

# UNHCR continues to adapt to challenges related to COVID-19

August 2020



*IDPs in Al Jawf, north of Yemen are receiving brochures with information and prevention measures on COVID-19. © UNHCR/YARD.*

## COVID-19 and UNHCR


UNHCR continues to sensitise refugee, internally displaced Yemeni and host community families to better protect themselves against COVID-19. A month before the first case was confirmed in Yemen in April, **all UNHCR's programmes were adapted to mitigate the risks of COVID-19 transmission**. UNHCR incorporated COVID-19-related information in all its awareness-raising and outreach programmes, such as protection assessments, emergency distributions and at cashpoints. Partners' staff were trained to share information about preventative measures, and leaflets were widely distributed, in line with the WHO and public health authorities' protocols. Families living in concentrated areas such as IDP

hosting sites and Kharaz refugee camp were sensitised to refer those with symptoms in a humane and safe manner.

### Mainstreaming protection in the inter-agency COVID-19 plan and response

The UNHCR-led Protection Cluster ensured that the Inter-Agency COVID-19 Task Force adopted protocols to advise relevant authorities on protection principles to respect in setting up quarantine centres. While recognising the legitimate public health objectives of quarantine especially for those returning to Yemen or crossing frontlines, these protocols reiterated the importance of maintaining the civilian character of such centres, including by locating them away from active frontlines. Access to basic services, including health in case of symptoms, non-discrimination, unity of family, release upon completion of the 14-day period and principles related to freedom of movement were highlighted especially in relation to refugees/asylum-seekers and migrants.

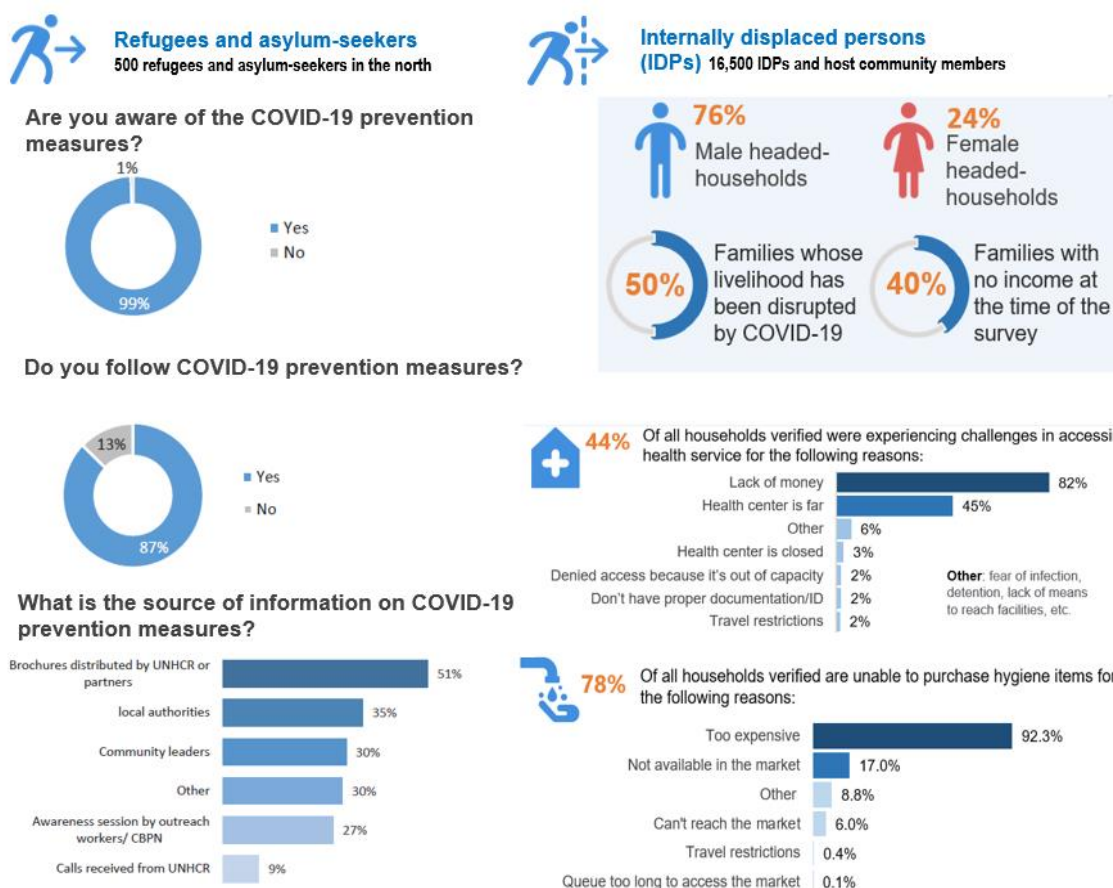
In addition, the Protection Cluster developed basic guidelines for observations in these facilities to support the work of protection and other partners in identifying individuals requiring additional support. Access to these centres, however, remained limited.

 **Protection** Since April, UNHCR increased the number of protection/counselling hotlines to maintain contacts with refugees and IDPs, while limiting face-to-face counselling and assessments save for urgent cases. Partners in the field were equipped with personal protective equipment (PPE), while physical distancing was regularly ensured. Awareness sessions where physical distancing could not be achieved remain suspended. Regular activities in the eight community centres managed by UNHCR partners across the country such as legal assistance, psychosocial support and referrals, continued largely through remote modality, but are now resuming. A growing number of individuals report suffering from the psychological effects related to COVID-19, such as anxiety, stress, instability, with extreme cases that may need to be referred to mental health specialised services. UNHCR advocates with the authorities not to use the COVID-19 pandemic as justification to detain non-nationals, particularly refugees and asylum-seekers and to uphold standards of detention conditions, with attention to the additional risks posed by COVID-19.

**Child protection** In August, activities at the Family Centre in Sana'a, such as recreation/life skills activities and day-care for babies and toddlers, offered to refugee children and hosting communities resumed after almost five months of suspension. Preventive measures were taken to ensure children's and parents' safety, including limiting the number of intakes. Informal education for refugee, IDP and vulnerable host community children offered by the Education Centre in Sana'a also gradually resumed. In the south, home visits or reduced classes replaced educational and recreational activities designed for children with special needs until August and are gradually resumed but in smaller groups. In Drop-In centres, refugee children requiring specific attention continued to be referred to specialised service providers. Specific attention was given to children in foster families during the pandemic.

### Attitudes and behaviour related to COVID-19

A recent survey with some 500 refugees and asylum-seekers and 16,500 IDPs to assess the impact of COVID-19 in their daily lives revealed the following:



**Durable solutions** UNHCR re-opened the refugee help desks (RHD) in Basateen neighbourhood, where Somali refugees who wish to return home through the Assisted Spontaneous Return (ASR) programme receive information and register for departures. Very few Somali refugees expressed the desire to return home during the summer after a peak in June, possibly explained by the COVID-19 impact in Aden. All travels home have been suspended since March due to COVID-19 restrictions. Discussions are ongoing with the authorities and UNHCR Somalia about the requirements to resume such returns, particularly in relation to COVID testing and isolation facilities the Hargeisa region of Somaliland, where returnees are transported by sea from Aden. Resettlement interviews resumed after a break of three months.

**Registration** UNHCR and partners continued with screening and active surveillance for COVID-19 like symptoms at entry points of Kharaz Refugee Camp, Immigration Passport Naturalization Authority registration centres in Kharaz, Basateen, and Mukalla. Close to 26,000 people were screened since April 2020 and those with symptoms were referred to UNHCR-supported health facilities for further investigation. In North Yemen, where since 2018 registration and documentation of refugees and asylum seekers is under the purview of the authorities, the resumption of the activities is still under discussion.

**Cash-based interventions (CBI) for refugees and IDPs** UNHCR's cash programme is the largest cash support to IDPs in the country, and a lifeline for refugees. At the onset of the COVID-19 crisis in Yemen, UNHCR put together a USD 35 M proposal, **cash for COVID-19**, aimed at assisting a total of 71,000 vulnerable refugee and IDP families. The objective was twofold: to address their increased needs related to hygiene and health care, and to support them as they were most affected by the socio-economic impact of the pandemic (loss of livelihoods due to discrimination and slowing down of the economy). So far, 20,200 families have been supported. In the meantime, UNHCR continued to have extra staff and tellers to ensure crowd control at cash disbursement points upgraded with handwashing stations.

**Emergency distribution (shelter and basic household items)** UNHCR continues to provide emergency items for families fleeing conflict and flooding in the middle of COVID-19. Strict preventative measures are fully respected during distributions, such as crowd control measures, setting-up handwashing stations, and preference was given to house-to-house deliveries of items whenever possible. The distribution points are also an opportunity to raise awareness in small groups and handing out information leaflets.

**Education** After all schools temporarily closed due to COVID-19, UNHCR is now preparing for back-to-school for the 2020/21 school year for the 11,300 refugees and Yemeni children in the areas under the IRG control. UNHCR will assist six kindergartens, primary and secondary schools in Aden and Lahj governorates with teaching materials, stationery, non-curricula activities and school maintenance. UNHCR will also provide incentives to over 240 teachers, education and service staff. In the north, the announcements regarding the re-opening is yet to be made while UNHCR is ready to make similar support.

**Health care for refugees and asylum-seekers** The five clinics supported by UNHCR country-wide for both the refugees and vulnerable host communities continued to deliver health care services. UNHCR rolled out health awareness and sensitisation campaigns on COVID-19 through health personnel, partners, and community outreach volunteers. In the north, UNHCR provided three ventilators and three anaesthetic machines as part of its effort to support public hospitals in their response to COVID-19, and also continues to support the construction of a large intensive care unit in the north to accommodate up to 28 patients. In the south, UNHCR supported a clinic in Basateen with fully equipped isolation rooms including beds and material including oxygen cylinders, nebulisers, drip stands, electrical suction, oxygen monitors



*UNHCR is working with some 280 refugee and IDP tailors country-wide to produce reusable face masks through the provision of raw materials, training and production of samples. ©UNHCR/YWU.*

and dedicated staff. UNHCR and partners set up a 20-bed-isolation centre for mild cases at the clinic in Kharaz refugee camp. UNHCR and UNFPA supported the clinic in Kharaz refugee Camp with 1,700 booklets related to reproductive health in COVID-19 context and new rape response kits. Lastly, UNHCR-supported-clinics in Basateen, Aden and Kharaz Refugee Camp, Lahj re-opened for physiotherapy service after months of suspension due to COVID-19, including home visits for those with mobility challenges. Both refugees and host community members receive physiotherapy services with COVID-19 prevention

measures such as triaging, thermo-scanning all the clinic visitors, maintaining safe distance and staff equipped with PPE.



*Jainab (name changed) is a refugee from Eritrea, and the bread winner of her family of five. While she worked as a secretary, she also pursued tailoring courses for extra income. She approached UNHCR's partner NAMA for microloans to start her own tailoring business for children's and traditional dresses for women during the evening. With the extra income, she enrolled her brothers and sisters in university while also providing medical support for some. Since the COVID-19, she produced more than 1,200 facemasks for two private hospitals and added that 'UNHCR's engagement of refugees in such projects is*

*really inspiring and uplifting' © UNHCR/ NAMA.*

*UNHCR supported various cash-for-work activities throughout the country to provide raw material and support to tailors, mainly women heads of households or facing socio-economic challenges. Most of the masks produced by the refugee and IDP tailors were either bought by UNHCR and distributed to displaced families or were sold by the tailors. Masks were specifically designed for children. © UNHCR/ Jamal Al-Barea.*



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