**Yemen**

2 January 2019

**Key figures:**

- **22.2M** people in need
- **2M** internally displaced persons (IDP)
- **89%** of IDPs displaced for more than one year
- **1M** IDP returnees
- **1.2M** IDPs given in-kind or cash assistance in 2018

**Funding**

**USD 198.7 M** required for 2018

- **Gap 30%**
- **Funded 70%**

**USD 139.2 M** received as of 18 December 2018

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**Emergency cash and in-kind assistance**

In 2018, UNHCR scaled-up its cash programming, to assist close to 800,000 Yemenis and 130,000 refugees by disbursing USD 48 million. By monitoring new displacement and working with service providers, community centres and community leaders, UNHCR and its partners identified and assessed the needs of over 160,000 vulnerable households. UNHCR cash assistance targeted people with specific protection needs and those lacking adequate shelter or the key materials to keep warm, particularly during winter. Cash will remain at the forefront of UNHCR’s assistance in Yemen in 2019.

UNHCR provided core relief items (CRI) – such as mattresses, blankets and other household items – to over 700,000 individuals, and provided emergency shelter kits (ESK) to 125,000 people. In-kind distributions provide essential support to IDPs, returnees and heavily burdened host communities, especially where the scale of displacement and intensity of fighting make such items unavailable or inaccessible in local markets. Around 85 per cent of UNHCR’s in-kind distributions followed the June escalation of fighting in Al Hudaydah. Based on needs assessments, over half of UNHCR’s CRI distributions and over 85 per cent of its ESKs in Yemen were distributed in the three heavily affected north-western governorates of Al Hudaydah, Sa’ada and Hajjah.

**Other support to refugees, IDPs and host communities**

UNHCR provided protection support to 105,000 persons, working through community-based protection networks and through eight UNHCR-supported community centres. Protection activities included social counselling for 40,000 people, psychosocial support for 35,000, and legal information and assistance for 30,000.

UNHCR supported 119,000 medical consultations, and reached over 220,000 people through community outreach health activities, including 5,000 awareness-raising sessions. Outreach activities to spread key messaging on health and hygiene are crucial, given the continuing cholera outbreak. UNHCR’s health-care activities target Yemeni host communities as well as refugees and asylum-seekers. Over 50,000 of the medical consultations in 2018 were for host community members.

UNHCR signed a new agreement with the Immigration, Passport and Nationality Authority (IPNA) and, in September, supported Yemeni authorities to complete a joint verification exercise in Kharaz Camp. The population of Kharaz Camp (in Lahj Governorate in the south of Yemen) was significantly revised as a result of the first comprehensive verification since 2009, reducing its registered population from 16,000 to 8,400. Meanwhile, 4,400 asylum-seekers were newly registered with UNHCR. Of these, over 90 per cent came from Somalia, while the remainder came from Ethiopia, Eritrea and Syria, among other countries.

Now in its second year, UNHCR’s assisted spontaneous return (ASR) programme helped 2,591 Somalis to return from Yemen to Somalia in 2018. The programme continues to provide information and counselling on returns to thousands of Somalis through three return help-desks, in Kharaz Camp, Al Mukalla City and Basateen neighbourhood, in Aden.

UNHCR assisted the resettlement of 114 refugees who were identified as being particularly at risk. This year, 60 Eritreans, 51 Ethiopians and 3 Somalis were resettled in Sweden.

Through 31 quick-impact projects (QIPs), UNHCR has improved the conditions for IDPs and host communities by rehabilitating locally shared resources, such as markets, water sources and community spaces. QIPs aim to foster social cohesion, by lessening the impact of hosting displaced people, and by using consultative processes to select projects that benefit both hosts and IDPs.

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