

# Yemen

## August 2020

The operation continues to be constrained by severe underfunding, currently allowing UNHCR to address just half of identified needs. Some essential programmes will be shut by September, if additional funds are not received by then. The current emergency shelter and NFIs stocks will be depleted in a matter of weeks.

The number of suspected cases and deaths related to COVID-19 continues to overwhelm the country, compounded by stigma against refugees and IDPs, lack of loss of socio-economic opportunities, limited testing and health care.

Close to 23,000 families in 2020 have been displaced at least once by the ongoing fighting or floods, causing further strain and conflict with the already impoverished host families. This year, some 500,000 people have been affected by the rain leaving most of them with no adequate shelter.

## FACTS AND FIGURES

**24.3 million** people in need

**14.4 million** in need of protection assistance and services.

**3.65 million** Internally Displaced Persons (IDPs)

**1.28 million** returnees (IOM/ March 2019)

**66,499 families** displaced in 2019.

**22,905 families** newly displaced in 2020, at least once. (IOM/DTM, 12 September 2020)

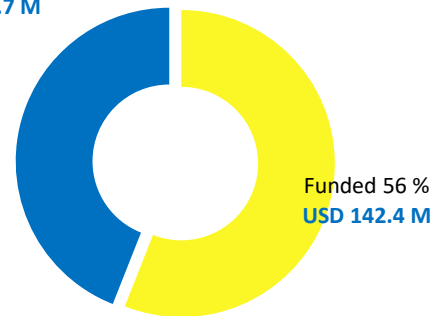
**More than 80 % of IDPs** displaced for over a year

**283,898** refugees and asylum-seekers, mainly from Somalia (90 %) and Ethiopia (5 %)

## FUNDING (AS OF 14 SEPTEMBER 2020)

**USD 252.1 M\*** required for the Yemen operation, including the additional response for COVID-19.

Unfunded 44 %  
**USD 109.7 M**




UNHCR is working with 280 refugee and IDP tailors country-wide to produce reusable face masks to guard against infections including COVID-19. The provision of raw materials, training and production, including of masks for children, results in 15,000 masks being produced in a month. They were distributed to displaced families and vulnerable host communities as part of hygiene kit distributions, and the tailors were given cash in exchange of their work, thus providing financial support to extremely vulnerable families.

A child in Ibb smiles broadly with her new facemask.  
 © UNHCR/ Jamal Al-Barea, Ibb, August 2020.


## Operational Context

**The Yemen Humanitarian Response Plan (YHRP) 2020 remains critically underfunded** at 37.5 % (as of 21 September), out of the USD 3.38 BN requested. The initial five strategic objectives of the YHRP have been reduced to three – infectious disease, hunger and protection to help prioritize interventions and funding allocated.

**Major UNHCR programmes, some the only lifeline to vulnerable refugees and IDPs, are in immediate danger of cuts if additional funding is not received by September.** Emergency shelter upgrades to more sustainable solutions and cash for extremely vulnerable IDP families who have been affected by COVID-19 have been put on hold, directly impacting 412,000 refugee and IDP families. Emergency distribution of shelter kits, basic household items, cash support for rent, food and medicine, protection support such as basic healthcare and livelihood support for refugees, and legal assistance and psychosocial support for IDPs, will soon be drastically reduced to target only but extremely vulnerable persons.



 **Protection for refugees, asylum-seekers and IDPs** UNHCR continues to **identify the most vulnerable displaced people** by conflict, persecutions, flooding, and now, affected by COVID-19-related restrictions. Up to August, some 55,845 IDP and 3,930 refugee families were assessed, including families headed by women or children, the elderly with no other means of support, persons with disabilities, survivors of gender-based violence (GBV) and children at risk of violence. UNHCR's **legal assistance and counselling** helped 15,660 IDPs and 2,300 refugees including those with disabilities, and 6,806 IDPs were helped with **national IDs or birth certificates**. **Furthermore, psychosocial counselling** assisted 13,940 IDPs and 3,700 refugees, including women, children and those with disabilities.

- COVID-19 continued to negatively impact the physical and psychosocial safety and worsen the socio-economic vulnerability of displaced families. This is manifested by reports of increased psychological anxiety, loss of livelihoods or reversals of traditional roles that led to increased domestic violence. UNHCR continues to provide a range of support including psychosocial counselling for the affected families and awareness-raising sessions on prevention measures.
- UNHCR and partners started to resume some of their regular protection programmes that were previously halted due to COVID-19 prevention. The Family Centre activities, physiotherapy service and collective awareness raising sessions resumed, albeit with limited numbers, full use of personal protective equipment (PPE) and keeping physical distance where applicable. Meanwhile, guidance for home psychosocial support mechanisms were developed by WHO and UNICEF for those who could not attend the activities due to limits on numbers.
- UNHCR partners continued to manage several WhatsApp message groups to alert displaced families on COVID-19 prevention measures, and to distribute leaflets. While face-to-face counselling on protection cases has not resumed yet except for urgent cases, UNHCR increased protection hotlines more than three-fold since April.


 **Registration of refugees and asylum-seekers** Refugees from Somalia (90 % of the refugee and asylum-seeking population in Yemen), and asylum-seekers from Ethiopia (five %) and other

countries such as Syria continue to be **registered and issued documentation** in areas under the internationally recognised Government of Yemen (GoY) in the south while registration by the *de facto* authorities (DFA) had been stalled a year back. Ongoing discussions are proceedings on the resumption of these registration activities in the north. In 2020, **8,500 IDs for refugees, and 466 birth certificates**, were issued.


- The south of Yemen as the major entry point for mixed population movements, UNHCR and partners are continuing active surveillance and thermo-scanning for COVID-19-like symptoms at the four registration centres. Since the new procedures were adapted for COVID-19 prevention measures, more than 26,000 screenings have been conducted. Those with symptoms were referred to health services supported by UNHCR.

  **Durable solutions for refugees** Yemen refugees, despite their high needs, have extremely limited options for durable solutions, while ongoing discrimination, rising xenophobia and the down-spiralling economy make local integration difficult. However, resettlement is a limited option for the 283,000 refugees and asylum-seekers with many of their needs which cannot be addressed in Yemen. For the Somali refugees, UNHCR has been facilitating the return of more than 5,400 **Somali refugees under its Assisted Spontaneous Return (ASR)** programme since 2017 and exploring similar options for **Ethiopians**.

- The Somali borders re-opened in August, after four months. UNHCR resumed the information distribution at the refugee help desks (RHD) in Basateen neighbourhood, Aden governorate and Kharaz refugee camp on 19 August. Discussions are still ongoing with UNHCR Somalia and the authorities about the requirements to resume the ASR programme.


 **Cash-Based Interventions (CBI) for refugees and IDPs** In its sixth year of conflict, the displaced communities within Yemen in particular, continue to struggle to find decent livelihoods opportunities. A recent assessment on the lives of 233,000 IDPs, returnees and impoverished host communities revealed that most (95 %) of the families (172,000) reported to have no income (74 %) or less than 25,000 YER/40 USD (21%) per month. Unsurprisingly, an exponentially growing number of refugees and IDPs are entirely dependent on external support. UNHCR provides **monthly or one-off cash support**, depending on the need while facilitating the largest cash support for IDPs in Yemen.

- To date, 475,000 IDPs and 30,000 refugees received **cash assistance**, and by the end of the year, 1,300,000 IDPs and 40,000 refugees will have received additional cash for a total of close to USD 50 M, including our seasonal response for the winter and the ongoing COVID-19.
- UNHCR continues to follow COVID-19 mitigation measures at the banks, such as increased the number of tellers at banks, number of payment points, setting up hand-washing stations and adjusted cash collections to avoid overcrowding.
- However, the lack of funding has a serious impact on the cash programme in Yemen, and 35,000 refugee and IDP families may not receive cash for winter support which would allow them to buy extra clothing, fuel for heaters and shelter adjustments during the frequent frost and snow. Furthermore, some 47,400 refugee and IDP families in Yemen will forego cash interventions to strengthen their resilience from the health and socio-economic impact of COVID-19.


 **Shelter and basic household items** As the Shelter Cluster lead for IDPs in Yemen, UNHCR is the provider of the last resort of emergency shelter and basic household items such as

mattresses, kitchen sets and solar lamps. UNHCR also takes lead in producing emergency shelter kits that are adapted to the local weather and locally procured materials, contributing to the local economy and assisting recently displaced individuals to become self-sufficient. Lastly, UNHCR upgrades emergency shelters that are designed to last up to six months to a more durable solution to provide a dignified, sustainable shelter for up to five years.

- In August, a total of 42,070 IDP and 8,810 refugee families were provided with emergency shelter and basic household items support. Most of the assistance were distributed in Hudaydah and Hajjah for the IDPs where high number of displacements still occur.
- Since early 2020, UNHCR support IOM activities in Marib where 40 % of new displacements took place in 2020. In addition, heavy rain and floods had a larger impact than in previous years. As a result, contingency stocks depleted fast, including partners' stocks, seriously undermining UNHCR's ability to provide timely live-saving support. Lack of funds eventually led to halting all upgrades of emergency shelters to sustainable shelters, placing 125,000 IDPs exposed to extreme weather hazards. If the situation of low funding persists until October, 12,500 displaced families will not receive emergency shelter and 18,750 families will not receive basic household items to sustain their living and left exposed to the cold environment and undignified living.

 **Education for refugees and asylum-seekers** In the 2019/20 academic year, more than **7,000 primary and secondary students**, including 87 students with special needs, and 168 University students are attending education through UNHCR support. UNHCR promotes refugee students' including in Yemeni schools by providing teachers' training and rehabilitating classrooms.


- UNHCR is preparing for the reopening of school year 2020-2021 for the 11,300 refugees and Yemeni children starting from September in the south. UNHCR will assist six kindergartens, primary and secondary schools in Aden and Lahj governorates where refugee students also attend with teaching materials, stationery, non-curricula activities, and maintenance. UNHCR will also provide incentives to over 240 teachers and service staff. The Ministry of Education in the north has yet to announce the resumption of 2020/2021 school year yet, while UNHCR is prepared to assist 3,000 students in primary education, support 20 public schools, and eight literacy centres with equipment, training and reaching materials.

 **Health care and nutrition for refugees and asylum-seekers** The five **clinics supported by UNHCR** country-wide have remained **fully operational** throughout 2020. UNHCR provided primary health care to 46,290 and referred 2,580 patients to secondary and tertiary medical care, including rehabilitation, physiotherapy, provision of prosthetic limbs and life-saving surgery.


- UNHCR provided three ventilators and three anaesthetic machines as part of its effort to support public hospitals in their **response to COVID-19**. The equipment was provided to one of the hospitals in Sana'a where UNHCR refers refugee and impoverished Yemeni patients for secondary and tertiary care. UNHCR also continues to support the construction of a large intensive care unit in the north to accommodate up to 28 patients.
- Each year, UNHCR continues to successfully advocate for the inclusion of refugees in the national health campaigns, such as the oral cholera and anti-polio vaccination that took place last year. The National Diphtheria vaccination campaign in the GoY included 3,700 refugee children between six weeks to 15 years old in Kharaz refugee camp and Basateen neighbourhood, Aden.


- Medical and support staff have been trained to receive suspected COVID-19 cases in a safe and humane manner and have been equipped with PPE. Refugee families have received hygiene kits such as soap, detergent and sanitary napkins for women.
- However, the continuous lack of funding will affect other thousands of refugees who need referrals to secondary and tertiary medical care, which is a crucial gap in UNHCR's health programme.


## Inter-Agency Advocacy by UNHCR

 **Protection Cluster** By June this year, the Cluster reached over 1.2 million people with critical protection services, including cash assistance for protection services, legal assistance and psychosocial support. In several areas including in Marib, Al Jawf, Ibb, Taiz and Al Hudaydah governorates, protection risks are rampant, triggered and compounded by ongoing conflict and displacement, flood and COVID-19; leaving people in great need of protection services. Nevertheless, the Protection Cluster remains largely underfunded, and protection partners are forced to close community centres due to lack of funding. Compared to 35 community centres in 2019, only 17 remain operational as of August 2020; severely reducing people's access to critical protection services.

- **According to the Civilian Impact Monitoring Project report covering January-August 2020**, landmines, unexploded ordnances (UXOs), improvised explosive devices (IEDs) and sea mines have collectively caused 240 civilian casualties, with 43 per cent of the victims being women and children. To reduce civilian casualties caused by explosive hazards and facilitate the free movement of people and goods, Protection Cluster's Mine Action clears, or surveys contaminated land. During the first half of 2020, 1.6 million square meters of land has been cleared or surveyed. In addition, mine risk education is provided to raise awareness of the dangers of explosive remnants of war. As of June 2020, more than 240,000 people including children have been provided with mine risk education.

 **Shelter Cluster** The Shelter Cluster also remains **critically underfunded** with only 15 % out of the USD 230 M required for the entire year. Out of the 7.2 million persons identified to need shelter support, the Cluster was able to target some three million and managed to reach just under one million. The heavy rain that aggravated access challenges persisted in 2020 further limiting the Cluster's ability to respond urgently and adequately. So far this year, the Cluster identified some 500,000 individuals (74,000 families) affected by the weather, with more than half occurring in the last three months. Urgent support is needed to provide critical life-saving shelter and basic household item support to the displaced families in need.

 **Camp Coordination and Camp Management (CCCM) Cluster** Ongoing floods have affected thousands of families seeking shelter in IDP hosting sites. The collapse of Rawnah dam in Amran governorate damaged many IDPs assets, infrastructure, and roads. The Cluster conducted rapid assessments, relocated families to safe areas, referred those in need protection, health and other emergency support and coordinated efforts especially for urgent shelter, food, hygiene and dignity kits for women and girls. UNHCR with CCCM partners continue to respond to several infrastructure and assistance gaps in IDP sites such as waste management, land levelling, shelter repairs, water provision and system maintenance.

 **The Refugee and Mixed-Migration Sector (RMMS - co-led with IOM)** UNHCR remains extremely concerned by the detention and forced relocation of migrants and asylum-seeking and refugee population, in and out of the *de facto* authority's controlled areas.

## Working with partners

- **The Humanitarian Coordinator/Resident Coordinator leads the Humanitarian Country Team (HCT)** composed of UN agencies and national and international NGOs. UNHCR, as part of the UN Country Team (UNCT) and the HCT, continues to collaborate with OCHA which coordinates operations in the country, humanitarian financing, and information sharing.
- **UNICEF** supports UNHCR's protection activities in health, education, and reaches out to children and community members with landmine risk education and organising resilience-building activities for children and caregivers as part of the Protection Cluster programme.
- UNHCR also partners with **UNFPA**, which leads the Women Protection. **UNDP** collaborates closely with UNHCR in implementing community-based projects, livelihood activities, and improving social cohesion and security, under the broader effort to restore public services and foster economic recovery.
- **WFP** collaborates with UNHCR for food distribution in the IDP sites and the Kharaz refugee camp, including through nutritional programmes for children and lactating mothers.
- **UNHCR and IOM co-lead the Refugees and Migrants Multi-Sector** response for refugees and asylum-seekers, and migrants respectively, both in urban and rural settings and in Kharaz refugee camp, maintaining regular interaction with national and local authorities, international and national NGOs and beneficiaries

## External / Donors Relations

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