Mission (JAM) helps in adjusting programmatic responses in this changing context. The findings and recommendations of the current JAM will form the basis for the next two years operations for supporting refugees in Yemen.

2. OBJECTIVES

The main objective of the 2014 JAM was to provide an update on the number of refugees and assess the nutrition and food security situation of refugees in Yemen and to provide recommendations for actions. The specific objectives of this joint assessment were to:

- Provide an update on the number of refugees currently living in Yemen with demographic details;
- Assess the current nutritional and food security situation, as well as livelihoods conditions of the refugees;
- Review the current level of food and non-food assistance and identify unmet needs; and
- Provide appropriate sectorial recommendations for programmatic responses for the next 24 months.

3. METHODOLOGY

To achieve the objectives of the current JAM, various data collection methodologies were used, including key informant interviews with relevant government authorities at various levels and partners at national, regional and local, as well as camp levels, and camp management. Moreover, focus group discussions were conducted with local host communities, refugee leaders, refugee women, men and youth groups. Physical observations and site inspections were also among the methodology employed during the mission. Literature review and secondary data collection and analysis have been the most important exercises that yield the majority of the current JAM information.

In general, as a methodological approach, two major steps were followed: i) conducting extensive literature review and secondary data collection and analysis; and ii) deploying two teams to collect as much primary data as possible from the four refugee sites – Kharaz camp, Bab el Mandeb transit center, Basateen urban refugees, and Sana'a urban refugees. Desk review of available recent surveys and relevant literature, as well as secondary data collection and analysis were done between early November and late December 2014. The results of the desk review and secondary data analysis was used to augment the findings of the primary data and helped to facilitate primary data collection during the JAM field work. Primary data collection was conducted between 15 and 27 December 2014 covering the four refugee sites listed above.

¹ UNHCR/WFP Joint Nutrition and Food Security Survey Report. The survey was conducted in Sep/Oct. 2013 in Basateen; Oct./Nov. 2013 in Sana'a; and March 2014 in Kharaz. In all areas, the survey covered both refugees and host communities.

As numerous assessments were conducted since the last JAM in 2012, the 2014 JAM has taken into account the conclusions and recommendations of existing literature and surveys including the 2013/14 nutrition and food security surveys on refugees in Yemen, which was jointly conducted by WFP and UNHCR. Information from two most recent rounds of WFP's Post Distribution Monitoring (PDM) surveys were also utilized in order to complement the findings of the JAM.

For the field work, various information collection tools and techniques were used that include key informants interview checklists, guidelines for focus group discussions, different data collection formats. Briefing and debriefing sessions were also among the techniques used to solicit more information and validate the data collected from the field. The JAM team has then compiled all the information collected from various sources and prepared a presentation on the preliminary findings of the study and made a debriefing for key institutions/authorities including representatives of UNHCR and WFP, relevant government officials and many other stakeholders (see Annex 2 for Field Work Teams' Compositions).

The JAM team held different meetings in Sana'a with WFP and UNHCR staff; relevant Offices/Ministries of the Government of Yemen (GoY) that mainly include National Sub-Committee for Refugee Affairs (NASARA), Ministry of Public Health and Population (MoPHP), and Ministry of Education; other UN Agencies including UNICEF; donors; and Sana'a based NGOs and other implementing partners (IPs). In the field, the mission met local authorities (Health office, Education office, TVET office, etc.) government registration centres, camp managers, IPs/NGOs (ADRA, Save the Children, INTERSOS, CSSW, IRD, IDF, etc.), refugees in Kharaz camp, Al-Basateen, Bab al Mandeb transit centre, and Sana'a and their host communities.

Finally, based on the inputs from the debriefing and valuable guidance from the key institutions, all the information gathered from secondary sources and data from the field work were compiled, triangulated, consolidated and presented in this report, which is prepared using the JAM generic standard reporting format. The findings² of the study are organized and presented below in eight major sections followed by conclusion and recommendations:

- Refugee population and demographic characteristics
- Nutrition and health situation
- Food security situation
- Non-food sectors
- Supply chain management and logistics
- Income/livelihood opportunities and durable solutions
- Security/protection and relationship between refugees and host communities
- Coordination and partnership

² The findings of the JAM also include analysis of the food and nutrition situation among the host communities that are used for comparison purposes and to suggest any feasible actions for them.

4. KEY FINDINGS OF THE JAM

4.1 REFUGEE POPULATION AND DEMOGRAPHIC CHARACTERISTICS

REFUGEE POPULATION AND GENERAL BACKGROUND OF REFUGEES

The Government of Yemen has been managing the Registration Centres for Somalis (as *prima facie* refugees) that were opened in Sana'a, Aden (Basateen), Mukalla, and Kharaz refugee camp. According to the latest information, the total number of refugees in Yemen is currently estimated to be over a quarter of a million (257,645). Refugees recognized by the government are currently estimated at 244,204 out of which about 104,274 are registered at the UNHCR-supported Government-run registration centres including individuals registered in a mobile team registration (more detailed information is presented in Table 1 below). Government registration centres issues refugee ID cards to the registered Somali refugees. The issued ID cards are valid for two years, nevertheless as of 31 Dec 2014, there were 93,586 refugees who could not renew their ID cards due to mandatory HIV and hepatitis testing requirement, which is imposed by the government registration authorities.

Table 1: Refugees population in Yemen, by country of origin

Refugees Population			
Refugees recognized by the Government			
Somalis			244,204
Non-Somali refugees recognized under UNHCR's mandate			
Eritreans			1,254
Iraqis			3,391
Syrians			2,276
Others			586
Total			257,645
Total New Arrivals in 2014			
Somalis	Ethiopians	Others	Totals
19,640	71,907	45	91,592

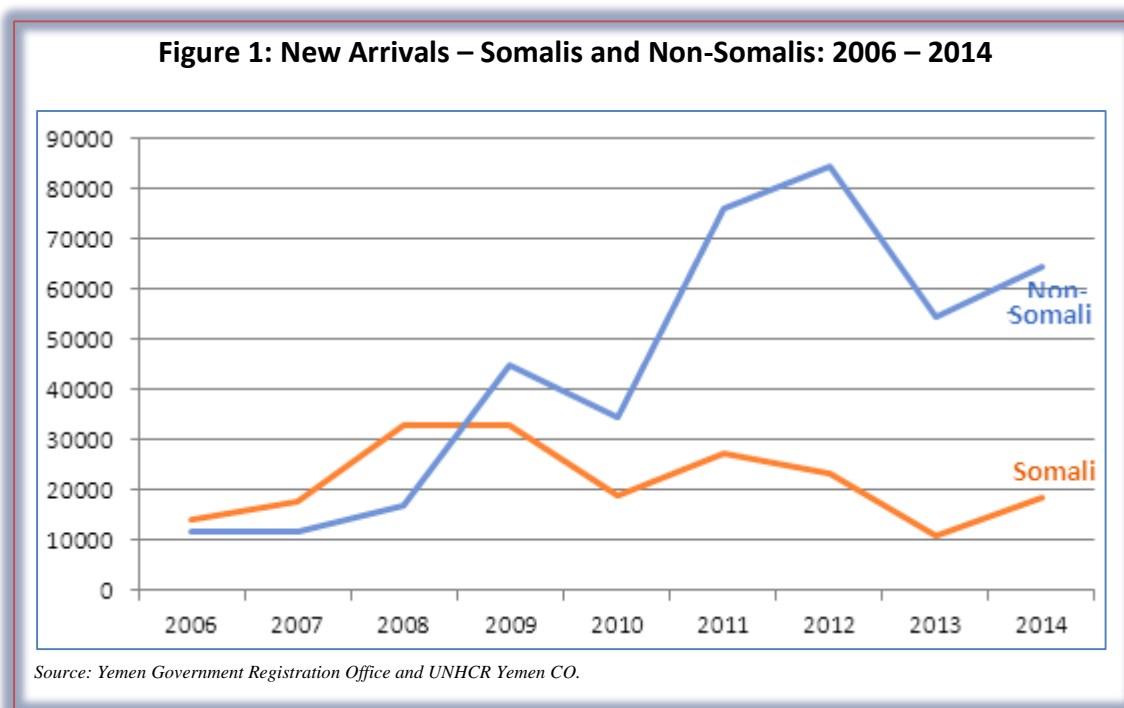
Source: Yemen Government Registration Office and UNHCR Yemen CO.

Kharaz camp:

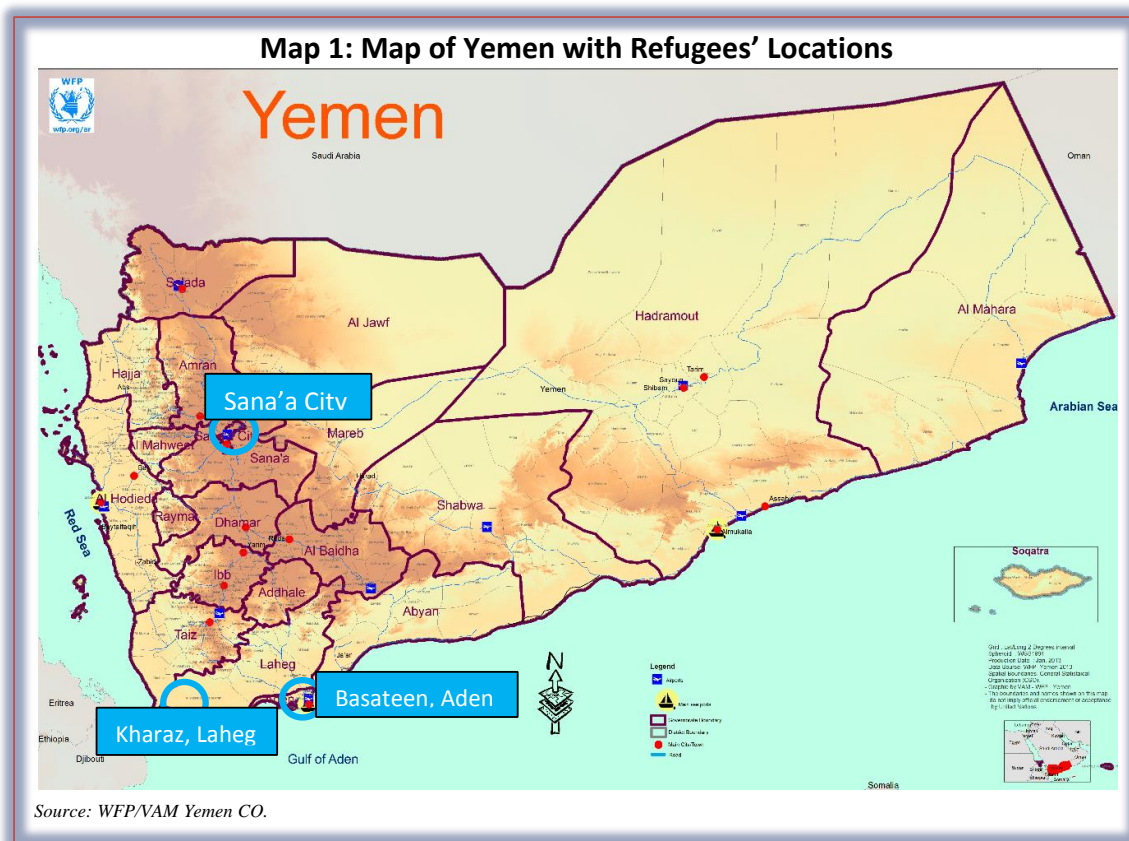
According to the Government registration data and that from camp-based UNHCR authorities, as well as figures from WFP's food distribution data archive since 2013, the current total number of refugees in Kharaz camp is estimated to be approximately 16,500 – 51 percent are female and 49 percent are male refugees. Over half of the refugees residing in the camp are below 17 years old and 19 percent are children under five. The camp population is composed of 95 percent *prima facie* Somali refugees and 5 percent Ethiopians. High mobility of the refugee population has been a constraint to obtaining accurate data. Since the camp is located in a remote isolated area with scarce job opportunities, a large number of refugees are moving frequently between Kharaz and surrounding area in Lahj, Aden and other governorates, searching for work or other sources of assistance such as Zakah (portion of one's wealth in support of the poor or other charitable purposes).

New arrivals:

In 2014, an estimated 91,592 new arrivals reached Yemen, including 19,640 Somalis (21 percent), 71,907 Ethiopians (79 percent), and 45 other country nationals (0.05 percent) – Figure 1. Estimations based on reports from new arrivals and government authorities in the coastal regions. 54,397 of the new arrivals 36,776 Ethiopians (68 percent), 17,578 Somalis (32 percent), and 43 persons (0.08 percent) from other nationalities, approached the Ahwar, Mayfa'a, Bab el Mandeb, and Kharaz Reception/Transit Centres for protection and assistance. WFP provides on-site feeding for three days upon arrival, while UNHCR provides temporary shelter, temporary registration form, medical assistance and provision of transportation and basic medical services at the three reception centres.



Although the JAM teams have made concerted efforts to collect information on the number of migrants or refugees who have gone back to their countries of origin, very little qualitative information could be found. Accordingly, a small number of Somali refugees returned home spontaneously following frustrations about their long stay without durable solutions.



Most refugees in Kharaz camp are Somalis and some are from Ethiopia. The Somali refugees came from different parts of Somalia though the majorities are from Mogadishu, Qalalu, and Bosaso. The Ethiopian refugees originate from Hararge and Ogaden areas while the Eritreans arrived from Asmara City and other areas. Many refugee families left their countries of origin in the 1990s and have been living in the camp since then. Similarly, almost all of the refugees currently residing in Basateen area of Aden are Somalis, who have come to Yemen as long as 20 years ago. Refugees in Sana'a originate from various countries: the majority is from Somalia and Ethiopia, while others are from Eritrea, Iraq, and Syria.

The main reason why Somali refugees came to Yemen was due to the war in Somalia in 1990s and ongoing civil conflict in their country since then. Increased conflicts and insecurity are also the reason for Iraqi and Syrian refugees. For those from Ethiopia, the reason is mainly economic deprivation, as well as threats of persecution due to political reasons.

Some Somali refugees and a number of Ethiopians from Sana'a and Basateen have reportedly gone back to their countries of origin due to the deteriorated security situation in Yemen coupled with lack of humanitarian assistance and limited job opportunities. A number of Somali refugees residing under similar conditions also expressed their willingness to be repatriated, if provided with adequate package for them to re-establish their lives and livelihoods in their country of origin.

However, hoping that the humanitarian assistance they are currently receiving will continue and will improve, almost all of the Somali refugees in the Kharaz camp prefer to stay in Yemen, as long as the security and political situations in their own countries remain unchanged. Similarly, most refugee families who came from other conflict affected countries (Iraqis and Syrians) said that they will not return to their homeland, until the situation returns to normal and becomes stable and calm. The majority of Ethiopians and Eritreans, who fled into Yemen due to socio-political challenges, are also

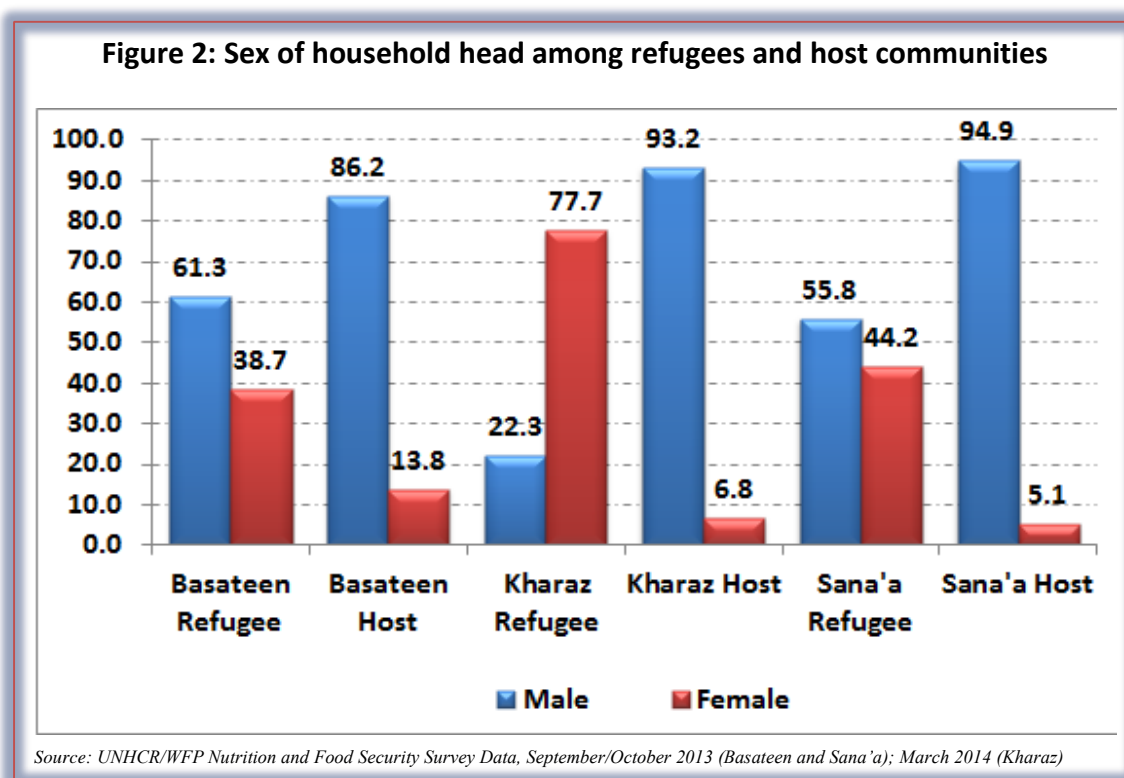
reluctant to go back, unless a fair government is in place, their rights are respected and persecution threats are eliminated.

While some of the young refugees were born here in Yemen, the majority of the youth have come in the past few years fleeing the ongoing civil conflict and worsening living conditions in their countries. The majority of the refugees are women and small children and the youth constitute over one third of the refugee population in the area. Most of the adult refugees are illiterate.

DEMOGRAPHIC CHARACTERISTICS

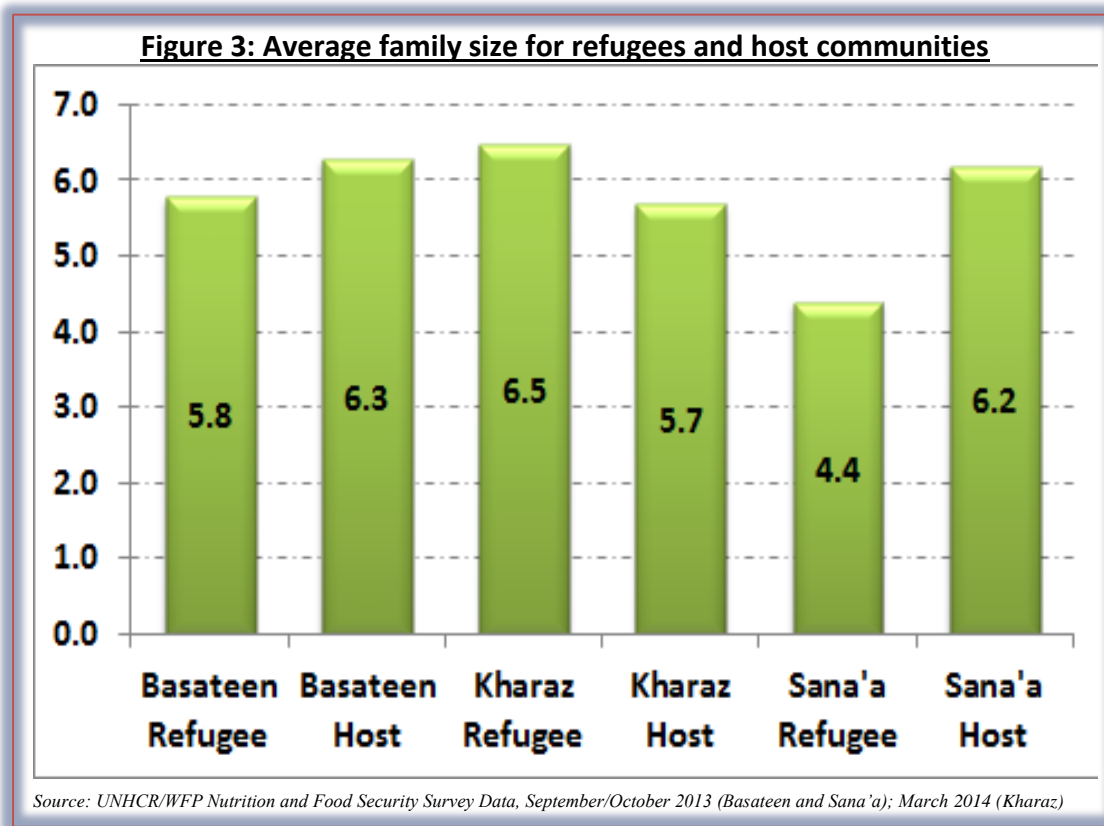
Sex of heads of households and family size

Several studies have shown that the sex of the head of a household plays a key role in determining the wellbeing of the family. Female-headed households are generally considered as more vulnerable than male-headed households. Most importantly, in Yemen where the religious and cultural barriers play against women, vulnerability is much higher in female-headed households than in male-headed families. The survey revealed that 78 percent of the refugee households in Kharaz are female-headed. A remarkable proportion of refugee households are also headed by women in Sana'a and Basateen, 44 percent and 39 percent respectively. Host communities show lower proportions (Figure 2). This implies that female-headed families among the refugees could be more vulnerable than all the other groups.



Family size is also another important factor to affect the food security of a household. Households with higher number of family members are more likely to be food insecure than those with fewer family size, particularly those with many dependents. The survey found that refugee households in Kharaz camp have the highest family size (6.5) followed by those in Basateen and Sana'a host

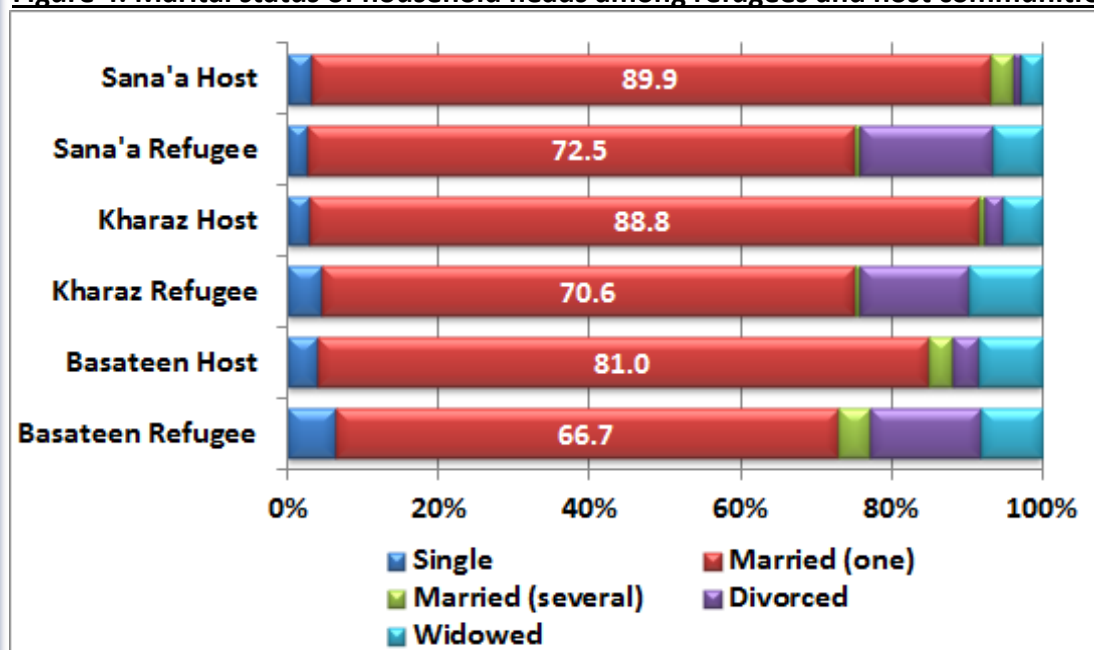
communities (Figure 3). Although the host communities in these locations have higher family size than those of the refugees, the numbers of household members among the refugees are still too high to afford enough basic living necessities, including food and shelter.



Marital status of heads of households

Although there is no well-established empirical association between marital status and food security, some studies found that married people are generally better off than those are in other categories. Married individuals consistently report greater subjective well-being than never-married individuals, who in turn report greater subjective well-being than previously married individuals (i.e., divorced, separated, or widowed).

WFP's CFSS conducted in Yemen in 2011 also showed that families headed by divorced and widowed persons are more vulnerable and more food insecure than the others. The findings of the survey shows that the majority of heads of households among both the refugees and host communities are married with one spouse – ranging from 67 percent among the refugees in Basateen area to 90 percent for the host communities in Sana'a city (Figure 4).

Figure 4: Marital status of household heads among refugees and host communities

Source: UNHCR/WFP Nutrition and Food Security Survey Data, September/October 2013 (Basateen and Sana'a); March 2014 (Kharaz)

The study results further revealed that significant proportion of refugee households in both Basateen and Sana'a are found to be headed by divorced persons. Those who are widowed also constitute considerable portion of the heads of households among refugees in both study areas, as well as host communities in Basateen. The divorced and widowed heads are generally believed to find it difficult to sustain their families with enough essential food needs.

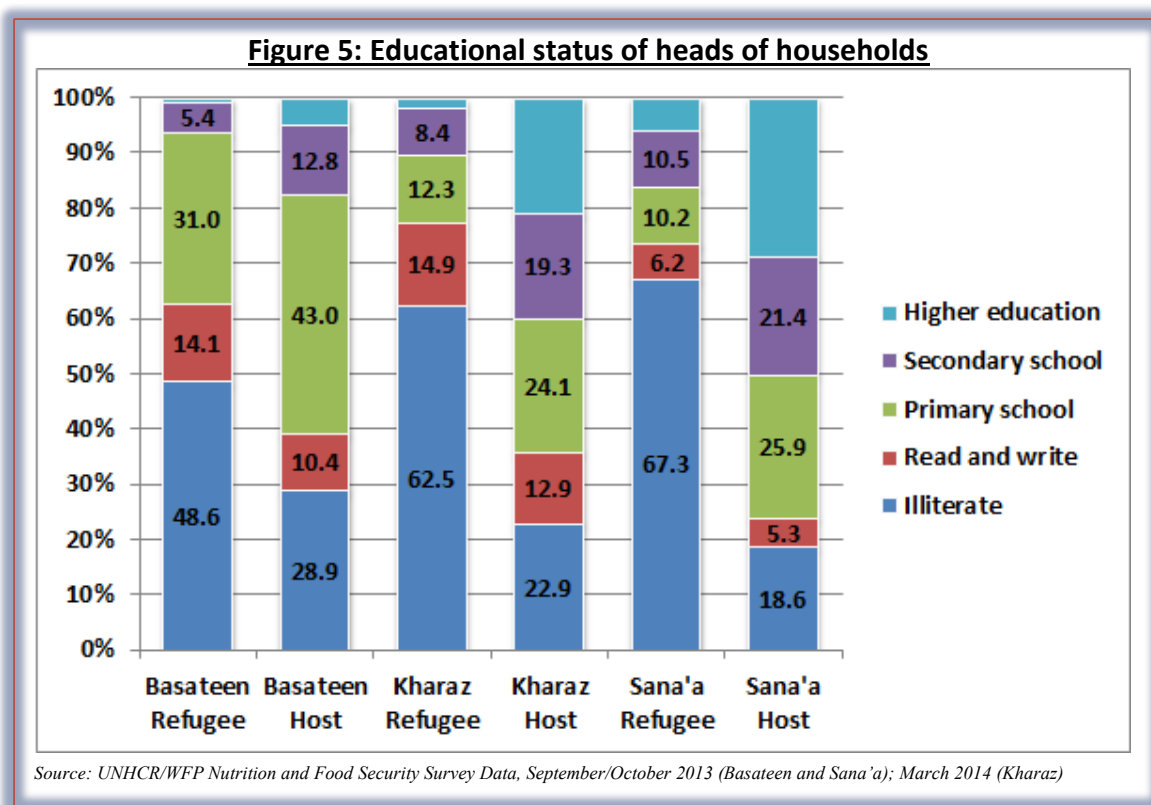
Education of head of household

The educational status of the household head has a strong impact on the food security status of the household. A good educational status of all, men and women, results in a significant decrease in their vulnerability to food insecurity.

Equally, a better food security status is likely to promote a higher educational attainment among the population beginning with early enrolment in schools. In fact, the more limited the educational level of the household head, the less adequate the family's food consumption is, the higher the prevalence of malnutrition is among children and women, and hence the lower the likelihood of children attending school.

From the survey findings, a significant proportion of the heads of refugee households within the three study areas are illiterate, ranging from 49 percent in Basateen to 67 percent in Sana'a and much higher compared to the host communities in all the locations. The results of the survey found that the majority of the refugees' households are headed by illiterate persons or those who can only read and write.

On the other hand, heads of refugee households with educational status of secondary school constitute only 5.4 percent, 8.4 percent and 10.5 percent, among the refugees in Basateen area, Kharaz camp and Sana'a, respectively. The overall educational status of household heads among the host communities is by far better than the refugees (Figure 5).



The low educational status of the heads of refugee households could/may result in poor employment opportunities, which in turn could lead to a shortage of income to enable the family to access enough food. Therefore, it is clear from the results of the survey the majority of the households are highly vulnerable to food insecurity.

4.2 NUTRITION AND HEALTH SITUATION

Nutrition Situation

In 2013, UNHCR and WFP have jointly undertaken a nutrition and food security survey in Basateen and Sana'a, and a similar survey was conducted in Kharaz camp in March 2014. The result of global malnutrition (GAM) rates for children (6-59 months) in Basateen host community was above the WHO emergency threshold level, 21.3 percent (16.0-27.7, 95 percent CI) and SAM rate was acceptable, 1.7 percent (0.7 - 4.2, 95 percent CI), while the prevalence of GAM rate for Basateen refugee is serious, 13.6 percent (10.9- 16.8, 95 percent CI) and SAM is at an alerting level, 3.3 percent (2.0-4.6, 95 percent CI). In Sana'a, the prevalence of GAM rate is alert for host, 9.0 percent (6.6 - 12.1, 95 percent CI) and it is acceptable for refugee, 4.0 percent (2.3 - 6.6, 95 percent CI) respectively. The GAM rate for Kharaz camp is poor, 5.9 percent (3.7- 9.2, 95 percent CI), The low GAM prevalence in the camp can be attributed to SFP and TFP programs being implemented in the camp, while the prevalence of GAM rate for surrounding host villages is serious, 14.2 percent; the host children's attendance in SFP and TFP programmes is low. The details are presented in Table 2.

Table 2: Level of malnutrition among refugee children 6 – 59 months Yemen, 2013/14

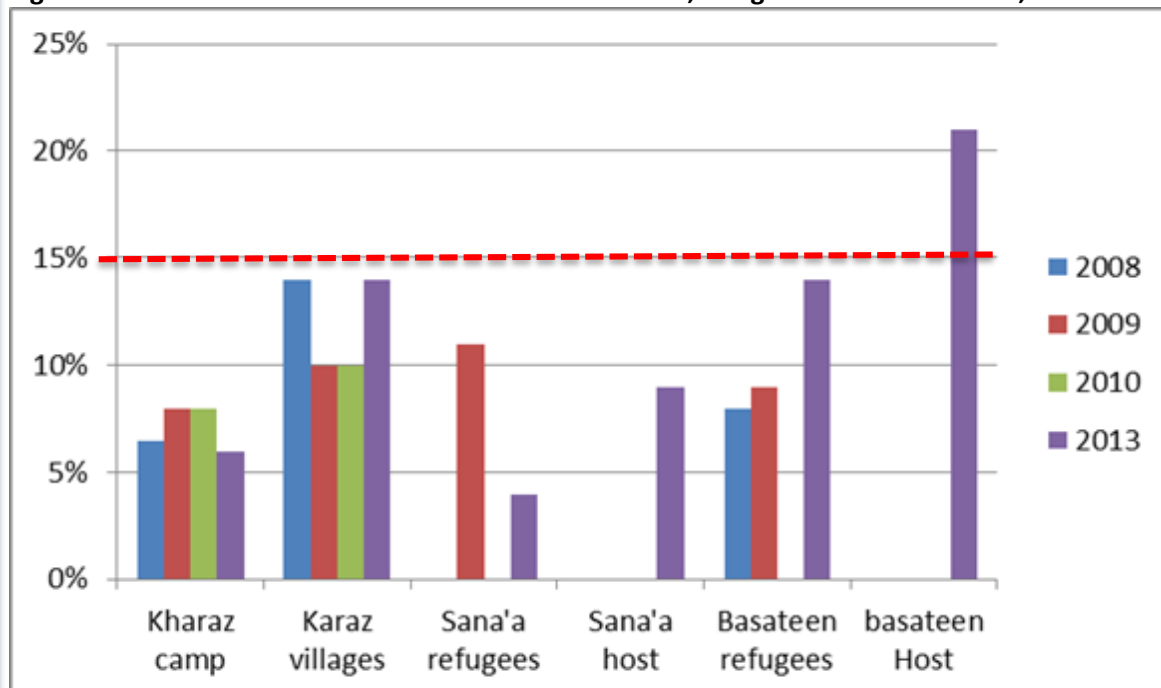
Surveyed area	Basateen host	Basateen refugee	Sana'a host	Sana'a refugee	Kharaz Camp	Kharaz surrounding villages	
Date of Survey	28 Sep - 3 Oct, 2013		31 Oct. - 13 Nov, 2013		21-26 Mar., 2014		
Children (6-59 months) (95% CI)							
Acute Malnutrition (WHO 2006 Growth Standards)							
Global	Acute	21.3 %	13.6 %	9.0 %	4.0 %	5.9 %	14.2 %
Malnutrition (GAM)		(16.0 - 27.7)	(10.9 -16.8)	(6.6 -12.1)	(2.3 - 6.6)	(3.7- 9.2)	(11.4 - 17.8)
Moderate Malnutrition (MAM)	Acute	19.6 %	10.2 %	7.8 %	3.8 %	4.8 %	10.9 %
		(14.6 -25.7)	(7.7 - 13.5)	(5.7-10.5)	(2.2 - 6.4)	(3.0 -7.7)	(8.1 - 12.8)
Severe Malnutrition (SAM)	Acute	1.7 %	3.3 %	1.2 %	0.2 %	1.0 %	3.3 %
		(0.7 - 4.2)	(2.0 - 5.6)	(0.5 – 2.7)	(0.0 - 1.4)	(0.4 – 2.9)	(2.1 - 4.8)
Stunting ³ (WHO 2006 Growth Standards)							
Total Stunting		25.7 %	13.3 %	34.0 %	10.4 %	20.1 %	39.9 %
		(20.2 -32.0)	(9.9 -17.8)	(28.5-40.0)	(7.4 -14.3)	(15.8 -25.1)	(29.9 - 45.3)
Underweight (WHO 2006 Growth Standards)							
Total underweight		32.6 %	17.9 %	22.4 %	5.4 %	12.3 %	33.3 %
		(26.7 -39.2)	(14.5 -21.9)	(18.2-27.3)	(3.5 - 8.4)	(9.1 -16.4)	(27.3 - 36.2)

Note: Differences in the dates of data collection did not have any seasonality effect on the results of the surveys.

Comparing 2009 and 2013 nutrition survey results, there were significant changes in the prevalence of GAM and SAM among refugee children aged 6-59 months which deteriorated in Basateen but improved in Kharaz camp. In Basateen, the GAM rate was 8.4 percent in 2008, 9.2 percent, in 2009 and reached 13.6 percent in 2013. This falls under serious situation according to the WHO classification. For refugee children living in Kharaz camp, the GAM was 6.5 percent in 2008 increased to 7.2 percent in 2009 then increased to 8.7 percent in 2010, but lowered to 5.96 percent in 2014. While SAM rate in the camp was, 0.7 percent in 2008, decreased to 0.5 percent in 2009, then increased to 1.7 percent in 2010 but dropped again in 2014 and reached 1.0 percent, as shown in Figure 6.

Overall Underweight prevalence (< 2 Z score) is critical among host children in Kharaz villages with 33.3 percent and it is poor among refugee children in Kharaz camp with 12.3 percent (9.1 -16.4 95 percent CI), while it was 5.4 percent among refugee children in Sana'a, which is at acceptable level, according to WHO classification (see table 2 above). The improved level of acute malnutrition rate in Kharaz camp is mainly attributed to the coordinated nutrition and food assistance interventions implemented based on the 2012 JAM recommendations. On the other hand, the high level of GAM rates and deteriorating trends in other refugee locations (Sana'a and Basateen) was due to limited or no support provided to the refugee children and the high level of food insecurity. However, the GAM rate among children in Sana'a refugee areas is found to be the lowest, which is contrary to the high prevalence of anaemia and diarrhea coupled with the highest level of food insecurity among refugees in Sana'a (see Figures 7, 8, 9 and 10). The reasons behind the lowest acute malnutrition rate need to be examined further.

³ Note that z-scores for height-for-age require accurate ages to within two weeks (CDC/WFP: A manual: Measuring and Interpreting Mortality and Malnutrition, 2005).

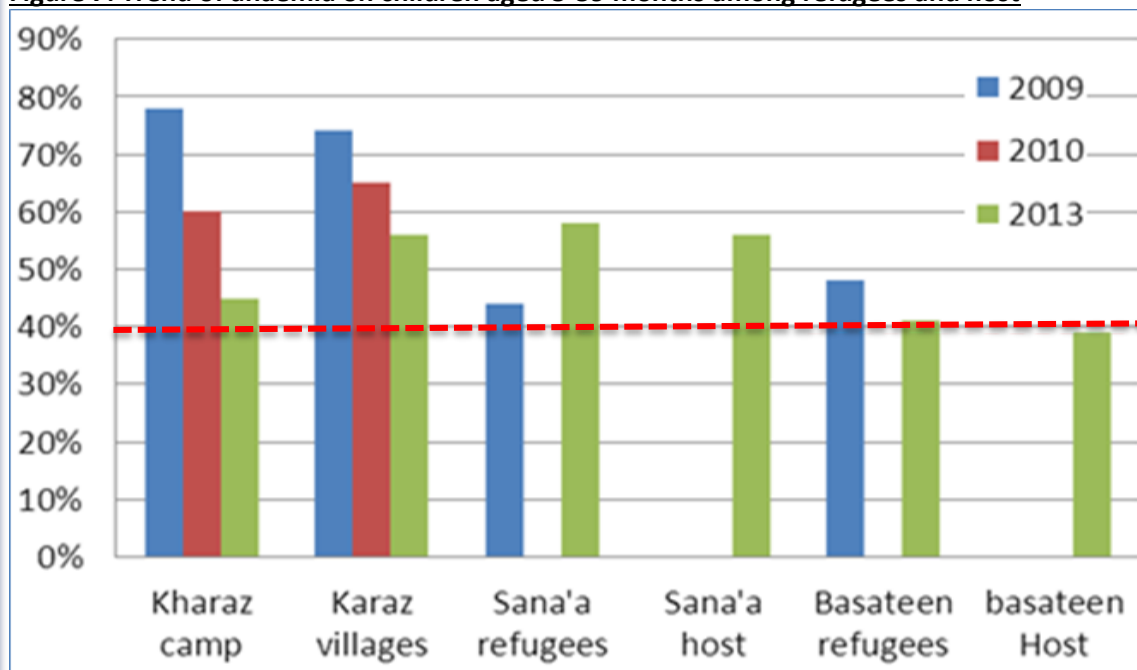
Figure 6: Prevalence of GAM in children 6-59 months old, refugees and host in Yemen, 2008-2013*


*All the data based on WHO reference except 2008, and 2013/14 survey data (GAM is Critical if $\geq 15\%$)

Source: UNHCR/WFP Nutrition and Food Security Survey Data, September/October 2013 (Basateen and Sana'a); March 2014 (Kharaz)

Anaemia is an indicator of iron deficiency and a proxy for other micronutrient deficiencies. The prevalence of anaemia among refugees' children and those within host communities was assessed during the nutrition survey conducted in 2013. The prevalence of anaemia for children 6-59 months in all surveyed areas except Basateen host community is above the WHO critical threshold. The prevalence of anaemia in Kharaz camp was 45.2 percent (39.3- 51.1, 95 percent CI), in the surrounding host villages it was 55.9 percent (53.4 - 60.1, 95 percent CI). In Basateen, the prevalence was 41.1 percent (34.0 - 48.4, 95 percent CI) for refugees' children and it is 39.1 percent (30.2 - 48.7, 95 percent CI) among children in the host communities. The situation is much more critical for children in Sana'a both among refugees and the host communities which stood at 57.8 percent (52.9 - 62.2, 95 percent CI) and 55.6 percent (52.8 - 59.5, 95 percent CI), respectively. The distribution of MNP which was started in 2011 and has been ongoing until end of 2014 has helped in reducing the prevalence of anaemia among refugee children under five in Kharaz camp – the prevalence has declined from 58 percent in 2009 to 45 percent in 2014. Figure 7 shows the trend in the prevalence of anaemia on children aged 6-59 months within refugee families and those in the host communities.

The anaemia remains a public health concern among women of childbearing age (15-49 years old). The prevalence of anaemia among women in Basateen host community was 44.5 percent (37.6 - 51.5, 95 percent CI) and for women in Kharaz surround villages it was 43.1 percent (35.8 - 49.6, 95 percent CI), which are both above the WHO cut-off of 40 percent for defining a critical public health problem. The prevalence of anaemia among refugee women in Basateen was 36.4 percent (30.0 - 43.2, 95 percent CI) while for those in Kharaz camp it was 36.9 percent (31.3 - 42.7, 95 percent CI). Similarly, the prevalence for both host and refugee women in Sana'a were 32.7 percent (28.6 - 38.1, 95 percent CI) and 37.9 percent (33.3 - 42.7 95 percent CI), respectively. These rates fall under serious category based on WHO's classification.

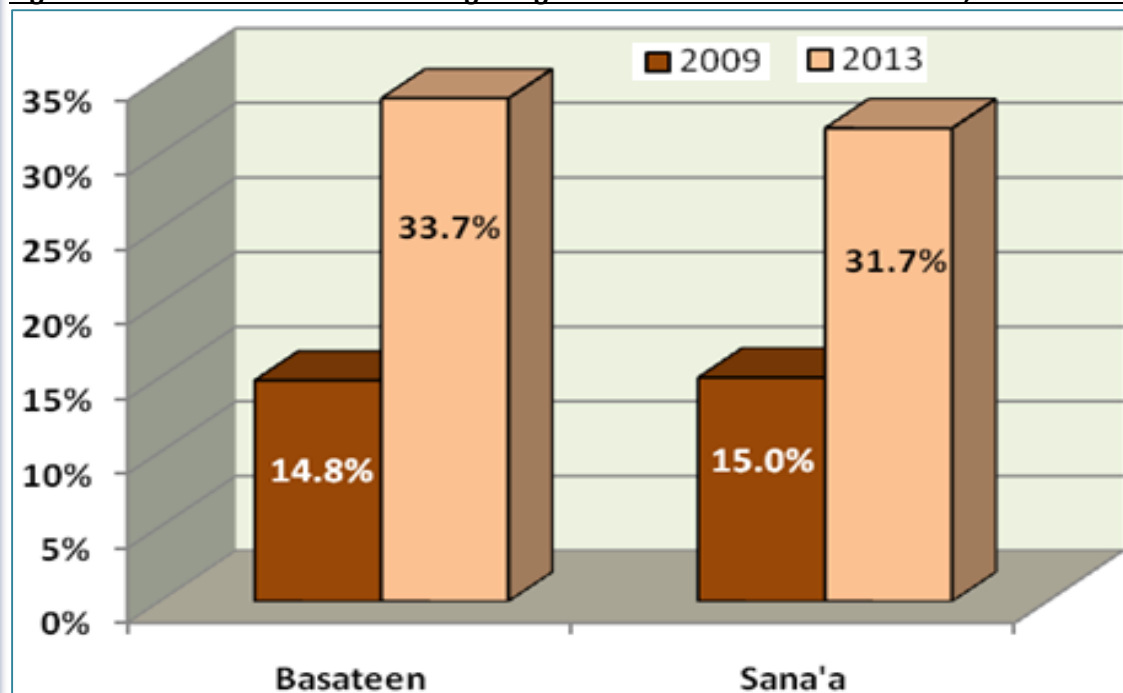
Figure 7: Trend of anaemia on children aged 5-59 months among refugees and host

Source: UNHCR/WFP Nutrition and Food Security Survey Data, September/October 2013 (Basateen and Sana'a); March 2014 (Kharaz)

The level of acute malnutrition among children is generally low. Women refugees, who participated during the focus group discussion, reported that they have not seen any noticeable widespread malnutrition among children within the refugee community. This is mainly due to the fact children are given priority during meals, which is a normal practice by the refugee families, as described by the refugees, who participated in the FGDs. However, the JAM team has observed some malnourished children in the Kharaz camp and among those in the urban areas (Sana'a and Basateen). For those who have clinically proven to be malnourished, some nutritional support has been provided such as WSB and Plumpy Sup distributions.

Health Status

The prevalence of diarrhoea was found to be higher among host and refugee in Basateen compared to Sana'a, where one in two children reported to have diarrhoea during the past two weeks, which could be associated with wasting and underweight. Information on the proportion of the children who were reported as having diarrhoea within two weeks prior to the 2013 survey indicates that 46.9 percent of children in Basateen host communities suffered from the disease while the situation among refugee children in Basateen was relatively better (37.0 percent). For children in Sana'a host communities and among refugee children, the prevalence was 34.3 percent and 33.5 percent, respectively. Diarrhoea was more prevalent in Basateen than in Sana'a (significantly higher in Basateen than Sana'a with $P < 0.05$), also diarrhoea prevalence was significantly higher in Kharaz camp than surrounding villages ($P < 0.001$), 27.4 percent and 16.4 percent respectively (Figure 8). Diarrhoeal diseases found to be strongly associated with human excreta and garbage disposal; lower diarrhoea prevalence was found among those who had improved toilets and amongst those disposing garbage safely and less among those who received Vitamin A supplementation.

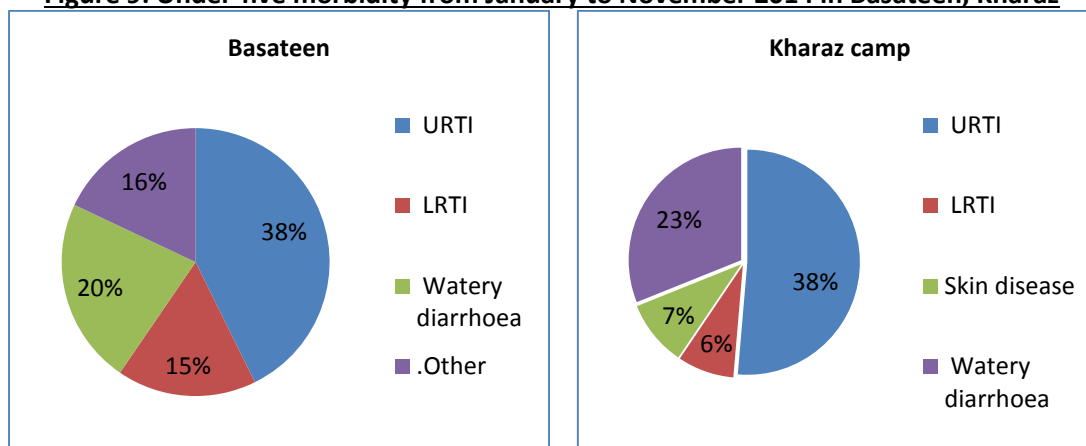
Figure 8: Prevalence of diarrhea among refugee children in Basateen and Sana'a, 2009 and 2013


Source: UNHCR/WFP Nutrition and Food Security Survey Data, September/October 2013 (Basateen and Sana'a); March 2014 (Kharaz)

Comparing results of 2009 and 2013 surveys among refugee children aged 6-59 months shows prevalence of diarrhoea in both Basateen and Sana'a increased significantly ($P=0.0000$). In 2009, diarrhoea was 14.8 percent in Basateen and increased to 33.7 percent in 2013. In Sana'a 2009, prevalence of diarrhoea was 15 percent increased to 31.7 percent in 2013. The prevalence of diarrhoea among refugee children in the Kharaz camp was found to be 27.4 percent while those in the surrounding villages was 16.4 percent⁴.

The UNHCR health information system (HIS) from January to November 2014 reports 69,794 medical consultations delivered in Kharaz camp, Basateen and Sana'a health facilities (26,255, 29,096 and 14,443 respectively). The most common diseases in Basateen are Upper Respiratory Tract Infection (URTI) (38 percent), followed by acute watery diarrhoea (20 percent), and other diseases (20 percent), while the most common illnesses in Kharaz were URTI (38 percent), watery diarrhoea (23 percent) and skin disease (7 percent) - (Figure 9). The common morbidities have a direct impact on the nutritional status.

⁴ UNHCR/WFP Nutrition and Food Security Survey Data, September/October 2013 (Basateen and Sana'a); March 2014 (Kharaz).

Figure 9: Under-five morbidity from January to November 2014 in Basateen, Kharaz


Source: UNHCR Health Information System

In addition, 1,738 cases were referred to secondary and tertiary health care levels in accordance with UNHCR standard operating procedures (SOPs). Refugees had access to mental health services through weekly visits by psychiatrists and clinical psychologists at UNHCR refugee health centers in Kharaz, Basateen and two supported public health facilities in Sana'a governorate. In 2014, UNHCR conducted medical consultation and follow up for 3,760 mental health cases.

The crude mortality rates remained below the emergency threshold with 0.3/1000/month, under-five mortality rates 0.7/1000/ month. The average of service utilization rate was 1.5 consultations per refugee per year, which is within UNHCR recommended standard range of 1 to 4.

In 2014, The Ministry of Public Health and Population conducted two national polio vaccination campaigns and one measles mass vaccination campaign that included refugees in the camp and urban settings. In addition, MOPHP, UNHCR, WHO and UNICEF adopted a strategy to vaccinate all new arrivals at the reception centres, including Bab el Mandeb, Ahwar, Mayfa'a, Basateen overnight shelter and Kharaz camp, in order to minimize the risk of importing the wild polio virus from the Horn of Africa, which is considered a high risk area. Accordingly, all new arrivals of all ages received polio vaccine at the time of arrival.

Health and Nutrition Services

The mission visited Basateen, Kharaz camp clinic and two public health facilities supported by UNHCR in Sana'a, to look into the level of curative and preventative health care services provided for the refugees and surrounding communities and the impact these have on their health and nutritional status. The mission reviewed health clinics' medical registration record, interviewed medical staff, made general observation and conducted group discussions with refugees and host community. In addition, the mission extensively reviewed the secondary data from nutrition survey and HIS data. Overall, refugees have access to the following health and nutrition services.

Basateen and Kharaz basic health services

UNHCR has continued supporting primary health care and referral services in Basateen and Kharaz camp through local organization called Charitable Society for Social Welfare (CSSW). CSSW provides free of charge basic health services that include outpatients department (OPD), antenatal and

postnatal care (A/PNC), family planning (in addition to 24/7 EMONC), laboratory services, expanded program on immunization (EPI), pharmacy, emergency services, gender-based violence (SGBV), voluntary counseling and testing (VCT and PMTCT) mental health, and medical services for chronic diseases. In addition, CSSW maintain referral services to public hospitals.

Sana'a urban refugee's health services:

In June 2014, UNHCR implemented a new step in the health care policy for urban refugees in Sana'a. The aim of this strategy is to mainstream the health care for refugees into the national health system, so that urban refugees have access to health services similar to those for the local population. UNHCR and Sana'a Health Office identified two primary health centers (Al Rahaby and Al Hafy) as the target facilities to be supported for furthering of the mainstreaming of urban refugees' health program in Sana'a areas. The two public health facilities provide basic services and packages for refugees and the host community, while UNHCR, through its partner International Medical Corps (IMC), provides complementary health service packages that include mental health services, GBV response, subsidized pharmacy, in order to improve the quality and accessibility of the services in both facilities, as well as provision of referral services for refugees to public hospitals.

In addition, UNHCR provides training packages to medical staff and medical equipment to improve the capacity and quality of health services. Refugees are charged for services the same as nationals at these facilities; however, there are criteria that allow the vulnerable groups to access free services, which are also covered by UNHCR.

Bab el Mandeb receptions centre:

At the Bab el Mandab reception centre, new arrivals receive basic health and referral services through IOM and YRC (UNHCR's partner). In collaboration with national surveillance, the EPI the transit clinic provides polio, measles, and other routine vaccinations for all new arrivals. These services were also maintained through UNHCR partners in Ahwar and Mayfaa reception centres.

The current instable situation in Yemen has drained the country's economic resources and has limited the government's efforts to contribute more effectively to improving the health care services. As a result, the public health services are lacking operational funds and adequate human resources. The deterioration of the economic situation negatively affects the refugees' livelihood, as many of them lost their jobs and they have become more dependent on humanitarian assistance.

Access to secondary and tertiary public health services is among the main challenges of refugees in all locations. Lack of well-equipped and specialized referral hospitals, as well as high expenses of medicines and clinics fees for investigation present limited opportunities for refugees to access efficient quality of services.

Therapeutic feeding program

Since 2009, UNHCR has supported therapeutic and supplementary feeding program (T/SFP) in Basateen and Kharaz camp. UNHCR also supported TFP in Sana'a until June 2014 when nutrition activities were integrated within public health centres, which provide only OTP services for under five children with SAM as per government guidelines. In Basateen and Kharaz camp, TFPs are providing outpatient therapeutic feeding program (OTP) services for acute malnutrition (SAM) patients within primary health setting, through the use of ready-to-use therapeutic foods (Plumpy Nut) and routine medications such as de-worming, antibiotics, Vitamin A, and folic acid.

Whereas the Supplementary feeding program (SFP) is to rehabilitate moderately acute malnourished persons or to prevent deterioration of the nutrition status of those most at risk by meeting their additional needs. The SFP provides Plumpy Sup to MAM children and WSB only to malnourished pregnant and lactating mothers. Basateen and Kharaz camp clinics continue providing micronutrients powders (MNP), which helps healthy growth of children and prevent anaemia. Staples provided by WFP in the household food basket (wheat flour, vegetable oil, and salt) are fortified with various micronutrients.

In 2014, the SFP provided its services to 880 persons of concern, including 425 children and 455 pregnant and lactating women, while the TFP/OTP served 189 children with SAM in Basateen and Kharaz camp. In addition, there were 25,598 children at ages 6-59 months receiving MNP and 458 pregnancy women receiving supplementary tonic (Iron, folic acid, multi-vitamin and minerals) during antenatal care follow-up.

During interviews, CSSW nutrition staff mentioned high default rate among the host beneficiaries, as a result of no specific community outreach and poor defaulter tracing activities for the host community. Limited acceptability of therapeutic food items and increased defaulter rate among refugees' children was due to shortage of therapeutic feeding supplies, which was attributed to discontinuation of treatment. During the visit, the TFP registration books were reviewed. Although the records were being accurately registered at the centres, they were not reflected in monthly reports. SFP data was not also collected on weekly reporting forms, and staff have not received formal training on MAM case management, data collection and analysis.

4.3 FOOD ASSISTANCE AND FOOD SECURITY SITUATION

Food assistance

Based on the 2012 JAM recommendations, WFP updated and continued its refugee assistance operation in collaboration with UNHCR and its partners. The food assistance was designed to cover refugees in Kharaz camp, those in Basateen area and new migrants arriving through different entry points including Bab el Mandeb. The types of food assistance vary according to the different target groups. Refugees in Kharaz camp receive full assistance (GFD, supplementary feeding and school feeding), while those in Basateen are assisted with targeted supplementary food and school feeding. New arrivals receive ready-to-eat high energy biscuits upon arrival in coastal arrivals and cooked meals at reception centres (see Table 3 for more details).

Table 3: Summary of types of food aid provided for different groups of refugees in Yemen

Refugee Sites	Targeted groups and types of food assistance		
	Type of food aid	Target groups	Food basket contents
Reception Centers	Ready to eat cooked meals	New arrivals	High energy biscuits to be served at the coastline (Seashores), fortified wheat flour, rice, pulses, fortified vegetable oil, sugar and iodized salt to be provided as cooked meals.
Basateen Urban Refugees	Supplementary feeding	Pregnant/lactating women, children with MAM	Plumpy'Sup for MAM treatment and Wheat Soya Blend for malnourished pregnant and lactating mothers.
	School feeding	School children aged 5-16 years	Fortified wheat flour, pulses, oil, sugar and Wheat Soya Blend.
Kharaz Camp	Ready to eat cooked meals	New arrivals	Fortified wheat flour, rice, pulses, fortified vegetable oil, sugar and iodized salt.
	Supplementary feeding	Pregnant/lactating women; children with MAM	Plumpy'Sup for MAM treatment and Wheat Soya Blend for malnourished pregnant and lactating mothers.
	School feeding	School children aged 5-16 years and MCC aged 3-5 years	Fortified wheat flour, pulses, fortified vegetable oil, sugar, and Wheat Soya Blend.
	General food distribution	Camp residents	Fortified wheat flour, rice, pulses, fortified vegetable oil, sugar, and iodized salt.

Source: WFP and UNHCR operational information archives.

General food distribution in Kharaz camp

WFP's monthly food distribution to refugees in the camp and other locations continued throughout 2013 and 2014 in collaboration with UNHCR and other partners. The 2012 JAM had estimated the number of refugees in Kharaz camp to be approximately 20,000. However, at the beginning of 2013, the actual number of beneficiaries in Kharaz camp who have received assistance through the general food distribution was approximately 15,500 refugees and increased gradually and reached about 18,000 in December 2014.

Eligible refugees in the Kharaz camp have been receiving food aid through GFD on a regular monthly basis. Food distributions are made through SHS. The ration consists of fortified wheat flour, rice, pulses, fortified vegetable oil, and sugar. The food aid basket is composed of 9kgs wheat flour, 4.5 kgs rice, 1.8 kgs lentil, 600 gm sugar and 1 liter of cooking oil per person per month. The food aid operation during the last two years met the minimum kilocalories requirement of the refugees in the camp. The data on the general food ration distribution showed adequate attainment of the required kilocalories. The table below shows that the average levels of energy and nutrients supplied on a monthly basis during the past two years. It can be seen that the energy content of the ration is about 100 percent of the 2,100 Kcal minimum requirements. While the amount of the protein content being distributed is fairly adequate, fat contents are too low that stood only at around 13 percent of the total energy supplied by lipids. This should be at least 17 percent according to the SPHERE minimum standards. There are, however, inadequate supplies of fat, vitamin C, iron and calcium. Wheat flour, purchased in Yemen, is fortified with iron and folic acid, while imported vegetable oil is fortified with Vitamins A and D. Salt is iodized.

Table 4: General food aid analysis in Kharaz Refugees Camp, Yemen 2014

Ration contents	Daily Ration g/person/day	Energy Kcal	Protein g	Fat g	Calcium mg	Iron mg	Iodine µg	Vit. A µg RE	Vit.C mg
WHEAT FLOUR WHITE	300	1,050	34.5	4.5	45	3.5	0	0	0
RICE, POLISHED	150	540	10.5	0.8	14	2.6	0	0	0
PULSES	60	205	14.8	0.7	33	2.6	1	27	1
SUGAR	20	80	0	0	0	0	0	0	0
SALT	5	0	0	0	0	0	300	0	0
OIL, VEGATABLE	25	221	0	25	0	0	0	225	0
RATION TOTAL	560	2,096	59.8	31	92	8.7	300	252	1
percent (%) of requirements supplied by ration		100%	114%	77%	20%	40%	200%	50%	4%

Source: Compiled from WFP PRRO documents and actual food distribution data archive

Information from the FGDs conducted in Kharaz camp confirmed the regularity of the food aid distribution, although sometimes there are reportedly some delays due to the security situation/ road block which results in shortage of food. However, there are many reported cases where some family members do not receive food aid, because they are not included in the ration card due to difficulties related to the newly imposed registration regulation which has mandatory HIV and hepatitis testing for issuance and renewal of refugees ID cards. This has been seen by the refugees as a discriminatory act from the Yemeni authorities against the human rights of the refugees. The refugee families who receive the food assistance prepare and share the food with all family members.

WFP's food aid is distributed by partners such as SHS and others. There is a general food distribution (GFD) committee which consists of 7 members from the refugees of which four are men and the remaining three are women. Through communication and consultation with the partners, the GFD committee announces the distribution date and schedule for each blocks of the camp. Then, the refugees come on the date and time of their turn and receive their entitlement with the presence and witness of the committee. The committee also facilitates the queues for smooth distribution of the food aid and gives priority to pregnant and lactating women and refugees with disabilities. There is an organized system of food distribution. Lack of shades at the distribution points for the refugees to wait and collect their rations was reported as one of the problems.

There are a number of problems and complaints with the current food aid distributions as reported by refugees, who participated in the FGDs in Kharaz camp. One of the problems indicated was the poor quality of food items distributed, in particular the wheat flour distributed recently was spoiled and damaged/infested, according to the perception of the refugees. They also have some challenges with the IPs distributing the food and the refugees suggested that WFP staff should be present during distributions in order to monitor the quantity and the quality of food distributed by the IPs.

The refugees indicated that the monthly food ration lasts only for about three weeks reportedly due to the fact that the food aid does not cover all of the refugees and therefore is shared with non-beneficiaries. Further, part of the ration is sold to cover other expenses including buying additional food and non-food items. Findings from WFP's PDM surveys confirm that over 75 percent of the refugees reported that the food and non-food assistance runs out before three weeks.

Sale of food assistance and level of satisfaction with the food aid commodities

About 66 percent of the refugees in Kharaz camp reported selling some part of the rations they received from WFP food assistance (WFP PDM Survey findings⁵). The main reason given by 52 percent of those who sell part of their ration was to buy other types of food, mainly vegetables. Some 9 percent

⁵ WFP PDM 1st and 2nd Rounds of Surveys conducted in July 2013 and December 2013.

sold part of the food aid to repay debts incurred when they bought food and another 5 percent reported selling parts of the food to buy medicines.

During the FGDs, it was indicated that many refugee households sell a part of the food aid they received, confirming the PDM results. Some of them have to sell a portion of their ration in order to buy some essential additional food items that are not part of their rations which include vegetables, fruits, milk for children, fish, spaghetti, meat, macaroni, white beans, tea, and clothes. Moreover, the amount of kerosene they used to get from UNHCR was reduced from 3 litres to 2 litres which they said was not enough and forced them to sell portion of their ration. Some also use the money from selling their ration to pay for secondary school exam fees.

Findings from the second WFP/PDM survey in 2013 indicate that over 80 per cent of refugees in the camp are reportedly spending a significant amount of money on transporting their entitlements from the FDP to home – on the average, they spent YR316 (US\$ 1.5). They suggested either UNHCR or WFP to cover the cost of transportation. As there is dissatisfaction about some of the food items being distributed and they have to buy additional food items which are meeting their preference, many refugees in the camp are in favour of cash assistance. The market in the Kharaz camp is functioning well and the refugees have good access to that market which is one of their justifications to get their rations in cash so that they can diversify their food consumption, as indicated during the FGDs. This has to be studied further and assistance modalities may need to be adjusted accordingly.

Selective feeding programmes in Kharaz camp and Basateen area

Supplementary feeding is implemented to combat or prevent malnutrition. This food is provided to malnourished or nutritionally vulnerable individuals. Currently SFP provides three food items i.e. Plumpy'Sup, sugar and vegetable oil (take home ration provided by UNHCR) for malnourished children, and wheat soya blend (WSB) for malnourished pregnant and lactating women for refugees in Basateen and Kharaz camp. In addition, the tuberculosis (TB) positive and in-patient department (IPD) refugee patients in Kharaz camp clinic are served with on-site cooked porridge in the morning (breakfast) consisting of WSB, sugar, oil and milk which are provided by UNHCR through IPs.

In Basateen MCH centre provides a monthly based supplementary food ration for children under five, as well as for pregnant and lactating mothers. The ration includes Plumpy'Sup to treat MAM among children under five and WSB dry ration 10kg/month for malnourished pregnant and lactating mothers.

School feeding is also provided in Basateen area and Kharaz camp in collaboration with IPs. The meals cooked at the schools include fortified wheat flour, pulses and oil, or WSB, oil and sugar, on alternating days. Both refugee girls and boys attend schools for free in Kharaz camp. On average, 3,500 refugee children in Kharaz camp and 2,500 refugee children in Basateen area have been benefiting from the school feeding programme and improved school attendance.

Food security situation

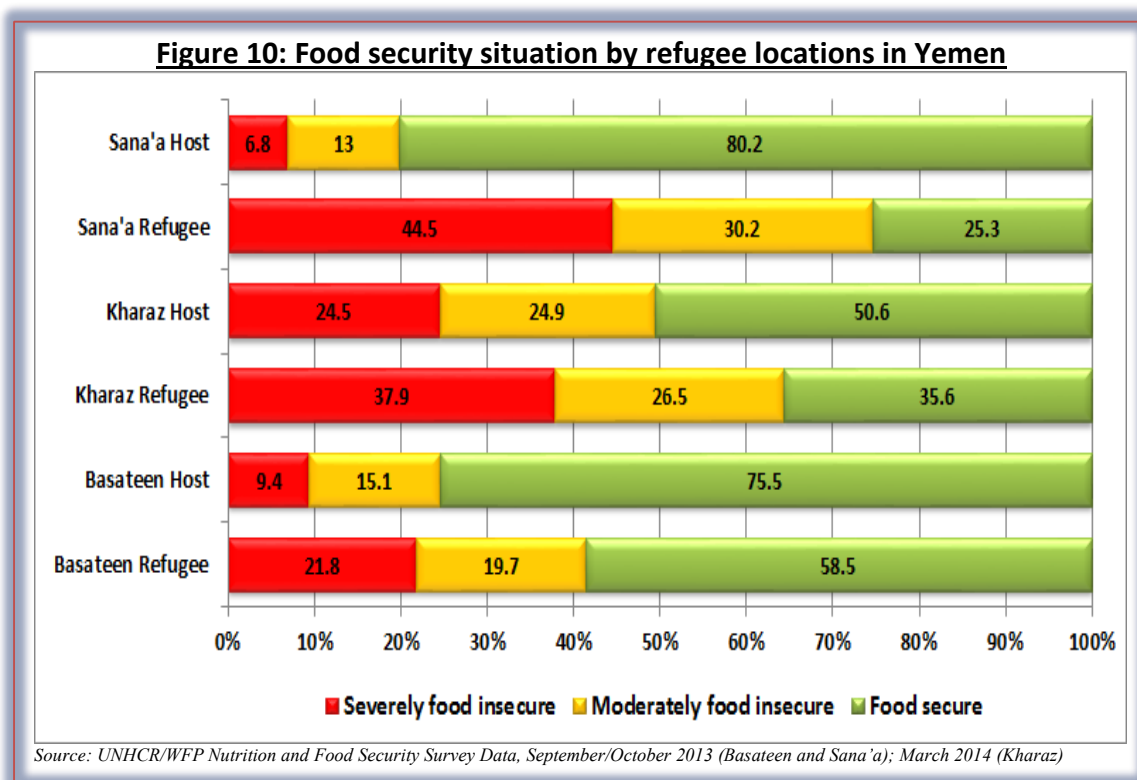
At household level, research has shown that dietary diversity and frequency⁶ are a good proxy measure of food security. Using a 7-day recall period, information was collected on the variety and

⁶ The number of different foods or food groups consumed by the household over a given period of time.

frequency of different foods and food groups to calculate a weighted⁷ food consumption score. Weights were based on the nutritional density of the foods. Using WFP/VAM standard analytical method, the items consumed were grouped into eight food groups (staples, pulses, vegetables, fruit, meat and fish, sugar, milk, and oil).

These different food groups were given weights based on nutritional density, animal proteins with the highest weight. A consumption score is calculated combining the information on dietary frequency and dietary diversity. Then, thresholds (cut off points) are used to classify households as having either ‘poor’, ‘borderline’ or ‘acceptable’ food consumption score (FCS). Those households classified under “poor FCS” are generally termed as “severely food insecure”, and those with “borderline FCS” are categorized as “moderately food insecure”, while those with “acceptable FCS” are grouped as “food secure”.

The results of the survey show that refugees in Sana’a have the highest percentage of severely food insecure households (44.5 percent) followed by those in Kharaz camp (38 percent) and Basateen area (21.8 percent). Severe food insecurity is very low for households from the host communities in both Sana’a city and Basateen area, while those in Kharaz villages have relatively higher proportion of severely food insecurity (Figure 10).



The 2014 Comprehensive Food Security Survey (CFSS) in Yemen found that the national level of food insecurity is 41.1 percent of which about 19.3 percent of the population is severely food insecure while the remaining 21.8 percent is moderately food insecure. Moreover, the results showed that food insecurity is still more widespread in rural areas than in urban areas – 47.6 percent of the rural population is food insecure compared to 25.7 percent for urban localities. The CFSS also found that

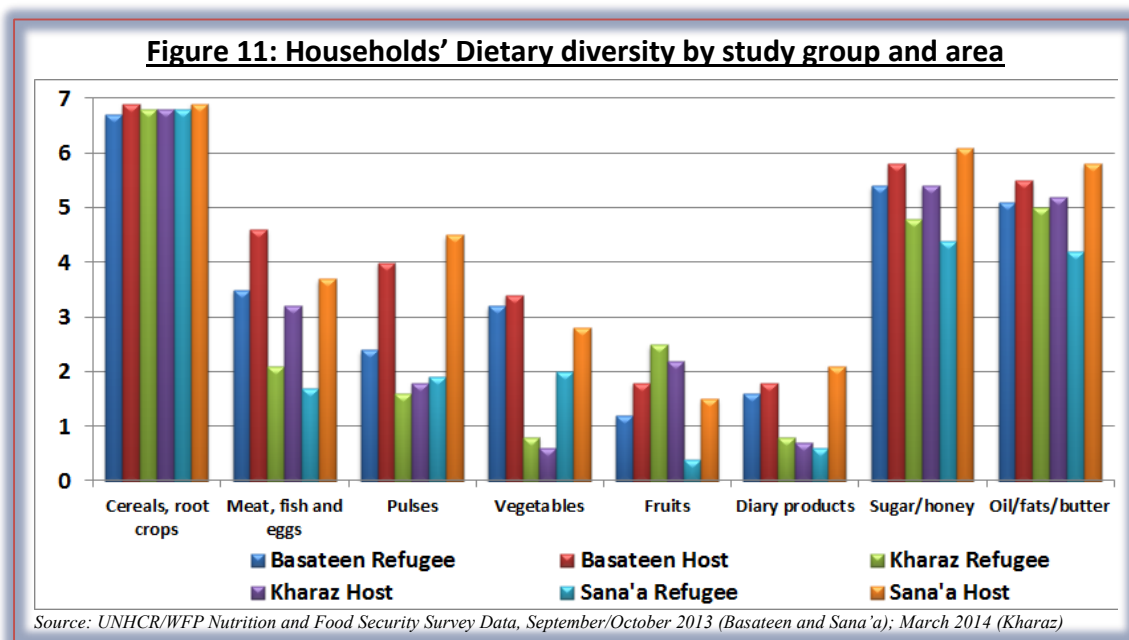
⁷ Animal proteins = 4; pulses = 3; cereals/roots/tubers = 2; fruits and vegetables = 1; oil and sugar = 0.5

11 percent of the households in Sana'a City, 8 percent of those in Aden and 35 percent in Lahj are severely food insecure⁸.

When looking at the food security situation of households in the refugees' settlement areas of Sana'a City and Aden (Basateen), the results of the current survey indicated that 7 percent and 9.4 percent of the host communities within these areas, respectively, are severely food insecure. Despite the ongoing food assistance for refugees in Kharaz camp, due to higher number of refugees than the number of beneficiaries, the food aid rations are shared and diluted. Another key reason for high level of food insecurity among the refugees was that the sale of portion of the food aid to meet other non-food needs such as buying medicines, pay for children school related fees, buying kerosene, etc. Additional main causes of food insecurity are presented on page 37 below.

Dietary diversity

The diet of most of the surveyed households (both the refugees and the host communities) is poorly diversified, though the refugee households have much lower dietary diversity than those from the host communities⁹. The main staple food items, wheat and rice as well as root crops, are dominant types of food groups that are consumed almost every single day by the majority of the households among both study groups (refugees and the host communities). As shown in Figure 11 below, sugar/honey and oil/fat are the second and third categories of food consumed by the surveyed households for 4-6 days a week (ranging from 4 days by refugees in Sana'a to 6 days by households among the host communities in Sana'a).



Fruits and dairy products are the least frequently consumed food groups by all the households, with the worst level of consumption of these food categories by the refugee households in Sana'a. In general, the refugees have lesser diversified food consumption compared to the host communities in all cases, which further reveals the severe food security situation among the refugees.

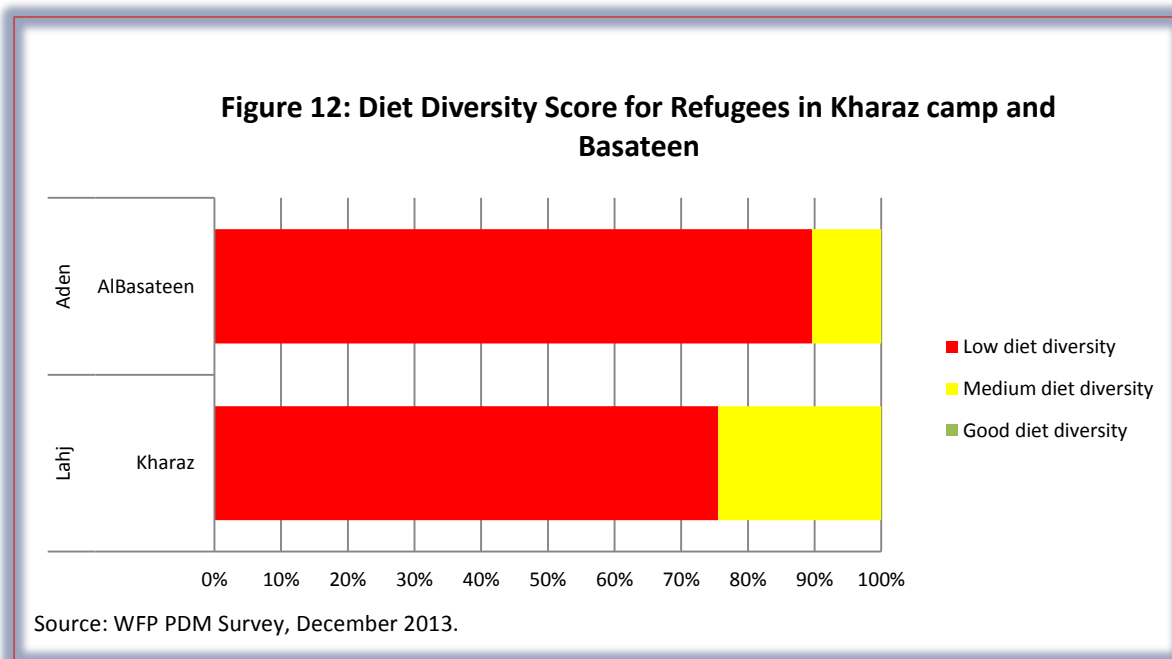
⁸ WFP Yemen Comprehensive Food Security Survey, November 2014.

⁹ UNHCR/WFP Nutrition and Food Security Survey Data, September/October 2013 (Basateen and Sana'a); March 2014 (Kharaz).

The survey findings further revealed that households with ‘**poor**’ consumption managed to eat the equivalent of only cereals, mainly wheat, and vegetables on a daily basis. This is considered a bare minimum and is a sign of extreme household food insecurity. Households with ‘**borderline**’ consumption are eating the equivalent of cereals and vegetables on a daily basis plus pulses and oils about 4 times per week. Households classified as having ‘**acceptable**’ consumption on average consume: cereals, beans, vegetables, sugar and oil each day.

The Dietary Diversity Score (DDS) is one of the most important indicators which show the food security situation by measuring the balance of the food varieties which households are consuming. It is computed based on the information about the number of different food groups consumed over a given reference period of time. It gives an estimation of the diversity of the diet.

According to the results of WFP’s post distribution monitoring (PDM) surveys and the 2013/14 UNHCR/WFP joint nutrition and food security survey, the diet of both refugee groups in Kharaz and Basateen is quite poor. For instance, findings of the PDM survey conducted in December 2013 revealed that about 76 percent of Kharaz Refugees and 90 percent of the Basateen refugees consume poorly diversified food intake with less than 5 food types per week are consumed. The study further revealed that none of the refugee households both in Kharaz camp and Basateen area maintain a good level of diversified diet (seven or more food groups per week). The diet for the majority of refugees in Kharaz and Basateen consist mainly of cereals, fats and sugar consumed almost on daily basis. Other than pulses which are consumed only two days per week, on average, no other food group reported to be consumed more than once per week in both Kharaz and Basateen (Figure 12). Although the food basket of the ration being provided to refugees in Kharaz includes sufficient amounts of pulses for their daily consumption, they sell part of it and thus lower their pulse intake.



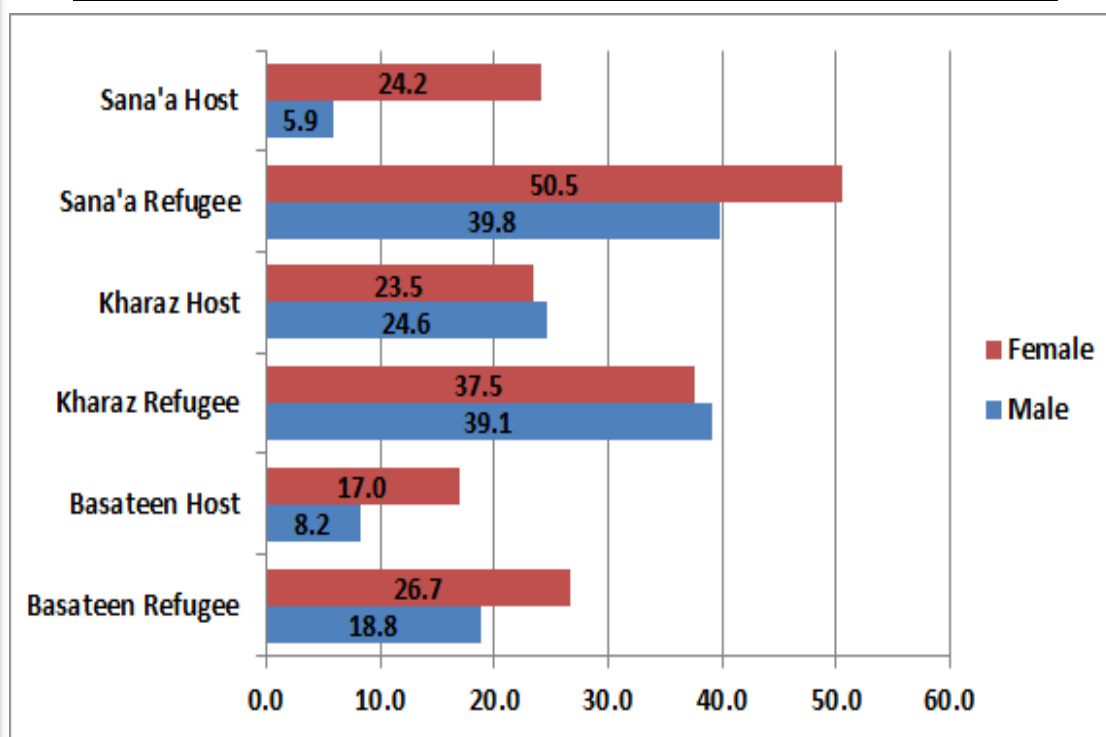
Level of severe food insecurity among selected groups

Female-headed households are more severely food insecure: The level of severe food insecurity among female-headed households in Sana’a and Basateen is much higher than those headed by men (for both the refugees and host communities). This appears to be more so in host communities; the proportion of severely food insecure female-headed households is more than two times higher than male-headed families in Basateen host communities and approximately four time higher among

female-headed families in Sana'a host communities. Female-headed households among the refugees are in alarming situation as 50.5 percent of the female-headed families in Sana'a and 26.7 percent in Basateen are severely food insecure, while the situation for the male-headed households looks relatively better. However, the situation in Kharaz is different, where the contrary holds for both the refugees and host communities – the proportion of severely food insecure households, is lower for female-headed families than male-headed households. For the refugee households in Kharaz camp, the prevailing different situation could be the result of equal access to food aid resources by both female-headed and male-headed households and full reliance on humanitarian assistance (Figure 13).



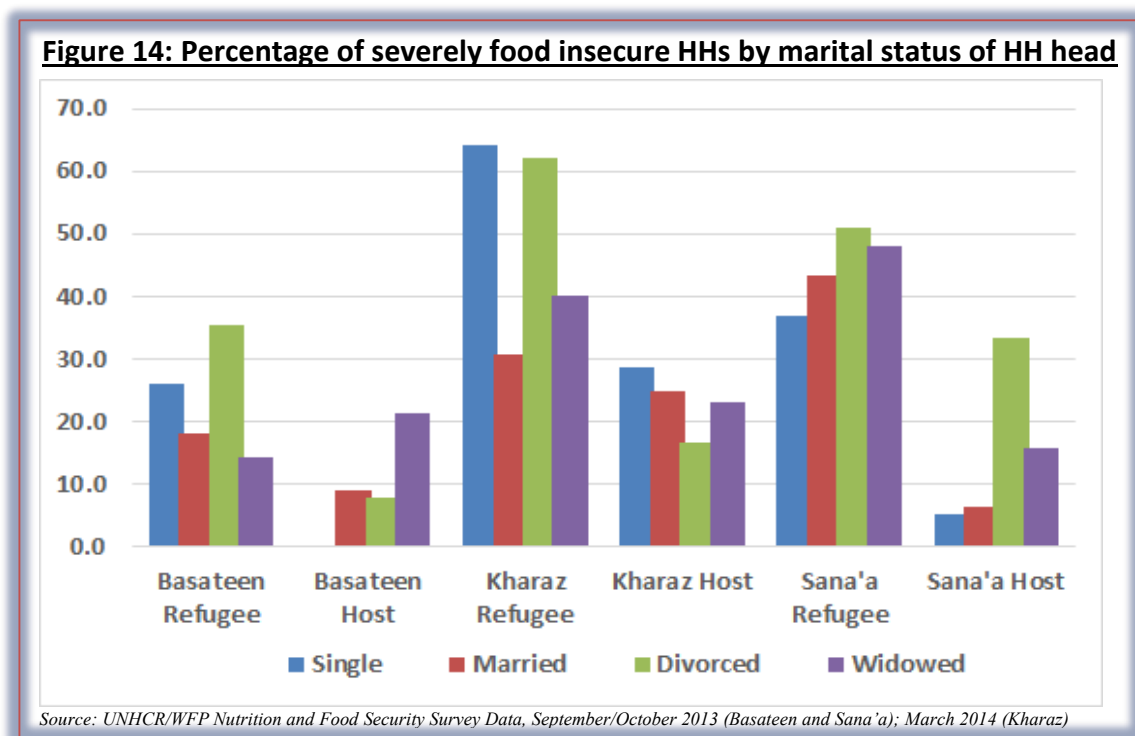
Figure 13: Percentage of severely food insecure HHs by gender of HH head



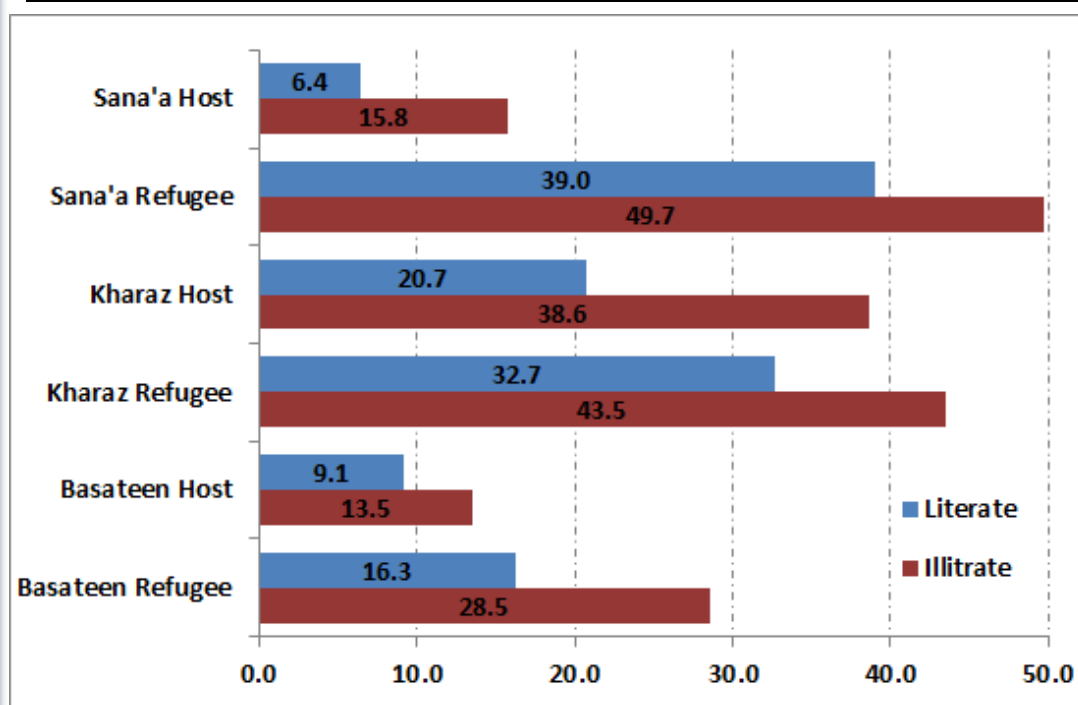
Source: UNHCR/WFP Nutrition and Food Security Survey Data, September/October 2013 (Basateen and Sana'a); March 2014 (Kharaz)

Households headed by divorced/widowed are more severely food insecure: Various studies including WFP's CFSS conducted in 2009 and 2011 revealed that divorced and widowed people and their families are more food insecure than those with other types of marital status. The results of this survey also proved the general notion and confirmed that households headed by divorcees and widows are much worse off in their food security situation. Refugee households in Sana'a and Basateen with divorced heads have the highest proportion of severe food insecurity. Refugee households in Kharaz camp headed by single persons are more severely food secure followed by those headed by divorced and widowed persons.

According to the findings of the nutrition and food security survey jointly conducted by UNHCR and WFP, as presented in the graphs below, single families in Kharaz refugee camp are worse off in terms of their level of severe food insecurity. Similarly, the proportion of refugee households headed by divorcees and widows, particularly those in Sana'a and Kharaz camp, is much higher than the other groups. On the other hand, households with widowed heads among the host communities in Basateen are most food insecure followed by those headed by married and divorced persons (Figure 14 has more details).



Households headed by illiterate person are more food insecure: Several studies have shown that there is a direct relationship between level of education and food security – good level of educational attainment provides better job opportunities and improves income sources and hence enhances food security condition. As expected, households headed by illiterate persons have the highest proportion of severely food insecure households across all the study areas. Particularly, almost half of the refugee households headed by illiterate member in Sana'a are severely food insecure, followed by those in Kharaz camp. Although the situation seems to be relatively better for the host communities compared to the refugees, households headed by illiterate people in Sana'a host communities are found to have a worse proportion of severely food insecure households than those in the other areas (Figure 15).

Figure 15: Percentage of severely food insecure HHs by educ. status of HH head

Source: UNHCR/WFP Nutrition and Food Security Survey Data, September/October 2013 (Basateen and Sana'a); March 2014 (Kharaz)

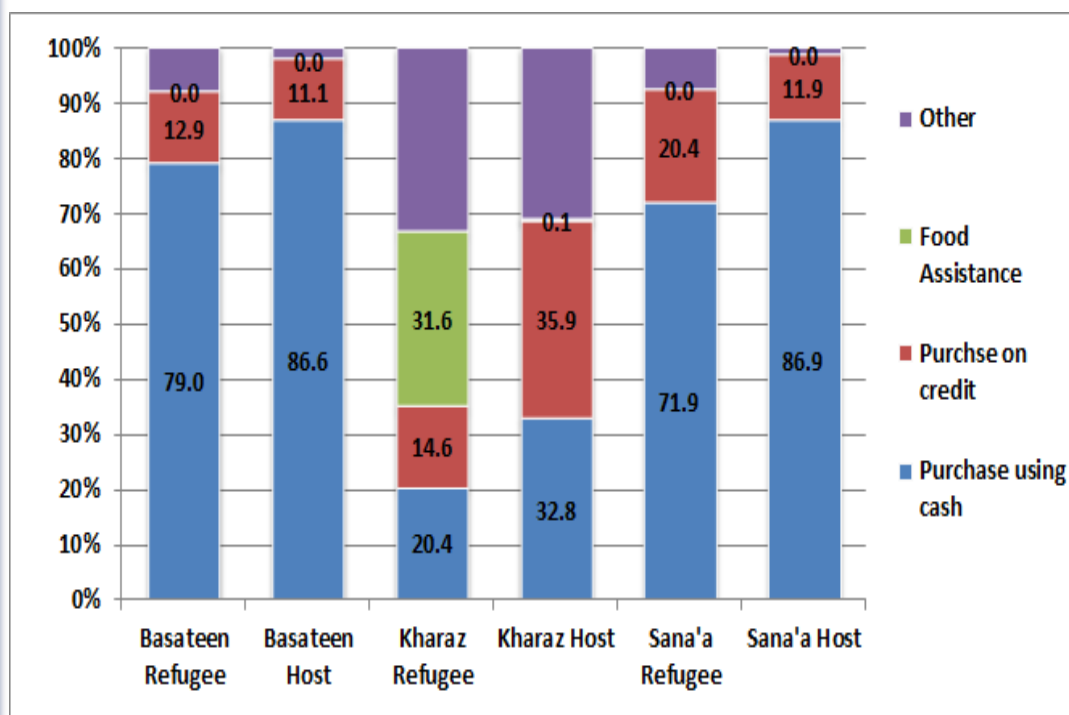
Food sources and dietary diversity

In Yemen, nationally about 96 percent of the population are net buyers¹⁰ and are heavily vulnerable to market shocks and volatility of prices which are becoming highly prevalent in the country in recent years. Purchase remains the main food access modality for both rural and urban households (nationally over 95 percent of food consumed at household level is purchased with about 100 percent for urban areas and 75-85 percent for rural areas). Higher food prices translate into a further increase in expenditures on food to the detriment of other needs such as health, education and asset/livelihoods building.

According to the current survey results, the majority of the households depend on the market as over 90 per cent of the households in all four study areas reportedly access their food through purchase either using cash or on credit. From Figure 16, it can be noted that about 20 per cent of the refugee households in Sana'a and 13 per cent of the refugees in Basateen have reported purchasing their food on credit, which is often a sign of bad food security condition. With relatively lower level of purchases of food on credit, households in the host communities in both Sana'a and Basateen seem to be slightly better off. In Kharaz camp, most of the refugees buy other food items that they do not get them from their food assistance rations. The types of foods they buy either on cash or credit include spaghetti, rice, meat, eggs, milk for children and other supplementary food items. They sell part of their rations (mainly wheat) to cover such expenses, according to the information from the FGDs. The information further revealed that the amount of wheat the majority of beneficiary refugees sells ranges between a quarter and half of their wheat ration (see details on selling of rations on page 40).

¹⁰ IFPRI, 2010.

Figure 16: Percentage of HHs reported their sources of food by refugee locations in Yemen



Source: UNHCR/WFP Nutrition and Food Security Survey Data, September/October 2013 (Basateen and Sana'a); March 2014 (Kharaz)

Over 30 percent of the refugee households in Kharaz camp get their food through other means such as borrowing and/or gifts from relatives and friends, begging, children working outside with food payments as well as begging. Similar proportion of the host communities in Kharaz access their food through a combination of own production, gathering/hunting/fishing, and borrowing/gifts from relatives. This shows that refugees found it more difficult to access the minimum food needs for their families through normal practices than their counterparts in the host communities.

According to the information from FGDs with the refugees, the main source of food for refugees in Kharaz camp is the food aid provided by WFP through the monthly general food distribution. As the food assistance does not cover other essential food items such as vegetables, milk, fruits, eggs and other grocery food stuff, refugees purchase those commodities from the local markets either by income they were able to generate or selling part of the food aid. Some who reported that the food is not enough, and lack the possibilities to purchase more or different food items, try to cover the deficit by borrowing from neighbors and begging. The main source of food for the majority of refugee households in Sana'a and Basateen area are purchase from markets using the income they were able to get through various activities. Some refugees are also depending on borrowing and gifts from relatives or neighbors, and begging.

While a few refugees eat three times a day, most of the refugee households indicated that they usually take two meals per day. The frequency varies due to the inconsistent income. They only consume limited variety of food items which are poorly diversified. Low-income refugee households and vulnerable family members often eat only one meal per day, especially people who suddenly lost their job or income, or those who are sick and cannot work. There are also times when some members of the refugee families spend the whole day without eating when the food is insufficient.

Households usually buy and consume rice, spaghetti, some vegetables, sugar, and pulses. In some better off families, meat and fish are among their diet but not regularly. The major constraints to buy their food include lack of job opportunities to earn enough income and high food prices. As a result, they do not have sufficient quantities of food at all times to sustain their healthy life which often force them to use negative coping strategies such as begging, skipping meals, reducing the meal size, and commercial sex. Purchases are made either on credit or by selling some of the food aid items for those in the camp who get food assistance.

Main causes of food insecurity for refugees

Refugees in both Sana'a and Basateen used to have relatively better access to jobs in the informal sector before 2011 which enabled them to earn income and buy their minimum food requirements depending on the market prices of the food items vis-à-vis the daily wages they are making. However, the nationwide civil unrest which started earlier in 2011 negatively affected their lives as most of their job opportunities disappeared and led them to undesirable coping strategies.

Whereas Somalis are granted *prima facie* refugee status, the non-Somalis are reviewed for the refugee status on an individual basis. The government-issued refugee identity (ID) card, issued to Somalis, assists refugees in securing work in the private sector¹¹. Non-Somalis, if recognized as refugee, are issued a refugee certificate by UNHCR. Otherwise they have no documents which give them access to job opportunities. This forces them to engage in only menial jobs, such as cleaning, even for those with higher skill sets. Women often work as domestic workers. This raises the issue of day care services for children of working mothers. Their low incomes preclude day-care expenses and often children are left in the care of the eldest child or with privately run daycares without even basic care facilities. Mothers are sometimes obliged to lock children in their houses with no adult supervision, while they have to leave to earn a living which puts the children in a dangerous situation (JAM 2012).

For those households who earn some money with trade, they are mainly engaged in small-scale trading with commodities/products such as clothes, vegetables, homemade snacks, cold drinks, and meat/fish/chicken. They sell out their products at local markets for host communities and among the refugees themselves. The trading activity is not so easy for many of the refugees due to the fact that they need to have bank credit/trade guarantee, which requires resident permit and other support. The micro finance credit offered by UNHCR partners is the only business credit scheme available for refugees (JAM 2012).

According to the market information from WFP's monthly market monitoring system, all markets in Sana'a and Aden function well and all types of food are abundantly available. However, the refugees do not get enough income to purchase the amount and type of food they need due to the fact that the majority of the refugees have limited self-reliance opportunities and livelihood support mechanisms. As a result, many refugees found it difficult to meet the minimum food needs for their families and used negative coping strategies that include reducing and skipping of meals, as well as engagement in begging.

Coping strategies

When a community experiences a shock, various types of responses are put in place, depending on the type and magnitude of the problem/shock the community is faced with, as well as the level of

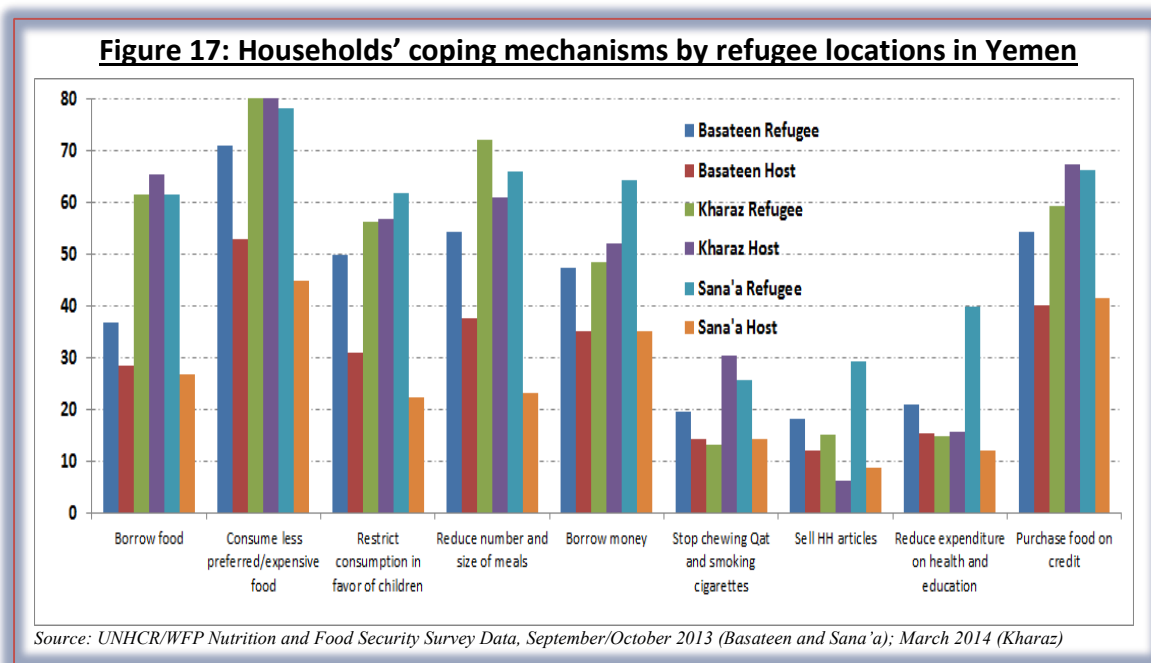
¹¹ Work in the public sector requires a work permit limited to Yemeni nationals.

their vulnerability. These coping strategies range from short-term and less destructive, to longer-term irreversible and highly damaging mechanisms that include consumption-related measures. This survey found that for those experiencing food shortage problems, the most common coping strategies they employed were related to changes in food consumption behaviour such as:

- eating less preferred or less expensive foods,
- limiting portion size at meal times, or
- reducing the number of meals eaten per day.

Other forms of coping mechanisms reported by the surveyed households include borrowing to buy food, buying food on credit, increasing working hours, seeking alternative employment, borrowing food, or decreasing expenditures on health care. Some of these strategies are geared towards increasing purchasing power in order to bridge the gap in accessing their household food requirements.

According to the results of the survey, refugee households in Sana'a and those in Kharaz camp are found to use every single coping strategy much more than the other groups. Over 60 percent of the refugees in Sana'a have reported as using six of the nine coping mechanisms (Figure 17). Consuming less preferred or less expensive food and reducing number and size of meals as well as buying food on credit are the leading types of the strategies among all the groups, though the intensity/frequency is still more serious for the refugees than the host communities.

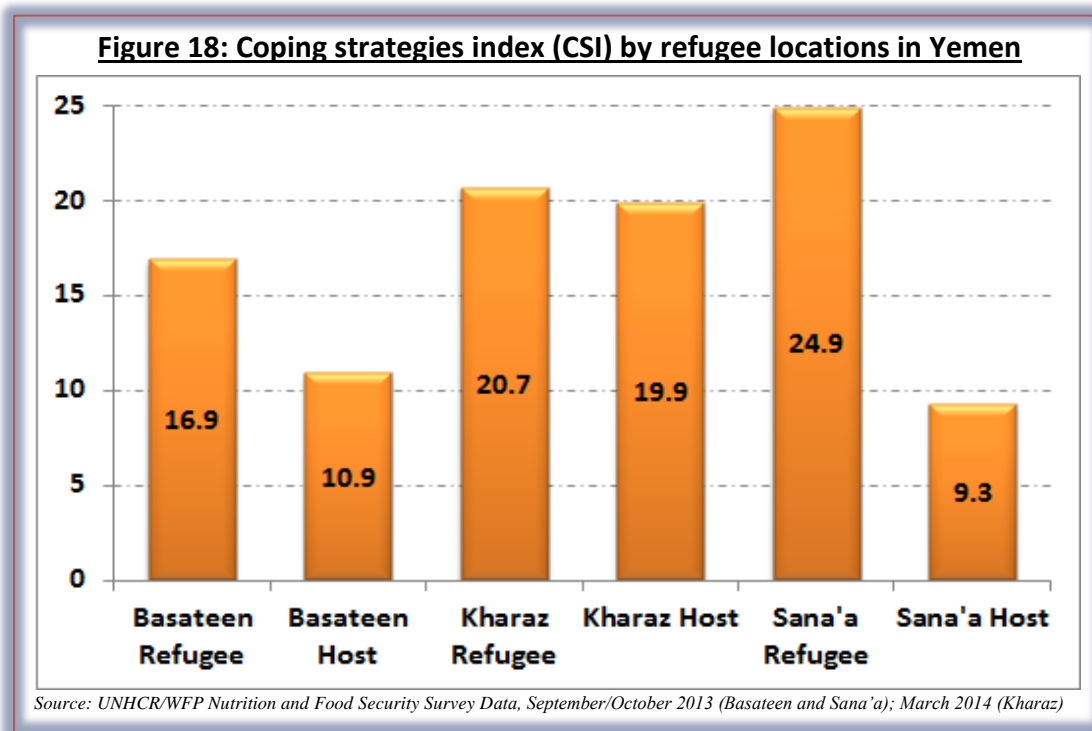


A reduced Coping Strategy Index (CSI¹²) was also used as a proxy indicator of households' food security situation. The information on coping strategies collected by the survey was used to calculate the reduced CSI, which takes into account both the frequency and gravity of each of the five indicators within the Index. Higher CSI scores indicate a more serious food security situation.

According to the results of the analysis, refugees in Sana'a with a CSI of 24.9 stood highest followed by refugees in Kharaz camp and those in Basateen with CSI of 20.7 and 16.9, respectively. Sana'a host communities came out to be the lowest with the CSI of 9.3 (Figure 18). This shows that refugee

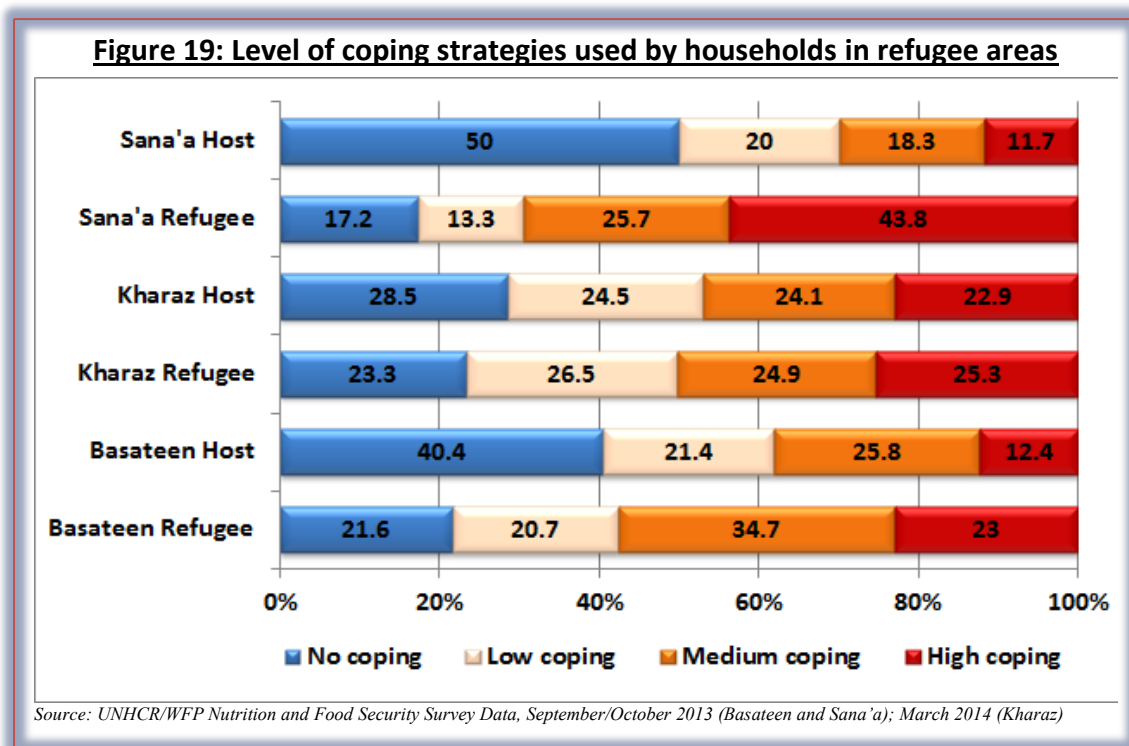
¹² Eating less preferred/less expensive food, limiting portion size at mealtime and reducing the number of meals per day have a severity score of 1. Borrowing food or relying on help of friends/relatives and limiting adult intake in order for small children to eat have a severity score of 2 and 3, respectively.

households, particularly those in Sana'a, are more vulnerable to food insecurity than those among the host communities. Although households in Kharaz host communities are believed to have greater access to alternative food sources such as fishing, hunting etc., it is surprising to see that there is little difference in the CSI compared with the refugee households. This suggests that host communities are equally vulnerable as the refugees to food insecurity and planning for any types of durable solutions (any relevant resilience/self-reliance livelihood activities in that location) may need to consider both refugees and hosts as potential participants/beneficiaries.



For the purpose of assessing the level of coping strategies used by the surveyed households, a four level grouping/classification was applied based on the intensity of coping strategies they have used. According to the results of this analysis, with about 44 percent of using high level coping, refugee households in Sana'a scored the worst followed by refugees in Kharaz camp and Basateen with 25 percent and 23 percent of households respectively.

On the other hand, half of the households in Sana'a host communities were found to use no consumption-related negative coping strategies followed by the communities in Basateen (Figure 19). This result further confirmed that refugees are indeed struggling to meet their food needs and are using such destructive measures for survival.



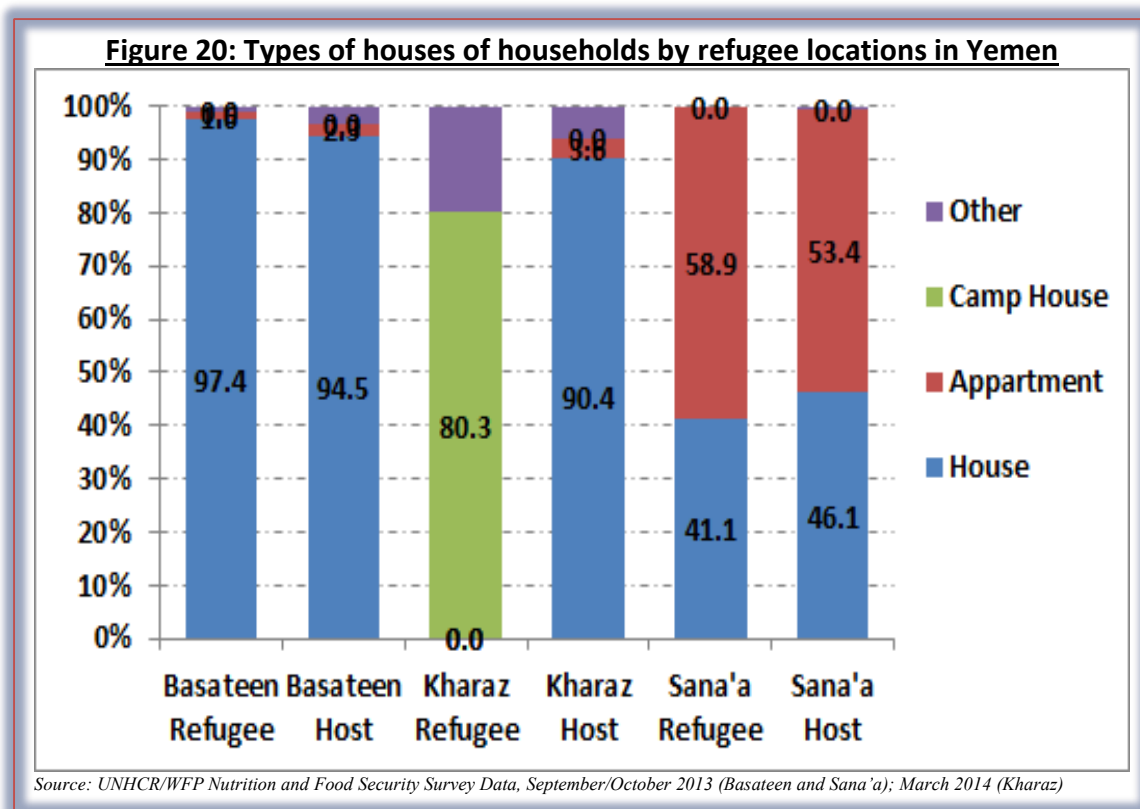
4.4 NON-FOOD SECTORS

UNHCR through the IP is distributing non-food items such as sanitary kits for the newly arriving refugees at the reception centres. Refugees residing in Kharaz camp received 2 litres of kerosene per month. Other non-food items such as blankets, mattresses, plastic sheets, jerry cans, etc. are also distributed as needed. All distribution is managed by SHS with the participation of refugee leaders. Sanitary napkins (3 packs of napkins) also distributed on a bimonthly basis to refugee adolescents and women of reproductive age in the camp. Soap bars and other detergents are also among the non-food items being distributed to the camp residents, which are all according to UNHCR's standards.

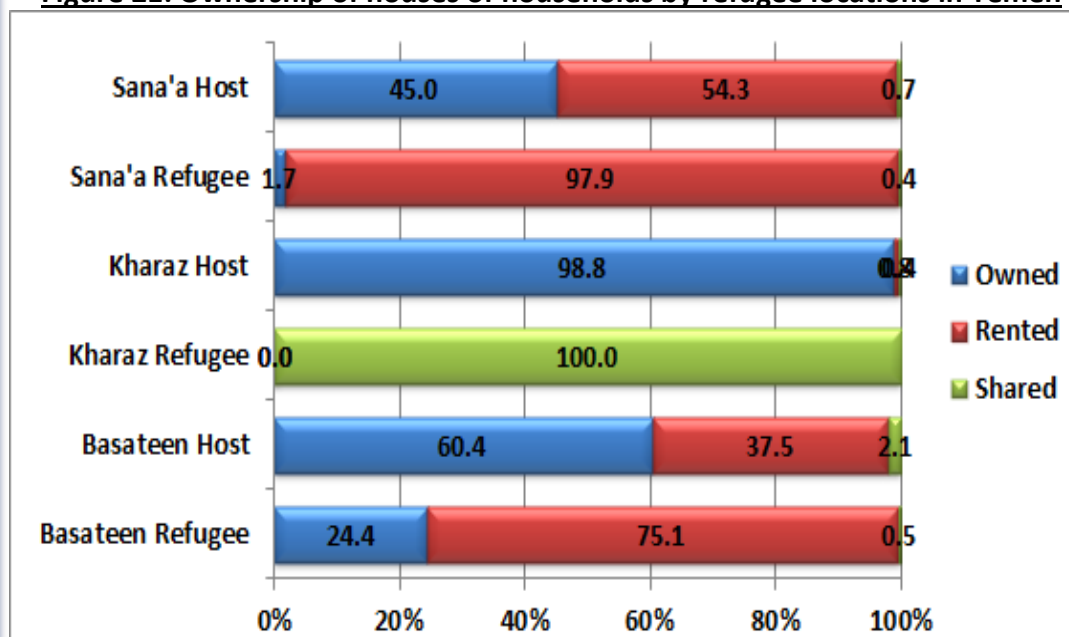
Shelter and types of houses and ownership

The type and tenure status of houses that households are currently residing in is a good indicator of their economic welfare and quality of life. According to the results of the survey, most of the households in Basateen area (both refugees and host) are living in a house – 97 percent for refugees and 95 percent for the host communities. The remaining small proportions of households in Basateen live in huts and apartments. The majority of refugees in Kharaz live in block shelters, while some live in tents, which are old and in inadequate quality, while the host communities have houses.

On the other hand, over half of the refugee households and those from the host communities in Sana'a city live in apartments (59 percent for refugees and 53 percent for the host), while others reside in houses (Figure 20). The findings on the types of houses indicate that there is no major difference between the refugee households and those from the host communities.



Regarding tenure status, all households in Kharaz camp stay in a shared house while their counterparts own the houses they live in. Similarly, about 98 percent of the refugees in Sana'a and 75 percent of the refugee households in Basateen rented the houses they are currently living in. The majority of households (60 percent) among the host communities in Basateen area live in their own houses, while the proportion of those with the same tenure in Sana'a host communities was found to be 45 percent (Figure 21 has more details). This shows that most of the refugees in urban areas are burdened by house rent-related expenses from their limited income opportunities that makes them particularly vulnerable to food shortages.

Figure 21: Ownership of houses of households by refugee locations in Yemen

Source: UNHCR/WFP Nutrition and Food Security Survey Data, September/October 2013 (Basateen and Sana'a); March 2014 (Kharaz)

Refugees in Kharaz have camp shelters although they are not generally in good condition. The shelters are made of cement blocks, tents, zinc, wood, and plastic sheets. As a result of inadequate construction of many of the shelters in the camp, water penetrates into the shelters during the rainy season. They are also exposed to invasion of harmful insects and dangerous creatures. The camp shelters are also overcrowded, which reportedly leads to communicable diseases and unhealthy living conditions.

Refugee families in Sana'a and Basateen suffer much more than the camp residents from shelter problems. The majority of refugee families in the urban areas share houses. Most of the individual households have only one room for which they pay a monthly rent that ranges between 7,500YR and 10,000YR depending on the types of houses. Wooden houses cost them lower prices, while concrete houses are expensive and only better off refugees can afford to rent.

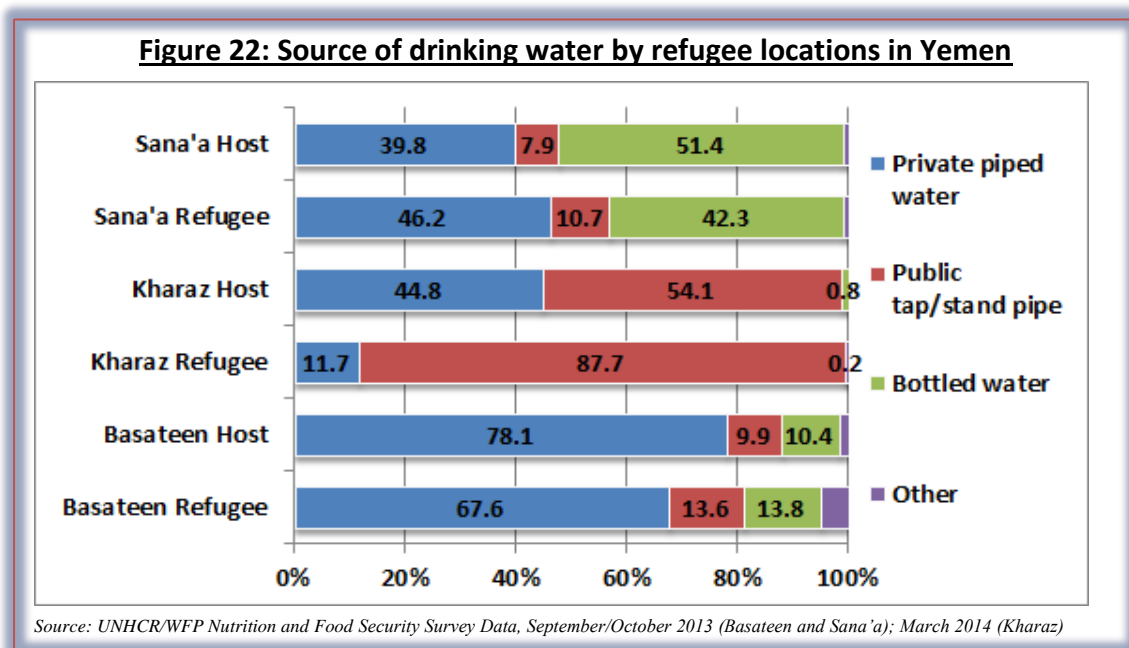
Often there is no kitchen and people therefore cook in their rooms. Latrines are shared and people have disputes related to the cleaning of the shared spaces in the houses. Families live in crowded shelters and are vulnerable to communicable diseases.

WASH

WASH is one of the programs that aims at reducing mortality and morbidity. Distribution of adequate, safe and clean water reduces prevalence of waterborne diseases such as diarrhoea, and hence can reduce malnutrition. Safe water sources like piped water (private and public), protected wells and springs, and bottled water are generally considered as safe water, while others such as unprotected wells and springs, rain water and water tanker/drum carts are classified as unsafe water sources.

According to the survey findings, the majority of households are reported as having access to safe drinking water. While most of the households in Basateen area (both refugees and the host) rely on private and public pipe water, the surveyed households in Sana'a reported private pipe water and

bottled water as their main sources for drinking. However, nearly 90 percent of refugees in Kharaz camp and over half of the host communities were found to use public tap water (Figure 22). This indicates that the majority of the households in all locations are less prone to water-borne diseases.



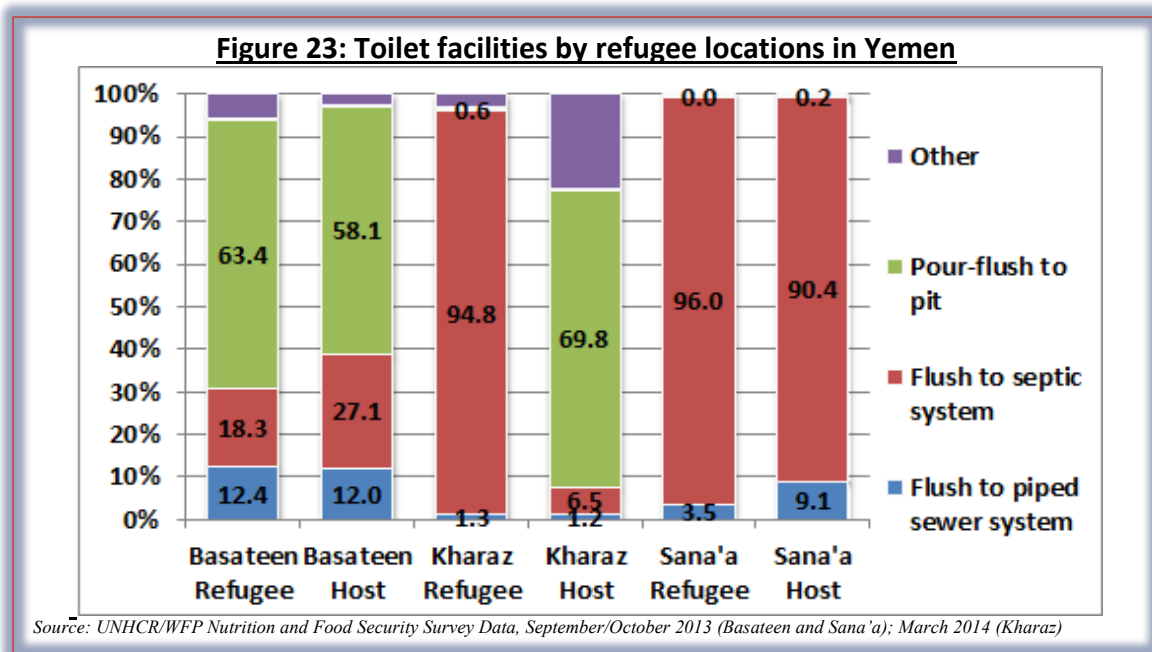
The JAM findings generally indicate that almost all of the households in Basateen are less prone to water-borne diseases. In both Kharaz camp and surrounding host villages, majority of households reported fetching water from improved sources as their source of drinking water compared to those who reported other unimproved sources such as unprotected wells.

According to the FGDs during the JAM, refugees in all locations have access to drinking water from taps located within and around their rented houses but the water supply is irregular with frequent interruptions. Refugee households get water only for few hours in a day and they have to store water in jerry cans which is not enough for their consumption. Water shortage is also a serious problem for host communities. Refugees in Kharaz camp have access to clean water from boreholes 5 hours per day. Drinking water is provided through the camp wells and/or the camp water supply grid, but sometimes smelled bad and included pebbles, as reported by FGD participants.

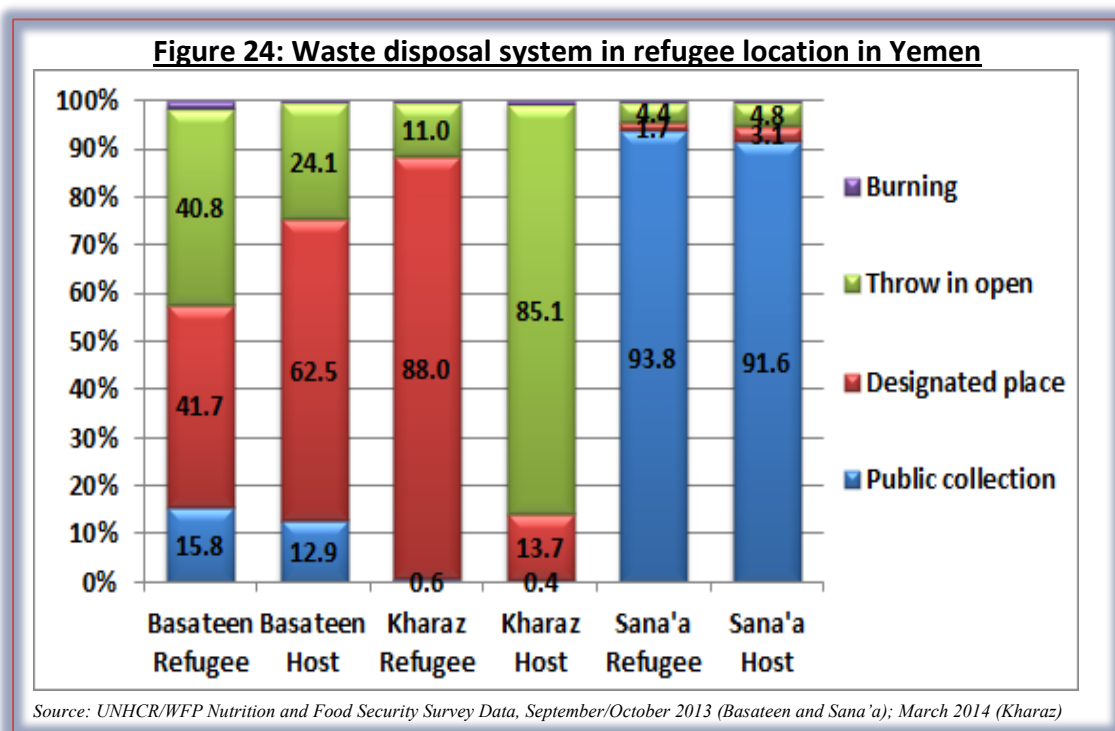
Toilet facilities and waste disposal system

Sanitation facilities are reported to be very poor in the areas where the refugees are living. Garbage collection and disposal system is not well organized and often the refugees end up using an open area close to their houses to dispose their garbage which pollutes the environment and expose them to various health problems. Sanitation reported problems are common challenges in all refugee settlement areas.

The 2013 UNHCR/WFP joint survey data reveals that almost all of the surveyed households in all the refugee areas use toilets fitted/equipped with flush systems of different types. The main type of toilet facility for those households from Sana'a (both refugees and the host communities), as well as refugees in Kharaz camp is flush to septic system as reported by 90 percent of the respondents in those areas. "Pour-flush to pit" is the main type of toilet facility for those living in Basateen area (63 percent for refugees and 58 percent for the host communities) – Figure 23.



Regarding the solid waste disposal system being used by households, the survey results show that public collection is the most common in Sana'a as reported by 92 percent and 94 percent of the host and refugees, respectively. However, for households in Basateen area disposal to designated place is reported to be the main system among both the refugees and the host communities. Close to 90 percent of the refugees in Kharaz camp, dispose their waste in designated places. About 41 percent of the refugees and 24 percent of host communities in Basateen dispose of their waste in open areas (Figure 24). This could potentially lead to communicable diseases. A high proportion of households in Kharaz camp using improved toilets and safely disposing of excreta of children under the age of three years compared to low proportion of households in host villages.



Hygiene practices among the refugees are very poor due to shortage of water and overcrowding of their houses creating unfavorable conditions for proper hygiene. Consequently, refugee families and their members are vulnerable to communicable diseases.

4.5 SUPPLY CHAIN MANAGEMENT AND LOGISTICS

WFP operates three warehouses. Two are located in Aden and function as central warehouses while the third is the FDP situated in Kharaz camp. Overseas shipments are received through two seaports: Mukalla and Aden Container Terminal (ACT). Stock levels are revised on a daily basis through record keeping, waybills, and WFP's Commodity Movement Processing and Analysis System (COMPAS) with pipeline tracking system. Food is released from the WFP warehouses to the targeted centres upon receipt of a signed and stamped food request from UNHCR. Quantities are determined by ration size and the number of beneficiaries. After WFP certification and approval, the LTI numbers are assigned and food is released. Food is delivered to the IPs stores in large loading trucks. Food is delivered to distribution sites in small trucks and wheelbarrows.

Pipeline management involves monitoring the actual and planned shipping schedules against the in-country stock levels and expected usage rates. It monitors by analyzing reports from ports and in-country storage facilities. Stock position is the overall food stock status derived from figures of receipt and distribution. Pipeline break/delays are circumvented with all possible and available resources. This includes invoking budget revisions to meet the monthly food requirements at the different distribution points. It involves timely preparation of related documents and reports on stock movement, dispatch sizes and distributions.

While the supply chain management and the logistical operations have been working well in general, there were some reported incidences where the food delivery to reception areas was interrupted as a result of security problems and the continued civil unrest in the country. Transportation of the food commodities to the final destination points was sometimes a significant challenge, as the security situation forced to change routes that had major cost implications.

4.6 INCOME/LIVELIHOOD OPPORTUNITIES AND DURABLE SOLUTIONS

Education and skills development

According to the results of the FGDs, education in Yemen is similar to that in Somalia. Children from the refugee families have free access to government schools. Despite this encouraging situation, however, many refugee children do not go to school or drop out because of the desperate situation of their families, which requires them to engage in child labour activities to support low-income families. This was indicated as the most common problem that will have generational negative impact. As a result of the school feeding services provided by WFP and other NGOs, the majority of children in Kharaz camp are



enrolled in schools located within and outside the camp. Similar incentives in Basateen area have attracted students from refugee families to attend schools. However, some refugee families felt that the education system was better in Somalia than in Yemen due to language barriers.

On the other hand, some participants of the FGDs in Sana'a and Basateen area reported that many refugee families prefer to teach their children how to beg and engage in child labour activities in order to generate income rather than sending them to school due to their high level of poverty and inability to survive. This feeling has originated from frustrations and desperation of lack of any form of humanitarian assistance for refugee families living in the urban areas of Sana'a and Basateen.

Information from the FGDs among the youth refugees referred to skills development training and some other technical, as well as vocational learning opportunities, particularly in Kharaz camp and Basateen, implemented by NGOs like INTERSOS and ADRA. Some high school graduates get scholarships from local and international NGOs to continue their academic studies. A number of household members receive technical training in order to reinforce the prospects of income-generation. However, they face difficulties in finding work and utilize their skills in meaningful employment activities which, according to them, is a waste of effort and resources. The JAM teams witnessed that most of the Kharaz youth refugees are indeed idle even those who graduate from universities.

As felt by the youth FGD participants, access to education in Yemeni universities is not enough for youth refugees, if they are not linked with practical applications in the employment market and improve their lives/wellbeing. Lack of social facilities specialized for youth such as social and cultural clubs and youth facilities, as well as the prevailing high level of unemployment among the youth refugees are also seen as among major challenges faced. Deprivation of youth from abroad scholarships was also reported as discriminatory practice that talented youth refugees participated in the FGDs complained much about.

Income/livelihood opportunities

Most of the refugees from Somalia indicated that they were engaged in various livelihood activities when they were in their home country. The main livelihoods and income-generating activities they were engaged in generally include small trade, animal husbandry, agriculture, skilled salary employment, and wage labour. The refugees, who come from urban areas, used to earn money from self-employment such as mechanics, carpenter and other business. A few of them were also working as teaching, accounting, and engineering and para-medics. In addition, those came from rural areas worked as farmers or pastoralists. However, the refugees have no or very limited job opportunities here in Yemen. Some of those in Kharaz camp have been engaged in small business, hand crafts, and begging in order to supplement their rations which they reported is inadequate. A minority is hired by NGOs working in the area.

On the other hand, the majority of refugees in Basateen and Sana'a are struggling and trying their best to find some earning opportunities through any available means, as they are not receiving any humanitarian assistance and have to cover their food and non-food needs by themselves. Some of the activities they are working on include fishing, small trading and businesses (such as jewellery trading), begging, craft work, butchery, hair styling, caregiver, livestock marketing, health services, teachers, garbage collection, and salaried employment with NGOs.

Some refugees in Sana'a and Basateen have also been engaged in selling clothes door to door, wage labour, domestic work (as maid for women and guard for men), and car washing for men. A small number of young refugees work in hotels, hospitals, restaurants as cleaners, work in private hospitals as nurses, or work as money collectors in the buses. Some also support their livelihoods through some remittances, borrowing, begging and other desperate/harmful activities such as commercial sex.

Regarding trade, some of the refugees in Basateen are engaged in informal contraband trade activities by bringing in clothes, as well as some goods like honey and butter/oil to Basateen from Somalia and sell them in local markets in Aden and surrounding areas including Kharaz camp and earn some income. Most of the businesses in Kharaz camp are owned by the host community and the employed refugees earn a certain percentage from the profits.

As most of the refugees in Sana'a and Basateen urban area do not receive any food or non-food assistances, they rely on themselves by doing various kind of available jobs indicated above. The skilled or craft worker can find jobs in urban areas, but they often lack documentation, and work permits, which limit their access to any job opportunities that help them to be self-reliant. The refugees collectively requested the JAM teams to inform decision makers within the government, as well as UN agencies to help them get a work permit so that they can legally engage in more gainful activities.

During all the FGDs, refugees stressed that all their incomes from different activities are not enough for any normal living. The majority, particularly those living in urban areas without any support, have reported as living in misery and destitution. Consequently, many are willing to go back to their home countries, whatsoever challenges awaiting them.

Durable solutions

For refugees there are three options for durable solutions:

- Voluntary repatriation to the country of origin;
- Local integration in the country of asylum; and:
- Resettlement to a third country.

For refugees in Yemen, these options are currently limited. Refugees in Basateen and Sana'a said that if more assistance is not made available, then they prefer to get a repatriation package and return to their countries of origin and face whatever challenges awaiting them. They urged UNHCR to look for other viable durable solutions to be implemented. They also mentioned some other remedies such as relocating them in other urban areas, where work opportunities are available.

According to the information from Kharaz camp manager, there are several challenges related to the livelihoods and self-reliance activities, as well as for any durable solution. The camp is located in an area which is predominantly arid (almost no rains in the area where it receives only 2-3 days of rains in a year) making it impossible for refugees to engage in crop-production. Moreover, the area is located very far away from towns and cities where small business and urban job opportunities are not viable livelihoods options. Insecurity is reported as another challenge limiting the movement of the refugees for any daily labor and other income-generating activities.

As a result, the refugees have no other income sources other than the ongoing food and non-food assistance. Other challenges include limited options to durable solutions such as voluntary repatriation, integration within the host communities and resettlement to third countries. The latter is extremely limited in number. Despite the ongoing threat in their country of origin, many refugees have expressed interest to return home, which appears to be a decision out of desperation and lack of vision.

4.7 SECURITY/PROTECTION AND RELATIONSHIP BETWEEN REFUGEES AND HOST COMMUNITIES

Refugees are becoming increasingly vulnerable to security threats due to the current instability in Yemen. As the security facilities of the country are currently overwhelmed with various prevailing challenges, protection of refugees has been compromised. Participants of the FGDs reported several incidents of gang attacks by break-in to refugee homes and theft of their money and properties, as well as kidnapping and shooting people who resist. Police response towards those incidents and criminal activities is very weak.

Some were heard saying that the whole reason why they fled to Yemen was to escape from war in their country that threatened their security and now they are even in a worse situation. As a result, many want to be repatriated to their country of origin. All persons with specific needs in Kharaz camp have access to the most needed social services and protection by government and non-government organizations such as INTERSOS.

Refugees have reported as having very good relationship with Yemenis at all levels. They visit each other and share social events together. Some refugees even married Yemenis from the host communities which is believed to prove the healthy relations the two groups have. The refugees and host communities have good interactions in markets and also support each other in difficult times. The group acknowledges no tension between the host community and refugees in Kharaz camp.

However, there are concerns about potential disputes with the host community as they are equally poor and not getting assistance like the refugees. There were such incidences that led to suspension of activities due to protests by host communities around Kharaz camp, who had prevented UN staff from entering the camp facilities/offices.

Additional issues raised by refugees during the FGDs

- Educational systems and curricula should be linked to with the job markets.
- Coordination with the concerned authorities in the government for using governmental facilities for operating and activating youth training programs.
- Establishment of a local association that addresses youth issues and requirements in the community of refugees.
- Forming a community committee for coordination with the concerned authorities to ensure the security situation in Al Basateen Community.
- Adoption of new programs that reinforce income-generation and self-reliance among Kharaz camp
- Improving security situation, especially around Kharaz camp
- Review of distribution plans to avoiding long queues during distributions and open another window for specific needs of older persons and pregnant and lactating women.
- Improvement of health and medical services in Kharaz camp and Sana'a.
- Provision of needed equipment for Kharaz health clinic.
- Adoption of programs catering to youth qualification, building their capacities and integrating them with the job market.
- Coordination with Yemeni government to increase the number of scholarships among youth refugees.

Issues raised by host communities who were involved in FGDs

The group from the host community reported general problems they faced due to lack of services and disagreement with some NGOs in the camp. The host community raised the below points:

- Create bridges of trust and communication between the host community and UNHCR on refugee issues.
- Provide emergency services to save the host community and the community of refugees from the sewage problem in the camp and consider to change the location.
- Increase job opportunities for the people from the host community with committing UNHCR and its partners on reducing employment from outside villages that surround the camp.
- Support the school “Hoeireb” where refugee students study by providing stationery materials, electricity, furniture, and scholarships.
- Support the other neighbouring villages to the camp with electricity (there are 9 villages).
- Support undergraduate students from the host community.
- Support low-income families in the neighbouring villages with houses and provide agricultural development programs.
- Support orphans and children with disabilities with appropriate and relevant development programs.
- Activate “school feeding programme” for girls to encourage them to attend school, and support literacy programs.
- They share their concern regarding the security situation in the camp with regard to the smuggling of provoking drugs which may affect the behaviour of their children in addition to human trafficking.

4.8 COORDINATION AND PARTNERSHIP

There is a good level of coordination among Government sectors, UN agencies and partners at camp, and urban levels in targeting increased levels of assistance to refugees. UNHCR partnerships and coordination with the GoY counterparts at the Ministerial level with the Ministry of Foreign Affairs, under the National Committee for Refugee Affairs (NACRA), and with the Ministry of Interior/Department of Immigration has led to the improvement of the protection space and continuation of the registration process for Somali refugees.

UNHCR has also established an operational partnership with the Ministries of Public Health and Education and Technical/Vocational Training. The MoPHP provides preventative and curative health services of family planning, TB, HIV/AIDS, routine vaccination, and including refugees in national and sub-national vaccination campaigns. UNHCR has renewed the MoU with MoPHP, which will facilitate mainstreaming of health services for refugees within public health facilities. UNHCR also has signed a MoU with the MoTEVT to include more refugees in vocational training institutions.

WFP/UNHCR has signed a Joint Project Agreement (JPA), which serves as a frame for yearly activities. UNICEF has signed a MoU with UNHCR for specific areas of intervention and provision of technical support for refugees in Sana’a, Aden and Basateen. Refugees have access to health facilities and schools.

UNHCR has an implementation agreement with a number of national and international NGOs as partners in a series of support programmes, including: health and nutrition services, WASH, general

food distribution, GBV prevention and response, child protection, social counseling, assistance for persons with specific needs and micro-credit schemes. UNHCR SO Aden conducts monthly IP Coordination meeting where all information is shared amongst the partners.

UNHCR continues to be an active member of the UN Thematic Group on HIV/AIDS, which has helped strengthen the national framework on HIV/AIDS. In addition, the group conducted joint advocacy effort with the relevant authorities on policy statement on HIV testing; addressing the current challenges concerning the mandatory HIV and hepatitis testing and ensuring appropriate access to voluntary HIV testing and counseling in a manner that mitigates stigma and discrimination related to HIV/AIDS, and safeguards the human right of refugees.

5. CONCLUSION AND RECOMMENDATIONS

5.1. CONCLUSION

Due to the ongoing civil war in Somalia, Somali nationals continue to flee their country and enter Yemen. Political and economic reasons are enticing several thousands of Ethiopians and Eritreans to cross into Yemen hoping to reach the oil-rich Gulf States, mainly Saudi Arabia, though often they cannot make it and end up settling in Yemen. Despite the deadly hardship they face during the journey, due to the encouragement and false promises by the human traffickers, many continue to head to Yemen and hundreds have lost their lives during the perilous journey.

Although there have been several efforts by the regional governments, smugglers through their strong ties and networks keep their lucrative industry going at the expense of innocent lives of desperate and destitute migrants. As a result, the number of illegal migrants and those who are given refugee status is growing every year. By the end of 2014, the number of refugees in Yemen was estimated to be over 257,600 of which some 104,000 are registered refugees. The number of registered refugees in Kharaz camp is currently 16,500 and the majority have lived in the camp for more than 20 years. The majority live on humanitarian assistance. About 80 percent of the refugees in Yemen are living in Basateen slum area in Aden and Sana'a. The mandatory HIV and hepatitis testing requirement for issuance and renewal of IDs leave many of them with expired ID cards.

The ongoing well-coordinated food assistance and nutritional interventions in Kharaz camp since the beginning of 2013 has resulted in a remarkable improvement of the nutrition situation of refugee children – reducing the malnutrition rates to their current record lowest level. The achievement is totally attributable to the concerted efforts in delivering the required support. However, as the refugees in the camp are entirely dependent on humanitarian assistance, any disruption of the interventions could reverse the gains. On the other hand, refugees in Basateen are receiving limited assistance resulting in the deterioration of the level of malnutrition which is caused by the high levels of prevalence of diseases coupled with high levels of food insecurity. The rate of malnutrition among refugee children in Sana'a is very low despite the high level of prevalence of diseases and high food insecurity situation coupled with lack of assistance.

Health related problems are still among the main challenges for the refugees both in the camp and elsewhere. The WASH facilities are still insufficient to meet the requirements of the refugees. Shelter conditions also contribute to the desperate living situation of the refugees creating a conducive environment for communicable diseases. The high prevalence levels of anaemia, diarrhea, URTI and LRTI in all refugee locations remain worrisome and could lead to deterioration in the level of malnutrition.

Despite the regularly ongoing food assistance, the level of food insecurity of refugees in Kharaz camp is very high. Among the main reasons for the high level of food insecurity for refugees include sale of part of rations to cover other expenses (which leads to the food rations to last only for 2-3 weeks), limited food varieties in the food aid ration, growing number of family members and sharing of ration with non-beneficiaries (non-registered refugees), and lack of job opportunities to supplement the food aid. Although refugee households in the camp have high levels of food insecurity, malnutrition rates among children is very low, which could be a result of favoring them in feeding/meals at the expense of other family members, as well as other special nutritional programmes benefiting children. The situation in Sana'a and Basateen is not any better and are suffers from serious food shortages. Refugee families are consequently obliged to use negative coping strategies that include reducing the meal size and the number of meals, borrowing, begging, taking children out of school for child labour and engaging in dangerous practices such as commercial sex.

Food and non-food assistance supply management and logistics seems to be working well, though there are complaints by refugees on the delay and quality of aid commodities. There is also a good level of coordination and partnerships among implementing partners.

Lack of viable self-reliance activities and livelihoods opportunities poses the most serious problem to refugees in all locations who are suffering from low income. This issue has been raised since the 2009 JAM with specific recommendations, which have not been adequately addressed. Although there are some skills development activities, they have had very minor impact in terms of offering the refugees any gainful employment opportunities. Refugees in Kharaz camp have no means of obtaining any income-generating activities, as the camp is located in a remote area and within the highly food insecure governorate of Lahj. Many refugees in Sana'a and Basateen are engaged in low-paying types of jobs such as car washing, housekeeping, garbage collecting, etc. The income from such jobs is not enough to support the refugee families and therefore exposes to several life-threatening challenges coupled with the impact of the civil unrest and conflicts in Yemen. Consequently, most of the refugees would like to return to their countries of origin and face life challenges in their home country with whatever fate awaits them. Opportunities for durable solutions have been very limited and refugees have apparently lost their hopes, though they have good relationships with the host communities, which could have been an encouraging basis to facilitate options for their effective local integration given their stay in Yemen for over 20 years.

5.2. RECOMMENDATIONS

Based on the conclusion of the JAM outlined above, the following key recommendations are suggested for considerations of required actions to improve the life conditions of refugees in Yemen.

- Review the camp population figure and design a mechanism for updating the numbers. UNHCR continues to advocate for exemption of refugees from mandatory HIV and hepatitis testing and promote unconditional issuance and renewal of ID cards.
- The ongoing nutritional interventions need to be continued and scaled up in order to maintain the low level of malnutrition in Kharaz camp and to reduce the high malnutrition rates in Basateen.
- The shelter and WASH facilities at Kharaz camp should be better maintained to curb associated health problems.

- Beneficiary numbers need to be revised in order to address the food needs of those who are not targeted and are sharing rations with the current beneficiaries and avoid dilution of rations so that the intended nutritional impact can be achieved.
- Non-food requirements of the refugees are to be adequately addressed to avoid food sales to meet other needs (medicines, school exam fees, kerosene etc.).
- The issues of viable self-reliance opportunities for the refugees need to be addressed through a well-designed and durable livelihoods support systems and activities. Some of the skills development initiatives are good but they are not taking the refugees to any better opportunities, unless they are linked with concrete gainful and marketable livelihood activities.
- For those refugees who are determined to opt for voluntary repatriation, all the necessary pre-conditions have to be assessed and repatriation package assistance need to be planned together with authorities in their home countries.
- Further study need to be conducted to better understand issues related to durable solutions and explore complementary cash transfers for refugees – for which market assessments should be conducted.
- Finally, it is crucial to develop a time-bound Joint Plan of Action (JPA), with clearly defined tasks and responsibilities delegated to specific concerned agencies.

6. ANNEXES

Annex 1: List of main references and data sources used for the JAM

Annex 2: Organizations participated and Teams Compositions for the JAM Field Work

Annex 1: List of main references and data sources used for the JAM

1. UNHCR/WFP: Joint Nutrition and Food Security Survey on Refugees in Yemen, 2013/14.
2. UNHCR/WFP: 2012 JAM Report.
3. UNHCR/WFP: 2009 JAM Report.
4. WFP: 3rd Comprehensive Food Security Survey in Yemen, 2014.
5. WFP: Post Distribution Monitoring (PDM) Survey 1st Round in 2013, July 2013.
6. WFP: Post Distribution Monitoring (PDM) Survey 2nd Round in 2013, Dec. 2013.
7. UNHCR: Anemia, Infant Feeding and Anthropometric Survey in Kharaz Refugee Camp and Surrounding host villages - July 2010
8. WFP: Monthly food distribution data archive from January 2013 to December 2014.
9. UNHCR: Anthropometric, Retrospective Mortality and Hemoglobin Measurement Survey 2009
10. GoY: Unpublished official refugees' registration documents.

Annex 2: Organizations participated and Teams Compositions for the JAM Field Work

The 2014 JAM field work took place between 15 December and 27 December 2014. Organizations participated in the JAM include:

- UNHCR Yemen Country and Field Offices
- WFP Yemen Country and Sub Offices
- Government Counterparts
- Implementing Partners

Two teams were organized to cover all the field work. The composition of the teams was as follows:

Team One:

1. Dr. Elrasheed Idris, Public Health Officer (UNHCR – Sana'a) – Team Leader
2. Mr. Ahmed Ismail, National VAM Officer (WFP – Sana'a)
3. Dr. Wafa Al-Shaibani, Public Health Associate (UNHCR – Sana'a)
4. Dr. Gamal Almagali, Senior Programme Assistant (WFP – Aden SO)
5. Ms. Mona Alhajj (UNHCR – Sana'a)
6. Mr. Nabeel Al-Wajeh (Senior Field Monitor) (WFP-Aden SO)
7. Fatwan (NASCRA)
8. Abdurahman Fadaaq (UNHCR - Aden)
9. Mr. Aselal (Gov. Health Office)
10. Mr. Negash Bekele – Head of Field Office (UNHCR - Kharaz)

Team Two:

1. Mr. Endalkachew Alamnew, VAM Officer (WFP – Sana'a) – Team Leader
2. Dr. Sameera Banwair, Public Health Associate (UNHCR – Sana'a)
3. Mr. Nasser Al-Khawlani, Senior Programme Assistant (WFP – Sana'a SO)
4. Mr. Anwar Hamdan, Logistics Assistant (WFP-Aden SO, Kharaz Camp)
5. Mr Gezaialan Al Kudimy (BRA)
6. Ms. Aisha M. Saeed (UNHCR Aden)
7. Laila Abubaker Bashumaila (Government, Office of Social Affairs and Labor-Aden)
8. Abdurahman Mana'a (NASCRA)
9. Dalia Ali (UNHCR Aden)
10. Dhaya Almeyoni (UNHCR Aden)