

**2007 JOINT ASSESSMENT**

**MISSION REPORT**

**YEMEN**

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**UNHCR  
WFP  
NGO partners**

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# Acknowledgements

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Finally, special appreciation goes to the refugee and local communities who took time from their daily lives to discuss issues affecting their camp and communities. Their input assisted the mission members to better understand the situation in which they live.

## List of Acronyms and Abbreviations

URTI	Upper Respiratory Tract Infections
ARI-	Acute Respiratory Infection
EDP-	Extended Delivery Point
FFW-	Food-for-Work Program
GAM-	Global Acute Malnutrition
JAM-	Joint Assessment Mission
LOU-	Letter of Understanding
M&E-	Monitoring and Evaluation
MOU-	Memorandum of Understanding
MT-	Metric Ton
NFI-	Non-Food Items
PDM-	Post-Distribution Monitoring
PRRO-	Protracted Relief and Recovery Operation
SFP-	School Feeding Program
TBA-	Traditional Birth Attendant
UNHCR-	United Nations High Commissioner for Refugees
WFP-	World Food Program
WH-	Weight for Height Ratio
WSB	Wheat Soya Blend
CSB	Corn Soya Blend

## Methodology

This JAM was conducted under the existing framework of UNHCR and WFP's Memorandum of Understanding which requires periodic review of all joint operations. In the case of the refugees in Yemen, this has typically been conducted every two years. Since the last joint assessment, a number of operational changes have taken place in the two camps, including population changes due to the registration of new arrivals and general funding constraints, particularly for UNHCR. Furthermore, there has been an increase in the number of persons of concern, due to the deteriorating security situation in Somalia.

About one month to the commencement of the assessment, WFP and UNHCR held consultative meetings to agree on the modalities for undertaking the assessment. Among the key issues discussed and agreed included the terms of references, identification and composition of the mission members, scheduling of the field activities, and modalities for funding of the mission. As part of the build-up to the commencement of fieldwork, WFP and UNHCR prepared a list of the documents and secondary data required for the successful and speedy undertaking of the mission. In addition, both WFP and UNHCR sub-Office in Aden prepared briefing kits. The briefing kits provided data and information necessary to back up the primary information collected during the field visits to the camps.

Prior to visiting the camp, the mission members convened in Aden to discuss the terms of reference and agree on the assessment methodology. The members were divided into five thematic groups and charged with the responsibility of collecting the relevant data and preparing the preliminary findings. The mission team leader and members from WFP and UNHCR took responsibility to collate the group recommendations and prepare and agree the final recommendations. Decisions on the composition of the membership of the groups was guided by the need to have adequate expert coverage in the areas of food security, protection, health, nutrition, logistics, partnerships and coordination.

The mission members met in Aden prior to undertaking the field visits. The Matrix of findings and recommendations from the 2005 JAM mission was reviewed to assess the level of implementation of each of them. The continuing relevance of those, which had either not been achieved or only partially achieved, was discussed. Those of continuing relevance to this year's JAM were carried forward for further review. (Annex 3).

After discussion of the ToRs, two additional areas were highlighted as needing inclusion, namely the distribution of both infant formula and powdered milk and other food items in the camps and the timing of inclusion of new arrivals into the camps for food distribution. The revised ToR is shown as Annex 1.

Food distribution reports and health statistics were made available to the team for review and two days were spent in the field visiting both the refugee settlement area in the Camps and Urban Centers. In both locations interviews were held with implementing partners, refugee leaders and refugees in health centers schools and clinics. A few home visits were also undertaken. The findings and recommendations of this mission are based upon these observations, interviews and literature review.

## **Executive Summary**

The mission, composed by three WFP staff and three UNHCR staff, found the situation of refugees living in Aden urban area and Kharaz camp stable and with no serious deterioration in the health and nutritional status compared with the assessment conducted in 2005. However, the arrival of refugees to Yemen has continued unabated and every month some urban refugees are transferred to the camp as they are unable to cope with their low and insecure incomes. For these two groups a more systematic approach to access food assistance has been suggested as well as the need for more effective verification.

All areas of UNHCR/WFP assistance were assessed during the mission. Opportunities for refugee self-reliance remain very limited in Yemen, and destitution and dependency are a reality. GFD will have to continue in the camp with a limited reduction in the provision of WSB in the SFP which reflects lower than planned utilization. In the urban area, no recommendations were made regarding inclusion of this caseload for General Food distribution however recommendations were made regarding the SFP, which will need a limited increase, and ideas were put forward for the restructuring of the school feeding program. Building capacity in systematically surveying and monitoring the health and nutritional status of refugees is priority that needs to be addressed. Increasing self-reliance, raising awareness on HIV/AIDS, active and equal participation of women, targeting of extremely vulnerable refugees and combating SGBV are the main challenges WFP and UNHCR currently have work on together during the next phase of the operation.

## Part 1 – General Context

### 1.1 Introduction

Yemen hosts a considerable number of Somali refugees (see figures below) who have been arriving to Yemen since the collapse of Siad Barre’s regime in the early 90s. There are also a significant number of Ethiopians registered with UNHCR as well as other “mandate” refugees. While an average of 1,200 Somalis and Ethiopians a month have been steadily arriving for the past few years, the numbers increased at the resumption of the 2006 smuggling season. Following the recent developments in Somalia, at least 35 smuggling boats carrying more than 3,500 people arrived in September 2006 alone. For some arriving from the Somali coast (mostly the area of Bossasso), Yemen is the final destination, but for many others it is only a transit country for onward travel to the Gulf States or Europe.

Every month some urban refugees are transferred to the camp as they are unable to cope, cannot afford the high rents and subsistence, with their low and insecure incomes. There are very limited opportunities for refugee self-reliance, as Yemen is a poor economy. Also, there are budget limitations and lack of adequate NGO capacity able to promote self-reliance projects effectively. The key gaps identified during the Participatory Assessment, an annual exercise conducted by UNHCR and its partners, in 2006 are, amongst others, the limited food basket, lack of drugs in the clinics, insufficient housing in the camp and poor housing conditions in urban areas. In Al-Basateen (Aden urban area), refugees live in appalling circumstances. Lack of water and poor waste management are compounded by people’s attitudes

Starting in 2006 the Government of Yemen in conjunction with UNHCR conducted a mass registration exercise and issued identity documents for Somali refugees in Yemen as per the MOU signed in 2005. The registration was completed in early 2007. It is expected that two permanent registration centers will be opened in 2007 in Sana’a and Aden. Other four permanent registration centers to follow in certain cities with high concentration of Somali refugees in Yemen. Verification is being conducted but proves to be difficult as many families keep a presence in both the camp and urban areas. A number of refugees who live in urban areas turn up on a monthly basis in the camp to collect food (face to face). The head of the family comes to collect the food. Many of the temporary ration cards are in the name of male heads of families

UNHCR had started the new computerized revalidation and profiling exercise on the 4/7/2006. It was stopped and the joint GoY/UNHCR registration was done. New ration cards are ordered from HQ though old tattered cards are still used. New arrivals/urban transfer have no cards. New cards are expected to be issued in July/August

### 1.2 Refugee numbers and demography

At the end of the registration, the following figures were agreed upon and reported:

Total number of refugees in Yemen (102,092 – UNHCR March 2007 statistics is estimated on the basis of the sum of the following categories:

- a) Convention Refugees In Kharaz Camp: 8,899 (Somalis:8,245; Ethiopians:654)
- b) Convention Refugees in urban settlements: 49,579 (unregistered Somalis)
- c) Convention refugees in urban settlements: 39,405 (registered Somalis: 39,259, Ethiopians: 146)
- d) Mandate Refugees In urban settlements: 4,209 (Non-Somalis)

#### Beneficiary population in Kharaz camp (March 2007 statistics)

Nationality	Female						Male						Grand Total
	0-4	5-11	12-17	18-59	>=60	Total	0-4	5-11	12-17	18-59	>=60	Total	
Somali	734	969	494	1,951	48	4,196	801	1,009	530	1,667	42	4,049	8,245

<b>Ethiopian</b>													<b>654</b>
<b>Total</b>	<b>737</b>	<b>969</b>	<b>494</b>	<b>1,950</b>	<b>48</b>	<b>4,198</b>	<b>802</b>	<b>1,009</b>	<b>530</b>	<b>1,667</b>	<b>42</b>	<b>4,050</b>	<b>8,899</b>
<b>% against total gender</b>	18%	23%	12%	46%	1%	100%	20%	25%	13%	41%	1%	100%	
<b>%against total population.</b>	8%	11%	6%	22%	1%	47%	9%	11%	6%	19%	0%	46%	93%

**NB: The Somali population data was obtained from the last mass registration “RAPID” database at Kharaz camp. No data was entered in the “RAPID” data management system concerning the Ethiopians at Kharaz camp.**

As indicated on the above table, the majority of the refugees are women and children. 51% are under 18 years of age, and the adult refugee population is composed of 23% women and 19% men. It is estimated that 53% of the families the in the camp are female-headed households.

The 654 Ethiopian refugees (Oromos) in the camp have been registered but the information is currently being entered into the system and the breakdown is not available.

### 1.3 New Arrivals

In 2006, 14,151 new arrivals are estimated to have entered Yemen. Out of this number, WFP and UNHCR assisted 13,394 in Mayfa'a Reception Centre (MRC). WFP provides on-site feeding for three days while UNHCR caters for shelter, temporary registration forms, medical assistance and provision of transport for all new arrivals that opt to go to the camp in Kharaz. WFP provides an average of 2 MT of food commodities per month to MRC, which is enough to feed 1 500 new arrivals.

In addition, UNHCR records an average of 400 arrivals per month at Kharaz camp. Most of the new arrivals stay in the camp 1-3 days, and are provided with some food items. They then leave to other areas. It is estimated that only 5-10% of the new arrivals remain in the camp. They are added to the general food distribution after their stay is confirmed during the three months following their arrival.

As for the new arrivals, it is difficult to plan for a fixed number of beneficiaries. However, UNHCR and WFP have agreed on population estimates and to have a reserve stock, calculated on the basis of the number of beneficiaries arriving at Mayfa'a Registration Centre (MRC) during the previous years.

### 1.4 Urban refugees

A population of 13,153 Somali refugees lives in Al-Basateen, a slum desolate area near Aden. They have limited sources of income and are assisted by UNHCR and local NGOs. UNHCR and WFP are also providing assistance for the vulnerable groups attending the Primary Health Care clinic/MCH, and the public primary school where most Somali children go.

### 1.5 Assistance

WFP assistance to Somali refugees started in 1992. The current PPRO 10232 "Assistance to Somali Refugees" providing a total of 6,346 Metric tons of food commodities at a cost of US\$ 208 million " was approved in February in 2003 for 21 months. In addition to monthly relief food distribution to the refugees in the Camp, WFP also provides for selective feeding programmes to malnourished children and expectant and nursing mothers in the camp and in Al Al-Basateen. In addition WFP supports some vulnerable groups from the non-refugees population living around the camp. The overall objectives of the PRRO are to;

- Alleviate hunger of refugees arriving at the reception centers by boats
- Contribute to the food security requirement of the refugees living in camps
- Contribute to maintaining adequate nutritional standard among vulnerable groups
- Promote and support basic education of children through school feeding



Improve living and environmental conditions through supporting rehabilitation and maintenance programme of camp facilities and roads

Promote and support human development capital, particularly for women through income generating and skills development,

and is targeted especially to people living in Kharaz camp that are almost totally dependent on external assistance.

The primary objectives of UNHCR's operations in Yemen are the protection of refugees and asylum seekers, and to provide basic, targeted and limited assistance to refugee in both the urban areas (in line with UNHCR Guidelines on assistance to Urban refugees) and in the camp.

UNHCR allocates a major part of its assistance to refugees in Yemen to Kharaz camp. Sixty eight percent of the operational budget is allocated to refugee assistance in the camp, while 22% of the operational budget is provided to refugees in urban areas, mainly Sana'a and Aden (Basateen). A remaining 10% of the budget covers the assistance needs for new arrivals at the Mayfa'a Reception Center in Shabwa Governorate. Refugees living in Kharaz are assisted with shelter, water, sanitation services, food, health services, basic education, and community services. Agricultural activities, vocational training, and income-generation activities are also being implemented in the camp in a relatively limited scale.

In UNHCR's Country Operations plans of 2006 and 2007, the main focus of project activities in Kharaz camp was on community development and capacity-building to increase refugee participation in projects activities, in order to increase self-reliance of refugees. Self-reliance however remains a major challenge.

### **Food Aid and General Rations**

Food aid is primarily intended to cover the basic food needs of refugees assisted by UNHCR with its care and maintenance program, as well as on-site feeding at the Mayfa'a Reception Center. Fortified wheat flour is being provided to ensure a supply of some essential micronutrients in the ration. Food aid also helps to maintain the nutritional status of vulnerable groups through targeted feeding programmes which are conducted in partnership with NGOs and it also contributes to recovery activities through school feeding and FFW/FFT activities.

In general rations have been distributed on time and in sufficient quantities over the past twelve months. Two distributions were missed due to security reasons. Pulses have been missing for three months but their kilocalorie level has been compensated by giving additional rice or wheat flour. Wheat flour provided to the refugees is fortified with Iron and Folate. But other micronutrients are deficient; this is a potential source of problems for those segments of the population who are very highly dependent. Markets do exist in the camps and refugees can supplement their ration if they have the economic means to do so. However a full ration of 2100 kcals needs to be maintained because of the degree of dependency of the camp population which is made up for almost 80% of women and children.

An identified deficiency in the ration is the lack of a suitable food for small children. The High Commissioner for refugees has a special fund for nutrition and complementary food stuffs can be procured through this fund which will increase micronutrient availability and diversity.

NGOs in the camps provide additional food to identify vulnerable groups like, the elderly, unaccompanied minors, TB patients etc. There are two ways, 1) in the form of cooked food or 2) as a dry rations of various items, pasta, milk and even including infant formula.

## **Recommendations**

- Shelters visits undertaken jointly by UNHCR, WFP and IPs to be continued in order to physically verify presence of refugees. Decision to be taken to exclude the refugees from the list if not found 3 times in three months.
- New cards need to be provided in accordance to the registration exercise carried out in 2006.
- Sensitize the community and advocate establishing women as family heads for the new ration cards.
- As a planning figure for GFD, WFP could plan to assist a total of 9,000 refugees/beneficiaries a year for Kharaz camp. Maintain a full general ration of 2,100 kcals. UNHCR to solicit funds from the High commissioners fund for nutrition to include tomato paste as part of the food basket.
- Refugees in Al -Basateen are not to be included for GFD
- The planning figure for Maifa' to be on average 1,200 beneficiaries per month
- UNHCR needs to work with partners, WFP, UN agencies, the Yemeni government, to identify immediate measures and ways to provide increased assistance to the most vulnerable groups in the urban area of Al Basateen.
- Children >6months of age to be included in general distribution
- UNHCR to improve targeting and coordination regarding assistance to vulnerable groups
- Provision of meals for extremely vulnerable/unaccompanied elders/orphans (currently benefiting only 22 persons using a special UNHCR funding source) to be reviewed for better targeting and a more community-based approach

## **Health, Nutrition and HIV/AIDs**

### **2.1 Morbidity and Mortality**

In Kharaz, the major causes of morbidity in children under five are upper respiratory tract infections (URTI) and gastroenteritis. Incidence of URTIs is even higher in Al Basateen. The association between respiratory illnesses and malnutrition is of particular concern. Throughout the year, URTIs make up to one third of the cases seen in both clinic in Kharaz and in Al-Basateen.

The implementing partner in charge of health services in Kharaz is CSSW whose activities are primarily Basic Health Care and include the management of the pharmacy, OPD (out patient department), laboratory, first aid, a TB section, Pediatric service, IPD (in-patient department) delivery room. In addition, CSSW manages a MCH (Mother and Child Centre) as well as reproductive health activities in the camp. There are three medical doctors working in the Health Centre: a Pediatrician, a Gynecologist, and a Generalist.

In the urban area of Aden, Al Basateen, CSSW also runs a Clinic with basic health care services including MCH, reproductive health/health education, TB control. Some essential drugs and some medical supplies are provided to refugees and the local population residing in the area free of charge, and specialists' consultations are available. These activities are partially supported by UNHCR while WFP supports a feeding program for malnourished children, pregnant and lactating women. There are some 500 targeted malnourished women and children that benefit from the food items provided by WFP. This is insufficient to cover needs.

Currently Family Planning is promoted in the camp and Al-Basateen's MCH services. Contraceptive pills are the most preferred method; however use of FP methods is extremely low. No data are available on fertility rates, but it can be easily observed that the number of children women have is high, with obvious consequences on the family's well being.

## **2.2 Nutrition and Health Surveillance and Monitoring**

Few cases of severe malnutrition are reported in the camp and although the health statistics for the camp appear to be good, there are several areas of concern which need mentioning;

- 1) A measles epidemic occurred in 2006 which affected 200 children, this could imply that vaccination coverage is not optimal and needs to be investigated.
- 2) several refugee women independently reported a shortage of drugs available through the clinics
- 3) reporting of prevalence of malnutrition depends on thrice yearly MUAC screenings
- 4) The only reliable source of micronutrients in the ration comes from the WSB distributed through school feeding and supplementary feeding programmes. Coverage of both is less than optimal.
- 5) bottle feeding of small infants is prevalent
- 6) Dried milk is being distributed to children by some of the IPs, though it is to be noted that this is with the best of intentions.
- 7) No F100 is available for therapeutic feeding.

Although the following observation is only based upon experience and not empirical evidence, there appears to be quite a difference in terms of nutritional health between the refugee children in the camp and those in Al-Basateen, with those in the camps less favored.

It is reported that breastfeeding has increased in camp. But women in both the urban area and camps are continuing to bottle feed, for which there may be many reasons, for example, a perception that they have not enough milk or due to cultural habits. Bottle feeding is also very common amongst the local population.

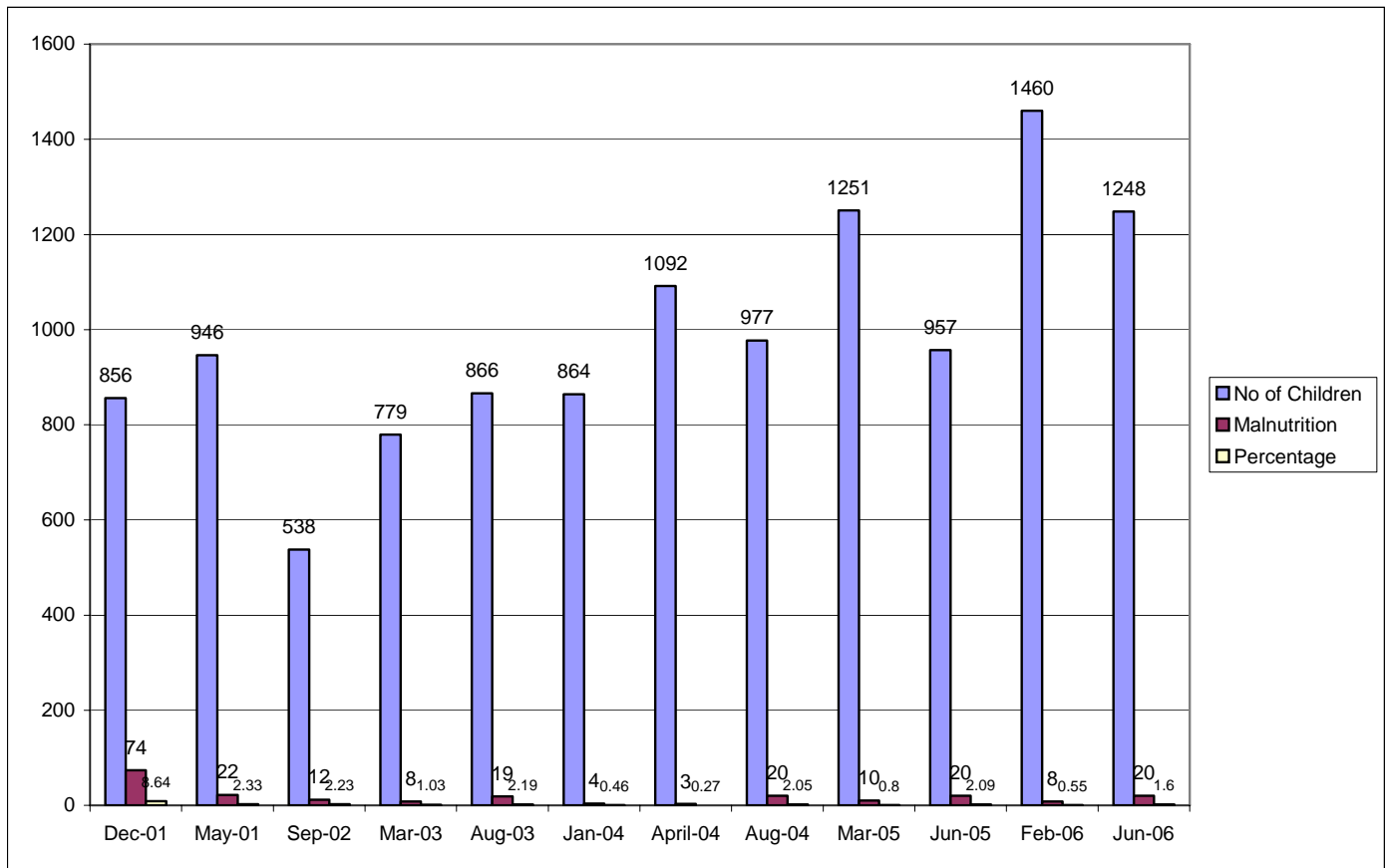
Additionally NGOs provide infant formula albeit based upon Doctors prescription to selected women, for example those with frank HIV, or TB. It is known that Refugees will do without other needs to purchase infant formula. Doctors and NGOs interviewed indicated that improper dilution and bad sanitation pose a risk to children being bottle fed. It is also reported that many infants are put directly on to full cream milk (Nido) after six months of age and this is not an appropriate food for small children. Much more emphasis needs to be placed upon the benefits (both economic and health) of breast feeding. Relactation advice needs to be given to several mothers.

Detection and treatment of malnutrition in the camps is conducted by CSSW (Charitable Society for Social Welfare). Their stated policy is to conduct regular screenings using MUAC to enable early detection and treatment of malnutrition. Those found to be malnourished are referred for a further weight for height measurement and if found to be severely malnourished to hospital for TFP.

The causes of malnutrition are multi-factorial and include;

- 1) Non stable population and separated family members
- 2) Poverty and limited employment opportunities/mother working/begging outside the camp
- 3) Negative attitude to breast feeding and Somali feeding traditions
- 4) Lack of appropriate food for infants in the food basket
- 5) Contaminated water and poor hygiene
- 6) Disease

The table below shows the nutritional screenings of fewer than 5 up to date.



The Mission observed that the health implementing partner is keeping accurate records at the MCH Centre. The weighing system has improved compared to previous years. However, screening of the development of children under 3 has not been conducted in the day care centers in addition no nutrition survey has been carried out; rather detection of malnutrition depends upon MUAC screenings conducted three times a year and self referral. Likewise no precise information is available from the urban areas but depends on individual cases been detected by outreach workers. Based on observation and experience it appears that, while there may be little frank acute malnutrition in either the camp or the urban population, those in the urban areas appears to be in better nutritional health. This could be reflective of the high degree of dependency of the refugees in the camp.

Admission criteria for SFPs includes those below 80% of the median weight for height and those considered borderline i.e. <83% wt/ht. Duration of admission can be from three to twenty four months! On average 20 cases are identified per month. In percentage terms it amounts to <1 % of the children under 5 in the camp. In other circumstances prevalence rates this low would not warrant a SFP, but rather individual children would be sent to local facilities for treatment. In the case of Kharaz such facilities don't exist in the surrounding area.

Three meals per day are provided in the SFPs, for which WFP provides WSB, oil and sugar for the morning porridge (one meal) to which additional sugar and milk is added by the NGOs. NGOs in the camps also provide additional food to identify vulnerable groups like, the elderly, unaccompanied minors, TB patients etc. There are two ways this food is provided, 1) in the form of cooked food or 2) as a dry rations of various items, pasta, eggs milk and even including infant formula.

WSB has a very poor shelf life in the conditions prevailing in Aden. The quantities required are far less than what has been planned. For that reason it is recommended to reduce the WSB component for SFPs in the camp to 80 grams and provide the correct amount based upon actual consumption rather than planning figures. Another identified deficiency in the ration is the lack of a suitable food for small children

SFPs are provided also as a take home ration in Al-Basteen and is in the form of a family ration of WFP provides WSB with sugar and oil. All pregnant women and some of the elderly are provided with iron-folic and Vitamin A. Two Vitamin A awareness campaigns were carried out in 2006 for all refugees less than 15 years. Adult refugees complain of eye problems which need to be investigated.

Program performance indicators, including admission criteria, average length of stay, coverage and defaulter rate, using monthly standard format found in joint WFP-UNHCR feeding are being collected but pregnant and lactating women are being erroneously included.

#### **Recommendation on Nutrition**

- UNHCR medical co-coordinator should review medical protocols, with particular reference to vaccination and drug availability. New arrivals must be included for vaccination.
- Outreach activities for the early detection of malnutrition should continue as well as the referral of severely malnourished children to Lahaj and provide therapeutic milk.
- Much more effective encouragement of breast feeding and family planning through education of both NGO and health staff is required so that they can better sensitize refugees.
- Continue and increase community outreach activities, education sessions, health awareness community counseling and participation.
- UNHCR Medical coordinator to investigate possible Vitamin A problems amongst adults.
- Increase number of take home rations for identified malnourished pregnant and nursing mothers to 600 families or 3,000 individuals in Al-Basateen.
- Infant formula to be provided exclusively following doctors' prescription (possibly the activity should be moved to the health IP budget).
- Provision of powdered milk (full cream) should also be avoided, and if given for very few selected cases it should be preceded by training and clear instructions.
- Given the poor nutritional value of the ration in terms of micronutrients WSB still needs to be included for the benefit of the children, school feeding should continue both in the camp and in Al-Basateen;
- WFP should reduce the quantity of WSB for SFP in the camps to 80 grms/person/day from the current 120 as it represents only an addition to what is already provided by the NGOs.
- Planning figure for SFP should be 250 persons for the camp
- UNHCR medical co-coordinator in cooperation with WFP should plan a survey in both the urban and camp to define prevalence of both acute and chronic malnutrition in the refugee population.

### **2.3 HIV/AIDS**

UNHCR has conducted HIV/AIDS awareness in the camp with a community-based peer education program for youth, and additional activities are planned for 2007. In a Memorandum of Understanding jointly signed by the Government of Yemen and UNHCR, refugees are to have the same right of Yemenis in accessing the services offered by the National HIV/AIDS Program, and are not to be discriminated. Through training and awareness activities, the level of stigmatization and the mechanism for identification of HIV/AIDS cases have improved considerably.

#### **Recommendation on HIV/AIDS**

- As the number of HIV/AIDS patients is very limited, their assistance can be managed by UNHCR directly and/or within the available assistance package for inpatients or vulnerable/malnourished cases.
- Joint UNHCR/WFP awareness activities on HIV/AIDS to be part of a comprehensive planning to educate health staff, home visitors and refugees
- Food for education for awareness campaigns could be considered.
- WFP-supported training of trainers and awareness activities will also be conducted as agreed between WFP and UNHCR in Sana'a in the framework of the inter-agency collaboration on HIV/AIDS

## 2.4 School Feeding

There are two KGs in the camp and one in Basateen supported by UNHCR through its IPs. A Day Care in the camp exists for 150 children for children <4 where they are fed. Community-based/home-based day care for infants and small children will be promoted by UNHCR in Al-Basateen.

The World Bank funded the construction of the school, the canteen as well as a small kitchen in the Al Al-Basateen School. Classes run from grade one to grade nine and follow the Yemeni curriculum. This facilitates the continuation of the school graduates through the Yemeni education system. Total pupils enrolled are 2,414 (45% girls). The Yemeni Government provides 26 teachers while UNHCR is funding 40 teachers trained by Radda Barnen.

The teacher/pupil ratio is adequate and the number of women teachers is also encouraging to retain girls in school. The 2 schools in Kharaz have only 2 functional latrines, used by the teachers. Other latrines are without doors and water. Small kids go to help themselves in the areas around the schools, which is not only unsafe but can also spread disease. Some older girls use the latrine after getting the keys from the teachers, but others go home and miss classes. UNHCR is planning to build more latrines in 2007.

School feeding is being undertaken in both the camp and urban area. Porridge is provided in the morning in the camp. WSB cakes are prepared at the camp and transported to the school in the urban area, Al-Basateen. Uptake for both of these programs is about 50% of enrolled children. The WSB supplied exceed requirements to run this feeding programme for two reasons, one is that the porridge prepared is 'light' and semi liquid, the other is that planning figures are based upon enrollment not attendance, this has led to WSB not being consumed and stocks deteriorating. WFP have modified the call forward arrangements and the planning figure will be modified based upon consumption 80 grms vs. 120 and the attendance figures.

UNHCR should expand its support to KG and day care activities to include a higher number of children who need them.

It is recommended to reduce the WSB component for school feeding in the camp to 80 grams which is sufficient for the porridge cooked in the school and maintain it at 100 grams for the cakes provided to the schools in the urban area and the secondary school in the camp.

Given the poor nutritional value of the ration in terms of micronutrients WSB still needs to be included for the benefit of the children in the camp

In Basateen explore whether WSB could be replaced by 100 grams of vitamin and mineral fortified biscuits which would eliminate to some extent the self life problem, especially if they could be produced locally.

- Pending the construction of a kitchen in Al-Basteen, the ration could be changed to provide a cooked meal of rice and pulses.
- A third option would be to make an arrangement with a baker to provide bread which could be spread with a lentil paste.
- Pending exploration and implementation of any of the above options the cakes currently provided will need to be continued.

Build and maintain latrines and ensure provision of water (project proposal has already been submitted to donor).

Planning based upon actual figure for WFP assistance in Kharaz schools to be 1,200

Planning based upon actual figure for WFP assistance in Albasateen school to be 1,200

## **PART 3 - Food Security and Self Reliance**

### **3.1 Self-reliance Opportunities**

As noted during the mission self reliance opportunities are extremely limited in the camp. The camp is isolated (2 hours away from Aden), located in a dry, vegetation-free area. A number of refugees are employed by NGOs (teachers, workers, home visitors etc.) and receive small allowances, very few have self-funded small shops, businesses, restaurants, and even fewer have vegetable gardens and goats. It is known that remittances from Somalis in the Diaspora play an important role in the economy of the camp, but the volume of the money coming in is not known. One can only observe refugee shelter which are visibly more equipped and furnished, or other signs of people having additional income (clothes etc.) ADRA, UNHCR's IP, has a self-funded self-reliance project which currently supports 15 families by financing small projects (approx. indirect 150 beneficiaries). The project is for the time being successful and well managed, but sustainability and limited numbers are a problem. Some refugees have the opportunity to grow vegetables to add to the daily diet. There are some few households doing home gardening, breeding goats, sheep and very little chicken. Ethiopian refugees have access to all the services but need better integration and participation in the camp they are in the process of being interviewed for resettlement along with the Somalis as well limited available self reliance activities

Al-Basateen, where the vast majority of urban refugees live, is characterized by informal, poor quality housing and limited employment opportunities. Refugees are however expected to rely on themselves in urban areas and be self reliant. Women met however indicated that they need additional assistance, "rations", and they pointed out that with many children and no help, their life is extremely difficult. Income generation in Basateen, is also made of small businesses, shops, domestic work, but also of begging (the women), car washing (men) and daily labor.

ADRA is running a self reliance project in the camp (15 families involved) and UNHCR will be directly implementing a small self reliance project in Al-Basateen. But due to lack of funds, the magnitude and impact of these projects can only be limited. Existing training/craft making activities have little market and do not produce sufficient income.

NGOs have training classes in the camp for approximately 120 participants per month (computer, English language, literacy). Vocational training in local institutes is offered 50-60 youth yearly for 3-months short courses. However, training activities neither remain limited in numbers and in quality, and are not sufficiently competitive nor geared to the market. In the framework of self-reliance more activities have been planned for 2008-2009.

Many refugee women go to the urban areas from the camps to beg carry their children with them. This can impact negatively on the health of the mothers and the children. Having debts with shops or with others, some refugees are forced to give away part of their monthly food ration. This leads to food shortages at the household level

Given the quite differing circumstances the refugees find themselves in, it is to be understood that the two groups of refugees have different levels of food access. Those who reside in the camp receive general rations; those in town depend largely on income for purchasing food. Own production is insignificant in either location. While there is much anecdotal evidence that remittances do play a part (to a greater and lesser degree for many segments of the refugee population) and economic activity is what keeps the urban refugee case load where they are, there is insufficient evidence available to draw any conclusions on the levels of economic activity or resources in either community and a study would be required to assess it

In areas, camp and urban, a comprehensive socio-economic and skills survey could help in better identifying gaps and in better planning of self-reliance activities.

**Recommendations:**

- A more thorough socio economic profiling is required to properly address needs of these population groups.
- UNHCR should continue exploring opportunities for self- reliance and fundraise for increased activities including a socio-economic survey to be conducted in both Al Basateen and the camp
- NGOs with adequate capacity and resources should be encouraged to work on self-reliance including more effective skills and vocational training
- Include food provision for 300 individuals for literacy and skills training in the camps and urban areas.
- Map existing productive plots and assist the owners. Provide technical or other support if they fulfill vulnerability criteria and appear to benefit from their produce.



### 3.2. Community Services

Both in Kharaz camp and in Basateen urban area, community services activities are implemented by the NGO ADRA, with the support of UNHCR and in particular of a two-staff community services section within the S.O. Activities include assistance to refugees with special needs; training and case management of SGBV (Sexual and gender based violence); streamlining age, gender and ethnic diversity in all programs, vocational training, awareness activities and liaison with refugee representation.

ADRA provides assistance to extremely vulnerable individuals in the camp by making a social assessment and then providing persona/families mostly in need with non food items (if available) or small quantities of food items, including vegetables, pasta and to a limited extent milk and infant formula. Their work is done through social counselors and community workers (from the refugee community). Training and income generation is limited by funding, capacity and by the situation of Yemen (where unemployment rate is very high). Traditional crafts and current income generating activities do not produce the desired effect of making refugees self reliant.

Also in Al Basateen, ADRA has similar activities but in a smaller scale, as only few individuals (on the average 15 per month) with special needs are assisted with cash. The refugees are organized in committees, a council, and block leaders, 50% of which are women. Their level of participation is good, and they are able to express their views and are consulted, but more emphasis should be given to community mobilization especially in activities that benefit the community, and in the assistance provided to vulnerable individuals including unaccompanied and separated children.

Ethiopian refugees have access to all the services but need better integration and participation in the camp Are in the process of being interviewed for resettlement along with the Somalis. The resettlement program includes Ethiopians as well limited available self reliance activities

#### **Recommendations**

- Increase outreach for identifying the most vulnerable cases of the Ethiopian Caseload to better understand their socio-economic profile and DS prospects.).

### 3.3 Gender and Protection concerns

The mission was only able to discuss gender and protection issues partially, but observed a good participation of women in meetings, amongst NGO staff and volunteers (scoopers, home visitors, cooks, cleaners, clinic staff, etc.). Women do benefit of a full ante-natal and post natal assistance package that includes medical assistance and Supplementary feeding both in the camp and in the urban area. Family planning is available, but not sufficiently promoted, with the consequence that women bear the burden of many children with little support in the care and upbringing from men. Breast-feeding is also not emphasized and many women do find themselves struggling in trying to buy infant formula for their babies.

Women do not seem to have problems in accessing food and during food distribution. SGBV was not discussed during the mission, but it is a phenomenon that exists especially in the form of domestic violence and Female Genital Mutilation.

Participation in camp management structures is through election. While women's participation is high (50% of block leaders), their decision-making power within the household and in the community might be not be that effective. From records at MCH clinics it is observed that there are higher numbers of malnourished girls compared to boys among children under five.

Efforts have been done, since last JAM-2005 to promote a more comprehensive understanding of gender issues and SGBV in the camp, however more training is needed. While the camp is a relatively safe environment with assigned security personnel, the fact that it is an open area in addition to the social and family tensions created by the poor economic conditions make it prone to occasional episodes of violence, and especially domestic violence.

#### **Recommendations**

- Provision of rations cards to women should further strengthen women's access to food at all times, also in the absence the male head of family. Distribution should continue to be closely monitored and especially as the new system is introduced.
- Mobilization and advocacy are required so that the refugees came to accept that the ration cards should be in the name of the women.
- Plan regular turnover of police staff in the camp to avoid abuses;
- Additional training on gender and SGBV to be provided to NGO workers, refugees and security
- Health education (on breastfeeding, family planning, hygiene etc.) to be more effective through adequate training (which also depends on adequate funding that UNHCR has to ensure).
- Monitor health education and record trends in the MCH clinic to analyze impact and changes in attitudes/behaviors
- UNHCR and WFP to take more positive actions to ensure women's full participation, especially effective decision-making in all camp committees.
- More advocacy, capacity building in community development and monitoring of the level of participation in camp activities especially involving women.

### **3.4 Food aid targeting and food distribution**

Indeed, WFP provides food for the most vulnerable camp refugees as well as the poor and most needy refugees of Al-Basateen urban area. Food distribution is to be implemented on a face to face distribution mechanism in all distribution points of Kharaz camp and Al-Al-Basateen urban area.

Based on sound estimated figures on the distribution points and the number of refugees currently living in the camp, WFP allocated food for a number of 8,525 refugees right from the month of May 2006 compared to the previous period, which was allocated for 7,525 refugees. However, UNHCR and its implementing partners have readjusted the food ration requirement, to cover 8,525 beneficiaries including the new arrivals transferred on monthly basis from Mayfa'a reception center over to the camp. In addition, WFP provides supplementary food ration to malnourished children and mothers at MCH centers in both Kharaz and Al-Al-Basateen urban locality of Aden, and for school children in the camp and one in Al-Al-Basateen area. In addition, a three-day food ration is also provided for 1,200 newly arrived refugees that monthly get transit in the reception center of Mayfa'a.

#### Food for new arrivals

The continuous instability of Somalia has contributed to the constant arrival of more refugees (Somalis) and asylum-seekers (Ethiopians) in Yemen via Mayfa'a reception center and some other coastal points. The new arrivals are transported then to Kharaz camp by the UNHCR Implementing Partners. Around 95% of each arriving group is composed of single individuals that leave the camp immediately or within a few days. Although the number of families among new arrivals is small, they are the ones that stay behind and become camp residents. For the purpose of this document they will be referred to as New Arrivals.

The other group of refugees that arrive in the camp and is in need of food is composed by the ones who are transferred by UNHCR from urban areas to the camp on a vulnerability assessment basis. They will be referred to as "urban transfers".

Families that stay in the camp are initially accommodated by the UNHCR IP in the tented area and are given 1 blanket per person, 2 mattresses, 1 kitchen set per family.

Previously these families were provided food from a private donation received by the UNHCR IP upon arrival to the camp in order to sustain them until they are included into GFD.

As the donation has depleted and as WFP had surplus food in each distribution procedure, it was agreed that UNHCR should be provided food ration for 50 beneficiaries on a monthly to help in feeding the new arrival families during the initial stay in the camp. This process started in December 2006.

It was then agreed that UNHCR would distribute 1/3 of WFP standard ration scale per beneficiary upon arrival i.e.: W/Flour: 3kgs, Rice: 1.5kgs, Pulses: 0.6kgs, Oil: 0.25kgs & Sugar: 0.200kgs. and full food ration during the following 2 months. After 3 months and after UNHCR verifies that the refugees are permanent camp residents they will be included into the GFD.

**Recommendations**

- The new WFP/UNHCR ration cards need to be issued in the names of women, to guarantee that the food reaches home, is not misused, and solves the problem of the family’s registration in the food lists under the husband’s name, as he is not always in the camp.
- Refugee’s new births need to be added in to the computerized distribution list & the ration cards after 6 months of age.
- As these 2 groups (new arrivals and “urban transfers”) have been gradually increasing the camp population figures on a monthly basis and this trend will obviously continue there is a need in increasing the number of rations for them up to 300 rations per month to provide food for new arrivals and “urban transfers”. A separate from GFD budget line for these groups to be established by the WFP.
- UNHCR would need to report on food utilization, figures and distribution mechanism.

**3.5 Food supply – Food Pipeline, Resourcing and Deliveries.**

In general, rations have been distributed on time and in sufficient quantities over the past twelve months. Pulses have been missing for three months, but giving additional rice or wheat flour so as to compensate their kilocalorie level.

**Recommendation**

- A full ration of 2100 kcals needs to be maintained because of the degree of dependency of the camp population where women and children make up 80% of the population.
- The PRRO is due to receive the following commodities. 300 Mt of Rice, 100 Mt of W.S.B, 327 Mt of W/Flour, 25Mt of Sugar & 10 Mt of Salt.

**3.6 Food-related Activities and Environmental Concerns**

A number of activities in Kharaz camp try to address the environmental impact of the presence of refugees. Tree planting in Kharaz started two years ago to alleviate the harsh natural conditions in the area and provide shades for refugees. Some 7,500 trees have been planted with full participation of refugees. Garbage collection in the camp is daily. In each block, the garbage collected is trucked away to a waste area some 3 km from the camp for disposal.

### **Recommendations**

- To protect environment revive tree planting project e.g. through food for work. This would enable the refugees in the camp to get mobilized in a community to undertake such initiatives.
- Garbage collection to be supported by adequate refugee mobilization and sensitization.

WFP is responsible for primary and secondary transport of WFP Food commodities, which are shipped to the port of Aden and stored in WFP/UNHCR central warehouse in Aden. Food is released by WFP Aden Sub-Office which co-ordinates with the contractor for the transportation of the commodities to the required locations/sites (Kharaz Camp, Basateen and Mayfa'a Reception Center). Commodities are delivered to WFP warehouse in Kharaz Camp on a monthly basis. Due to unfavorable weather conditions in the camp, commodities cannot be stored there for a long period. The food is released from WFP warehouse in Kharaz to the implementing NGOs based on a monthly official request from UNHCR Aden. Waybills are prepared by WFP staff and signed by the receiving NGOs.

### **Recommendation**

- Maintain the same level of efficiency of warehousing and food dispatch and reporting procedures.
- As per the organized distribution lists, distribution mechanism, & better distribution schedule, the distribution period has been reduced to 5 days only on a monthly basis.

### **3.7 Non-Food Items**

General distribution of NFIs has not been conducted for about 5 years because of lack of funding. The limited stock of NFIs available (kitchen sets, mattresses, blankets and stoves) are distributed to the new arrivals and new comers upon arrival to the camp as well as to refugees who lost their belongings as a result of fire, flooding and other incidents in both camp and urban areas and to the most vulnerable cases, verified by the UNHCR IPs and in coordination with refugee leaders.

As a result the refugees in Kharaz camp are in dire need of basic NFIs. UNHCR has numerously requested donors to fund the provision of NFIs for the camp refugees and there is a good chance that this project will be funded by ECHO and refugees will receive the NFIs in the near future.

### **Recommendations:**

- UNHCR should further advocate the need of NFIs for camp refugees as one of the provisions for securing food basket.
- Maintain regular supply of non-food items to prevent refugees from selling their food ration to buy other items.

Kerosene (2 liters per person per month) is distributed to the camp refugee's bi-monthly. To supplement the 2 liters received, refugees have to collect firewood outside the camp, which sometimes create problems with the local population. Refugees that live in makeshift shelters and/or tents (therefore all new arrivals) are not included in the distribution for safety considerations.

### **Recommendations:**

- The amount of kerosene for the camp refugees should be increased to 3 liters per person per month.
- Alternative arrangements for ex. Communal kitchens should be established for new arrivals and other camp residents who do not live in formal shelters.

Sanitary towels and soap are distributed in the camp to refugee girls and women of reproductive age (12 to 49). However, due to financial constraints, new arrivals, girls who recently turned 12 as well as many women who live in makeshift shelters do not receive sanitary items.

**Recommendations:**

- **UNHCR to ensure that all the girls and women between 12 and 49 (including new arrivals and new comers) with sanitary towels and soap.**

**3.8 Shelter**

The refugee camp is divided into the refugee living areas, service centers and staff quarters. The refugee living area is divided into 43 main blocks (including two more new blocks just constructed). Each shelter is allocated to a family and has a private latrine. There in total 1075 shelters constructed in cement concrete. New arrivals from the Mayfa'a Centre live in the tents, while new comers from the urban areas accommodate themselves into their own fabricated huts.

UNHCR is planning to construct 200 additional shelters with water and sanitation facilities to be funded by ECHO. Ten additional classrooms are also planned to be constructed.

**3.9 Water**

Water is being provided to the refugee community by pumping water from two ground wells to the main reservoir (600,000 liters). In addition, four fiberglass water tanks (1,000 liters) are being used to ensure a regular flow of water to the health clinic, schools and central kitchen. Each block has a water distribution point with two taps/pipes. There are 96 water points in the camp and 46 water points in the communal areas providing more than sufficient amount of water. Regular quality tests are undertaken by a professional laboratory in Aden to ensure water safety. The camp water network also covers adjacent Yemeni village communities that had water shortages previously.

The average daily consumption of water- including for agricultural purposes- is 519,000 liters. It is estimated that the average consumption of water per refugee, per day is 100 square liters. Misuse of water – mainly over-watering of home gardens- has been identified as a problem. Efforts are currently made to address this issue through the establishment of a refugee water committee and the presentation of awareness raising sessions on sustainable use of the water resource.

**3.10 Sanitation**

Sanitation facilities in the camp consist of one latrine per shelter. Maintenance of latrines remains a challenge as they are frequently blocked by sand and stones during rainy season. Garbage is collected on a daily basis from the 33 communal pits and disposal areas outside the camp (2.5 km). Spraying of insecticide and fumigation takes place every 15 days around the camp. Sanitation activities are run by a UNHCR's IP.

**Recommendations:**

- **More water saving awareness campaigns are needed.**
- **Same levels of sanitation activities, spraying and fumigation should be maintained**

## **PART 4– Partnerships, Planning and Other Issues**

### **4.1 Co-ordination**

UNHCR has signed a sub-agreement with a Partner to be the distributor of WFP food to refugees. Every month, the IP submit a food request to UNHCR which sends an official letter to validate the food needs. The monthly coordination meeting with WFP and all partners provides information regarding the food needs and other assistance. In addition to the monthly coordination meetings, there are occasional sectoral meetings on food, health, water, sanitation, and education and community services.

There are four implementing partners operating in Kharaz camp and Aden, namely Charitable Society for Social Welfare (CSSW), Radda Barnen (Save the Children), Society for Humanitarian Solidarity (SHS) and Adventist Development Relief Agency (ADRA).

UNHCR coordinates its work with the Ministry of Foreign Affairs and the Ministry of Interior. WFP is the main partner UN agency providing food aid to camp refugees and other special feeding programmes. UNHCR maintains partnership with the Ministry of Health and Population and UNICEF on the issue of HIV/AIDS prevention and awareness. In evaluating camp education, UNHCR works with the Department of Education in Lahaj Governorate.

#### **Recommendation**

- The monthly Food Coordination Meeting between WFP, UNHCR and IPs should continue on a regular basis and the minutes shared with respective heads of agencies.

### **4.2 Monitoring and Reporting**

In the supplementary feeding program of Kharaz and Al-Al-Basateen, the IP submits consolidated nutrition and health reports to WFP through UNHCR on a monthly basis. These reports are the basis for the monthly requisitions for food. However, the reports lack some crucial information such as the number of malnourished women and children enrolled discharged, continuing, at the MCH Center. There are no indicators to analyze the long term outcome of the supplementary food activities on the nutritional status and wellbeing of the beneficiaries. In addition, there is no comprehensive report on the development and growth rates of children.

The implementing partner in charge of food distribution sends on a monthly basis a food distribution report.

#### **Recommendations**

- Continue the current level of monitoring by both WFP and UNHCR staff during the food distribution process to make sure that all the registered refugees receive their full food entitlement
- UNHCR and WFP to improve and further train IPs on reporting requirements
- The collection and analysis of nutritional information, as well as application of lessons learned, needs to be substantially improved

### **4.3 Contingency Planning**

In 2006, UNHCR in collaboration with WFP produced a comprehensive contingency planning document which needs to be updated in 2007.

#### **Recommendations**

- UNHCR and WFP to update the contingency plan prepared in 2006 in order to address the