COVID-19 Impact Assessment Report

Yemen | Sana’a, Amran, Taiz, Lahj, Hodeidah & Hajjah
July 2020
Executive summary

Introduction

The objective of this assessment was to review the impact of the Covid-19 pandemic on beneficiaries targeted by NRC in Yemen. The assessment took a holistic approach to determine people’s knowledge, attitudes and perceptions relating to Covid-19, as well as to receive feedback from our targeted communities on the effectiveness of NRC’s Covid-19 interventions and any needs currently not being addressed. The findings will inform adaptations of ongoing programmes and the design of NRC’s Covid-19 response.

Methodology

The methodology utilized both qualitative and quantitative data collection. The first stage of the assessment involved a detailed desk review of the available Covid-19 related assessments conducted in Yemen, followed by a structured questionnaire administered to randomly selected households drawn from NRC’s beneficiary pool. The assessment included 450 respondents located in 9 districts spread over 6 governorates, as illustrated in the map below.
Protection and Health

Based on the assessment findings, the Covid-19 pandemic has heightened protection concerns for Yemeni communities though restrictions on movement, challenges to accessing health facilities, declining livelihood opportunities, increased prices for basic items and closure of schools. This combined has led to an increase in negative coping mechanisms, especially among internally displaced persons (IDPs).

It is not only access to healthcare that is limited, but households are also facing challenges in accessing medicines. Overall, respondents reported that the main barriers to accessing healthcare are their inability to pay the fees required at medical facilities and/or the cost of the required medication (52%). Other access barriers included the distance (19%), a lack of transportation (9%) and a lack of health personnel and medication in the facilities (7%).

68% NEED MORE INFORMATION ON COVID-19

Almost all respondents (95%) reported being aware of Covid-19. Although respondents felt informed in general, they also reported a need for additional information on how to keep themselves healthy (33%), how to identify symptoms (27%), where to get tested for Covid-19 (23%) and the rules in response to Covid-19 from the authorities (17%).

Livelihoods and Food Security

From the assessed sample, respondents indicated that work had either stopped over the past four months (25%). The traditional income earning sources for respondents was mainly casual labour (54%) and humanitarian assistance (29%), while the remainder included diverse sources such as formal employment/salaried employment (9%), gifts (3%) and remittances (1%), all of which have been affected due to Covid-19. In reference to the extent of the impact, 24% reported a complete loss of income, 23% responded an income loss of more than 50% whilst 32% reported an income loss of between 20-50%. However, 10% indicated a loss of less than 20% and 5% reported no income losses. Not only have incomes been cut but a shocking 94% report that prices for food, water and other basic items have gone up since Covid-19.
These significant losses in income increased the vulnerability of the population and made them heavily reliant on humanitarian assistance (55%) and sourcing new income in response to the erosion of their traditional sources: 27% reported an adoption of casual labour exchange, 5% mentioned government social safety nets including pensions, 4% cited self-employment (small businesses) whilst 2% were reliant on remittances. Soaring prices have resulted in an escalation in the levels of food insecurity now further compounded by Covid-19.

**Water, Sanitation and Hygiene**

25% of respondents stated that their ability to access water through their main source has been negatively affected due to Covid-19. Respondents indicated that their concerns regard the quantity and quality (i.e. safety) of water as well as their inability to afford the cost of purchasing water. 46% of respondents reported that there has been an increase in the cost of water since the onset of Covid-19. The increase of water prices and the unavailability of water can also be partly attributed to fuel shortages in Yemen.

Social distancing as a Covid-19 prevention measure is widely known amongst the respondents, however the application of this concept is not widely practiced at public WASH facilities. Social distancing measures have not been clearly marked at communal WASH infrastructures (e.g. communal water points and latrines) as stated by 76% of respondents.

The assessment showed worrying results, as only 54% of respondents were able to identify at least three out of the five critical times for handwashing. In addition, 9% of respondent reported that they do not know when they should specifically wash their hands to protect themselves from Covid-19. Respondents indicated that their priority needs in order to feel more secure and safe in dealing with the current epidemic are the following: soap (62%), water (57%) and other hygiene items (57%).

**Education**

The main reason for children not attending school before Covid-19 was mainly the financial situation of households (53% of respondents). This included the inability to pay school fees (30%), the need for children to work (13%) and a lack of food (10%).

Since school closures in March, children have had less learning opportunities, as alternative ways of learning (e.g. remote, distance, e-learning and self-learning) are not common practices in Yemen. The two main reasons for this are the lack of means to support learning from home (80% of respondents) and the ineffectiveness of learning from home (18% of respondents). School closure
has impacted children psychologically, creating additional stress on households and exposing children to new protection risks including negative coping mechanisms.

**Impact of school closures on children**

![Chart showing various impacts of school closures on children]

**Shelter and CCCM**

Almost half of the respondents (48%) feel that their current shelter is inadequate to provide them the protection they need to feel safe and secure in the Covid-19 context. Following food, access to medical assistance and water, affording rent and adequate shelter has become a key concern, especially due to declining incomes (reported by 37% of respondents).

**Main concerns regarding Covid-19**

![Chart listing main concerns]

The main challenge for households living in both organized and spontaneous IDP sites is the impossibility of social distancing. Both type of sites are characterized by small, often single-room
accommodation, and living areas that are highly congested. 51% indicated that getting sick due to overcrowding was their main concern regarding Covid-19, followed by a lack of hygiene items and access to income (both at 44%). Consequently, respondents indicated that rental subsidies and non-food items (NFIs) were their key priority for improving shelter conditions (both reported by 53% of respondents).

Information, Counselling and Legal Assistance

The assessment identified additional challenges due to the Covid-19 epidemic, including the inability to move freely to access critical health care service and the inability to access loans/micro credits from banks or receive cash assistance from aid agencies due to the lack of identification papers (reported by 35% and 26% respectively). To make matters worse, Covid-19 forced closure of civil registry offices, leaving many displaced with no means to obtain identity documents.

The Covid-19 context triggered a series of eviction threats after IDP households failed to pay rent due to loss of income. 42% reported they feel at risk of forced eviction although most of the evictions remained a threat, nevertheless households who lost income to Covid-19 are terrified of prospects of possible eviction. For some households this created fear and psychological stress among the affected households who have appealed for urgent rental subsidy support.

Cash and Markets

27% of the respondents reported physical access constraints for local markets, of which 33% reported the constraints were due to Covid-19 lockdowns, 32% mentioned that there were no nearby markets and 20% highlighted a lack of money for transport as the cause.

The main commodities that were in demand but not available in local markets due to Covid-19 were: medical items (50%), food items (46%), WASH items (42%) and shelter items (19%). Of the respondents, only 16% indicated that they were facing challenges in accessing financial service providers (FSPs), as compared 84% who did not face access challenges. Of those who could not easily access FSPs, 49% reported that it was due movement restrictions resulting from Covid-19.

Traders faced difficulties in restocking, thereby negatively impacting their business and income. Consequently, only some traders were still selling commodities on credit to community members
(25% of respondents). The majority of respondents (74%) highlighted that local traders were not extending credit lines to local community members to avoid bad debts.

Conclusion

The assessment highlights that the impact of Covid-19 in Yemen has gone beyond direct health impacts and is affecting households across all social and economic dimensions. The current priority needs during this pandemic, as reported by the respondents, are access to food for their daily consumption needs, cash to cover basic household expenses and access to medical services. These needs have intensified in the Covid-19 context.

Based on this assessment, income generation opportunities, together with the above three needs, are expected to remain the key priority needs in the coming three months. Moreover, displaced populations face additional challenges including vulnerabilities distinct from those faced by other population groups.

As the situation is highly dynamic, the needs identified in this assessment should be monitored consistently against progress achieved by public and humanitarian agencies and changes in the context. The needs of the vulnerable people we already work with will persist. Therefore, specifically for humanitarian agencies operating in this new context, it is crucial to implement in innovative ways remote programmes to safeguard continued life-saving interventions. This should be done through continuously monitoring the context, assessing the needs and early identification of alarming issues that may hinder progress.
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## Acronyms

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<td>AO</td>
<td>Area Office</td>
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<tr>
<td>CCCM</td>
<td>Camp Coordination and Camp Management</td>
</tr>
<tr>
<td>DFA</td>
<td>De-facto authorities</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>HH</td>
<td>Household</td>
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<tr>
<td>HLP</td>
<td>Housing, Land and Property</td>
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<tr>
<td>H2R</td>
<td>Hard-to-reach</td>
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<tr>
<td>ICLA</td>
<td>Information, Counselling and Legal Assistance</td>
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<tr>
<td>IDP</td>
<td>Internally displaced person</td>
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<tr>
<td>LFS</td>
<td>Livelihoods and Food Security</td>
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<tr>
<td>NFI</td>
<td>Non-food item</td>
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<td>MEAL</td>
<td>Monitoring, Evaluation and Learning</td>
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<tr>
<td>MFB</td>
<td>Minimum Food Basket</td>
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<tr>
<td>MoE</td>
<td>Ministry of Education</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>NRC</td>
<td>Norwegian Refugee Council</td>
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<tr>
<td>SMEB</td>
<td>Survival Minimum Expenditure Basket</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>USD</td>
<td>United States dollar</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<tr>
<td>YER</td>
<td>Yemeni riyal</td>
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<td>YHRP</td>
<td>Yemen Humanitarian Response Plan</td>
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1 Background

1.1 Introduction

Covid-19 is rapidly spreading throughout Yemen, and the case fatality rate is among the highest in the world at approximately 29%. The number of cases is much higher than reported, due to lower testing and reporting rates in Yemen compared to the rest of the world. With only 50% of health facilities fully functional across the country, the Covid-19 outbreak is further stressing an already-fragile health care system and local authorities are not equipped to deal with the severity of the crisis. The impact, especially on displaced communities who already face challenges accessing health services, is expected to be disastrous both in the short and long-term.

The first Covid-19 case was reported in Yemen on 10 April 2020. As of 25 July, the number of reported confirmed cases had reached 1,678 with 475 associated deaths and 782 recoveries, according to the World Health Organization (WHO). The highest number of cases were reported in Hadramaut (663 cases), followed by Taiz (288 cases). Men constitute 73% of all reported cases, and the highest number of deaths are among people aged between 45 and 59 (40% of all deaths).

It should be noted that all these numbers are for the southern part of Yemen only; the de-facto authorities (DFA) in northern Yemen no longer report on any Covid-19 cases.

All indicators point to the continued rapid transmission of Covid-19 across the country and the numbers on the ground are suspected to be much higher than reported, based on social media accounts and the analyses of intergovernmental agencies. Local reports indicate that hundreds more people are symptomatic and are dying with Covid-19-like symptoms. People are delaying seeking treatment until their condition is very serious because of the inaccessibility of treatment centres, fear of stigma, and the perceived risks of seeking care. The recent fuel crisis is already threatening access to food, hospital operations and water supplies, which are fuel-dependent and crucial to preventing virus transmission and response, presenting a further obstacle to seeking treatment. Aid agencies continue to work to reduce transmission of the virus through community engagement; to procure and distribute thousands of metric tons of medical supplies and equipment; to save lives by supporting Covid-19 clinical readiness; and to safeguard the public health care system. However, the Yemen humanitarian response, including for Covid-19, remains hugely underfunded, risking a continued spike in the spread of Covid-19 and jeopardizing the ability of humanitarian partners to respond.

During the period between 29 June 2020 and 5 July 2020 NRC carried out an assessment to ascertain the impact of Covid-19 on internally displaced persons (IDPs) and host communities. The data collection took place in nine districts from Sana’a, Amran, Hajjah, Hodeidah, Taiz and Lahj governorates, as illustrated in the map below.
1.2 Objective

The overall aim of the assessment was to review the impact of the Covid-19 pandemic on NRC beneficiaries in camp and non-camp settings. The assessment took a holistic approach to assess protection concerns, access to health services and the economic situation of vulnerable households during Covid-19. Sector-specific humanitarian needs were assessed to identify the impact of Covid-19 on our programmes and the current community priorities in relation to: Livelihoods and Food security; Water, Sanitation and Hygiene (WASH); Information, Counselling and Legal Assistance (ICLA); Shelter; Education; and Camp Coordination and Camp Management (CCCM). This will inform adaptations of ongoing programmes and the design of our specific Covid-19 response to address the critical needs identified.

Specific Objectives

- Determine the knowledge, attitudes, and perceptions people have about Covid-19.
- Receive feedback from our targeted communities on our Covid-19 interventions (effectiveness, impact).
- Receive inputs from our targeted communities on needs not addressed and their priorities, and map overall sector-specific humanitarian needs emerging at this stage.
2 Methodology

This assessment employed a mixed approach, utilising both qualitative and quantitative data collection methods. Both types of data were analysed disaggregated by gender and district.

Desk review: The first stage of the assessment involved a detailed desk review of the available assessments related to Covid-19 conducted in Yemen by credible agencies.

Household survey: A structured questionnaire was used to collect quantitative and qualitative data. The survey included both male- and female-headed households in all assessed locations. Households from sampled districts were selected using systematic random sampling with a random start technique. Data collection was conducted by mixed male and female NRC teams in all locations. Data collection in Taiz and Lahj was carried out through household interviews while the data collection in the other locations was conducted remotely via phone. The data collected was entered and uploaded to the KOBO online system to be cleaned and analysed by the NRC Monitoring, Evaluation and Learning (MEAL) team while the interpretation of the data was carried out by NRC Core Competency Specialists and NRC Thematic Advisors.

2.1 Sampling

Multistage sampling was employed as part of the sampling strategy for this assessment. In the first sampling stage, the districts to be enumerated were selected purposively based on NRC’s operational presence, the number of beneficiaries, and the implementation of Covid-19 interventions. The second sampling stage involved randomly selecting 50 households to be interviewed from an exhaustive list of beneficiary phone numbers, obtained from our interventions in the selected areas. The assessment included 450 respondents located in communities across 9 districts in 6 governorates, including Al Meshqafa, Aland, and Souq Alel IDP camps in Lahj and Amran governorates as illustrated in the table below.

<table>
<thead>
<tr>
<th>Governorate</th>
<th>District</th>
<th>Sample size</th>
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<tbody>
<tr>
<td></td>
<td>Male Headed HH</td>
<td>Female Headed HH</td>
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<tr>
<td>Amran</td>
<td>Amran</td>
<td>32</td>
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<tr>
<td>Hodeidah</td>
<td>Az Zuhrah</td>
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<tr>
<td>Hajjah</td>
<td>Abs</td>
<td>35</td>
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<td></td>
<td>Hajjah City</td>
<td>45</td>
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<tr>
<td>Lahj</td>
<td>Tuban</td>
<td>24</td>
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<tr>
<td></td>
<td>Tur AlBahah</td>
<td>17</td>
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<tr>
<td>Taiz</td>
<td>Ash Shamayataun</td>
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<tr>
<td>Sana’a</td>
<td>Bani Al Harit</td>
<td>17</td>
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<tr>
<td></td>
<td>Ma’ain</td>
<td>32</td>
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<td></td>
<td><strong>Total</strong></td>
<td><strong>288</strong></td>
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</table>
2.2 Data Collection Method

The data collection templates were programmed into KOBO, then installed on the smartphones used by the enumerators to conduct the data collection. Each enumerator used his/her own smartphone and used a mobile application to conduct the different interviews required. However, in Sana’a, Amran, Hajjah, Hodeidah, Taiz and Lahj, the data collection was conducted remotely over the phone and data was entered directly into KOBO.

As part of the data collection preparation, data collection teams were identified from among NRC’s qualified MEAL and programme field staff who had experience in conducting similar data collection activities within the same targeted districts. The enumerators’ team was compromised of both men and women. To build the knowledge and skills of the team with regards to data collection, a short training was provided to go over the assessment tool and data collection techniques.

The data collection activity begun with a pilot test in selected locations in the target governorates, to check the validity of the tools and methodology as well as to assess the challenges for data collectors in collecting information. The tools and methodology used were revised several times based on the findings and feedback received from the pilot test.

2.3 Challenges

Most of the challenges faced during the implementation stage were related to collecting data remotely over the phone. Many of the sampled beneficiaries could not be reached because their phones were either switched off or out of network coverage, especially for female-headed households. For that reason, the planned number of women respondents could not be reached. In some cases, the phone numbers provided were owned by a beneficiary’s relative or a neighbour, which made reaching them even more difficult. Those who could not be reached were replaced by another randomly-selected beneficiary from the list. Additionally, several respondents found the survey very long, causing survey fatigue. Some surveys had to be stopped and continued at a later time which lengthened the data collection process.

Data collection in the field also faced challenges. Locating sampled beneficiaries in remote areas was often challenging. In many cases, the data collection team could not locate the house, or find a head of the household or a senior member of the household to talk to for the assessment. In these instances, the households were replaced with other randomly selected beneficiaries.

Lastly, the attempt to reach children to hear their feedback and concerns in this regard was impossible, due to the above-mentioned access constraints and school closures. NRC plans to conduct a complementary assessment to obtain data from children (and teachers) to inform our educational programmes to support children’s wellbeing and learning outcomes.
3 Findings

NRC’s programmes in Yemen focus on displaced communities. Consequently, 85% of the respondents were IDPs and the remaining 15% were from host communities. The characteristics of the geographic locations varied widely, from IDP camps in Lahj governorate to remote communities in Hajjah and Hodeida governorates.

The average household size of the sample was 7 members with approximately 3.5 members sharing one room. All households included at least one elderly member over 60 years old and 12% of respondents reported having a person with disability within their household.

3.1 Protection and Health

Since the spread of Covid-19 in Yemen, movement restrictions and measures have been imposed on the population in several areas across Yemen, as a response to the pandemic and an attempt to control and limit its spread. According to the findings, Covid-19 is directly impacting the daily lives and circumstances of IDPs and host communities in the assessed governorates by disrupting their livelihoods activities and access to healthcare (where available), and by escalating negative coping mechanisms, especially among the IDP population.

The interviewed respondents, both from the host population and IDPs, reported poor access to resources including water and sanitation facilities, a scarcity of income sources, and limited access to reliable information. The majority of survey respondents (95%) reported being aware of Covid-19. Close to 82% reported relying on news, social media (TV and radio), relatives and NGO messaging to get their information on the virus. However, even if people reported feeling informed, they also reported needing additional information on how to keep themselves healthy (33%), how to identify symptoms (27%), where to get tested for Covid-19 (23%) and the rules from the authorities in response to Covid-19 (17%),
From the assessment results, it is clear that NRC’s awareness campaigns, especially in camps and areas where our presence is maintained, have contributed to increasing knowledge about Covid-19. Many respondents identified symptoms related to Covid-19: cough (85%), difficulty breathing (75%), fever (74%), sore throat (60%), and headache (54%). Only negligible numbers could not identify any Covid-19 symptoms; therefore awareness promotion campaigns by NGOs remain relevant.

When asked about their behaviour in response to Covid-19, respondents reported that better hygiene, staying indoors, social distancing, avoiding social gatherings and wearing a facemask were the most important measures to prevent exposure to the virus. What appeared to challenge compliance with common Covid-19 precautionary measures such as staying indoors was the fear of missing out on aid or going without work, as households are reportedly experiencing widespread income losses and challenges in meeting their basic needs (see next section).

According to respondents, they experience not only limited access to healthcare but also challenges in accessing medicine. Hospitals are reportedly lacking equipment and personal protection items, and respondents suffer from living in overcrowded spaces where they lack proper access to water and sanitation facilities. A lack of trusted information from authorities, official sources and community leaders/members is affecting families’ ability to identify the response of local authorities to Covid-19 or to identify possible solutions. Overall, respondents reported that the main barrier to accessing health care is the inability to pay the fees at medical facilities and/or the cost of the required medication (52%). Other barriers reported were the distance to health facilities (19%) and a lack of transportation (9%). Respondents also reported the lack health personnel and medication in the facilities (7%) as a barrier.

The majority of the respondents reported, as a main concern, the fear of contracting Covid-19 or the spread of Covid-19 in their community due to overcrowding (92%). This was followed by the fear of losing access to income sources (44%) and humanitarian aid (40%) as a result of the spread of the virus, the imposed curfews, or the stringent movement and travel restrictions.

In addition, prices for food and other essential items have reportedly increased and the movement of goods is becoming increasingly restricted at local levels. Low incomes have resulted in households reportedly not being...
able to stock up on goods for quarantine or self-isolation. In an attempt to control the spread of Covid-19, some shops and local business have closed temporarily, thus putting an extra burden on and negatively impacting the livelihoods of the host and IDP communities in a struggling economy and further increasing food insecurity. The current priority needs reported by households were food, cash and access to medical assistance. These priority needs have increased due to Covid-19 according to 73% of respondents, who also felt these were likely to remain the key priority needs for the next three months.

The impact of Covid-19 on livelihoods is also having negative consequences on the psychosocial wellbeing of both adults and children. Coping mechanisms are directly related to protection issues and risks, such as making children work to generate an income and a lack of access to education. These were reported as the main concerns affecting children and adolescents, who are reportedly more exposed to instances of child labour, psychological distress, and falling behind in their studies. Respondents from both host and IDP communities reported that the severity of protection issues affecting communities has overall either significantly or very significantly increased as a result of the Covid-19 pandemic. Children being out of school due to the closure of schools (70%), households losing income (71%) and prices increasing for basic commodities (56%) were the three main impacts households reported, which has resulted in increased vulnerability in addition to increased levels of trauma, stress and anxiety.

3.2 Livelihoods and Food Security
Yemen is heavily dependent on commercial food imports and food assistance. The local production of wheat, a staple commodity, is less than 10% of total Yemeni wheat consumption. With a vast decline in foreign reserves in recent months, Yemen could be facing an alarming currency crisis
leading to reductions in food supplies and soaring prices, resulting in escalating levels of food insecurity.

These problems are now further compounded by Covid-19. Restrictions and preventative measures put in place by authorities to curb the spread of Covid-19, including localised lockdowns among other measures, have negatively affected food availability and access at household level, income generation opportunities, and wage rates. This has in turn resulted in a significant increase in food expenditure at household level, while on the supply side these measures have resulted in import delays, logistical barriers and market distortions, from the point of production right through to the point of consumption.

The rising price of gas and crude oil has also negatively impacted the availability of foreign currency. During the coming months, localised lockdowns are expected to continue, thus negatively affecting the provision of goods and services—especially for small traders. Remittances from Yemenis abroad, especially in the Kingdom of Saudi Arabia which hosts 62% of the Yemeni population working outside the country, are estimated to have decreased by at least 20%.

According to the World Food Programme (WFP)’s Food Security and Price Monitoring Report of 8-14 June 2020, food prices have been increasing since the beginning of the year. The cost of the Minimum Food Basket (MFB) is likely to continue increasing, due in part to the weakening local currency. Unstable fuel prices and fuel unavailability during the month of June are also expected to have a negative impact on food commodity prices in the coming months. Covid-19 is beginning to affect household access to medical care and household economic stability due to lack of access to work, risking households’ ability to afford and fulfil their basic needs.

The assessment findings clearly show that Covid-19 has impacted the lives of Yemeni people: 25% of respondents indicated that their work had stopped in the past four months, whilst 55% indicated that they have observed a decline in products available in the local markets despite those markets being open. 94% reported that their current or immediate priority was food, followed by cash support (82%).
Half of the respondents indicated that their usual main source of income was casual labour (56%), followed by 29% for humanitarian assistance from the United Nations and its partners. However, respondents also highlighted other sources of incomes, including formal employment/salaried employment (9%), gifts (3%) and remittances (1%). For those who relied on formal or salaried employment, 40% reported having lost their job since March 2020 compared to 60% who had not. The main reason given for loss of employment was the closure of institutions or entities where these individuals were employed. For those respondents who relied on self-employment (small businesses) as their main source of income, no job losses were reported.

In reference to the extent of the loss in income for those without formal employment or self-owned business, 32% reported income losses of between 20-50%, 23% income losses by more than 50% whilst 24% reported a complete loss of income. Only 10% indicated losses of less than 20%, with 5% reporting no income losses at all. Respondents also reported the adoption of new income sources in response to the erosion of traditional ones: 55% reported that they were now dependent on humanitarian assistance, 27% reported the adoption of casual labour exchange, 5% now depended on government social safety nets including pensions, 4% cited self-employment (small businesses) whilst 2% were reliant on remittances and the other 2% on salaried employment.

3.3 Water, Sanitation and Hygiene (WASH)

As a direct outcome of the ongoing conflict, Yemeni communities struggle to access safe drinking water and adequate sanitation facilities. This is true for both camp and non-camp settings. Now, with the Covid-19 pandemic, the situation is getting worse.
The findings illustrate the significant impact of Covid-19 on access to safe water, sanitation and hygiene in the assessed locations. One quarter (25%) of the respondents stated that their main source of water has been affected in recent months. This is mainly because water is no longer available from this source, compounded by their inability to afford it. On average respondents stated that they pay YER 493 for water per day, and 46% reported that there has been an increase in the cost of water since the onset of the pandemic. In conjunction with Covid-19, fuel shortages in the country have also contributed to the rising price and diminished availability of water.

Half (53%) of the respondents expressed their concerns regarding the availability of WASH services in general have increased during the pandemic. These concerns are not related, as one might assume, to their ability to physically access water sources due to logistical difficulties nor due to the local security situation. Their concerns are fundamentally related to their ability to access safe and sufficient water at any given time. As demonstrated in the graph below, 53% of respondents reported that their main water-related concern was not having enough water now from their usual source, while 24% believe that the available water is not safe for drinking nor cooking due to contamination either by excreta or waste water, rendering it barely suitable for domestic use. This was followed closely (22%) by a lack of appropriate water treatment methods, limited economic resources (20%) and a lack of water collection items (jerry cans, buckets) and water storage capacity (20%).

53% REPORTED INCREASED WATER CONCERNS

...since March 2020 due to Covid-19. This is embodied in their inability to access safe water due to water shortages from their main water source in addition to water becoming unaffordable due to price increases during the pandemic.

69% DO NOT TREAT WATER BEFORE DRINKING

This because they do not have the means or do not know how to treat water to make it safe for drinking.
On a related note, while social distancing is a widely known concept amongst respondents, its application is not widely practiced around communal and public WASH facilities. The overwhelming majority (76%) reported that social distancing intervals have not been clearly marked on or near all communal WASH infrastructure (communal water points and latrines) so they can be used safely. Despite efforts to promote such measures at communal WASH facilities through mass media, 49% stated that this has not been adequately communicated and 83% reported that common contact surfaces such as the door handles and taps of communal WASH infrastructure are not being regularly disinfected nor cleaned. This increases the risks of Covid-19 transmission, especially in camp settings.

Of the respondents who have access to a latrine, more than half (60%) have access to a private household latrine while 34% have access to a communal latrine within their IDP camp. The remaining 6% do not have access to a latrine at all. The majority (80%) of those who have access to latrines indicated that there are separate facilities for men and women.

With regards to general awareness and hygiene practices, the assessment showed alarming results which are especially concerning during this pandemic. Only 54% of the respondents were able to identify at least three of the five critical times for handwashing. In terms of behaviour, before and after eating (not critical times) were the most common times respondents reported actually washing their hands, while the least common times were before child feedings and after cleaning their children. This is illustrated in the graph below.
In terms of behaviour specifically to protect themselves from Covid-19, only 9% of respondents reported not knowing when they should wash their hands. This may seem a small percentage, but if neglected a lack of handwashing can be the main cause of contracting the virus at household level.

Those who felt they knew when to wash their hands to protect themselves from Covid-19 were able to identify three critical times on average. The most common time stated (71% of respondents) was after visiting a public space, including public transportation, markets and places of worship, followed by before and after eating (59%) and after touching surfaces, including money (54%). Less than half (48%) think they should wash their hands after blowing their nose, coughing or sneezing, and only a similar percentage (47%) think that before, during or after caring for a sick person is a critical time for hand washing to be protected from Covid-19.

For households to feel more secure and safe in dealing with the current pandemic, respondents stated that more access to soap is required (62%), followed by more access to water (57%) and more access to other hygiene items (57%).

3.4 Education

Before the outbreak of the global Covid-19 pandemic, Yemen was already dealing with a learning crisis due to the prolonged conflict. This was evidenced by the high numbers of children in need of educational assistance last year, estimated at around 4.7 million (YHRP, 2019). This has significantly increased in 2020 to 5.5 million (YHRP Extension, 2020). Around 2 million school-aged children are out of school (36% of school-aged girls and 24% of school-aged boys). Fifty-one percent of teachers have not been paid since 2016, hundreds of schools have been destroyed and more than 1,500 have been damaged by airstrikes or shelling (YHRP, 2019). An increasing trend of parents being asked to pay an additional fee of 5,000 to 10,000 YER per child to support teachers has been reported for several locations in the country (Yemen Covid-19 Education Response Plan, May 2020).

This assessment revealed that the main reason for children not attending school before Covid-19 (as reported by 53% of respondents) was the financial burden involved. This ranged from a lack of money for school fees (30%) to a lack of food (10%) and a need for children to work (13%). The most common

94% OF CHILDREN WERE IMPACTED BY SCHOOL CLOSURES AND LOCKDOWN MEASURES

Analysis of the data revealed that the main impact of school closures on children is psychological, as reported by 46% of respondents. For 29% of respondents, school closures led children to fall behind in their studies, and some children have been unable to study from home as they support their families either by working inside (37%) or outside (24%) their homes.
education-related expenses for households were school fees (22%), uniforms (21%), supplies and meals (20%). Concern for their child’s safety when travelling to and from school was another reason for being out of school (15%). Suffice to say that children’s access to education was already being challenged by the financial and safety barriers that existed before Covid-19, but the situation has further deteriorated since the outbreak.

Education, like other public services in Yemen, will face collapse under the weight of Covid-19 due to shortages, budget cuts and defunding. One-third of all school-aged children were already out of school before 16 March 2020, when schools nationwide were closed to prevent the spread of the virus, impacting at least 5.5 million children. Dropout rates are expected to escalate sharply in the months ahead as families struggle to deal with the consequences of the pandemic. Extended school closures may cause not only a loss of learning and child wellbeing in the short term, but also a further loss in human capital and diminished economic opportunities over the long term.

Although transportation allowances were given to teachers last year thanks to international support, teacher salaries have not been paid since 2016 (YHRP Extension, 2020). Educators working in 10,000 schools across Yemen have been doing their best to keep classrooms open; many are increasingly unable to do so. Community participation was one of the benefits unpaid teachers and volunteers were receiving before school closures, while others depended on additional irregular income sources or part-time jobs in the private sector, such as teaching at private schools. Due to Covid-19, unpaid teachers are now more vulnerable as the school closures deprive them of these benefits.

While school closures seem to present a logical solution to enforcing social distancing within communities, prolonged closures tend to have a disproportionately negative impact on the most vulnerable students. Children who are out of school miss their opportunity to engage with and learn the key messages of Covid-19 prevention and control. They have fewer opportunities for learning at home, and their time out of school may expose them to higher protection risks.

The new school year 2020-2021 is expected to start in September/October, though only 23% of respondents felt certain that it is safe for their children to attend. A small proportion (7%) felt it is definitely not safe yet for children to return to school, perhaps due to parents’ fear that their children will contract the virus at school. A third (32%) did not know whether it would be safe or not.

![Is it safe for children to return to school?](image-url)
However, around 70% of respondents confirmed that they will send their children if schools reopen. This may be driven by an inability to support their children to learn from home, as only 13% of respondents confirmed their ability to do so. The analysis of the findings also revealed that schools are not ready to reopen safely as only a third of respondents (33%) confirmed that their children have toilets at school, and even less (19%) confirmed that their children have drinkable water at school. To ensure the safe reopening of schools, respondents feel that children need to be provided with masks and gloves (77%), hand sanitizer (69%), and hand washing facilities (56%). It seems that maintaining safe school operations or reopening schools after a closure requires many considerations but, if done well, can support public health.

The combination of children being out of school and the loss of household livelihoods caused by the pandemic may leave girls especially vulnerable, and exacerbate exclusion and inequality — particularly for IDPs, persons with disabilities and other marginalized groups. Girls who are out of school face higher risks of child marriage and domestic violence. On the other hand, boys are at high risk of child labour or being recruited into armed groups or forces. Since the onset of the conflict, schools have been repeatedly interrupted or ended prematurely due to different reasons. While Covid-19 has led to a nationwide interruption of schooling for all children, vulnerable children—mostly children belonging to minorities, girls in rural areas and children with a disability—are expected to be impacted to a higher degree. Holistic and cross-sectoral planning and intervention will be needed to meet the basic educational needs as well as to reduce children’s future vulnerabilities to the risks arising from being out of school due to school closure or interruption.

School closures have led many countries to explore options for remote learning and use of other educational resources to mitigate the loss of learning. However, in Yemen, such alternative ways of learning (e.g. remote, distance and e-learning platforms, self-learning or other innovative methods) are not common practices.

The findings of this assessment confirm this challenge: only 6% of the respondents indicated that their children were able to participate in distance learning, for which the most accessible mediums are TV (37% of respondents), pamphlets (35% of respondents), and radio (13% of respondents). For those respondents whose children have not been able to participate in distance learning, the main two reasons given were a lack of means to support learning from home (80% of respondents) and the perceived ineffectiveness of learning from home (18% of respondents).
In May 2020, the Ministry of Education (MoE) jointly with UNICEF and other education actors put in place a Yemen Covid-19 Education Response Plan. This plan envisions establishing remote learning in Yemen at the national level, referring to the available resources and funding opportunities MoE and UNICEF are planning to mobilize to realise this. Yet these resources are still limited and some of them are not yet confirmed, and most likely would not be able to meet vulnerable children’s specific needs, especially in hard-to-reach (H2R) areas. Therefore, the attempt by MoE and UNICEF to introduce remote learning in Yemen would require specific support from education partners to enable students, teachers and school governing bodies, caregivers, community leaders and decision-makers to better learn through these alternative channels. This includes capitalizing on any work already started, and addressing ever-present challenges such as degrees of accessibility within the most vulnerable and H2R communities, to ensure equity in access.

Due to Covid-19 and the closure of schools, educational partners have only been able to continue implementing pre-crisis activities that do not require children and teachers, such as rehabilitation and construction. Though these pre-crisis activities are part of the Yemen Covid-19 Education Response Plan to ensure schools reopen safely, joint efforts by educational actors is still needed to ensure fundraising and advocacy for key messages and interventions related to both the Covid-19 education response and the continuity of pre-crisis activities.

3.5 Shelter and CCCM

Shelter

At the funding level, a scale down and defunding for key shelter interventions has taken place due to the suspension of aid and reprogramming of shelter activities to respond to the Covid-19 pandemic. This has been based on the priorities of some donors and the emerging needs related to health sectors at that critical time.

Combined with the movement constraints imposed on humanitarian workers, this has limited newly displaced people and people experiencing protracted displacement from accessing immediate shelter assistance in a timely manner. Fear of forced eviction is increasing, as reported by 42% of respondents. Following food, access to medical assistance and water, affording rent and adequate shelter is a key concern for 37% of respondents. This is in light of declining incomes and widespread unemployment, due to the conflict in Yemen and the Covid-19 pandemic, which has had a devastating the remaining sources of income for many.

THE AVERAGE RENT IS AROUND YER 30,000 ($50)

This is high for a population where 79% were expected to be living under the poverty line and 65% to be classified as extremely poor (living on less than $1.25 per day) by 2020, according to UNDP.
Like for other sectors, NRC’s assessment has revealed the significant negative impact of Covid-19 on the shelter conditions of conflict-affected populations. Almost half of respondents (48%) feel that their current shelter does not provide them the protection and the privacy they need to feel safe and secure. They also feel that the shelter they are currently residing in is not large enough to accommodate all members of the household.

Since the assessment focused on IDPs, 40% of respondents currently reside in IDP collective sites, while 38% of respondents live in rented houses or with relatives. This places more strain on families indirectly and increases the fear of being affected with Covid-19, due to overcrowding and the density of people who live in one room or shelter, especially for those living with relatives. Those who live in self-owned homes made up 11% of the total respondents. The remaining 11% live in schools, abandoned buildings, makeshift tents and straw huts that are scattered around host communities in the assessed districts.

To improve their shelter conditions, more than half of the respondents (53%) indicated they needed rental subsidies. Similarly, 53% of respondents stated that non-food items (NFIs) and essential household items were their key priority. As illustrated in the graph below, blankets, mattresses, kitchen utensils and soap are the most required items.

One the other hand, 44% of respondents indicated that their priorities included emergency shelter kits, while 32% needed transitional shelters, shelter maintenance, shelter rehabilitation and locations that are safe and accessible as they are living in harsh weather and poor conditions.
Those who reported these as priorities are mostly residing in emergency shelters or in temporary shelters within camps.

Another key issue reported was the lack of a shielding/isolation space that would be used as a green zone to protect very vulnerable individuals from being exposed to infection. Almost 95% of respondents reported that there is no unoccupied shelter or room that can be utilized for this purpose, as most of them did not even have enough space to accommodate the household members let alone dedicating a space for shielding.

**Camp Coordination and Camp Management (CCCM)**

The key concerns about living environments related to Covid-19 prevention at IDP sites varies from one site to another. Typically, IDP sites under NRC camp management can be categorized into two:

1. **Organized IDP sites** have been planned and there is reasonable space between shelters for easy access and for delivery of other services like WASH facilities and solar lighting. In this setting, the fear of congestion is lower, unless people gather in one location for social meetings, weddings, prayers or distribution. Crowded distributions are being avoided at all costs. The only challenge seen in this arrangement is the size of the shelter (3m x 5m), which an average of 7 people share. This means that maintaining social distancing to prevent Covid-19 infection is impossible both at night and during the day.

2. **Spontaneous IDP sites** like public buildings, schools, religious buildings or privately owned buildings mean that a population of IDPs are living in highly congested conditions and with sanitation challenges. Keeping the environment and sanitary facilities clean requires huge efforts from the community as well as service providers. In this situation, many people share the same building and maintaining social distancing is not easy. These families may have separate rooms, but they share latrines and a kitchen, where there could be high risk of being infected with Covid-19.

As illustrated by the assessment results, overcrowding is one of main Covid-19 related concerns reported by respondents (51%), followed by lack of hygiene items (44%), and losing access to income (44%). The virus spreading in the community was also a main concern for 41% of the sampled population, followed by losing access to humanitarian assistance (40%).
When asked who is most vulnerable to the virus, 40% responded elderly people and 28% people with chronic diseases. In terms of protection against Covid-19, respondents rated handwashing with soap as the best preventive measure (29%), followed by using hand sanitizer (20%), staying at home (17%), avoiding social gatherings (10%), and maintaining social distancing (8%). This means there is relatively good level of awareness among IDP communities regarding protection against Covid-19. Most of the respondents confirmed that the main media channels they use for receiving information are TV and radio.

3.6 Information, Counselling and Legal Assistance

**Legal identity and civil documentation:** access to services including critical health care and access to financial services has deteriorated during Covid-19 for people lacking civil documents, curtailing what little freedom of movement was afforded during the pandemic. According to the findings, 35% reported challenges in accessing medical services, 26% reported difficulties receiving cash from financial service providers and 18% cited difficulties in crossing governorate level checkpoints. Of those without identification documents, 48% indicated the reason is not enough money to pay for the fees, 16% cited long distances, another 16% stated that they do not know how to get their documents, 8% stated that they lack the supporting documents needed, while the remaining 12% had other reasons. Those who tried to acquire identification documents during Covid-19 could not, due to the closure of civil registry offices.

**Housing, land and property (HLP):** The assessment explored the link between Covid-19 and threats of eviction against families who have been diagnosed or suspected of being ill with virus. The findings revealed two categories of eviction during Covid-19 as follows:
1. **Families who were unable to pay rent**, which triggered a threat of eviction from the landlord. Around ten such families reported eviction threats due to income loss caused by Covid-19. Although most of the evictions remained a threat and have not been actioned, nevertheless families are terrified of the prospect of possible eviction if they do not start to earn more soon to pay their future rent and their outstanding rent payments.

2. **Stigma related evictions.** Although the data did not show evictions resulting from Covid-19-related stigma, nevertheless some cases of opportunistic eviction threats were reported, where landlords asked IDPs to vacate the site during Covid-19. Only a few families reported additional pressure from their landlord to self-isolate and/ or social distance after suspecting household members of being ill with the virus.

Covid-19 also increased community disputes, as indicated by 9% of respondents. When asked for the reason, 52% said it was due to discrimination towards families with members showing Covid-19 symptoms, 34% stated that it is due to general discrimination towards IDPs and marginalized groups, while the remaining 14% said the disputes were due to discrimination against large households.

Overall, while 42% felt insecure from eviction, only 14% of the respondents reported that Covid-19 had increased the risk of eviction. This was higher for those who live in rented accommodation or public spaces.

Covid-19 did not stop landlords from proceeding with eviction plans set prior to the virus. Four IDP sites—namely Algrad and Saber in Lahj governorate and Alfagr & Alno’man in Taiz governorate—whose eviction notice has expired continue to face an uncertain future for lack of suitable alternative accommodation. Families in these sites expressed concerns about moving out during a health crisis, including the inability to social distance.

3.7 **Cash and Markets**

The exchange rate in Yemen continues to fluctuate, having reached approximately 750 YER per 1 USD (DRC Flash Update 3: YER Exchange Rate Volatility, 28 June 2020). Exchange rates were noted to differ from one institution to the other and from one governorate to the other, ranging from 595 YER to 760 YER per 1 USD. Since the escalation of conflict in 2015, the Yemeni Riyal has been losing its value against the US dollar, negatively impacting prices and households’ purchasing
power along with humanitarian programmes. According to reports by ACAPS on the volatility of the Yemeni Riyal, there is a direct correlation between currency depreciation and price inflation, especially when it comes to the cost of imported staple foods. This is due to Yemen’s dependence on imported goods and the dependency on USD in the market.

WFP’s Food Security and Price Monitoring Report for June 2020 noted significant food price increases since the beginning of 2020. Prices for key imported products such as vegetable oil and sugar have increased sharply by 43% and 32% respectively, while other commodities like rice and wheat flour started seeing a visible increase only towards the end of May 2020. Similarly, the cost of the MFB has increased by 15% since the beginning of 2020, averaging YER 5,584/person/month, close to hitting 2018 crisis levels; consequently, a budget used to purchase the MFB at the end of 2019 will only buy 87% of the same basket in June 2020. Key food commodities were reported to be generally available in markets but the decline in food imports since the beginning of 2020 and the narrowing of foreign currency reserves may lead to a decline in food supply in the coming period.

The price of water trucking was reported to have increased by 150%, which has caused an increase in the overall cost of the Survival Minimum Expenditure Basket (SMEB). This is likely one of the contributing factors of the increase in the average cost of water since Covid-19 started, as reported by 46% of respondents. However, 51% of the interviewed respondents reported no change in water costs. The Yemen Covid-19 REACH Joint Market Monitoring Initiative Report for June 2020 found that there has reportedly been minimal store closures in recent months; however, nearly 25% of vendors reported facing additional difficulties acquiring goods due to disruptions caused by Covid-19. Petrol and diesel were some of the most difficult goods to obtain, according to vendors. Restocking times for WASH goods was higher than fuel restocking times. The ability of vendors to adapt to changing demand has reportedly continued to decrease. High volatility in fuel prices has been seen throughout the country.
This assessment found that 94% of respondents reported price increases for some key products due to the effects of Covid-19, whilst 55% indicated either a decline in availability of key commodities in the local markets or that items are no longer available. About 27% of the respondents reported constraints impeding physical to local markets, of which 33% reported this was brought about by lockdowns induced by Covid-19, while 32% of respondents cited there were no nearby markets and 20% highlighted a lack of money for transport. The majority of the respondents gave the perception that prices for key commodities had gone up, as reflected in the graph above, while only 3% felt that they had remained the same.

Regarding specific commodities which communities felt were not available in local markets due to Covid-19, at the top of the list were medical items (50%), food items (46%), WASH items (42%) and shelter items (19%). Only 16% indicated that there were facing challenges in accessing financial service providers (FSPs) as compared to 84% who did not face access challenges. Of those who could not easily access FSPs, 49% reported that it was due to movement restrictions resulting from Covid-19. Findings showed that some traders were still selling commodities on credit to community members, though this was limited to 25% of respondents, while the majority (74%) reported that local traders were not extending credit lines to local community members to avoid bad debts.

4 Conclusion

This assessment provides insights into the direct and indirect impact of the Covid-19 pandemic on vulnerable groups across the country, whereby no significant differences between the assessed locations was found. Displaced populations in particular face additional challenges, including vulnerabilities distinct from those faced by other population groups. According to the above findings, the pandemic and lockdown measures have heightened protection concerns and resulted in significant health and safety risks. Many households do not have access to health care and additionally are in need of information about Covid-19, including information on how to stay healthy, the measures taken by the authorities to mitigate the spread of Covid-19, the symptoms of Covid-19 and what to do if someone starts showing symptoms. The measures taken by authorities to contain the spread of Covid-19 have certainly increased food and economic insecurity and have also exacerbated the struggle of vulnerable households to access basic services, in camp and non-camp settings alike.
The current priority needs during this pandemic as reported by the respondents include access to food to cover their daily consumption, cash to cover basic household needs and access to medical assistance. These priority needs have been intensified in the Covid-19 context and are expected, based on this assessment, to remain the key priority needs in the coming three months.

Market functionality in the past four months was also negatively affected, causing a decline in the availability of some key commodities in markets, coupled with increase in prices. WASH-related concerns have heightened, due to the increased cost of water and the limited ability of many households to access enough safe water as a result of Covid-19. Social distancing and disinfection of surfaces in public WASH facilities is not being practiced, which increases the risk of transmission within the community. School closures, as part of the lockdown measures instated by the authorities, have left children psychologically affected and falling behind in their studies, with no adequate alternative learning solutions in place. Parents are unable to support children while learning at home without any assistance to alleviate this impact. The increased risk of eviction has also worsened shelter concerns, linked to households losing access to livelihood opportunities due in part to movement restrictions imposed by the authorities in an attempt to limit the spread of Covid-19. Combined, all of the above leave many households with difficult dilemmas about how to prioritise their diminishing incomes.

Not only did Covid-19 cause additional needs, it also necessitated adaptations of ongoing programmes and restricted the ability of NRC and other humanitarian agencies to execute certain activities to protect affected populations. Among the activities affected are in-person awareness campaigns, group trainings, and community dialogues. Furthermore, a tragedy is unfolding since humanitarian funding is falling far short: according to UNOCHA, funds are at a historical low, with only USD $600 million received so far in 2020, compared to $2.6 billion this time last year. This decline in funding has further aggravated the health and socio-economic impact of Covid-19 on conflict-affected populations.

4.1 Protection & Health

Based on NRC’s findings and as confirmed by other reports, the Covid-19 pandemic has heightened protection concerns for Yemeni communities. The closure of borders, restriction of movements for both host and IDP populations, challenges in accessing health facilities, a lack of livelihood opportunities, increased prices for basic items, and the closure of schools have led to an increase in negative coping mechanisms. The lockdown measures are exacerbating the economic vulnerability of already impoverished households, and moreover exposing women and children to a heightened risk of exploitation and abuse, especially in families where daily labour is the only source of income.

Households are also experiencing physical and mental health issues, with many suffering from depression, anxiety or post-traumatic stress. Yet they have limited access to health care and the required medical support. Covid-19 is also posing grave dangers to the health of households and
the challenges in respecting social distancing measures, particularly in overcrowded areas and settlements. Despite their knowledge about Covid-19 symptoms, respondents still need more information on how to stay healthy and the rules and regulation imposed by the authorities to contain the spread of Covid-19. Respondents still fear they or someone in their family will become sick due to overcrowding in their community, although there is limited practice of precautionary measures. This fear is compounded by the limited access to health services.

4.2 Livelihoods and Food Security

It can be concluded that the impact of Covid-19 on food systems includes both food supplies and market functionality. Another key finding is that the loss of income from both formal and non-formal sources, coupled with the depreciation of the local currency and increases in food commodity prices, have negatively impacted households’ ability to access food.

Local populations have either lost or seen a significant reduction in income from traditional income sources. This alone increases their vulnerability. The assessment noted that IDPs are faced with limited options for earning an income and that due to Covid-19 many income sources have decreased, including remittances, casual labour and formal and non-formal employment. This has resulted in more households becoming even more reliant on humanitarian assistance for their livelihoods. Covid-19 has compounded the underlying causes for livelihoods loss and local populations have been in the process of adjusting to and recovering from this new reality. It is evident that the impact of Covid-19 has and will further worsen the food and livelihoods situation for the Yemeni population, which was already a major concern due to the ongoing conflict and other localised natural disasters.

4.3 WASH

Covid-19 has negatively impacted the ability of household to access adequate and safe water. Despite the fact that most respondents have access to adequate latrine facilities, the challenges associated with water accessibility due to Covid-19 can limit the use of these latrines. Similarly, it is clear that hygiene promotion efforts have worked well, even though more information is required not only on how and when people must wash their hands, but also why this needs to be put into practice. Water availability is a determining factor for the ability of household members to practice appropriate hygiene practices such as handwashing. Currently, WASH is a key preventative sector in reducing the spread of Covid-19. Access to clean drinking water, improved sanitation facilities and good hygiene practices are life-saving and play an important role in maintaining the public health of vulnerable people, particularly IDPs, persons with disabilities and other marginalized groups. The benefits of water, sanitation and hygiene cannot be underestimated in controlling the spread of diseases, as well as underpinning human rights, well-being and development.
4.4 Education
Two main conclusions emerge regarding the impact of Covid-19 on education. Firstly, children’s learning outcomes are expected to decline in the mid and longer term. Families are not able to support their children to learn from home as the concept of remote learning is not well-established nor embedded in Yemen and its planned establishment will be challenged by accessibility, including means of communicating specifically with the most vulnerable and hard-to-reach communities. As such, the disadvantages are disproportionate for displaced children. Prior to Covid-19, many parents could not send their children to school due to the associated fees, as schools are not adequately funded and often seek additional fees or contributions from parents. The further declines in household incomes noted in this assessment will mean that many more families will not be able to send their children back to school and this will lead to an increase in drop-out rates in the new academic year.

Secondly, children’s well-being and safety is at risk. School closures have impacted children psychologically; creating additional stress on families and exposing children to new protection risks. The wellbeing of vulnerable children, mostly children belonging to minority communities, IDPs, girls and children with disability, are expected to be impacted to a higher degree. The poor state of school infrastructure means parents are concerned about their children’s safety in schools when they reopen. Educational institutions also require additional funding to implement new health and safety requirements, undertake the outreach activities needed to persuade students to return, and facilitate remedial teaching to minimize learning losses.

4.5 Shelter/CCCM
Displaced households and households living in IDP collective sites are faced with challenges and vulnerabilities distinct from those who live in standard housing settings. These challenges and vulnerabilities are exacerbated in the Covid-19 context due to disparate health access and a heightened socio-economic impact on displaced populations. At the same time, it is challenging for them to adhere to appropriate Covid-19 precautionary measure such as self–isolation to reduce the transmission of the virus. Covid-19 has increased the fear of shelter insecurity amongst households, associated with the fear of eviction due to their increased inability to afford rent. Many surveyed households live with relatives and fear of being exposed to Covid-19 due to the density of people living in one space.

According to the assessment findings, there is a huge gap for adequate life-saving shelter solutions that needs to be addressed immediately to provide protection. This concerns mainly transitional shelters, and the provision of shielding shelters. Many households have lost (at least part of) their income due to the Covid-19 pandemic and have no access to humanitarian assistance, leading to open and unsafe living conditions or the threat of forced eviction.

From the assessment results, it is clear that CCCM and WASH teams’ awareness campaigns have resulted in a good level of knowledge amongst IDP communities on symptoms related to Covid-19.
The majority of the respondents were able to identify key Covid-19 symptoms, and those who could not mention any symptoms were negligible.

4.6 Information, Counselling and Legal Assistance

The assessment identified additional needs created by Covid-19, including the inability to move freely to access critical health care services due to a lack of identification papers. Those who wanted to get loans/micro credits from banks or receive cash assistance from aid agencies could not do so for lack of identification documents. To make matters worse, Covid-19 has forced the closure of civil registry offices, leaving many displaced people with no means to obtain identity documents.

Furthermore, Covid-19 has triggered a series of eviction threats after displaced families failed to pay rent due to loss of income, either because of direct restrictions related to Covid-19 or the overall downturn in livelihoods opportunities. This has created anxiety and panic among affected families, who have appealed for urgent rental subsidy support.

4.7 Cash & Markets

The Covid-19 crisis has significantly contributed to the weakening of the local currency against the US dollar. The Yemini riyal has significantly depreciated in the last month alone, leading to price increases for basic commodities. Significant price increases were more pronounced on imported commodities. Although markets remained open and fairly functional, concerns reported in this assessment relate to the availability of some key commodities, especially imported goods due to the disruption of supply chains as countries around the world have taken measures to contain the spread of Covid-19. Amidst reports and evidence of a loss of employment and disruption of livelihoods due to the effects of the pandemic, the purchasing power of local populations has been compromised and a further deterioration of the situation will exacerbate pre-existing economic vulnerabilities.

Traders are facing additional difficulties in restocking due to the pandemic leading to unavailability and/or shortages of key commodities in the local markets. Localised lockdowns imposed by the government and authorities in Yemen has affected physical access to markets. Evidence of market disruptions is being observed and in general has and will further result in price spikes for key commodities and services, a reduction and loss of business for traders, a loss of income for populations and an erosion of purchasing power.
5 Recommendations

The impact of Covid-19 in Yemen has gone beyond direct health and is affecting households on all social and economic dimensions. As the situation is highly dynamic, the needs identified in this assessment should be monitored consistently against the progress achieved by public and humanitarian agencies and changes in the context. The needs of the vulnerable people we already work with will persist. Therefore, specifically for humanitarian agencies operating in this new context, it is crucial to implement in innovative ways remote programmes to safeguard continued life-saving interventions. This should be done through continuously monitoring the context, assessing the needs and the early identification of alarming issues that may hinder progress.

All sectors and especially WASH play a key role in supporting the health sector in preventing and reducing the spread of Covid-19. The severity of the current Covid-19 context in Yemen poses grave impacts for WASH service provision and sustainability, if not adequately addressed. Therefore, equitable access to essential WASH commodities and services must be protected and extended for all, with a specific focus on engaging more with communities to minimise the transmissions risks, by continuing and ramping up hygiene promotion efforts, constructing WASH facilities and increasing water provision, all while maintaining Covid-19 precautionary measures.

Initiatives for learning alternatives must be sought to mitigate the impact of the lockdown on children. Even when schools reopen, without enabling households to access and meet their basic needs in health, food, protection, ICLA, shelter, and NFIs, many children will not be able to return. Therefore, cash grants and in-kind support will be essential for households to meet their overall needs and will support children to return to school. To do so humanitarian agencies should 1) increase fundraising efforts, 2) advocate with donors to provide resources so that beneficiary coverage is increased, and 3) seek flexible funds to cover the identified humanitarian gaps in all sectors based on the changing context.

5.1 Protection and Health

Protection concerns exacerbated by the impact of Covid-19 in Yemen:

*Recommendation:* Ensure monitoring of protection risks related to Covid-19, including limitations on freedom of movement, threats to physical safety, gender-based violence, stigmatization and discrimination, and access to services/assistance.

*Recommendation:* Strengthen awareness-raising and communication within communities on safe access to available services and information in relation to the containment, prevention and response to Covid-19 and positive coping mechanisms. This should be coordinated among Clusters and partners to ensure timely and safely information sharing, and alternative modalities for delivering humanitarian assistance should be considered for all activities to avoid
social gathering, including for example outreach through phones and messaging disseminated through megaphones and community focal points.

**Recommendation:** Ensure that community-based protection activities (including community outreach and actions by community-based protection networks and/or committees) include communities in developing Covid-19 prevention and response plans. Access to psychosocial support should be expanded, especially for children and adolescents currently out of school, including the provision of psychological first aid.

**Recommendation:** Regularly update service mappings and consolidated referral pathways to facilitate referrals and related activities. Referral pathways to specialised services will need to be adapted based on the Covid-19 context and increased or emerging needs. This can contribute to the containment, prevention and response to Covid-19, in particular with respect to medical services or PSS activities. Referrals to specialized services will continue to be essential for protection cases from low to high risks, identified through protection monitoring or through other forms of outreach.

**Access to health care and Covid-19 related information:**

**Recommendation:** Increase community outreach to disseminate key health and Covid-19 messages on the symptoms, prevention and transmission methods. Key messages should be focused on the identified knowledge gaps and information needs identified in this assessment.

**Recommendation:** Disseminate information on the measures and protocols taken by local authorities, how to stay safe and healthy during the pandemic, and the steps to be taken when developing symptoms or when caring for someone infected with Covid-19.

**Recommendation:** Ensure different forms of media are utilized to spread hygiene promotion awareness messages and awareness of health services. For example, radio spots, TV spots, text messaging, social media, and mass awareness campaigns via megaphones, posters and leaflets in public places.

**Recommendation:** Advocate for health agencies to increase their presence and operations especially within IDP sites. Support isolation/quarantine centres and promote equal access for all groups and health cases without discrimination in all health facilities.

**5.2 Livelihoods and Food Security**

Erosion of traditional income sources has exacerbated immediate needs for food and cash:

**Recommendation:** Increase funding and resources for livelihoods recovery to address the secondary impact of Covid-19 on jobs and incomes and promote alternative income-earning opportunities that can be sustained even during the Covid-19 pandemic. Such actions should be simple, appropriate and support local markets.
**Recommendation:** Support displaced communities to avoid adopting negative and damaging coping strategies. Immediate food needs must be met to prevent loss of lives, and food security activities must be complemented by diversified livelihoods actions that are adapted to the Covid-19 context.

**Recommendation:** Continue monitoring the economic indicators and their trends at least on a monthly basis, through existing activities by NRC and other stakeholders in Yemen. Food systems which include import delays, logistical barriers, market functionality, loss of income from formal and self-employment activities will be critical to track.

**Recommendation:** Track and monitor household purchasing power, specifically indicators on availability and access to food commodities in the local markets. Access restrictions (conflict and bureaucratic related) and their impact on food security will also remain critical to monitor.

**Decline of availability of food items in local markets and depreciation of the YER against USD:**

**Recommendation:** Advocate with relevant authorities and stakeholders to ensure supply chain lines remain open and uninterrupted, to ensure availability of key commodities in local markets. Advocacy can also be taken to a higher level regionally with concerned parties to ensure that barriers to the supply chain are minimized and/or eliminated.

**Recommendation:** Track key macro indicators such as the depreciation of the Yemeni riyal against the US dollar, replenishment rates, foreign reserves, importers’ access to letters of credit, trends in remittances and prices of key food commodities, to ensure humanitarian interventions are relevant and linked to the overall economic context.

**Recommendation:** Conduct regular data collection, analysis and interpretation of trends in prices should, preferably on a monthly basis, and share findings and recommendations with sector teams to inform adaptation, modality and delivery methods.

5.3 **WASH**

**Limited ability to access to safe and adequate water due to Covid-19 and increased cost of water:**

**Recommendation:** Support vulnerable IDPs in camps, quarantine centres and other locations without any water source with either in-kind water trucking or cash/vouchers. These activities should take place in addition to the rehabilitation of existing water schemes to facilitate access to safe and adequate water sufficient for personal and domestic purposes, and incorporate Covid-19 precautionary measures.
Appropriate hygiene practices and Covid-19 precautionary measures are not widely practiced in the assessed communities:

**Recommendation:** Conduct hygiene promotion activities with more emphasis on behavioural change activities such as handwashing with soap, social distancing as a main prevention mechanism, and information gaps as described in the above findings.

**Recommendation:** Ensure strong coordination with the Ministry of Health, Ministry of Water and Environment, UNICEF, WHO, WASH, health cluster and other agencies to ensure gaps are covered in terms of resources and thematic areas.

**Recommendation:** Ensure different forms of media are utilized to spread hygiene promotion awareness messages and awareness of health services. For example, radio spots, TV spots, text messaging, social media, and mass awareness campaigns via megaphones, posters and leaflets in public places.

### 5.4 Education

Public health awareness for school-aged children and parents:

**Recommendation:** Establish mechanisms with teachers, parents and youth leaders to communicate Covid-19 risk, prevention and mitigation messaging, in language tailored to different age groups and literacy levels. This includes supporting mobilized youth to play a positive role in this regard.

**Recommendation:** Support mobilized youth to play a positive role online (for example, by sharing authentic information and reducing the spread of rumours), as well as offline by helping neighbours and their own household. When necessary, equip them with resources to contribute in person and to support others online (e.g. vulnerable people in self-isolation).

School closure has negatively affected children’s learning outcomes and wellbeing:

**Recommendation:** Invest in distance and remote learning in the areas where NRC operates; this entails tracking the progress made by MoE and UNICEF to introduce and establish remote learning in Yemen. Establish strategic partnerships with educational actors interested in remote learning. Based on the identified needs, agreed modalities, and secured funds, provide families with the needed support and means to help children learn from home, including through cash when necessary. Have youth (groups) support teachers and/or the learning of children in the household/community and engage with parents and teachers on remote learning methods so they can ensure learning and health information sharing continues post-closure of schools.
**Recommendation:** Continue implementing activities that do not require learners but still support and sustain schools to reopen and operate safely, such as rehabilitating schools, constructing classrooms, and creating water connections for schools. This requires allocating additional funding to support educational institutions to implement new health and safety requirements.

**Recommendation:** Education partners need to think of a variety of new and innovative strategies that can help children continue learning and mitigate the risk of increased dropouts and support children to re-enrol schools. Outreach activities need to be undertaken to ensure students return, educational activities should be complimented with psychosocial support, and education and hygiene materials to should be provided to children and teachers.

**Recommendation:** Conduct a follow-up assessment to thoroughly look at how NRC and other education agencies can support learning and child wellbeing from the perspective of children, parents and teachers during school closures in Yemen due to the Covid-19 pandemic.

5.5 **Shelter & CCCM**

Lack of access to adequate shelter and limited availability of basic services in camps has increased Covid-19 risks:

**Recommendation:** Support vulnerable households especially those at risk of eviction with rental subsidies and essential household items. Large households living in one shelter should be provided with more space to accommodate all members of the household.

**Recommendation:** Fully operationalise a community shielding approach, including green zones in IDP sites where appropriate and feasible.

**Recommendation:** Lobby health partners to extend health services to all IDP sites and enhance the capacity of health facilities across the country.

**Recommendation:** Strengthen the newly-adopted remote approach for field coordination and service monitoring with community-based structures.

**Recommendation:** Improve shelter designs to allow space for shielding of vulnerable household member(s).

**Recommendation:** Coordinate with other sectors to provide holistic and comprehensive services to displaced communities worst affected by Covid-19.
5.6 Information, Counselling and Legal Assistance

Gaps in accessing services including critical health care and financial services due to a lack of identification papers, coupled with inability to obtain the documents due to Covid-19:

**Recommendation:** To respond to the growing need for civil documents, and to clear the backlog at civil registry offices, all agencies providing legal assistance should adopt and scale up remote assistance on civil documentation support, while advocating for civil registry offices to be reopened since they provide essential services. NRC has successfully worked with the registry office based in Aden to work remotely and dedicate one day a week to print vital documents, an approach which should be adopted by others.

Loss of income and social economic impact of Covid-19 has exposed many families to threats of forced eviction:

**Recommendation:** NRC to advocate for a national/sub-national moratorium on evictions for the duration of the outbreak, while providing emergency eviction cash relief to affected families.

5.7 Cash and Markets

Depreciation of local currency against the USD and rising prices for key commodities in local markets:

**Recommendation:** NRC and partners to continue monitoring developments, and identify solutions for sector teams to adapt programmes and mitigate risks. Monitoring should engage with relevant clusters to ensure that harmonized recommendations are adopted, to reduce political sensitiveness and protection risks amongst communities when different packages are delivered.

**Recommendation:** Invest in macro level monitoring and analysis of key indicators of market functionality and exchange rates, to inform programme adaptations, planning and mitigation in a timely manner.

**Recommendation:** Continue monitoring exchange rates and adapt programming to the changing context, as well as conducting contingency planning in case the situation deteriorates further making it difficult to operate.

Physical access to local markets:

**Recommendation:** Advocate with relevant stakeholders for safe access for local populations to their nearest markets and to adopt precautionary measures to minimize the risk of spreading Covid-19. Guidelines should be developed to inform community awareness sessions on safe access to local markets.
Recommendation: All relevant actors in the country to work with the Cash & Market Working Group for joint advocacy on these issues.