

YEMEN

12 July 2019


Key figures:


24.1 M
 people in need


3.65 M
 displaced since
 March 2015¹

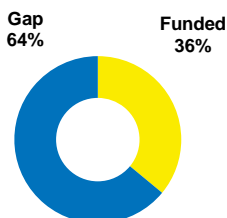
More than 80 per cent have been displaced more than a year

51,343 families since January 2019²


1.28 M IDP
 returnees¹

265,440
 refugees
9,746 asylum-
 seekers

Funding

USD 198.6 M
 required for 2019
 operations



USD 71.7 M received
 as of 3 July 2019

¹ IOM-DTM March 2019
² IOM-DTM 6 July 2019

IDP Response

UNHCR Sub Office (SO) Aden has this year distributed some **13,100 basic household items** and **2,300 emergency shelter kits** to **internally displaced (IDP) families in the southern and central governorates** of Aden, Abyan, Lahj, Taizz, Shabwa, Hadramaut, Al Dhale'e and the southern districts of Hudaydah. Within these areas under the management of SO Aden, the highest numbers of distribution of basic household items were to the recent flashpoint of Al Dhale'e (4,000), followed by Aden (2,500) and the southern districts of Hudaydah (2,266). Over the week, SO Aden, through partner NMO distributed basic household items to 189 families in the southern districts of Ad Dhale'e, Al Hussein and Jahaf in Al Dhale'e governorate. From the countrywide perspective, the highest numbers of basic household items were distributed in Hudaydah (9,706) and for emergency shelter kits, Hajjah (4,094) governorate.

Cash assistance remains a valuable protection tool and UNHCR Country Office Sana'a is currently working on the fourth round of IDP and vulnerable host community beneficiaries for the programme to address their shelter needs through rental subsidies or protection gaps for an estimated 30,000 persons. To date in 2019, some 75,000 individuals have benefitted from the first three distributions, totalling some USD 14 million. The highest number of beneficiaries were from Al Hudaydah (15 per cent), closely followed by Hajjah (14 per cent) and Amanat Al Asiman (13 per cent).

Refugee Response



UNHCR protection team talks with a child refugee (aged 12). The child's father had passed away and he was found in Sa'ada city looking for an opportunity to travel to Saudi Arabia "to find a job to support my family especially my sick old mother". The community where the child is originally from has been informed. He was living with his family in Sana'a and made a living washing cars. UNHCR decided to accompany the child back to his family and provide other necessary protection assistance after a thorough verification.
 ©UNHCR/Jamal Al-Barea.

Child protection continues to be a paramount concern and over the week, six unaccompanied children (UAC) from Ethiopia approached UNHCR and expressed their wish to seek asylum. The children were registered and counselled by UNHCR staff on the available services for UACs, such as care arrangement through a specialized shelter or a foster care family. In the end, three children out of six agreed to be referred to the UAC shelter, managed by the Ministry of Social Affairs and Labour. The others chose to live with friends. All the children will have access to formal and/or non-formal education, referrals for health services and be regularly monitored by the protection partner. The UAC programme is designed so that when the child turns 18 years old, s/he will be prepared to be independent and leave the UAC shelter or foster family. During the first six months of 2019,

a total of 45 Ethiopian UACs (including one girl) were registered by UNHCR of which, ten boys and the one girl joined the care arrangement programme.

UNHCR supports four government-run health clinics: two in Sana'a, and one a piece in the Basateen neighbourhood (Aden) and at the Kharaz refugee camp, Lahj governorate. The clinics treat both refugees and vulnerable Yemenis and during the reporting period, a total of 1,939 refugees, asylum-seekers and Yemenis received medical consultations in Aden and Lahj and 59 medical referrals were made to secondary levels. As a reflection of the ongoing weather patterns, upper respiratory infections were most frequently diagnosed. In Sana'a, a total of 1,150 medical consultations were made at the two facilities there and 93 cases were referred for secondary health care. Chronic cases such as diabetics, kidney failure and liver disease were most commonly identified. The main causes of these illnesses are hereditary, stress, bad diet and other related diseases.

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