

Yemen

April 2020

Yemen is slowly being engulfed by the global pandemic of COVID-19, with more than 130 cases and 20 dead as of 19 May, including a Somali refugee in Sana'a. UNHCR successfully advocated for refugees to be included in the national public health response plan, and provided cash for both refugees and IDPs to buy additional hygiene material and address loss of livelihoods and restrictions of movements

The beneficiary families are being empowered to adopt preventative measures, such as physical distancing and being encouraged to use the handwashing stations installed. UNHCR's partners are present at the borders to ensure refugees are protected including against refoulement. Personal protective equipment (PPE) were distributed to all partners in the field, and distribution modalities have been adapted.

The rainy season had begun in Yemen, starting from the southern governorates. Shelter Cluster's flash report on the torrential rain and floods mentioned that more than 150,000 people were affected in the last two weeks, and more than 5,000 families of them were IDPs. UNHCR provided replenishments of spoilt emergency items, cash for 4,750 families and protection services for the affected individuals.

FACTS AND FIGURES

24.1 million people in need
14.4 million in need of protection assistance and services.

3.65 million Internally Displaced Persons (IDPs) and **1.28 million** returnees (IOM/ March 2019)

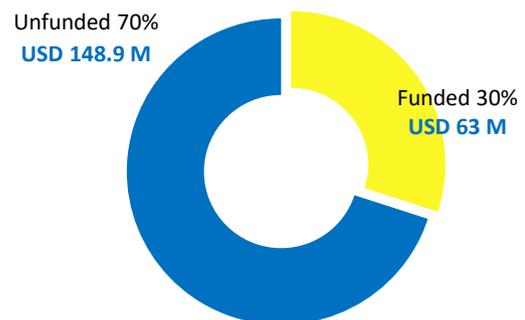
66,499 families displaced in 2019.
13,150 families newly displaced in 2020, at least once.

More than 80 per cent of IDPs displaced for over a year

282,257 refugees and asylum-seekers, mainly from Somalia (90 per cent) and Ethiopia (5 per cent)

FUNDING (AS OF 21 MAY 2020)

USD 211.9 M required for the Yemen operation



It is the second time Taher and his family of seven children have been displaced. They arrived in Marib two days back.

"For now, I can't see what's ahead. I don't know how I am going to make it, but I hope to find a job soon and build a home here for me and my family and send the kids back to school" © UNHCR/Marie-Joelle Jean-Charles, Marib, March 2020.

Operational Context

- **Yemen remains to be the ‘World’s Worst Humanitarian Crisis’ for its third year. It now entered its sixth year of conflict that continues to lead to deaths and forcible displacements and increases protection and socio-economic vulnerabilities of a population already at risk of malnutrition, cholera and now COVID-19.** The Global Humanitarian Response Plan was relaunched, on 7 May, increasing Yemen UN Country Team’s request from USD 3.2 BN to USD 3.38 BN and will be updated monthly following the swift changes in the field.
- **Fighting in Marib, Sana’a, Al Jawf, Al Hudaydah and Aden in the first months of 2020 undermined confidence in Yemen’s peace deals.** The Government of Yemen (GoY) publicly withdrew from the ceasefire monitoring committee in Al Hudaydah. Implementation of the Riyadh agreement stalled with the Southern Transitional Council declaring self-administration and a state of emergency starting from midnight 25 April in the areas under their control.
- **The first positive case of COVID-19 in Yemen was announced on 10 April. The outbreak is now believed to spread rapidly across the country infecting more than 100 and killing 15, including two registered Somali refugee in Sana’a and Aden on 28 April and 5 May, respectively. UNHCR is scaling up its COVID 19 prevention and response.** The World Health Organization (WHO) recently warned that Yemen, with half of its health facilities destroyed and 93 per cent of the country’s medical equipment out of service, is very likely to have an ‘explosion’ of COVID-19 cases.

 **Protection for refugees, asylum-seekers and IDPs** UNHCR continues to **identify the most vulnerable displaced people** by the conflict, persecutions, flooding, and affected by COVID-19 prevention measures. Up to April, some 37,000 IDP and more than 2,200 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 counselling** helped 16,000 IDPs and 1,330 refugees, to get their **IDs and birth certificates. Furthermore, psychosocial counselling and psycho-medical treatment** assisted 6,650 IDPs and 2,530 refugees, especially women and children.

- To address risks linked to the COVID-19 pandemic, refugees and IDPs have been encouraged to adopt different behaviours such as social distancing and hand-washing through awareness-raising sessions and communication material widely disseminated to communities (door-to-door) and in community/family and health centres. UNHCR expanded its 24/7 protection hotlines, while only urgent face-to-face interviews are conducted upon appointment. Large crowd activities (education, activities in family centres) have been suspended. Legal assistance, psychosocial support and referrals are ongoing.

 **Durable solutions for refugees** Since 2017, UNHCR has been facilitating the return of more than 5,300 **Somali refugees under its Assisted Spontaneous Return (ASR)** programme and exploring similar options for **Ethiopians. Resettlement** cases for extremely vulnerable refugees with urgent needs that cannot be addressed in Yemen are processed, though the number of quotas from resettlement countries does not meet the high demands.

- In view of travel limitations imposed globally to fight the COVID-19 pandemic, all ASR travels have been suspended, though the office continues to counsel and register those

for future departures once borders open again. There is currently no resettlement quotas although UNCHR continues to identify resettlement cases and advocate for submissions.

 **Registration of refugees and asylum-seekers** Refugees from Somalia (90 per cent) and asylum-seekers from Ethiopia (five per cent) and other countries such as Syria continue to be **registered and issued documentation** in areas under the internationally recognised Government of Yemen (IRG) in the south while registration by the *de facto* authorities (DFA) had been stalled since last year. In 2020, 4,650 refugees, including 320 birth certificates, were issued.

- UNHCR trained community-based health workers to undertake COVID-19 prevention measures, including temperature screening of new arrivals in IRG registration centres and equipped staff with basic personal protective equipment (PPE).

 **Cash-Based Interventions (CBI) for refugees and IDPs** While most of Yemen is struggling to survive as the country enters its sixth year of conflict and decent **livelihoods opportunities** are scarce, an exponentially growing number of refugees and IDPs are entirely dependent on external support. UNHCR provides **monthly or one-off cash support**, depending on people's needs (by April, 56,500 IDP families and 6,640 refugee families).

- As a COVID-19 mitigation measure, UNHCR increased the number of tellers at banks, doubled the number of payment points, set up hand-washing stations and spaced out cash collections to avoid overcrowding. UNHCR provided cash to refugees and IDP breadwinners who lost their jobs as an effect of COVID-19 measures (three-month value).

 **Shelter and basic household items for IDPs** As the Shelter Cluster Lead for IDPs in Yemen, UNHCR is the main provider of **emergency shelter** and basic household items such as **mattresses, kitchen sets and solar lamps** (up to April, 20,230 IDP and 8,810 refugee families).

- To mitigate risks of COVID-19 infection during emergency item distributions, UNHCR is adopting house-to-house distributions whenever possible enhanced crowd control to ensure physical distancing on distribution sites and set up hand-washing stations.

 **Education for refugees and asylum-seekers** In the 2019/20 academic year, more than **7,000 primary and secondary students**, including 40 students with special needs, and 200 University students are attending education through UNHCR support. UNHCR promotes refugee students' including in Yemeni schools by providing teachers' training and rehabilitating classrooms.

- All schools across Yemen, including three in Kharaz refugee camp, have been closed temporarily. UNHCR is supporting access to distancing learning set up by the authorities.

 **Health care for refugees and asylum-seekers** The five **clinics supported by UNHCR** country-wide remain **fully operational**. UNHCR provided primary health care to 30,800 and referred 1,670 patients to secondary and tertiary medical care, including rehabilitation, physiotherapy, provision of prosthetic limbs and life-saving surgery.

- 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.

Inter-Agency Advocacy by UNHCR

 **Protection** The Protection Cluster advocated for quarantine centre to meet the basic standard and for persons quarantined, including refugees and migrants, to be treated with dignity and in line with public health objectives. It trained non-protection partners on ways to report on protection issues in quarantine centres, with a focus on border areas.

 **Shelter/NFI** The Shelter Cluster issued guidance outlining the changes in distribution modalities (door-to-door distribution, 'traditional' queuing with physical distancing, etc.) to avoid crowding and encourage hand-washing before and after distributions. The assistance is now taking an average of four times longer than usual.

 **Camp Coordination and Camp Management (CCCM)** The CCCM Cluster conducted a site-level risk assessment mapping of IDP sites (profile of at-risk populations, such as older persons, chronically ill and pregnant/lactating mothers) and their access to services to allow partners to focus health, water, sanitation and hygiene activities in 600 most-at-risk sites. It also capacitated IDPs committees on identifying suspected cases and referring them to the COVID-19 Rapid Response Teams and setting up community isolation spaces and hand-washing stations.

 **The Refugee and Mixed-Migration Sector (RMMS - co-led with IOM)** advocated for access to migrants and refugees stranded at the border or in quarantine centres.

 **UNHCR's partners in field** UNHCR is making sure that all its partners in the field and community centres who have regular contact with refugees and IDPs are equipped with PPE (masks, gloves and hand sanitisers) and held extensive training on COVID-19 preventative measures.

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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