




## How UNHCR Yemen adapted its interventions in the COVID-19 environment

 **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 UNHCR 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.