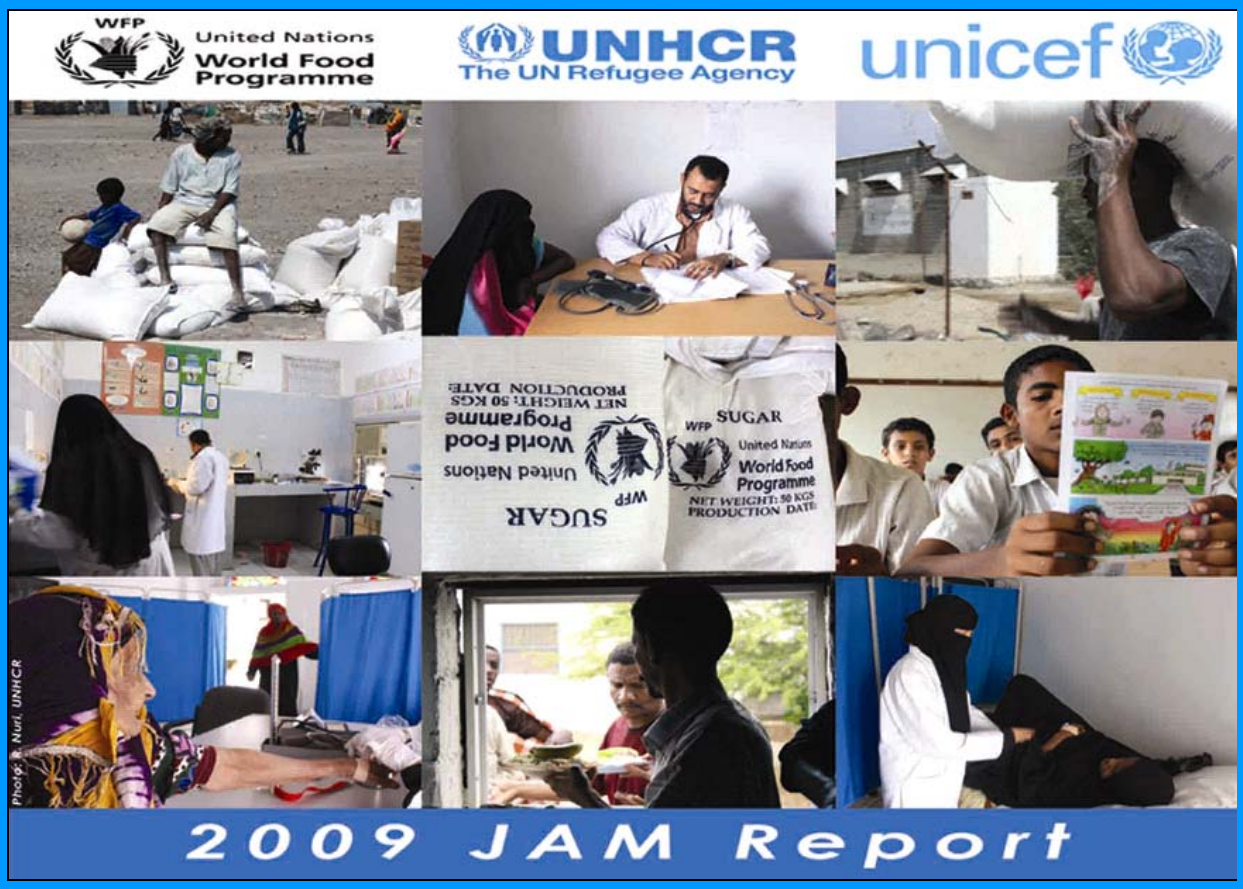
Joint Assessment Mission

WFP/UNHCR/UNICEF YEMEN

25 May – 7 June 2009



CONTENTS

Acronyms

ACT	Aden Container Terminal
CFS	Complementary Food Supplement
CI	Confidence Interval
CMR	Crude Mortality rate
COMPAS	Commodity Movement Processing and Analysis System
COP	Country Operation Plan
COP	Country Operation Plan
CS	Community Services
CSB	Corn Soya Blend
EMONC	Emergency Obstetrics and Neonatal Care
FAO	Food and Agriculture Organisation
FDP	Food Distribution Point
GAM	Global Acute Malnutrition
GFD	General Food Distribution
GoY	Government of Yemen
HEB	High Energy Biscuit
HH	Household
HIS	Health Information System
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ID Card	Identity Card
IGA	Income Generation Activity
IP	Implementing Partner
IPD	In-patient department
JAM	Joint Assessment Mission
JPA	Joint Plan of Action
Kcal	Kilocalories
LNS	Lipid Nutrient Supplement
LTI	Landside Transportation Instruction
MCC	Mother and Child Care Centres
MoE	Ministry of Education
MoPHP	Ministry of Public Health and Population
MOU	Memorandum of Understanding
MUAC	Mid Upper Arm Circumference
NARF	new Arrival registration Form
NASCRA	National Sub-Committee for Refugee Affairs
NFI	Non-Food Item
OTP	Out-patient Therapeutic Programme
PHC	Primary Health Care
PRRO	Protracted Relief and Recovery Operation
PHHIV	Public Health and HIV
RSD	Refugee Status Determination
RUSF	Ready to use Supplementary Food

SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Programme
STI	Sexually transmitted Diseases
TB	Tuberculosis
ToR	Terms of Reference
TRC	Temporary Registration Card
U5MR	Under Five Mortality Rate
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WSB	Wheat Soya Blend

Acknowledgement

The mission would like to express its appreciation for the support received from WFP, UNHCR, UNICEF and Implementing Partners' staff in Sana'a and Aden in addition to the staff working in Kharaz Camp and Al-Basateen.

The mission acknowledges the support from the Yemeni government, especially the valuable observations and inputs made by government officials from NASCRA, Dr. Hamoud Al-Kodavi, Mr. Fatwan Ali Mohamed and Mr Ahmed Aidha accompanied the mission to Sana'a, Basateen, and Kharaz.

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 valuable input assisted the mission members to better understand the situation in which they live.

a) Executive Summary

The collapse of the Said Barre government in 1991 resulted in waves of Somali refugees arriving in Yemen, a signatory to the *1951 Convention Relating to the Status of Refugees.* Conflict in Somalia and refugee arrivals to Yemen continue, with the possibility of escalation in the future. The Yemeni government, under humanitarian considerations, accepts Somali, and non-Somali refugees. Somali refugees are accepted on a prima facie basis and non-Somali refugees have to go through a refugee Status Determination process (RSD). Refugees have spread out across the country, with higher concentrations in the urban centres of Sana'a and Basateen, and at the Kharaz camp.

The Joint Assessment Mission (JAM) composed of WFP, UNHCR, and UNICEF visited these sites during the period 23 May to 7 June 2009. Government officials from National Sub-Committee for Refugee Affairs (NASCRA) accompanied the mission as observers. Refugees and host communities were interviewed at the household level, in gender groups, focus groups, and amongst key informants. Meetings and discussions were held with UN staff and the various Implementing Partners. The mission benefited from a series of studies conducted prior to the field work. These included the April 2009 Nutrition Survey, which had been recommended by the 2007 JAM. The UNHCR Livelihoods Assessment and the WFP Cash-Voucher Study of 2008 also provided valuable insight. Results of a Ground Water Study in Kharaz are awaited.

The government of Yemen has initiated a computerized, biometric based (fingerprinting) refugee registration system that would also benefit programme delivery through improved targeting of beneficiaries of food and non-food services. Refugees have access to government schools and clinics, lack of documentation, and work permits, remain serious limitations to self reliance. A national policy/law for refugees and asylum seekers with a clear stipulation of the right to work is required. Planning for a sudden large influx of refugees requires government attention as existing sites at the urban centres and the camp are limited in capacity. Whereas, the mission found no serious tensions among host communities and Somali refugees in urban areas of Sana'a and Basateen, the non-Somali refugees complain of discrimination. The host communities around the Kharaz camp demand support from government and their protests have at times been disruptive and violent. UN agencies and IP's have provided services in water and health, vocational training and income generating activities.

The nutrition survey of April 2009 recorded between 19 - 22% stunting and 7 – 11% acute malnutrition amongst refugees. The mission concluded that refugees in general have limited dietary diversity. The food aid and nutrition treatment programmes should continue and targeting would benefit from a more rigorous identification scheme once registration is complete. The food voucher scheme should be expanded in Sana'a and extended to Basateen. Addition of milk powder, as a component of a cereal based

premix, to the school/supplementary diets is recommended. Monitoring for nutrition treatment programmes should be based on WHO 2006 weight for height instead of weight for age indicators. Opportunities to improve dietary diversity at the camp are low and the introduction of kitchen gardens, subject to water availability, is recommended as well as introducing a nutrient dense complementary food supplement (CFS) for all children between 6 and 24 months of age.

Vocational training and micro-credit schemes should be expanded, with more educational programmes including expansion of adult literacy and long-term youth scholarships. A tutorial programme to prepare youth for higher education is available in Aden through the Ministry of Education (MoE) and is recommended for Sana'a. Solar powered cooking stoves should be explored by WFP and UNHCR and introduced at the camp.

Coordination between the agencies would improve by estimating beneficiaries for each month of the coming year at all stages: reception and urban centres, and the camp. Efforts should continue for durable solutions through self reliance, and re-settlement.

b) Methodology

The mission met with the representatives of WFP, UNHCR, and UNICEF in Yemen for a briefing and overview of the Terms of Reference (ToR). Each agency provided information on their programmes and areas of expectations. The mission also reviewed the JAM 2007, the implementation of its recommendations and their impact. This provided a framework for the JAM 2009.

The mission also had access to information from various surveys and assessments such as: the nutrition surveys of 08 and 09, participatory assessment, livelihood strategy, WFP Protracted Relief and Recovery Operation (PRRO) 10232, UNHCR Country Operation Plan (COP), feasibility study on cash/voucher system targeting urban refugees in Yemen. These helped to provide an in – depth insight into areas that impact refugees and identified gaps.

The JAM was concerned with refugees in Sana'a, Basateen and Kharaz, and also looked into surrounding host communities in these three sites to find out areas of assistance to refugee hosting zones and to address the challenges. The mission was accompanied by three senior government officials from the National Sub-Committee for Refugee Affairs (NASCRA).

The mission members were divided into thematic teams which covered the following areas: Protection, nutrition and health, food security, self reliance, logistics, coordination and partnership, beneficiaries planning figures and recommendations. The mission visited Kharaz camp, Basateen (Aden), and Sana'a and discussed on going programmes with partners and refugees. Focus group discussions were held with implementing partners, community leaders' men and women, Ethiopians and Somali's, youth groups. Visits were undertaken to the community centre, health centre, school, and households in all locations. Daily debriefings were held, where members discussed and agreed upon provisional findings, conclusions and recommendations. Upon completion of the field work, a joint debriefing for UN agencies, government and donors was held, with the aim of further discussing conclusions and recommendation for incorporation in the final report.

PART 1 – BASIC FACTS

In 2007 WFP/UNHCR conducted a joint assessment mission (JAM) in Yemen from 28th April – 03 May in Kharaz camp, and Aden (Basateen) in accordance to the TOR. As outlined in the MOU between WFP/UNHCR, JAMs are conducted every two years. In 2009, the JAM expanded its area of assessment to include Sana'a, Aden (Basateen), and the host community in these locations. The assessment was conducted in close collaboration with WFP/UNHCR/UNICEF, implementing partners and government representatives from the National Sub-Committee for Refugee Affairs (NASCRA) who joined the mission in all locations.

As of April 2009, UNHCR statistics estimate that there are a total of 150,921 refugees in Yemen of which, 12, 645 are in Kharaz camp, and 138,276 live in urban areas.

c) Refugee numbers and demography

The following table shows the population figures of refugees in urban areas and the camp and new arrival figures from 2006 - 2009.

Table 1: Population figures of refugees in Urban Areas and in Kharaz camp and new arrival figures, by year 2006 – 2009.

REFUGEES	**2006**	**2007**	**2008**	**2009**
Urban Somali	86,611	107,872	128,775	138,276
Kharaz	9,298	9,491	11,394	12,645
Total Refugees	95,909	117,363	140,169	150,921

New Arrivals/Mixed Migrants at the coast	2006	2007	2008	2009
Total New Arrivals	25,898	24,816	50,091	21,606

d) General context

Somalia has been in civil war and without effective government for nearly 20 years now. Since then, more than 150, 921 Somalis have sought refuge in Yemen, where the Government has been granting them prima facie refugee status. The refugees travel across the Gulf of Aden and the Red Sea, entering Yemen through some 15 entry-points. Refugees in Yemen come from Iraq, Ethiopia, Eritrea, Palestine but by far the vast majority are from Somalia. More than 50,000 persons arrived at the shores of Yemen in 2008.

UNHCR and WFP, with the support of the international community and its partners, including the Government of Yemen, ensure provision of basic assistance to refugees and new arrivals. The assistance includes a food basket, non-food items, water and sanitation, primary health care through clinics and nutrition services, shelter and primary education, various community development services including small scale income generating activities and skills training targeting women and men, protection, legal assistance, and camp management.

Refugees living in Kharaz camp and urban area of Aden in Basateen rely on basic infrastructures, such as simple primary schools and primary health care centres including reproductive health. Limited self-reliance activities result in few opportunities to earn a living and to improve the living conditions. Due to the very harsh and arid climatic conditions, remoteness of the location and absence of useful skills in this setting it is very difficult for the refugee population in the camp to become self-sufficient. The attitude towards refugees and new arrivals appears to be deteriorating.

e) Health and nutrition situation; environmental context

The findings from the four nutrition surveys undertaken in May 2009, showed that malnutrition rates can be classified as poor in all locations and bordering on serious for all but Kharaz camp(figures in brackets are 95% confidence intervals). Amongst the refugee surveys (Sana'a, Basateen and Kharaz camp) the Global Acute Malnutrition (GAM) rate[1] is significantly higher in Sana'a than in Kharaz Camp population ($p<0.05$). There is no statistically significant difference between any of the other surveys. There is no obvious difference between urban and non urban situations since the Kharaz Villages show similar GAM rates as the refugee populations in Sana'a and Basateen,

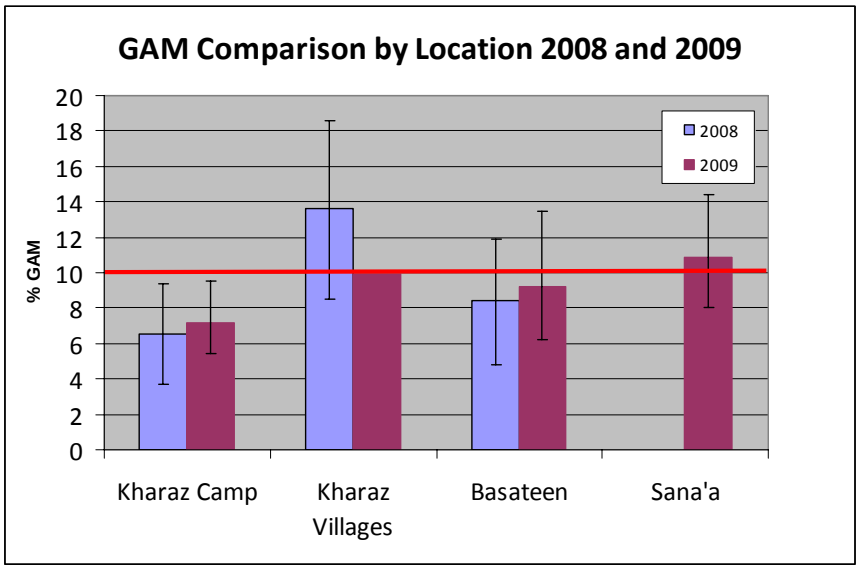
[1] Expressed in z-scores NCHS 1997 Reference values)

Table 2: Results from Nutrition surveys (children 6 – 59 months) in four locations of Kharaz, Kharaz host community, Basateen and Sana'a, Yemen, May 2009.

	Thresholds	Kharaz Camp n=889	Kharaz Villages n=201	Basateen n=894	Sana'a n=902
Global Acute Malnutrition	Weight for height < -2 z-scores or oedema	7.2% (5.4 – 9.5)	9.9%	9.2% (6.2 – 13.5)	10.9% (8.0 – 14.6)
Severe Acute Malnutrition	Weight for height < -3 z-scores or oedema	0.5% (0.2 – 1.2)	1.0%	0.2% (0.1 – 0.9)	0.8% (0.4 – 1.7)
Under weight	Weight for Age < -2 z-scores	19.7% (16.2 – 23.7)	27%	19.3% (15.9 – 23.1)	15.2% (11.4 – 19.9)
Stunting	Height for Age < -2 z-scores	22.0% (18.2 – 26.3)	23.6%	21.3% (17.8 – 25.2)	19.4% (16.0 – 23.4)

Three nutrition surveys were conducted in Kharaz camp; Kharaz host villages and Basateen urban area in January and February 2008 (see results in figure 1 below). Even if the difference between GAM rates in the Kharaz Villages appear to have decreased in 2009 against 2008, comparison of 2008 and 2009 nutrition survey results show no statistically significant differences. No nutrition survey was undertaken in Sana'a in 2008. Figure 1 summarises and compares results from refugee related nutrition surveys in Yemen in 2008 and 2009. The red horizontal bar represents the cut off for classification of a nutrition situation as being poor or serious. This classification must take into account various factors of seasonality, aggravating factors and population size amongst others and should not be interpreted as a strict threshold.

Figure 1: Comparing nutrition survey results of May 2009 and February 2008



Anaemia as an indicator of iron deficiency and as a proxy for other micronutrient deficiencies was measured in addition to the anthropometric measurements. Anaemia can be a potentially life threatening condition in its severe forms and anaemia contributes to excess maternal deaths due to decreased resistance to bleeding during and after delivery. Anaemia has been shown to irreversibly affect children's development and hinder the development of a population through the physical weakness that it causes and increased morbidity that it exposes populations to. Anaemia is frequent in refugee settings and under these conditions is rarely observed in isolation and is often an indicator of inadequate dietary intake. Anaemia is relatively easy to measure and as such high levels of anaemia are often interpreted as also being indicative of existence of other and multiple micronutrient deficiencies.

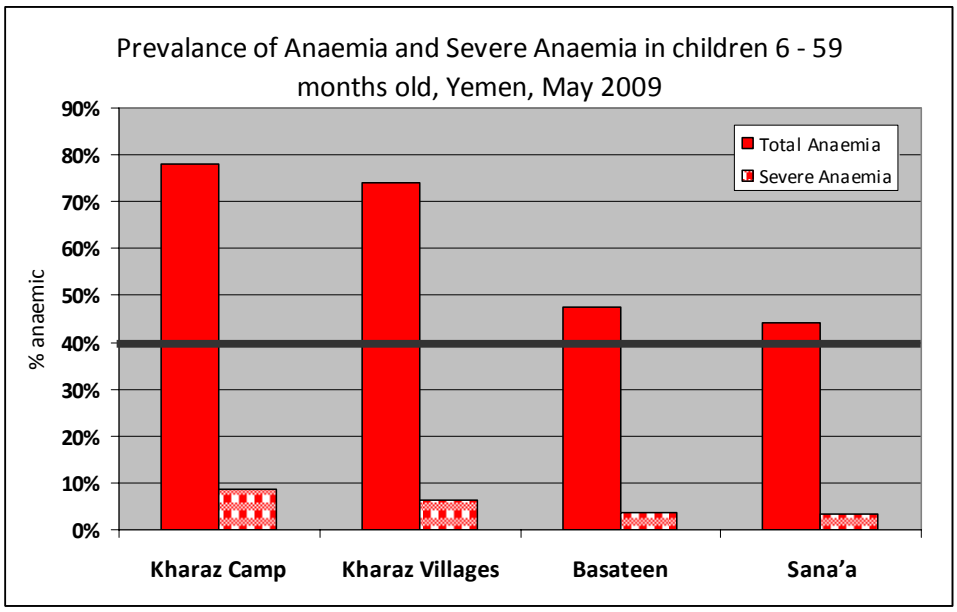
The World Health organisation categories for classifying anaemia prevalence (proportion of population with a haemoglobin measurement of <11 g/dl) as a public health problem is as follows; < 5%, no public health problem; 5 – 19,9%, moderate public health problem; ≥ 40% severe public health problem.

Table 3 and figure 2 below shows the anaemia prevalence and severity for children aged 6 – 59 months, by site from the surveys conducted in May 2009. The results of the surveys highlight a situation of **severe public health importance** (solid black line at 40% in figure 2) in all four sires of Kharaz camp, Kharaz Villages surrounding the camp, Basateen and Sana'a. The prevalence of total anaemia (Hb <11 g/dl) is significantly higher in both Kharaz Camp and the surrounding villages than in either Basateen or in Sana'a ($p<0.00001$). The prevalence of severe anaemia (Hb <7 g/dl) is extremely high in Kharaz camp and is significantly higher than in any of the other three survey sites ($p < 0.00001$).

Table 3: Results from Anaemia surveys (children 6 – 59 months) in four locations of Kharaz, Kharaz host community, Basateen and Sana'a, Yemen, May 2009.

	Thresholds Hb in g/dl	**Kharaz Camp n=829**	**Kharaz Villages n=161**	**Basateen n=872**	**Sana'a n=818**
Total Anaemia	**< 11**	77.9%	73.9%	47.5%	44.3%
Mild Anaemia	**≥ 10 & < 11 g**	28.3%	31.7%	21.4%	16.4%
Moderate Anaemia	**≥ 7 & < 10**	40.8%	36.0%	22.4%	24.5%
Severe Anaemia	**< 7**	8.8%	6.2%	3.7%	3.4%

Figure 2: Prevalence of Anaemia and Severe Anaemia in children 6 – 59 months of age in 4 study sites in Yemen, May 2009



Nutrition services

Access to treatment for acute malnutrition is sporadic and is not available in all sites covered by the JAM. The MoH/UNICEF programme of the treatment of severe malnutrition (outpatient therapeutic programme (OTP)) is implemented only in the Basateen clinic and is not currently available to the patients in Kharaz or in Sana'a. Treatment of moderate acute malnutrition is available only in Kharaz camp and uses the NCHS 1997 reference system for admission and discharge. Nutrition support is provided to some *underweight* children in Basateen clinic and pregnant and lactating women receive additional food supplements in Basateen and Kharaz although distribution mechanisms and ration scales vary. See table 4 and annexe 3 for further details.

Table 4: Summary of Nutrition Services in Four Locations of Kharaz, Kharaz Host Community, Basateen and Sana'a, Yemen, May 2009.

	Kharaz Camp	Kharaz Villages	Basateen	Sana'a
SFP Children 6 – 59 months	✓	✓	✓	✘
Eligibility Criteria	Standard admission and discharge criteria using W/H (NCHS). Both refugees and Yemeni have access.		Admission using W/A. Discharge after 9 months. Yemeni children excluded on a first come first served basis due to capped admissions.	N/A
Ration	Premix ration of WSB, oil and sugar given to individual requiring treatment on a biweekly basis.		Unmixed ration of WSB, oil and sugar, a ration for 5 people is provided on a monthly basis.	N/A
SFP P&L Women	✓	✓	✓	✘
Criteria	Selected P&L women who are not gaining weight appropriately or who have specific complications. From 1st trimester to 6 months of lactation		P&L women on a first come first served basis due to capping of admissions. 2nd and 3rd trimesters and up to 6 months lactation. Yemeni women excluded.	N/A
Ration	Premix ration of WSB, oil and sugar given to individual requiring treatment on a biweekly basis.		Unmixed ration of WSB, oil and sugar, a ration for 5 people is provided on a monthly basis.	N/A
SFP Other categories	✓	✓	✓	✘
Criteria	TB Positive patients IPD patients		TB Positive patients HIV/AIDS patients	N/A
Ration			N/A	N/A
OTP	✘	✘	✓	✘
Criteria	N/A N/A		Standard admission and discharge criteria using W/H (NCHS). Both refugees and Yemeni have access.	N/A
Ration			Treatment based on Plumpy'Nut® for OTP and F-75 &F-100 for in-patients.	N/A

Yemeni children are excluded from the supplementary feeding programme targeting underweight children in Basateen, and in this clinic the in-charge numbers are capped, so that even if there are malnourished children or pregnant and lactating women who need treatment, they get put on a waiting list until someone else is discharged or drops out of the programme. Both of these examples pose ethical questions and need to be remedied. Community outreach in the nutrition activities is quasi inexistent. Rounds of Mid Upper Arm Circumference (MUAC) screenings are organised in Basateen and in Kharaz camp sporadically.

Mothers are very busy earning a meagre living in Basateen and in Sana'a to be able to buy the basics and this poses problems for child care including feeding practices. Children from a very young age are either left at home alone or in the care of elder siblings, or put into day care facilities for the whole day (there have been reports of children being drugged to make them sleep all day while their caregiver is absent). These practices are not conducive to adequate feeding practices and exclusive breastfeeding to 6 months is very rare. Many mothers reported and were observed to be using feeding bottles with milk of varying types including dried whole milk or diluted evaporated milk for young infants. Children are not being fed frequently throughout the day and the dietary diversity and nutritional quality of foods provided to young children is poor. Young children during critical growth periods are receiving few of the essential nutrients needed for healthy growth and development and are not receiving enough age appropriate quality complementary foods such as milk, meat, fruit, vegetables etc.

These care and feeding issues and related health problems – diarrhoea and frequent infections contribute to the prevalence of malnutrition (acute, underweight and stunting as well as anaemia) (Tables 2 and 3; Figures 1 and 2). Similar problems were reported and observed in Kharaz camp and surroundings, but the constraint to adequate feeding practices here appears to be more mothers reporting breastfeeding difficulties (perhaps linked to their psychological conditions in the camp) and in access to fresh and quality foods in the area surrounding the camp, as well as economic constraints of access to available produce.

Health Services

Refugees have access to the basic curative and preventive care service of Primary Health Care centres including mother and child health service and HIV/AIDS awareness and prevention. These have undergone further improvement in Kharaz camp, Basateen and Sana'a urban refugee programmes since the 2007 JAM. The health infrastructure is in most cases adequate although in Sana'a it is on the first floor of a building and all clinics are overcrowded, noisy and stressful at peak times. Violent episodes between women and towards the staff in all clinics are not uncommon and were observed in Basateen during the current JAM.

Both staffing levels and essential drug supply are also satisfactory, although over prescribing of medicines does appear to result in shortages towards the end of the month. Only essential medicines are available and refugees have to purchase other drugs that are not on the list at the clinic level. Doctor-patient and health worker-patient ratios meet or exceed recommended levels in three areas but need improvement in others such as nutrition. Community outreach for health remains poor in all sites.

The clinic in Kharaz continues to attend to host community and the numbers have been increasing since the closure of all government run clinics in the surrounding areas. There is a need to work with MoH to explore the reinstatement of the clinics or to build the capacity of the Kharaz clinic to cope with the additional needs.

The Health Information System (HIS) was established in 2008 since the last JAM and is currently working in all clinics, Kharaz, Basateen and Sana'a. This provides important information on the health status of the refugees and host community in the sites. Although data is being collected on a regular basis, there is still some duplication of efforts/multiple reporting system at the clinic level creating more administrative work for the clinic staff. Since the system is new to heath personnel, there are some quality gaps in data collection and / or compilations that need to be resolved.

Mortality rates are stable and below the upper limits of normal rates for developing countries. Only a total of 11 deaths have reported from three facilities through out June 2008 up May 2009 using monthly HIS reports. It might indicate the under reported of death within community. The principal reported cause of death is neonatal deaths. However, the reported neonatal death is unusually high in this operation and needs further investigation and intervention. The under 5 death rates recorded during the nutrition survey (Table 5) however are high, and are a cause for concern, especially in Kharaz Villages and in Sana'a where they are over the WHO defined alert level of 2 deaths/10 000/day. The baseline under 5 mortality rate for Sub Saharan Africa is 1.14 and 0.36 for North Africa and the Middle east (Sphere Guidelines).

Table 5: Crude and Under 5 mortality rates expressed in deaths /10000/day in four locations of Kharaz, Kharaz host community, Basateen and Sana'a, Yemen, May 2009.

Survey Site	Population	Expressed by 10 000 people per day (95% CI)	
		Crude Mortality Rate (CMR)	Under 5 Death Rate (U5DR)
Kharaz Camp	5775	0.46 (0.28 – 0.75)	1.30 (0.57 – 2.95)
Kharaz Villages	5590	0.35 (0.23 – 0.52)	1.42 (0.67 – 2.99)
Basateen	1137	0.51 (0.16 – 1.63)	2.49 (0.71 – 8.37)
Sana'a	5523	0.43 (0.30 – 0.63)	2.10 (1.15 – 2.80)

The upper and lower respiratory tract infection, acute watery diarrhoea, cardiovascular disease, Urinary tract infection, skin disease, anaemia Sexually Transmitted Infections (STIs) are the cause of out-patient consultations in descending order.

New arrivals are receiving basic health care at reception centre clinics including measles and polio immunization of all under five new arrivals children at coastal areas in collaboration with MoH.

Efforts have been made through psychiatric consultation and mainstreaming mental health services in PHC to provide mental health and psychosocial support for mental severely disorder cases. This has been successful, with many cases identified and treated, and mental health service mainstreamed in PHC to follow up the cases and detect new cases. Although psychiatric health services exist, some gaps still need to be filled, they include; outreach follow up on cases and provision of support needed, psychosocial counselling and support is still weak, the capacity of existing support or hire competent staff in these area needs to be built.

The coverage of immunization and family planning, and recurrent outbreak including diarrhoeal disease require greater attention in Kharaz and Basateen, and reception areas.

Camp residents complained that most children suffer from poor eyesight. The mission could neither confirm nor refute this claim, however recent rapid assessment among school children has been done by Ras Morbate clinic and allergic conjunctivitis is the principal cause of eye problems diagnosed in the camp. There are frequent complains of blindness and poor vision among the community. This warrants further investigation.

Psycho-social Well-being

Trauma of war, uncertainty of the future, poor living conditions, basic food diets and little self development and achievement over long periods of time have created bitterness, resentment and hopelessness. Changing these attitudes would contribute to better social harmony, attention to child development and improvement of self image. The Camp community centre is providing services to address these issues and these efforts should be supported. Community centres also offer such services in Basateen and Sana'a

Environmental conditions

Living conditions in Basateen are especially poor. Most families live in one room shacks with several families sharing a toilet. Power is available at a cost of 3,000 Riyals ($15) per month. Some blocks are not connected to running water or electricity. Rents average 6,000 Riyals ($30). There are no proper cooking or storage facilities. The corridors serve as cooking areas as well as play areas for children.

Recommendations Health

- In urban centres, Refugees should be treated in MOH health facilities.
- UNHCR should support at least 2 - 4 MOH health centres in Sana'a and 2 MOH health centres in Basateen, Aden, with support via partner NGOs.
- UNHCR has to work for the inclusion of refugee in national policies and programmes, and refugees, particularly urban refugees, have to use the MoH health facilities as host population. It can be achieved by UNHCR supporting

selected MoH health facilities or implementing health sector financing and insurance schemes. UNHCR in collaboration with stakeholders has developed an implementation manual and plan of recommendations from UNHCR's health care policy for urban refugees in Yemen: current status and future strategy assessment.

- Rationalise drug prescription patterns through further training of prescribers, increasing awareness of the refugees and local communities and support to the health facilities.
- Perform basic rehabilitation of clinics that need so (bathroom in delivery room in Sana'a, ventilation in MCH clinic in Basateen etc.) and complete reorganisation of services to facilitate better patient flow through the centre in Basateen.
- Data collection tools need to be harmonised in the centres to avoid duplication of efforts and administrative work overload at the clinic level and staff should be retrain in HIS including WFP indicators.
- Build the capacity of ADRA and INTERSOS in psychosocial support and counselling to refugee community, through hiring competent staff or training of the existing teams in Kharaz
- Upgrade the health services in Kharaz or villages to absorb additional health care needs for host communities.
- Further Investigate the high reported cases of neonatal deaths and other causes such as malaria and organise retraining of clinical staff if necessary.
- Strengthen coordination between MOE, UNHCR and partners to continue the integration of government and refugee health programmes.
- To further Investigate complains of poor eyesight amongst camp residents.
- Continue support to community centre activities in the camp and urban areas.
- Further develop UNHCR Yemen branch office PHNHV 2009-2012 strategy based on global PHNHV strategic plan and UNHCR Yemen assessment and their recommendation

Environment and Sanitation

- Improve access to clean drinking water and adequate sanitary facilities in refugee areas in Basateen and Sana'a.

PART 2- FOOD SECURITY AND SELF RELIANCE

f) Food access and use

Incomes of refugees in urban centres of Sana'a and Basateen are derived from casual labour (chiefly cleaning). These are very low and most of the family's incomes are spent on rent and food. Women working as maids in private houses would earn between 12,000 to 15,000 Riyals ($60-70) a month. Men engaged in car washing would fetch 500-700 Riyals ($2.5-3) for a day's work. The mission noted that the coping mechanism of refugees is low and since the food and economic crisis in 2007 there has been increased

numbers of refugees seeking assistance especially in urban areas. Negative coping strategies such as begging and prostitution have been reported. Employment opportunities remain minimal. A clear indication of poor food access is that most refugees with children are unable to afford milk. Stunting levels are at around 20% in all 4 sites and have remained as such for a long time. For those at the Camp, the remoteness offers very limited self reliance and income generating opportunity with no access to markets. The limited micro finance credit offered by UNHCR partners is the only source of business credit scheme for refugees. While a few refugees are skilled, a large number are semi skilled or not skilled at all and need training. Support has been given to refugees through vocational and skills training. However support is needed to be given to the refugees during the training through allowances and day care facilities for their children.

Refugees do not have the right to own land or property for business. Consequently, in urban centres, there is a difference in food access amongst those who have family ties with Yemeni locals and those who do not. The former having more opportunities. There have been intermarriages resulting in indirect access to land and assets. The incomes and consequent food access of these families have improved. However, food security of even the locals is restricted due to limited employment. The most affected are the vulnerable groups from both local and refugee populations. Vulnerable group interventions should not differentiate between locals and refugees.

Food markets or kiosks are integrated and both (refugee and local) communities are free to purchase from either markets. The food market in Basateen where the majority of shoppers are refugees, supply meat, fish, vegetables, dairy products and fruit. As expected, the prices (Table 6) are comparable to those in other sections of the city taking into account quality[2].

Table 6: Market Prices in Yemeni Riyals, May 2009

Commodity	Unit	Price in Yemeni Riyals[3]
Meat (lamb)	Kg	1,000
Potato	Kg	80
Onion	Kg	50
Tomato	Kg	80
Egg	Unit	25

Source: Spot Check of Basateen Market on 27 May 2009

The use of specific commodities in the next period would likely remain the same provided no major shocks are experienced.

[2] Most fruits and vegetables sold in the Basateen market are of low quality.
[3] Approximately 1 USD = 200 Yemeni Riyals

Food commodities in Kharaz camp are consumed by the families; however it seems that in some cases part of the food is sold as an exchange for other food needs such vegetables. WSB is not favoured by the Mother and Child Health (MCH) and school beneficiaries in Basateen and Kharaz. In Kharaz beneficiaries indicated they prefer the previous food basket and would like Wheat Soya Blend (WSB) to be replaced by other items such as (Wheat Flour, Rice, Lentils, Oil & Sugar). No crop production was observed in Kharaz due to lack of water, poor soil, harsh weather and there are few animal rearing initiatives or fishing activities being practiced. There is very little own production to supplement their ration meals.

Recommendations

- Acceptability study & sensitization on the benefits of WSB need to be carried out
- When the water situation allows, support sustainable agricultural practices to improve food security for both refugees and host communities, this should include agriculture and livestock development. In refugees small scale livestock growing and vegetable growing, for host communities the scale can be higher. Explore the possibility of piloting a project providing fertile soil and seeds that are easily grown in dry areas in order to enhance house gardening & provide fodder for livestock.
- Implementation of FAO recommendation – agriculture, livestock, water management and soil testing in Kharaz.

g) Food aid targeting, distribution and monitoring

UNHCR has launched a safety net programme using food coupons redeemable at selected shops in Sana'a. This programme currently covers 114 families and provides a small portion of the monthly needs of these families. Targeting is based on specific criteria such as unemployed, large families, families with disability and elderly. While benefiting from the coupons, the families are encouraged to attend trainings and to seek work to exit from the safety net. This programme is limited by resources and should be expanded to include vulnerable groups among refugee families in Sana'a. A similar programme should be initiated for vulnerable groups (refugee and local) in Basateen. To create a more sustainable solution to the dependency concern, the voucher should be tied to training or education (particularly girls' education) scheme. Clear exit strategy should be enforced through specified number of months which a person can benefit. The food assistance should terminate with resumption of incomes. For host families with no prospect of self-reliance (e.g. elderly, disabled) regular government safety nets should be explored and encouraged to include these families.

General food distribution is conducted only in Kharaz Camp and at the Reception centres. Supplementary feeding is supported through the health centres in Basateen and Kharaz. School feeding is administered in Kharaz and Basateen (see also annexe 3).

The distribution system at Basateen clinic suffers from lack of office space and shortage of personnel. Scooping (packaging of commodities for distribution) takes a lot of staff time. Staggering distribution by allocating specific dates could reduce the queues. Construction of better premises allowing formation of incoming and outgoing lines would also improve the situation. Addition of more staff during distribution has also been suggested. However, introduction of vouchers would eliminate these bottlenecks in distribution. The voucher programme could replace general food distribution but would not affect the Supplementary Feeding programme (SFP) covering 3,465 beneficiaries which needs inclusion of the aforementioned requirements to get rid of bottlenecks during food distribution. A registration system of SFP beneficiaries exists, but more emphasis should be given to ensure proper targeting and identification using protocols. In Basateen, the SFP provides a family sized ration given over a period of 9 months. Therefore the assistance is more as a food aid rather than treatment.

There is a concern that residents from Basateen may arrive at the Camp during distribution to collect rations. The government's new registration process, based on bio-metrics (fingerprints), records the residence of each refugee. This may assist in curbing the urban dwellers from collecting Camp rations. Once registration is complete, close monitoring is required to ensure: a) camp residents are in possession of cards, and b) rations are collected by valid card holders. Where documents are not in order, the case should be referred by WFP to the related UNHCR staff for investigation, other suspected cases will also be verified by UNHCR staff. For those while possessing accurate and valid camp documentations are found to be complete urban dwellers and have no family members staying in the camp shouldn't be eligible to receive the monthly food rations during camp general food distribution (GFD). Camp residents should be encouraged to secure proper documentation ***before*** distribution dates to ensure a smooth distribution process. Until new cards are issued the UNHCR new arrivals registration form should be honoured by distribution staff even if its 3 month expiry date has lapsed.

Table 7: Food Aid by type and target group

	Food type	Target Group	Food type
Reception Centres	Ready to eat cooked meals	New arrivals	High energy biscuits to be served at the coastline (Seashores), Beans, Wheat flour, Rice, Sugar, Veg. Oil to be cooked and offered at reception centres.
Sana'a	Food coupons	Vulnerable groups	Rice, spaghetti, white flour, sugar, peas, potato, onions, tomato paste, tea, cooking oil, iodized salt
Basateen	Supplementary feeding	Pregnant/lactating women; underweight children, and TB positive cases and HIV cases	Wheat Soya Blend, Sugar and V/Oil.
	School feeding	School children age 5-16 years	High energy biscuits, beans, Wheat flour, Sugar, Oil, and Wheat Soya Blend.
Kharaz Camp	Wet rations (cooked meals)	New arrivals	Wheat Flour, Rice, Beans, Sugar, V/Oil, and Salt.
	Supplementary feeding	Pregnant/lactating women; acutely malnourished children, TB positive cases IPD patients	Wheat Soya Blend, Sugar and V/Oil.
	School feeding	School children age 5-16 years including MCC age 3-5 years	High energy biscuits, beans Wheat flour, Sugar, Oil, and Wheat Soya Blend.
	General food distribution	Camp residents	Wheat Flour, Rice, Beans, oil, sugar, and Salt.

Some New arrivals registration forms are in very bad shape with pictures totally unrecognizable. Temporary laminated ration cards with colour photos need to replace the forms for clear identification of beneficiaries in order to ensure that food and non food items are being provided to genuine individuals/families. This step is required until a robust system is established. The temporary ration cards should be punctured upon every reception, and should contain pictures of one of the heads of the family or both parents. Information about the family and family size should be indicated. These cards will be used as ID cards for checking after the permanent ration cards are issued.

The pipeline has mostly been robust with occasional shifting of commodities between programmes to fill in gaps due to delayed shipments. The main issue to be addressed is the planning figures supplied by UNHCR. Although arrival of new refugees is haphazard

and unpredictable, a planning figure for each month of the coming year should be estimated so that WFP pipeline could respond accordingly. Such figures would eliminate the need for budget revisions. Each January, WFP staff from Sana'a should be involved in the discussions with UNHCR Aden to secure planning figures for the year.

New arrivals at the Reception Centres are temporary residents. In urban areas, participants of vocational trainings are provided with cash. In the Camp, general food distribution is implemented. Considering these factors, food for work opportunities are limited.

Recommendations

- Find an alternative to WSB in school feeding programme or change the recipes to biscuits or something more palatable to the children (such as date bars) and ensure that children have enough clean drinking water available.
- Explore the acceptability of improved CSB (with milk) to the children in the school feeding programme.
- Post food distribution monitoring to be established at camp level.
- Ensure timely communication on pipeline disturbances to partners and refugees and arrange demonstration sessions if the food item is new to the population e.g. WSB, different types of pulses.
- Continue to provide tomato paste to the refugees to improve the palatability of the food in Kharaz camp.
- Food diversification in camp such as multi-storey gardening etc
- The security at the current SFP food distribution site in Basateen should be improved through construction of more spacious food distribution centre, allowing better crowd control, have a comfortable waiting area, create two more control desks and distribution points to allow faster and dignified food distribution.
- Temporary ration cards to be provided to new arrivals/urban comers after 5 days of having wet food for three months to those intending to stay in Kharaz to ensure better food management for new arrivals till the names of these beneficiaries are being included in the GFD list and be issued permanent ration cards).
- For planning purposes, new arrivals will be divided into two categories i) Arrivals in the reception centres (arrivals from the coast) ii) New arrivals in the camp from reception areas and urban areas.
- Re-issue ration cards once the registration of refugees is done and replace damaged cards with new laminated ones carrying colour photos
- Distribution should be done on an individual one to one basis – collection of ration with the registration card.
- Until new cards are issued, the UNHCR card should be honoured even if expiry date has lapsed.

- Expand coverage of food coupon programme in Sana'a to cover vulnerable groups (refugee)
- Create a clear exit strategy for the safety net (food voucher) programme.
- Initiate food coupon programme in Basateen for vulnerable groups (refugee and host)
- Each January, prepare planning figures for each month of the new year.
- Food aid to host communities should be targeted to the most vulnerable as part of a broader food security programme that follows a development approach. There should never be general food distribution in host communities unless the there is general hunger and famine.

h) Selective feeding programmes

Supplementary feeding is implemented to combat or prevent malnutrition. This food is provided to malnourished or nutritionally vulnerable individuals. Currently SFP provides three dry food items i.e. WSB, sugar & vegetable oil (take home ration) per month in Al-Basateen and Kharaz camp. WFP provides this ration to pregnant/nursing mothers as a blanket programme and selective feeding for under 5 Yr- malnourished children (see table 4 section E). In addition, the tuberculosis (TB) positive & In-patient department (IPD) patients in Kharaz camp clinic are served on site with cooked porridge in the morning (breakfast) consisting of WSB, sugar and oil. Milk is added to the meal. WSB has a very poor shelf life in the harsh weather conditions prevailing at both Aden and Kharaz.

SFP programme at Al-Basateen MCH centre provides a monthly based supplementary food ration for (pregnant, nursing mothers, TB positive patients) as a household take home ration (5-beneficiary ration size/per household) for 693 households i.e. 3,465 beneficiaries.

The programme in Kharaz camp feeds 550 beneficiaries a month (pregnant, nursing mothers, T.B. Patients, I.PD, and under 5 Yr-malnourished children). Indeed, the WSB is not fully accepted by the MCH beneficiaries of Al-Basateen and Kharaz, and implementation has experienced low on-site feeding/consumption rates by TB and IPD patients at Kharaz clinic in particular.

Out-patient therapeutic programme (OTP) is run by UNICEF in Basateen. The OTP targets severely malnourished children and along with standard care protocols, provides caregivers with Plumpy'Nut. Refugees in Kharaz and Sana'a have to go to the government clinics. Cases of access problems were reported especially in Sana'a.

Recommendations

- Ensure that treatment for severe malnutrition is available to all children who need it in all sites.
- Install effective treatment programmes for moderate acute malnutrition in all the concerned health facilities using harmonised internationally recognised

protocols and a dedicated nutrition team including outreach workers to improve coverage and enhance awareness in the community.

- Expand activities aimed at improving appropriate infant feeding practices in all sites.
- Coverage of nutrition treatment programmes is poor in all sites and should be improved through enhanced community outreach and improved organisation of the services in Basateen urban refugee and Kharaz camp.
- Establishing OTP centres in Sana'a and Kharaz camp. Management of moderate acute malnutrition is also needed in Sana'a.
- Provide a high nutrient density complementary food to children from 6 months - 2 years of age to the children in Kharaz camp, Basateen and host community in the 7 surrounding villages (An LNS product would be ideal).
- Provide an alternative food for supplementary feeding rather than the WSB currently available. For children either improved WSB/CSB with added milk powder or RUSF. For pregnant and lactating women, improved CSB/WSB.
- Supplementary feeding rations should be individual and targeted towards the patient rather than as a food aid package. Sharing within the family does need to be accounted for and in the urban areas a family protection ration or inclusion in a voucher system could be provided to support nutritional rehabilitation.
- Adequate foods should be provided to those children who are in day care centres to support their nutrition status, and health and developmental outcomes. WFP should support this activity.

i) Food supplies

WFP PRRO receives its food consignments with the essentially required enriched nutrients. The combination of international consignments and locally procured shipments makes meeting the refugee food requirements easier. The total tonnage received for PRRO in 2008 was 1,894.950 MT. Out of this total the international shipments constitute 54% (1,028.75 MT) and the local ones 46% (866.2 MT). In 2007 the total was 2,476.207 MT of which the overseas shipment was 950.207 MT (38 %) and local procurements were 1,526 MT (62 %).

Non-arrival of food in time (Pipeline break/delay) causes a real disruption in food quantity distributions. For example, during February & March 2008 distributions, W/Flour was absent, which was then compensated with rice. In 2008, absence of rice in GFDs of July, August and September and that of sugar in December was covered with Wheat Flour (2 Kg, 1.8 Kg, & 4.5 Kg). Therefore, in spite of pipeline breaks and delays in commodity arrival during 2007/2008, ration quotas in Kcal were maintained through substitution.

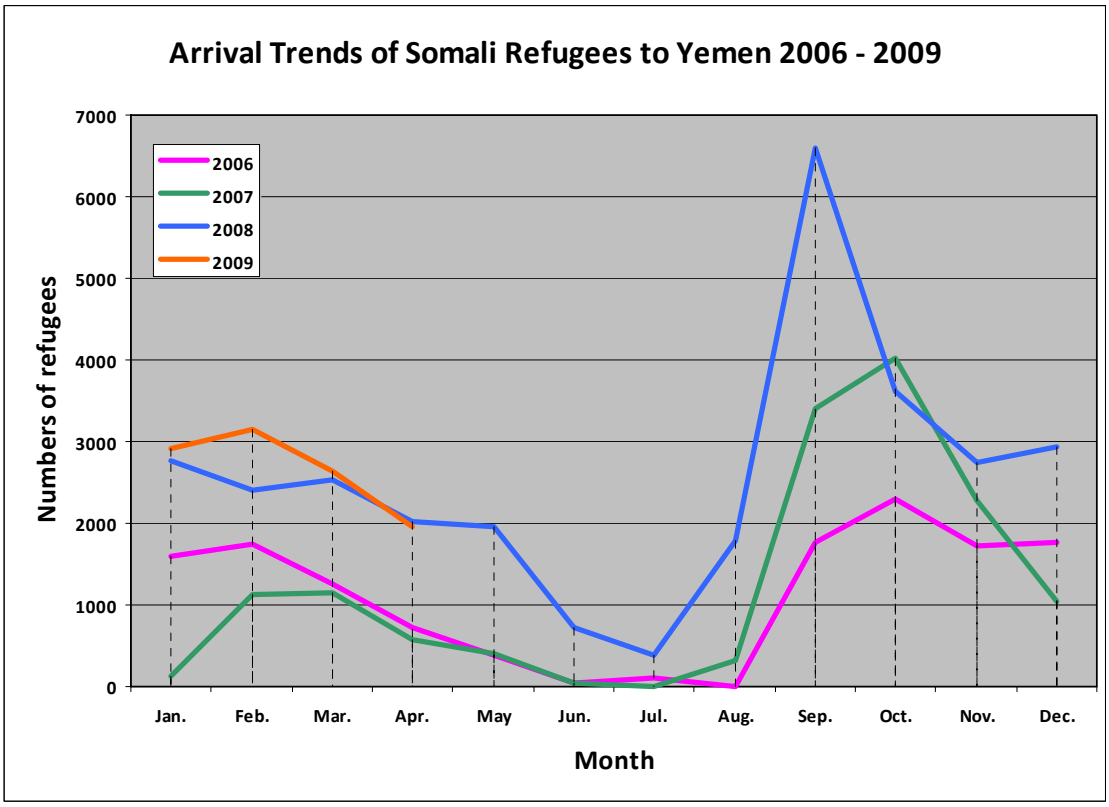
Food is provided to refugees (see annexe 3):

a. Upon arrival at the coast where they receive high energy biscuits and water to drink.
b. Refugees transferred to any of the reception centres at Maifa'a, Ahwar or Kharaz receive 3 meals per day of cooked food for an average of 5 days.
c. Those refugees intending to stay at Kharaz camp once they have been transferred there receive a dry general food ration of 10 days. If at the end of the 10 days they are still in the camp they will then receive food to cover the rest of the month. Refugees then receive a monthly food ration designed to supply 2100 kcal/person/day.
d. School feeding programmes are available for primary school children in Basateen and Kharaz Camp and surrounding villages.
e. Food is provided to support supplementary feeding programmes in Basateen and Kharaz.
f. There is no food support to refugees in Sana'a or in Basateen (apart from supplementary food through the clinic and school feeding in Basateen).

Refugees in Kharaz camp report that the ration only lasts them for around 20 days. On the other hand there is anecdotal evidence that some of the food is being sold.

The major difficulty regarding the provision of food and non food items to refugees is the unknown factor of numbers. Refugee arrivals at the coast are variable both by day and by season and numbers have been increasing over previous years (as shown in figure 3), over and above planned figures. Some of the refugees will choose to go to a reception centre and be registered, but some will disappear directly from the coast. Some of these will then choose to go to Kharaz camp and some will make their way from the reception centre to another location. Of those who arrive in Kharaz camp, not all will stay and will make their way back to other sites within Yemen. It is reported that some refugees will keep a foot both in the camp and in the urban areas of Basateen, returning to the camp to collect food rations and services.

Figure 3: Arrival trends of Somali Refugees arriving at the Shores of Yemen by year and by month, 2006 – 2009. Source UNHCR.



Another major issue is the registration of the refugees. The Government of Yemen stopped issuing refugee cards in 2006 and since then has been issuing papers with a 3 month validity. Although these papers are in effect recognised by the government, UNHCR and other institutions, this has been a problem for WFP in estimating the number of people qualifying for food aid.

Recommendations

- The system of cross checking beneficiaries should be improved to prevent refugees not living in the camp from receiving food rations.
- General food distribution is done by face to face approach in all the distribution points in Kharaz and needs to be continued through checking of ration cards & IDs.
- All school children are allowed to eat in the school feeding centre. Increment of attendance has been noticed due to food variation which should continue.
- Supplementary feeding should be extended to the host community in Basateen

j) Self reliance opportunities

Yemen is a poor country with high unemployment rates. Accommodating refugees with employment is a difficult task exasperated by lack of documentation, skills and access to formal channels of credit. Whereas Somalis are granted prima facie refugee status, the non-Somali refugees are considered on an individual basis. The government Identity (ID) card, issued primarily to Somalis, assists refugees in securing work in the private sector[4]. The non-Somalis have been living in urban centres without government identity cards. This results in securing only menial jobs, such as cleaning, even for those with higher skill sets. Mothers often work as housemaids. This raises the issue of day care services for working mothers. Their low incomes preclude day-care expenses and often children are left in the care of the eldest child or with privately run daycares offering not even basic care facilities. These private services charge 100 Riyals ($0.50) per child per day. Mothers have admitted locking children in their houses with no adult supervision while they have to leave to earn a living. Providing day-care services to children of working women is required.

A 2008 self-reliance survey classified residents of Kharaz and Basateen into skilled and semi-skilled as well making recommendations for self reliance programmes and vocational training. While most refugees in the Camp are illiterate with limited skills, there are some with exceptional skills. Many refugees in the camp hail from the urban environs of Mogadishu and engaged in urban based livelihoods, such as services, prior to their leaving Somalia.

Whereas discrimination was not considered a major issue for Somalis seeking urban employment, the Oromo complained of it. Some have pulled their children out of school due to discrimination. This in the long term would affect self reliance of the next generation.

Recommendations

- Implementation of recommendation of self reliance survey
- Advocacy for the recognition for refugee mandate paper by private sector
- A response policy and measure for urban refugees should be put in place to tackle the effects of food crises and, therefore, avoid their negative implications on the self reliance capacity of refugees.
- For refugee higher education, there is a need to expand the donor base as the opportunities are limited; UNHCR policy focuses on primary education.
- Comprehensive financial and non financial services should be provided in order to support demand-driven income generation activities and micro enterprises.
- Food/voucher-for-work/training schemes should be offered in order for refugees to improve their food security.
- Expand day care services in urban areas and provide day care and kindergartens centres with food.

[4] Work in the public sector requires a work permit limited to Yemeni nationals.

- Re - Initiate adult literacy classes in the camp-classes are ongoing, only on small scale
- Expand and improve the quality of the existed vocational training and income generation activities in the camp and provide food for work for the trainees.
- Extend the adult literacy classes to the blocks in the camp and in Aden, provide the teachers with food for work and if there is a possibility also to provide the students

k) Food and self reliance strategies

Strategies to sustain livelihoods within the existing limitations would require innovation and investment. A national policy/law for refugees and asylum seekers is required with a clear stipulation of the right to work.

The Kharaz camp, with a large number of adults, provides a potential for small industrial activity. Some projects have initiated handicrafts and basket-weaving opportunities with limited success due to distance from markets. These activities are tied to the vocational trainings provided by UNHCR supported IPs. These programmes are valuable and impart useful skills. However, in spite of these efforts, the overall income in the camp is meagre with families reliant on food aid for their sustenance. Some young men engage in fishing during the short season. However, they do not have rights to fishing licences and must work informally at low wages. The camp itself generates casual opportunities such as clothes washing, which would fetch 200-300 Riyals ($1-1.5) for a day's wash. Such occasional incomes allow mothers to afford tomatoes and onions to supplement their food aid rations. On occasion, small turtles (protein) are bought and fed to children. However, these incomes are limited and do not result in any significant improvement in diets. Apart from infants, most children drink no milk.

Somalis are well known for their skills in livestock rearing. Although opportunities for livestock in urban areas are limited, some livestock have been introduced in the Kharaz Camp. Water and fodder are still limiting factors and the sheep and goats are reared mainly for sale and consumption. They are not a major source of milk. Some Somalis in the camp originate from the riverine areas of Somalia along the Shabelle and Juba rivers. They have excellent skills in farming and in maintaining home gardens. Dietary diversity could be improved through home gardening if required inputs, particularly water and soil were made available. Pot gardening and stack gardens are recommended to conserve soil and water usage.

A major limitation towards self reliance is lack of skills. Vocational trainings offer valuable skills resulting in some income generation and should be expanded. However, the duration of these trainings are short. Such trainings should be continued with support from UNHCR and partners at government institutes but supplemented with long term trainings (one to three years) that impart professional training allowing the trainees to join professional cadres. WFP may support with vouchers for training. Future prospects for youth in urban centres as well as the Camp are limited. This leads to a

sense of hopelessness with negative effects and unsocial behaviour. It would be important to secure long-term scholarships for refugee youth (especially women) at educational institutes in Aden, Sana'a. The existing projects have concluded some youth do not have the secondary education level to secure seats at centres of higher education. MoE is providing evening support classes for science, maths and Arabic for secondary students in Aden. Refugee youths are beneficiaries of this programme.

To new arrivals, language is a barrier since none of the refugees are native Arabic speakers. The younger generation, through local interaction at school and play are comfortable in spoken Arabic. In the Camp, women having the least interaction with locals are the most marginalized group in terms of language.

Recommendations

- Food voucher system should be linked to education or vocational training.
- Conduct an industrial workshop to identify potential industries viable for the Camp residents
- Conduct product exhibition workshop to find permanent buyers of Camp products.
- Provide long-term (one to three years) technical training programmes
- Provide long-term scholarships for youth (especially women) at institutions of higher education in Yemen and abroad
- Initiate a tutorial programme to prepare youth for higher education
- Kitchen gardening in the camp and surrounding villages should be promoted in order to increase the access to fresh foods and increase dietary diversity.
- Advocate for fishing rights for refugees from Kharaz camp.

PART 3 – NON-FOOD AND OTHER RELATED CONCERNS

l) Non-food items – requirements and distribution

Non Food Items are provided to refugees:

- Upon arrival, refugees receive a package of clothes
- In the camps refugees receive one-off, non food items such as blankets, stoves, cooking utensils and shelter items.
- On a monthly basis refugees in the camp receive hygiene items, soap, sanitary towels etc. as well as 3 litres of kerosene for cooking and light.
- New arrivals appear to be falling through the cracks and are not receiving certain non food items such as kerosene. These means that they have to find firewood in the surrounding areas to be able to cook the dry general food ration that is provided to them.

- No non food items are provided to refugees in Basateen or Sana'a or to non refugee populations.

Recommendations

- New arrivals at the camp should be systematically provided with non food items (stoves, sanitary materials and kerosene).
- Ensure provision and replacement of NFI in accordance to the set guidelines. Pilot projects aimed at reducing kerosene consumption in the camp and surrounding villages using environmentally friendly techniques. Such as solar panels for lighting and solar cookers and cooking pots with lids (pressure cookers?) for cooking.

m) Community Services

Several residents in Basateen were found not to be benefiting from existing services. The reasons are a combination of lack of documentation and awareness. In spite of close proximity to service centres, some refugees were unaware of their eligibility to access these services. Some did not have the correct documentation. The inability of refugees to tap into services should be acknowledged and more contact through social workers is required to ensure a) refugees are aware of services and eligibility criteria and b) lack of documentation is overcome by social worker's interaction with the families. The social worker could ascertain the need even in the absence of proper documentation. This would improve outreach of supplementary feeding programmes and training opportunities.

Recommendation

- The services programmes should include criteria of a social worker meeting a family once a year. This meeting should explain ***all*** services available and provide on the spot documentation that facilitate/guarantee access for eligible families to services.

n) Gender and protection concerns

The mission was able to discuss gender and protection issues partially. In Kharaz the participation of women in the various Committees is high. Women have a 50% representation as block leaders, in the Grand council, in the Educational, health, and water and sanitation sub committees. The ration cards in the name of women allow them to access and control food at the house level. In most cases women prepare the food for their families.

Women are benefiting from the various services such as: medical assistance, antenatal, post natal assistance, supplementary feeding both in the camp and in Basateen. Family planning is also available, but not sufficiently implemented. The families interviewed are

large and most women bear the burden of many children with little support from men in the upbringing of these children. Women headed household seem to be increasing due to the fact that men go to the urban sector to find jobs.

Women expect their children to continue with secondary education to have a better future, however for them it is difficult to send them to outside institutes/ higher schools. They also mentioned about the low quality standard of education which does not help to pass entry exams to continue with higher education.

Women's participation was noted as good especially in making decisions at household level, however their vulnerability as mostly single head's of household needs to be supported through targeted programmes. A drop-in centre has been opened in Kharaz and Basateen that offers legal and psycho – social support to refugees.

Camp residents from Ethiopia complained of security concerns. They felt insecure from host community particularly when UNHCR staff is evacuated due to security problems. The presence of UNHCR international staff in the Camp is taken as a reassurance against acts of violence from the host community. Incidents of violence against women have been reported and have been taken up by INTERSOS and ADRA Ethiopian refugees are also concerned that their government may be in dialogue with the Yemeni authorities to re-patriate them back to Ethiopia. It is unclear whether these concerns are: a) based on actual facts b) are merely tactics to push for resettlement, or c) a combination of both. Ethiopian mothers expressed their worries for safety of their teenage daughters.

Recommendation

- Efforts have been made to promote an understanding of gender issues in the camp and to prevent SGBV.
- There is need to expand programmes that will allow women to engage in various Income Generation Activities (IGA) and receive training, to facilitate self reliance.

PART 4 – LOGISTICS

o) Logistics

WFP operates two warehouses. One is located in Aden and functions as central warehouse while the other one is the FDP situated at Kharaz camp. The overseas shipments are received through two seaports: Mualla and Aden Container Terminal (ACT). Stock levels are revised on a daily basis through record keeping, waybills, and COMPAS system with pipeline tracking system. Food is released from the WFP warehouses to the targeted centres upon receipt of a signed and stamped food request from UNHCR. Quantities are determined by ration size and the number of beneficiaries. After WFP certification and approval, the LTI numbers are assigned and food is released.

Food is delivered to the IPs stores by large loading trucks. Food is delivered to distribution sites by small trucks and wheelbarrows for the benefit of the refugees.

Pipeline management involves monitoring the actual and planned shipping schedules against the in-country stock levels & expected usage rates. It monitors by analyzing reports from ports and in-country storage facilities. Stock position is the overall food stock status derived from figures of receipt and distribution. Pipeline break/delays are circumvented through using all possible and available resources. This includes invoking budget revisions to meet the monthly food requirements at the different distribution points. It involves timely preparation of related documents & reports on stock movement, dispatch sizes and distributions.

PART 5 – PARTNERSHIP, PLANNING AND OTHER RELATED ISSUES

p) Partnership and co-ordination and other issues

There is coordination among UN agencies and partners at camp, and urban levels in targeting increased levels of assistance to refugees. WFP/UNHCR has signed a Joint project Agreement (JPA), which serves as a frame of yearly activities. UNICEF has signed a MOU with UNHCR with specific areas of intervention and provision of technical support for refugees in Sana'a, Aden and Basateen. Refugees have access to health facilities and schools. Advocacy is needed to include refugees into other national programmes and access to markets.

UNHCR has engaged a number of IPs in a series of support programmes mainly covering training and micro-credit schemes. This diversity is a useful strategy. Each initiative offers important lessons learnt and contributes to the collective understanding of what schemes translate into self reliance. Sharing of information amongst IPs would be useful to allow programmes to benefit from best practices.

UNHCR IPs in Yemen are as follows
Al-Takamal
Charitable Society for Social Welfare(CSSW)
Danish Refugee Council
Interaction in Development Foundation (IDF)
Intersos
Save the Children
Society for Humanitarian Solidarity (SHS)
Yemen red crescent society

The expiry of registration form raised an important issue regarding coordination between WFP and UNHCR. The New arrivals registration form issued by UNHCR carries a 3 month validity. Refugees are expected to secure registration cards from the government which would supersede the UNHCR issued card. WFP rations are distributed to those with valid registration form. Since the government issuance was delayed, in some instances for years, families were left with an expired form from UNHCR and no new card from the government. In this instance, the WFP practice should be to accept expired forms or cards as valid. Maintaining a proper chain of food supplies requires planning figures several months in advance. Here, more dialogue between WFP decision-makers in Sana'a with UNHCR staff in Aden would be useful in streamlining issues such as a) registration cards and b) planning figures. The new registration process initiated by GoY is anticipated to rectify most Registration issues. However, it is important that both WFP and UNHCR keep track of registration progress and identify gaps if any.

Recommendations

- Continued coordination with UN agencies to ensure that needs are met for both refuges and host community
- Coordination with other development organisations and donors
- Information and resource sharing with other UN country offices dealing with similar case load
- UNHCR programme coordinator keep IPs informed of best practices through formal (twice a year) meetings and informal exchanges
- In January, UNHCR should provide WFP with planning figures (number of refugees) for each month[5] of the year at Reception centres and the Camp.
- Consider expired new arrivals form until they are replaced by the Govt ID cards

q) Specific issues

- New government registration is critical to ensure beneficiary identification
- Overall, host community in Sana'a and Aden seem to have adapted well to living with refugees but some cases of discrimination were reported. On the other hand, the host community around Kharaz camp have complained of unfair treatment due to limited government projects and some tension over land use. They have access to the services offered in the camp and they benefit from vocational training, but they have limited economic opportunity and need support from government and developing agencies. Adopting a two year development strategy in coordination with the government and developing agencies would help to address some of their basic needs such as water and

[5] Special attention is required for September when the figures change substantially

health care facilities. The host community in Basateen also benefit alongside refugees from vocational training and IGA.

Recommendations

- Facilitate registration process.
- Develop of two years development strategy with government and host community in Kharaz district.

r) Contingency planning

Two specific scenarios require contingency plans. First, the potential for a substantial increase in refugees on account of worsening situation in Somalia. Second, severance of international staff access to the Kharaz Camp due to insecurity.

Table 8: Planning figures for likely and worst case scenarios for different location and for both Somali and Non-Somali refugees for contingency preparation 2009 -2010

	Most likely scenario			**Worst case scenario**			**TOTAL for contingency plan**		
New arrivals location	Somali	Non Somali	Total	Somali	Non Somali	Total	Somali	Non Somali	**Total**
Total arriving at the shore	32400	25200	57600	42000	36000	78000	9600	10800	**20400**
New arrivals transfer to reception centres	31428	8568	39996	40740	12240	52980	9312	3672	**12984**
Transfer from Reception to Kharaz camp	27864	0	27864	36120	0	36120	8256	0	**8256**
No. of refugees remaining in camp (20 % of total Somali)			0	8400		8400	3864		**3864**
No. of refugees going to other country (20%)i	6480		6480	8400		8400	1920		**1920**
No. of increase in urban areas	21384		21384	25200		25200	3816		**3816**
No. of asylum seekers of concerns (6%) ->12%		1512			4320			2808	**2808**

Considering that the situation in Somali continues to be volatile the number of Somalis seeking refuge in Yemen will continue to increase. The number of new arrivals reaching Yemen has continued to rise. The number of new arrivals reaching the shores of Yemen in 2008 was 50,000. These figures are expected to increase. Conservative estimates by UNHCR indicate an annual increase of 7,000 people in likely scenario. In addition to the normal annual increase, the estimated number of new arrivals in worst case scenario is 21,000 for 2009. With assumption of this number, UNHCR together with the implementing and operational partners have prepared contingency plan for additional

estimated influx of 21,000 people. The table 8 above reflects detailed planning figures for contingency preparation at different locations.

This would increase demands on registration as well as supplies provided at the Reception Centres. Kharaz camp is expected to receive 2000 - 3000 new arrivals per month; however 10% (2000-3000) remain or opt to leave in the camp after one month. It must be noted that the Kharaz camp has limits to expansion. Water is scarce, construction of shelter is slow, there are limits to land and services at the school and health centre are finite. Many families currently reside in the temporary shelter of the tented area. Stakeholders, particularly government, must take into account that a sudden influx of refugees or a constant stream of larger numbers would severely stress services at the Camp. Therefore, urban alternatives to the camp must be planned for. Currently, refugee influx is low due to the high seas of summer. This may change drastically after August with a large number of refugees fleeing the escalating conflict in Somalia.

Although steps to extend services to host communities around the Kharaz Camp are underway, the situation remains volatile. The overall political situation in the host country also demands examination. These factors may lead to temporary suspension of international staff access to the Camp. In such an event, the Camp must have enough supplies and administrative setup to continue functioning for a reasonable amount of time.

Currently registration has started for Somali refugees in Sana'a and is expected to be extended to Aden and 5 other governorate.

Programme planning will have to consider 30 % increase or decline and contingencies have to be planned accordingly. Most new arrivals are expected to move to urban areas.

Recommendations

- Ensure registration of refugees at arrival and renewing of ID's after 3 or 6 months
- Liaising with government, local authority and community leaders of host population on proper planning figures for the host community
- Issue new ration cards to refugees after the govt registration in Kharaz camp
- Kharaz camp should maintain food and medical supplies for at least 4 weeks at all times.
- Kharaz camp should also maintain fuel stocks for cooking fuel, vehicle movement and maintaining the water pumps for at least 4 weeks.
- Alternative locations in urban areas to accommodate a sudden large influx of refugees must be planned.
- The case load is expected to increase and contingencies should be taken in ensuring that all agencies are prepared especially in urban areas

PART 6 – OPTIONS AND FINAL RECOMMENDATIONS

s) Programme options

FOOD	Pros	Cons
Cooked meals and dry ration for new arrivals Camp	Provision of food in absence of cooking facilities	Beneficiaries figures unstable
School feeding	Mid day meals under controlled environment	Excludes children not attending school
Supplementary feeding: pregnant and lactating mothers	Vital nutrients for mother and child	Excludes mothers unable to visit MCH centre
Supplementary feeding: malnourished children	Vital nutrients for malnourished children	Excludes children unable to visit MCH centre
General food distribution at Kharaz Camp	Meet caloric needs of camp population with no livelihoods	Dependent on donor funds
Nutrient dense complementary foods for young children in Kharaz Camp and Surroundings	Vital nutrients for support to growth and development of young children 6 – 23 months	Cost. Dependent on donor funds
Food coupons in urban centres	Utilization of markets; avoid distribution issues; allow some choice in food selection, provides safety net.	Possible misuse of coupons

NON FOOD	Pros	Cons
Durable solutions	Refugees become self reliant	Cost
Awareness of services offered on services offered	Household awareness of services and entitlements	Unanticipated increase in demand on services; raise expectation; cost
Adult literacy classes	Improved chances of self reliance; Improved support to children's education	Cost
Vocational training	Improved chances of self	Cost

	reliance	Training not aligned to market needs
Micro-credit schemes	Improved chances of self reliance through jobs and self employment	Most needy are considered not credit worthy and do not qualify for scheme
Tutorial programme	Render students ready for university acceptance	Cost
Long term youth scholarships	Opportunity for higher education and higher incomes; Sustained support to household	Cost
Day-care centres in urban areas	Improved food and supervision for children; allow parents to pursue self reliance activities	Affect private day-care services provided by refugee and non-refugee women Cost
Product exhibition workshop	Secure market for products made by refugees	Selection of proper venues and presentation are important to ensure results
Pot and stack gardening	Increase dietary diversity; reduce food expenditure	Supply of water uncertain Soil quality
Improve coordination between agencies	Improved delivery of services	Increases time spent on meetings with little programme improvement
Contingency: large influx of new arrivals	Identify alternate urban sites for new arrivals;	Dependence on govt response
Contingency: four weeks of supplies at Camp	Vital services maintained even in event of evacuation	Requires mobilizing Camp residents in organizing services without international staff support

t) Final recommendations

Main recommendations include:

Government
Complete and maintain registration process
Adopt policy/law for refugees and asylum seekers
Provide documentation to facilitate employment opportunities
Plan for sudden increase in refugee population

Extend services to host communities surrounding Kharaz camp
Improve camp protection, especially for women

WFP
Continue food programmes at reception centres and camp
Support and expand UNHCR food voucher programme
Improve school/supplementary diets /suitable food for children under 2 or 3yrs old
Shift monitoring from weight/age to weight/height indicators
Report invalid ID card cases to UNHCR
Extended SFP to host community in Basateen
Support vocational training through FFW/FFT in the camp and VFW/VFT in urban areas

UNHCR
Expand vocational training and micro-credit schemes
Continue with adult literary, tutoring and youth scholarships
Introduce kitchen gardening at camp
Host product exhibition workshops
Introduce solar powered cooking stoves
Implement recommendations of health services
Estimate new arrival figures
Ensure beneficiaries hold valid identification cards
Engage social workers to visit urban households annually
Implement recommendation of self reliance/livelihood survey
Implement recommendations of FAO survey in Kharaz camp
Implement recommendation of complementary feeding for 6-24 months in collaboration with WFP

UNICEF
Train health staff and community workers on the treatment of severe acute malnutrition in the community in Kharaz and in Sana'a.
Include refugee operations and workers in infant and young child feeding training schemes and programmes.

All agencies
Harmonize nutrition protocols
Development plan for Kharaz district - Madharba district

ANNEXES

Annexe 1: 2007 JAM MATRIX REVIEW

Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	2007 Recommendations	Achieved/Not Achieved	Clarifications
1 Registration and Planning Figures			
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.	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	Achieved	- Verification on going physical verification but has proved difficult as most families keep presence both in camp and urban. - Camp management developed a verification mechanism in the camp, which is the renewal of the shelters' contracts for all refugee families then physical verification takes place, if the family is absent from the camp for three months the Shelter will be taken back and the ration card will not be valid any more. - Elders' committee should be involved with UNHCR/WFP & NGOs to identify those living in urban areas by conducting physical verification through home visits & checking shelter contracts as their names need to be deleted from the general food distribution list once confirmed.

Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
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.	New cards need to be provided in accordance to the registration exercise carried out in 2006.Sensitise the community and advocate establishing women as family heads for the new ration cards.	Achieved	New ration cards ordered from HCR HQ issued in 2007. 80% of card holders are female. Beneficiaries list is computerized and updated monthly.
	As a planning figure for GFD, WFP could plan to assist a total of 9,000 refugees/ beneficiaries a year in the camp.	Achieved	GFD figures went over 10,000; April 09 feeding figures was 10217 beneficiaries. The number of beneficiaries in the camp expected to increase by 200 monthly. Registration of refugees by GOY/HCR is planned for 09. The figure is already exceeded the project/BR plan (10,500) GFD + (800) of benfs' NAs & U/Cs. These figures may also continue to soar up. On average about 350 refugees are added including those who opt to reside in the camp per month plus newborns, hence growth to continue.
	Al -Basateen is not included for GFD	-	UNHCR IP's continue to assist vulnerable refugees in urban areas. WFP (April 09) conducted a mission to find out possibility of introducing cash vouchers for vulnerable cases in Basateen. Mission reported the

			possibility of using voucher in urban areas only.
Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
General rations are also provided at Maifa'a Reception Centre.	The planning figure for Maifa'a to be on average 1,200 beneficiaries per month	Achieved	New arrival number increased to 2,000 beneficiaries per month. A new reception centre was opened in 2007 at Ahwar with about 500 new arrivals monthly , and since 2008 a new arrivals have been received at the red sea 1000 per month
2 Nutrition and Health Services			
Few cases of severe malnutrition are reported in the camp. But 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 appear to be in better nutritional health. This could be reflective of the high degree of dependency of the refugees in the camp.	UNHCR medical co-coordinator with WFP nutritionist Sana'a should plan a joint survey in both the urban and camp to define prevalence of both acute and chronic malnutrition in the refugee population Continue to refer severely malnourished to Lahaj and provide therapeutic milk.	Achieved	Health out reach activities and awareness rising continued Nutrition survey conducted beginning of 2008. A nutrition/ Anaemia and Malaria survey on going for 09. Severe malnourished children in Kharaz and Basateen continue to benefit from therapeutic feeding from UNICEF at govt hospitals. OTP present in Basateen and not Kharaz.

Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
Currently, cases of malnutrition Al-Basateen are identified by CSSW, ADRA or through self-referral.	ADRA and CSSW to continue and strengthen outreach activities for the early detection of malnutrition.	Partially achieved	CSSW home visitor continued with early detection using MUAC quarterly. Save the children under PRM have developed a booklet on nutrition. Training was given to some selected students. The awareness is being conducted by students to students. ADRA and Intersos has indicated interest on nutrition training for CM to be trained for early detection and awareness during home visits. ADRA under PRM is developing a nutrition awareness booklet. Harmonization of all messages on nutrition. Strengthen and organization outreach activities.
Health facilities s in both the camp and urban area are clean and well run, with female specialist doctors. Although a shortage of drugs was reported by the refugees in both areas.	UNHCR medical co-coordinator should review medical protocols, with particular reference to vaccination and drug availability. New arrivals must be immediately vaccinated.	Achieved in Ahwar Partially achieved in Maifa'a	New arrivals receive measles up to 15 years and polio vaccination. In Maifa'a provision of vaccination has been irregular by MOH.

Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
Although it is reported that breast feeding has increased in the camp, both urban and camp refugee women are continuing to bottle feed, for which there may be many reasons for example a perception that they do not have enough milk or due to cultural habits. Bottle feeding is also very common amongst the local population. Additionally NGOs do provide infant formula albeit based upon doctors' prescription to selected women, for example those with HIV or TB. Refugees will do without other items 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 infants are put directly on to full cream milk (Nido) after six months of age. 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. Re-lactation advice needs to be given to mothers.	Much more effective encouragement of breast feeding and family planning through education of both NGO and health staff is required in addition to better sensitization of refugees.	Achieved	On going; CSSW has health awareness raising programme Infant and young children feeding activities remain weak and need additional effort to reinforce current initiatives.

Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	2007 Recommendations	Achieved/Not Achieved	Clarifications
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.	Continue and increase community outreach activities, rise health awareness, education sessions, community counselling and participation. Health education (including HIV/AIDS and family planning) should continue and be strengthened for all refugees.	Achieved	On going in Aden and the camp. Capacity building and change of staff attitude towards family planning.
HIV/AIDS awareness project was successfully completed in 2006. More projects are planned for 2007 to raise awareness in the community.	Joint UNHCR/WFP awareness activities on HIV/AIDS to be part of a comprehensive planning to educate health staff, home visitors and refugees (WFP support to ToT, Food for education to be considered)	Partially Achieved	One training conducted in 2007 On going in the camp and Aden **Achieved, paid in cash for it based on the participants' options.** **Continue coordination with UNICEF who is a major actor.**
All pregnant women and some of the elderly are provided with iron-folic and Vit A. Two Vitamin A awareness campaigns were carried out in 2006 for all refugees under 15 years. Adult refugees complain of eye problems.	UNHCR Medical coordinator to investigate possible Vitamin A problems amongst adults.	Achieved	Eye problem is allergy and not deficiency. Ras Marbat eye clinic in Aden is conducting eye clinic visit and providing training to health staff. Two vitamin A campaigns for children under 5 per year take place
UNHCR IPs (ADRA, CSSW) are assisting refugees in urban area, but poverty affects many.	Increase number of take home rations for identified malnourished pregnant and nursing mothers to 600 families for 3,000 individuals in Al-Basateen.	Achieved	Target reached and exceeds 650 families benefiting for 3250 individuals. Consider possibility of increasing the number **Achieved & currently reached to 693 household ration size (3,465 benfs').**

Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	2007 Recommendations	Achieved/Not Achieved	Clarifications
Pregnant and lactating mothers are also being included inappropriately in these monitoring forms.	Remove the pregnant and lactating categories from these monitoring criteria.	Achieved	**Already removed**
3 General ration, selective feeding programmes and food basket			
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. A full ration of 2100 kcals needs to be maintained because of the degree of dependency of the camp population made up for almost 80% of women and children.	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.	Achieved	HCR introduced tomato paste in the food basket from 2007. GFD experienced problems in break down of food pipeline.
An identified deficiency in the ration is the lack of a suitable food for small children	Children >6months of age to be included in general distribution	Achieved	All newborns above 6 months are included in respective family cards. Noted the number is on average 25 per month
Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
NGOs in the camps provide additional food to identified vulnerable groups like, the elderly, unaccompanied minors, TB patients etc. There are two ways, 1) in the form of cooked food or 2) or as a dry rations of various items, pasta, milk and even including infant formula.	1) UNHCR to improve targeting and coordination regarding assistance to vulnerable groups 2) Infant formula to be provided exclusively following doctors'	Achieved	Kharaz and Basateen have an established case mgt meeting that addresses vulnerable cases. All partners provide feedback and action is taken. Vulnerable persons in Basateen are provided with cash assistance to buy food and pay rent. Chronicle medical

	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. 3) 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	Achieved Achieved	cases are provided with medication. It has been noted that refugee mothers still prefer powdered milk and continue to buy milk for their children Only 24 vulnerable being fed, provision of sugar, milk and vegetables
Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
Currently SFPs provide either three cooked meals per day in the camps or is given as a take home ration in Albasteeen. WFP provides WSB with sugar and oil to which additional sugar and milk is added for one of these meals (in the camp). This is given as porridge in the morning. 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 school feeding in the camp to 80 grams and provide the correct	WFP to reduce the quantity of WSB for SFP in the camp to 80 grms/person/day from the current 120 as it represents only an addition to what is already provided by the NGOs.	Achieved	**Beneficiaries sometimes report problems with acceptability of WSB. The three items are given as separately in SFP. Low consumption rates are observed for school feeding program but beneficiaries of SFP attend regularly.**

amount based upon actual consumption rather than planning figures.			
Uptake of the SFPs (the morning porridge) for pregnant women is poor. Targeted mothers sent their children to fetch the porridge for them.	Planning figure for SFP in the camp to be 250 beneficiaries	Achieved	WSB is given in dry ration. **Achieved, increased to 550.**
Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
4 Self reliance			
Opportunities for self reliance are very limited in the camp and in urban areas. 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.	A more thorough socio economic profiling is required to properly address the needs of these women. Increase self reliance activities and appropriate durable solutions.	Achieved	- Profiling done and complete for whole of Kharaz and Basateen by Intersos in 2008 to identify persons at risk especially woman at risk and is ongoing. Women identified at risk are referred to the drop in centres and self-reliance projects. - More projects on self reliance have been implemented since 07 and more partners offering various self reliance and vocational training opportunities. Total number of trainees in 2008 is: in Kharaz (83F and 34 M) and in Aden (193 F and 42 M). - 55 camp refugees' students got scholarship through Howard foundation. 20 refugees get scholarship through DAFI on annual basis. - Election took place in the camp and refuge communities were elected. Community based approach is promoted in order to mobilize refugees towards self-reliance.

			- Durable solution officer and Snr. durable solution clerk were assigned to carry out the resettlement program. 59 urban refugees and 272 camp refugees with protection risks were resettled to a third country.
Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
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.	Improve marketability of products and skills. UNHCR to advocate for increased capacity in self reliance.	Achieved	HCR IP carried out a market survey report pending Livelihood strategy developed in 08 In 2008, 200 women benefited from micro-credits for small enterprises. Marketability of products still needs to be improved.
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 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.	Include food provision for 300 individuals for literacy and skills training in the camps and urban areas.	Not Achieved	**FFT Not achieved.**
Home gardening is limited in the camp. Lack of agricultural land, vegetables seeds and especially water impedes production. It is not possible to	Map existing productive plots and assist the owners. Provide technical or other support if they fulfil	Not achieved	FAO survey recommended for water study which has just been undertaken and results waited.

implement these programs on a wide scale, because of lack of high water consumption and lack of adequate soil, however support to a few vulnerable individuals should be considered.	vulnerability criteria and appear to benefit form their produce.		**Only tree plantation IMPLEMENTED** **A map of the camp is essential.**
Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
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	Increase outreach for identifying the most vulnerable cases. Better understand their socio-economic profile and DS prospects.	Achieved	Profiling exercise done identifying persons at risk, ADRA has many community mobilizers and Intersos is involved in identification Ethiopians (Oromo) cultural activities are supported. -Needs to look in to the DS prospects.
5 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.	UNHCR should expand its support to KG and day care activities to include a higher number of children who need them.	Achieved	KG continues in Kharaz and Basateen. 10 Community based KG have been opened in Basateen run by refugee women and supported by UNHCR IP. All child care givers will benefit from early childhood training on learning by playing conducted by UNICEF. **Newly Child Day Care Centre has been established in Kharaz camp by ADRA, & there are two new kindergartens of CSSW & INTERSOS in Al-Basateen area but not served with WFP food.**

Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	2007 Recommendations	Achieved/Not Achieved	Clarifications
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 programmes is about 50% of enrolled children.	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 For the urban centres several options are available. 1) Explore if WSB could be replaced by 100 grams of vitamin and mineral fortified biscuits which would eliminate to some extent the shelf life problem, especially if they could be produced locally. 2) Pending the construction of a kitchen in Al-Basteen, the ration could be changed to provide a cooked meal of rice and pulses 3) A third option would be to make an arrangement with a baker	Achieved Partially achieved Not done	Short live of WSB continues to be a challenge. Children received WSB, HEB and bread & cheese. Provision of drink option **-WSB is decreased in scale to 80 grams/student/day.** **WBS not acceptable at schools** Construction of the kitchen is on going funded by EU

	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 continue. In the urban area it is recommended that UNHCR, WFP, IPs and other UN partners work jointly on the design and construction of a kitchen for the school. A possible source of funding to be explored is the Catherine Bertini fund for girl's literacy.		
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.	Build and maintain latrines and ensure provision of water (project proposal has already been submitted to donor).	Achieved	10 new latrines constructed in 2007 **30 latrines are already built in Kharaz schools, funded by ECHO.**
Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
	Actual figure for WFP assistance in Kharaz schools to be 1,200	Achieved	**The number exceeded this figure up to 2,550 students; the project /BR plan is (2,640). Figures need to be reviewed during start of school year.**
	Actual figure for WFP assistance in Albasateen school to be 1,200	Achieved	**The number exceeded this figure up to 2,289 students; the project/BR plan is**

			(2,365). Provide room to review school figures especially at the start of the school year where registration of students may increase
6 Non food Items			
Blankets, mattress, plastic sheets, kitchen sets and stove have not been distributed to camp residents since 2002 except for a few distributed for new arrivals. Old and faulty stoves are not used as they are dangerous. A proposal on NFIs for all camp resident has been submitted to a donor	Follow up on the proposal and receipt of NFIs especially of stoves	Achieved	General NFI distribution conducted 07 – 08 in the camp. Distribution of soap was re-introduced to all camp residents Need to provide NFI for new arrivals In Basateen Vulnerable cases receive NFI
Kerosene is distributed every 2 months but due to financial constraints in November and December 2006 there was no distribution. Refugees resort to collect fuel wood in the areas surrounding the camp, thus affecting the environment and relations with the host community.	Full requirements of kerosene (3 Litres) to be distributed every month	Achieved	Implemented, however new arrivals still do not receive kerosene. Increase quantity to cater for lighting.
Observations, findings and recommendations UNHCR/WFP JAM Yemen 2007	**2007 Recommendations**	**Achieved/Not Achieved**	**Clarifications**
7 Gender			
Women comprise 50% of all Refugee Committees in the camp. Their decision making power at household level is nonetheless limited by traditional gender roles and domestic violence is a reality both in the camp and in Al-Basateen.	More effort needs to be made to ensure equitable participation of women in committees. SGBV still needs additional training/awareness raising 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	Partially Achieved	A drop in centre has been opened at Basateen and Kharaz providing Psycho – social and legal support to SGBV cases. SGBV training has been conducted for the staff, awareness leaflets produced and distributed. 80% of women in the camp are HOH ration card holders. Two SGBV projects were supported by head quarter (several awareness campaign were

	family. UNHCR to ensure that all the girls and women between 12 and 49 (including new arrivals and new comers) with sanitary towels and soap. Implement community-based programs targeting female single-headed households that could be supported by food incentives (i.e. provision of one meal), such as community based child care centres, involvement of women in school feeding programs, strengthening of training such as literacy and vocation skills.		carried out with refugees) SGBV SOPs to respond and prevent SGBV incidents is in place. External evaluation on SGBV took place in 2008. Gender officer took conducted several SGBV evaluations New arrivals receive 'new arrival kit' the female kit included sanitary towels. Provision of sanitary towel is needed for new arrival women in the camp during the 3 months stay while waiting inclusion to the GFD list 2008 projects have increased beneficiaries for vocational training, 10 community based KG in Basateen, it is foreseen to have women working at the feeding Basateen centre once it is operational Women are represented equally in the refugee committees. 80% of the distribution & scooping members are women, and 50% of GD organizers are women (from block leaders). - Literacy classes and life skill training to be carried out for large number of women in the camp in the blocks.

8 Monitoring and Evaluation			
Post Distribution Monitoring is place	Continue the current level of monitoring	Partially achieved	**Training achieved by WFP M&E team, but not implemented so far in terms of using M&E tools**
IP submits consolidated nutrition and health reports to WFP through UNHCR on a monthly basis. The reports lack crucial nutritional information and there are no indicators to analyze the long term outcome of the supplementary food activities. There is no comprehensive report on the development and growth rates of children.	UNHCR and WFP to improve and further train IPs on the collection and analysis of nutritional information, as well as application of lessons learned	Partially achieved	**UNHCR established health information system.**
9 Contingency Planning			
In 2006, UNHCR in collaboration with WFP produced a comprehensive contingency planning document which needs to be updated in 2007.	UNHCR and WFP to update the contingency plan prepared in 2006 in order to address the current situation.	Achieved	Joint plan of action done in 08 & 09. 2009 JPA not yet signed.

Annexe 2: PRELIMINARY NUTRITION SURVEY RESULTS

Yemen refugee operation
Summary nutrition survey report – proposed activities**: 25th April – 16th June 2009**
See full Report for more details

Background
In close collaboration with the Government of Yemen, UNHCR re-established its operations in Yemen in 1992, following the large influx of Somali refugees. The programme objective is to provide international protection to refugees, asylum seekers, internally displaced persons and other people of concerns in both the refugee camps and urban situations. It provides basic humanitarian assistance and support aimed at attaining durable solutions. Yemen has traditionally adopted an open door policy to Somalis, granting them *prima facie* refugee status while other nationalities go through the refugee status determination (RSD) interviews. The majority of the refugees in Yemen stay in the urban centres especially those of Basateen and Sana'a and about 12,645 refugees stay in Kharaz camp.

This annexe summarizes findings, discussion comments received from the presentation of the nutrition survey results and proposed activities to improve the health and nutritional status of the children.

Main Objective
The survey investigated elements of the child survival programme in the refugee communities in Kharaz refugee camp in Lahaj governorate, Basateen urban refugee programme in Aden governorate and the Sana'a refugee population in the capital city of the Republic of Yemen. The surveys aimed at estimating the prevalence of global acute malnutrition of the refugees and some host communities living together with refugees. The report is intended to serve as a reference document that will assist programmers and implementers in designing and implementing the public health nutrition schemes in order to improve the life of the refugees and host communities surrounding the refugee sites.

Specific Objectives

1. To estimate the current nutritional status of children aged 6 to 59 months that entails estimation of the global acute malnutrition and chronic malnutrition
2. To estimate the vaccination coverage of Bacille Calmette-Guérin vaccine BCG, measles and Oral Polio Vaccine (OPV) / Pentavalent antigens
3. Assess the coverage of micronutrient utilization, specifically, estimating the coverage of vitamin A supplementation.

4. To estimate the morbidity prevalence among under five year's children on three main common childhood diseases, namely, fever, acute respiratory infection and diarrhoea.
5. To determine infant and young child feeding practices through selected standard monitoring indicators.
6. To estimate the general crude mortality rate and under 5 years mortality rate among the refugee population and local community around the refugee sites.
7. Assessing haemoglobin levels among children and women of reproductive health age – *(investigated in Sana'a study only)*

Malnutrition

The traditional anthropometric indices used to assess nutritional status of children were used to classify the nutritional status. These are weight-for-height (wasting or thinness), height-for-age (stunting or chronic malnutrition), weight-for-age (underweight) and bilateral pitting oedema (kwashiorkor). Wasting usually indicates a recent and severe process of weight loss due to acute starvation, severe disease or chronic unfavourable conditions. The aetiology of Kwashiorkor is poorly understood, but it is likely to be due to be a short term process due to oxidative stresses or micronutrient and metabolic disturbances. Stunting reflects a process of failure to reach linear growth as a result of sub optimal nutritional and/or health conditions which are in turn rooted in poor socio-economic conditions and poverty. Weight for age on the other hand reflects body mass in relation to age. It is influenced by both wasting and stunting conditions the child is undergoing.

Methodology

Cluster sampling was used for the surveys in Kharaz Camp, Basateen and Sana'a; 30 clusters were established in each survey location. In each cluster 30 children were sampled. The target study population was children aged 6.0 to 59.0 months with 65.0 to 110.0 cm height. An exhaustive survey of all children between 6 and 59 months was undertaken in the seven villages in the immediate surroundings of Kharaz camp.

Nutrition survey variables

In this study, age or birth date, sex, weight and height were recorded. Oedema was diagnosed by applying moderately thumb (fingers) pressure on the child's upper foot to determine the first level of oedema. If there was oedema, a depression due to the exerted pressure would remain for at least three seconds. The child would only be recorded as having oedema if bilateral depression following the exerted pressure was clearly seen.

Other variables studied in this survey included, infant and young child feeding, morbidity for fever, diarrhoea and acute respiratory infection, immunization programme for BCG, OPV, pentavalent and measles, vitamin A supplementation coverage and retrospective mortality. In the Sana'a survey haemoglobin measurement was added to establish the levels of anaemia prevalence among under 5 year old children and women at

reproductive age. In Basateen and Kharaz camps and surrounding villages, UNHCR in collaboration with MENTOR commissioned a separate survey on malaria and anaemia.

Organization of the survey

Meetings with the refugee leaders and implementing partners were convened before the survey started. The partners were informed of the purposes of the survey, duration and parameters to be assessed, they participated in discussing the survey methodology and the physical identification of children at the household level and training of survey teams and their composition. Refugee leaders in all locations were the key actors in providing information related to the survey area and helped with establishing the boundaries for each cluster. Each team had one refugee leader, the roles of the leaders was to explain to each family the objectives of the survey and giving assurance to the refugee community about the survey in general. The nutrition survey tools and equipment was mobilised by the country office in Yemen, these included weighing scales, pants, stick – rods, height boards, Hemocue and micro-cuvettes.

Main findings

Children's nutritional status

A total of 2892 children below 5 years were assessed. The sex ratio for the surveys indicates that boys and girls were equally represented. Younger children were slightly more in number as represented about 25% of all the sampled children

The global acute malnutrition was 7.2% Kharaz camp, 9.9% Kharaz villages, 9.2% and 10.9% Sana'a.

The underweight malnutrition was 19.7% Kharaz camp, 27.0% villages surrounding Kharaz camp, 19.3% Basateen and 15.2% Sana'a.

The stunting malnutrition was 22.0% in Kharaz camp, 23.6% villages surrounding Kharaz camp, 21.3% Basateen, 19.4% Sana'a.

These results highlight a poor situation and indicate a fragile situation. In case of aggravating factors many children are likely to become malnourished as they are already in prolonged poor nutritional status.

Immunization and vitamin A coverage

Findings show that Kharaz camp had the highest measles coverage, 79.1% followed by Basateen and Sana'a urban refugee site with 73.2% and 66.7% respectively. The local villages surrounding Kharaz camp had 89.6% coverage.

The coverage of OPV1and Pentavalent-1 by location were as follows, 64.9% in Kharaz camp, 45.8% in Sana'a, 40.2 in Basateen and 73.5% villages surrounding Kharaz camp.

The survey assessed the coverage of OPV3-Pentavalent3 whereby the results were as follows, 64.0% in Kharaz camp, 44.3% in Sana'a, 34.4% in Basateen and 72.5% in the villages surrounding Kharaz camp.

Regarding the results for BCG, the total counts of responses both "by card" and "by scar" were calculated to establish the coverage. Results indicated 93.4% in Kharaz camp,

75.7% in Basateen, and 72.4% in Sana'a 72.4% and 98.0% in the villages surrounding Kharaz camp.
Overall vitamin A supplementation coverage is 73.2% across the study locations. Kharaz camp had supplemented about 80.7% of the children; 60.8% for Basateen and 64.7% for Sana'a. The villages surrounding Kharaz camp had 86.4% coverage of vitamin A. UNHCR recommendation is 95% for both measles and vitamin A coverage.

Childhood illness

ARI

Results indicated that 28.2% of the children in Sana'a were reported to have an ARI on the survey day, Kharaz camp had 18.9% children reported and Basateen had the lowest value of 8.8% children reported. On the other side, Basateen had more children who suffered from ARI in the last 2 weeks preceded the survey days with 27.1%; Sana'a had 19.7%, villages surrounding Kharaz camp had 19.1% and 16.0% in Kharaz camp.

Diarrhoea

Overall 33.1% of the children reported having diarrhoea within 2 weeks prior to the survey day, 25.2% in Basateen, and 30.9% in the villages surrounding Kharaz camp while in Sana'a it was 36.3%

Fever

The prevalence of children who had some signs of fever within 2 weeks prior to the survey were 37.0% Kharaz camp, 47.8% in Basateen, 45.1% Kharaz villages and 51.6% in Sana'a.

Infant and young child feeding practices (IYCF)

89.5% of the women interviewed have breastfed children in their life. About 77.1% of the delivered women in Kharaz camp breastfed their infants consecutively within the first 3 days post delivery. The results indicate that in Kharaz camp, about 57.7% of the sampled children were given other type of fluids to drink before their mother could start breastfeeding. 82.4% of lactating women initiated breastfeeding within one hour after birth.

Prevalence of anaemia

The prevalence of anaemia (Hb < 11 g/dl) among refugee children in the urban refugee programme in the city of Sana'a from this survey was 44.3%. From the survey results, severe anaemia prevalence was 3.4%, moderate anaemia was 24.5% and mild anaemia was 16.4%. According to WHO when the prevalence of anaemia is higher than 40% such situation is classified as "severe".

Proposed activities – way forward

The following are the proposed activities in the efforts to address issues related to malnutrition and children health status in its totality:

1. Exhaustive nutrition screening of children under 5 years using mid upper arm circumferences and weight for height Z score; register in respective feeding programmes children found malnourished as per protocol.
2. Intensify programmes related to infant and young child feeding programmes as from the findings malnutrition (wasting, underweight and stunting) address these concerns primarily to children at the age of below 2 years, emphasizing exclusive breastfeeding appropriate and timely introduction of nutritious complementary foods and child care up to 3 years.
3. Coordinate kinder garden schools through community services and provide some nutrient dense foods to bolster children's nutrition status attending kinder garden.
4. In coordination with the community services, identify vulnerable families that are prone to malnutrition and develop strategies to assist and support them.
5. Provide training on community based management of severely malnourished children in the refugee sites. Initiate community based management of severely malnourished children in camps and surroundings and in Sana'a.
6. Promote personal and environmental hygiene among families in Basateen, Kharaz and Sana'a.
7. Conduct vitamin A supplementation as per directives from MoPHP, UNICEF and WHO in order to reach >=95% coverage.
8. Vaccinate all eligible children to receive all types of antigens as per MoPHP, UNICEF and WHO protocols.
9. Sensitization and raising of awareness of the refugees in Basateen and Sana'a to participate in the general environmental health programmes especially in their houses.
10. Consider instituting a health / nutrition /HIV /AIDS technical meeting on bi-monthly basis chaired by the MoPHP (Lahaj and Aden governorates) to discuss implementation arrangements, achievements and constraints of planned activities.
11. Since child care is affected by the fact that women have to work outside their household in order to meet other some domestic basic needs, kindergarten school programmes under the coordination of the community services need to be revitalised and increased in number. Provision of meals in the kindergarten schools should be considered.

Annexe 3: FOOD COMPOSITION TABLE

Programme	Target Group	Ration	Nutrition Composition (Nutval 2006v2.1)	Comments
SFP Basateen	- Pregnant and Lactating Women - Underweight Children (W/A <-2 z-scores) - Medical Cases	80g WSB * 5 10g Sugar * 5 10g Oil * 5	Energy: 449 kcal/p/day Protein: 16g (14.3%) Lipids: 14.8g (29.7%)	Refugees only. Yemeni are excluded. Monthly ration given as 3 separate items (WSB[6], Sugar and Oil) for 5 persons in the HH. Fixed number of admissions. Waiting list for others even if they fall within the admission criteria. Children with severe acute Malnutrition (SAM) receive OTP or referral to hospital.
SFP Kharaz	- Pregnant and Lactating Women (selected) - Wasted Children (W/H <80%) - Medical Cases	80g WSB 10g Sugar 10g Oil	Energy: 449 kcal/p/day Protein: 16g (14.3%) Lipids: 14.8g (29.7%)	Refugees and host community have access to the programme. There is no limitation on admission numbers Individual rations are given to individuals – no family ration given in Kharaz. Children with SAM are referred to inpatient treatment in Aden.

[6] Composition of WSB in Yemen is **80% whole wheat, 20% whole Soya Beans, fortified with vitamins and minerals**

GFD Kharaz	All Kharaz residents	300g Wheat Flour 150g Rice 60g Pulses 20g Sugar 25g Vegetable Oil 5g Salt 67g Dates (sometimes) 70g Tomato paste (UNHCR)	Energy: 2150 kcal/p/day Protein: 60.0g (11.2%) Lipids: 31.3g (13.1%)	Dates are provided infrequently (3 times over the past 16 months) on an ad hoc basis – it is additional to the regular food basket and so has not been included in the nutrition composition of the GFD. **Ration is too low in oil – should be at least 17%.** The population are dependant on basic food rations which fall short on many micronutrients. Accessibility to other foods in the camp or surrounding areas is low leaving the refugees (and host community) with a poor quality diet, which plays a role in the rates of all types of malnutrition observed in the nutrition surveys.
Reception centres	All people transported from the coast to a reception centre in Kharaz, Maifa'a or Ahwar	300g Wheat Flour 150g Rice 60g Pulses 20g Sugar 25g Vegetable Oil 5g Salt	Energy: 2130 kcal/p/day Protein: 62.2g (11.7%) Lipids: 31.1g (13.1%)	This is the basic ration and people receive it for an average of 5 days, before either moving from the reception centre to Kharaz or moving to one of the urban areas. Reception centre meals also include fresh vegetables, meat, chicken and fish from UNHCR.
Coastal Arrivals	All people at arrival from the boat at the coast	100g HEB	Energy: 450 kcal/p/day Protein: 12.0g (10.7%) Lipids: 15.0g (30.0%)	

Basateen School	Students enrolled in primary school	<u>13 days/month</u> 120 g Wheat Flour 10 g Sugar 10g Oil 30g Cheese (SHS) <u>9 days/month</u> 80g WSB 10 g Sugar 10g Oil <u>5 days/month</u> 100g HEB	<u>13 days/month</u> Energy: 655 kcal/p/day Protein: 20.6.g (12.5%) Lipids: 20.2g (27.8%) <u>9 days/month</u> Energy: 441 kcal/p/day Protein: 16.0g (14.3%) Lipids: 14.8g (29.7%) <u>5 days/month</u> Energy: 450 kcal/p/day Protein: 12.0g (10.7%) Lipids: 15.0g (30.0%) Provides an average of **546 kcal/child/day**	Children are reportedly not turning up on the days where the WSB cakes are served. Children are reporting that they need to drink with their meals. Make sure that water is available for them. WSB cakes are made of (per student/day) WFP food components: 80 g WSB, 20 Wheat Flour, 10g Sugar & 10g Veg oil, in addition to other complementary items provided by the NGO (SHS)/UNHCR's IP, which are 10g Skimmed milk & 2.5-3g Yeast/per student day. This will provide primary school children with an average of < 30% of their daily energy needs. This seems quite low compared to WFP school feeding guidelines. This is more important in Basateen where there is no food distribution than in Kharaz.
Kharaz School		<u>13 days/month</u> 120 g Wheat Flour 10 g Sugar 10g Oil 20g Lentils	<u>13 days/month</u> Energy: 616 kcal/p/day Protein: 19.4g (12.6%) Lipids: 12.0g (17.5%) <u>9 days/month</u> Energy: 441 kcal/p/day	“

		9 days/month 80g WSB 10 g Sugar 10g Oil 5 days/month 100g HEB	Protein: 16.0g (14.3%) Lipids: 14.8g (29.7%) 5 days/month Energy: 450 kcal/p/day Protein: 12.0g (10.7%) Lipids: 15.0g (30.0%) Provides an average of **527 kcal/child/day**	
Voucher ration in Sana'a (UNHCR)	Recipients of the Food Voucher programme (n=114)	67g Rice 13g Spaghetti 67g Wheat Flour 8g Sugar 5g Salt 17g Dried peas 17g Potato 8g Onion 13g Tomato paste (UNHCR) 31g vegetable oil 8g salt	Energy: 912 kcal/p/day Protein: 19.1g (8.4%) Lipids: 32.9g (32.4%)	The food voucher ration aims at providing a support to the family resources. It is not intended to cover the full daily needs of a person. A source of animal protein in the form of tinned fish/meat however would improve the overall composition of the basket.

Annexe 4: FORTIFICATION LEVELS OF FOODS DELIVERED BY WFP IN YEMEN

Fortification per 100g portion		YEMEN FOODS DELIVERED				
VITAMIN/MINERAL	**UNITS**	**WHEAT FLOUR**	**OIL, VEGETABLE**	**WHEAT SOY BLEND**	**HIGH ENERGY BISCUITS**	**SALT, IODISED**
CALCIUM	**mg**			UNAVAILABLE AT PRESENT TIME	212.5 - 287.5	
IRON	**mg**	24.65 - 33.35			9.35 - 12.65	
IODINE	**µg**				63.75 - 86.25	
VIT. A	**IU**		2400 - 3600		212.5 - 287.5 (µg retinol)	
THIAMINE (B1)	**mg**	3.74 - 5.06			0.425 - 0.575	
RIBOFLAVIN (B2)	**mg**	2.21 - 2.99			0.595 - 0.805	
NIACIN	**mg**	29.75 - 40.25			5.1 - 6.9	
VIT. C	**mg**				17 - 23	
FOLIC ACID	**mg**	0.34 - 0.46			68 - 92	
VIT D	**IU**		2400 - 3600		1.615 - 2.185 (µg)	
MAGNESIUM	**mg**				127.5 - 172.5	
PANTOTHENIC ACID	**mg**				2.55 - 3.45	
VITAMIN B6	**mg**				0.85 - 1.15	
VITAMIN B12	**µg**				0.425 - 0.575	
VITAMIN E	**mg**				4.25 - 5.75	

Annexe 5: 2009 JAM MATRIX

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
1. Registration and Planning Figures			
Shelter visits jointly undertaken 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 GFD list if not found three times in three months.	There is a concern that residents from Basateen may arrive at the Camp during distribution to collect rations. Some refugees will keep a foot both in the camp and in the urban areas of Basateen, returning to the camp to collect food rations and services.	The system of cross checking beneficiaries should be improved to prevent refugees not living in the camp from receiving food rations.	Continue shelter visits by UNHCR and IP; All actors report 'suspicious' cases to UNHCR for follow-up.
		Use the Government of Yemen's new computerized registration process (based on biometric fingerprints that records the residence of every refugee) to help curb urban dwellers from receiving camp rations.	UNHCR issue new ration cards following govt registration (planned for Oct, TBC) and replace damaged cards
		Where GFD documents are not in order, the case should be referred by WFP to the related UNHCR staff for investigation.	Already in place, but can be reemphasized to all actors: during GFD, if WFP or IP staff raise concerns with regards to paperwork, UNHCR makes the final decision as to the validity of the beneficiary in question

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
		For planning purposes, new arrivals should be divided into two categories i) Arrivals in the reception centres (arrivals from the coast) ii) New arrivals in the camp from reception areas and urban areas.	
	The Government of Yemen stopped issuing refugee cards in 2006 and since then has been issuing papers with three month validity. Although these papers are recognised by the GoY, UNHCR and other institutions, this has been a problem for WFP in estimating the number of people qualifying for food aid.	New arrivals receive temporary laminated ration cards with colour photos for clear identification of beneficiaries in order to ensure that food and non food items are being provided to genuine individuals / families. The temporary ration cards should be punctured upon every reception, and should contain pictures of one of the heads of the family or both parents. Information about the family and family size should be indicated. The temporary ration cards will be used for the three month period before permanent ration cards are issued and the beneficiary names are included on the GFD list.	UNHCR has already started laminating new arrival registration forms (NARFs) to maximise their longevity; When NARFs are challenged during GFD because they are unreadable, UNHCR will replace the old form with a laminated new one. Design of TRC to be validated by relevant actors. UNHCR to take next steps forward in production and distribution of these cards. WFP and IP staff members will undergo

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
			sensitization training to understand the TRCs. The TRC must be returned to UNHCR when they receive their permanent ration cards.
	Some temporary forms are in very bad shape with pictures totally unrecognizable. This hinders accurate distributions.	Until new cards are issued, the NA registration form should be honoured even if expiry date has lapsed.	All WFP and IP staff working on projects in urban areas should be reminded that NARFs are valid and must be accepted as an ID for SFP until the new IDs are issued.
As a planning figure for GFD, WFP could plan to assist a total of 9,000 refugees/beneficiaries a year in the camp.	The major difficulty regarding the provision of food and non food items to refugees is the unknown factor of numbers. Refugee arrivals at the coast vary both by day and by season; arrival numbers have increased above planned figures. The main issue to be addressed is the planning figures supplied to WFP by UNHCR. Although arrival of new refugees is haphazard and unpredictable, a planning figure for each month of the coming year should be estimated so that the WFP pipeline could respond accordingly. Such figures would eliminate the	Each October/November, WFP staff should be involved in the discussions with UNHCR offices to secure planning figures for the following year.	The overarching planning figures meeting to be coordinated by UNHCR and WFP each Oct/Nov for the coming year (in addition to regular monthly figures discussion). Issue of school figures needs more consideration.

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
	need for mid-project budget revisions.		
	Activities and programs should be expanded to include host communities if they are not already benefiting (particularly within Kharaz and Al-Basateen).	UNHCR and WFP and other agencies should liaise with GoY, local authorities and community leaders of host populations on proper planning figures for activities targeting these groups. The planning figures for host community should be developed at the same time (October/November) as the refugee forecast figures.	Host community figures included in the overarching planning meeting discussed in recommendation above.
2. Nutrition and Health Services			
UNHCR medical co-coordinator with WFP nutritionist in Sana'a should plan a joint survey in both the urban and camp settings to define prevalence of both acute and chronic malnutrition in the refugee population.	Several nutrition surveys have been conducted since the last JAM. Malnutrition rates can be classified as poor in all locations and bordering on serious for all but Kharaz camp. Amongst the refugee surveys (Sana'a, Basateen and Kharaz camp) the Global Acute Malnutrition (GAM) rate is significantly higher in Sana'a than in Kharaz Camp population ($p<0.05$). There is no obvious difference between urban and non urban situations since the Kharaz Villages show similar GAM rates as the refugee populations in Sana'a and Basateen. Treatment for moderate malnutrition exists	Install effective treatment programmes for moderate acute malnutrition in all the concerned health facilities using harmonised internationally recognised protocols and a dedicated nutrition team including outreach workers to improve coverage and enhance awareness in the community.	The recommendation is valid and should be implemented through capacity building of health staff at Sana'a, Basateen and Kharaz with in collaboration with WFP, UNICEF and MOH. Admission and discharge criteria should be based on WFP and UNHCR SFP guidelines 2009 and MOH protocol .

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
	only from Kharaz clinic and even then outreach activities are weak. Internationally recognised admission and discharge criteria are not in place in Basateen and there is discrimination against Yemeni children. Ration sizes are not standardised and there are no facilities for the treatment of moderate malnutrition in Sana'a. There are some concerns over the nutritional adequacy of the WSB in the current SFP programmes; children tend not to have access to high quality nutrition products that promote growth such as milk.		Strengthen existing outreach health and nutrition activities.
		Expand the treatment of moderate malnutrition to Sana'a	Establish SFP for moderate malnourished children and Pregnant and lactating mothers in Sana'a. Include all malnourished children and Pregnant and lactating mothers and TB, PLWHA in Kharaz, Basateen and Sana'a
		Provide an alternative food for supplementary feeding rather than the WSB currently available. For children either improved WSB/CSB with added milk powder or RUSF. For pregnant and lactating women, improved CSB/WSB.	Assess the replacement and acceptability and implement it as feasible for WFP
	Malnutrition prevalence (Wasting and Stunting) are above standards in all sites, and anaemia rates are exceptionally high in children between 6 – 24 months old in Kharaz camps and the surrounding villages. The possibilities for access to fresh, nutrient dense	Provide a high nutrient density complementary food to children from 6 months - 2 years of age to the children in Kharaz camp and host community in the 7 surrounding villages (An LNS product would be ideal).	Provide a high nutrient density complementary food to children from 6 months - 2 years of age to reduce the incednce of acute malnutrition and

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
	foods in and around Kharaz camp are limited.		improve growth
Continue to refer those children severely malnourished to Lahaj and provide therapeutic milk.	The joint MoH/UNICEF programme for the treatment of severe malnutrition (Outpatient Therapeutic Programme: OTP) is currently implemented only in the Basateen clinic and is not available to patients in Kharaz or Sana'a suffering from SAM.	Ensure that treatment for severe malnutrition is available to all children who need it, in ALL sites with the support of UNICEF: OTP centres to be expanded to Kharaz and Sana'a.	Strengthen the existing OTP in Basateen and linked with out reach programme for good coverge and effectiveness of the programme. Establish OTP units or centres in Kharaz and Sana'a with the collaboration of MOH and UNICEF Refer the children with SAM with medical complications to SC centres in public hospitals in Aden, Sana'a and Lahaj
Increase number of take home rations for identified malnourished pregnant and nursing mothers to 600 families for 3,000 individuals in Al-Basateen.	The current SFP in Basateen provides monthly family sized rations (5 persons) of WSB oil and sugar for each beneficiary. As such this assistance is perceived as a general food aid rather than a specific treatment for an individual suffering from malnutrition. If one takes a 5-beneficiary ration size/per	Supplementary feeding rations should be individual and targeted towards the patient rather than as a "household food aid package" in basateen. Sharing within the family does need to be accounted for and in the urban areas a family protection ration or inclusion in a voucher system	Facilitate awareness amongst the community on malnutrition and its treatment. Admission and discharge criteria should based on WFP and UNHCR SFP guide lines

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
	household, the 693 registered beneficiaries represent a total of 3,465 individuals. The SFP provides a family sized ration given over a period of 9 months.	could be provided to support nutritional rehabilitation.	2009. Working with WFP and MOH to include local communities in SFP in Basateen and Kharaz.
	Currently the SFP programme in Basateen excludes women or children from the host community. Even for the refugees, the number of beneficiaries who can be admitted has been capped to a certain amount of food (approximately 700 monthly rations) – rations are for 5 people.	The SFP should be expanded to the host community in Al-Basateen.	UN agencies should liaise with community leaders and local IPs to forecast the number of beneficiaries.
ADRA and CSSW **[IPs in general]** to continue and to strengthen outreach activities for the early detection of malnutrition.	Community outreach for health remains generally poor for all sites, whilst community outreach regarding malnutrition is quasi-nonexistent. ADRA-initiated Mid Upper Arm Circumference (MUAC) screenings are periodically organised in Basateen and Kharaz camp. Coverage of nutrition treatment programmes is poor in all sites with weak community involvement.	Coverage of the nutrition treatment programmes and thus nutritional status of the refugee population could be improved through enhanced community outreach and improved organisation of the services in Basateen urban refugee areas and Kharaz camp.	Strengthen bimonthly screening of children for malnutrition. Improve the growth monitoring activities at clinic and community level . Improving existing out reach program by providing the capacity building for the

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
			Outreach workers and enhance the monitoring activities.
UNHCR medical co-coordinator should review medical protocols, with particular reference to vaccination and drug availability. New arrivals must be immediately vaccinated.	Essential drug supply is satisfactory, although examination of patient records suggests an over prescription of drugs when patients come to the clinics for treatment. This contributes to a shortfall in medicines at the end of the month and apart from being unnecessary and uneconomic, may be harmful to the patients receiving multiple prescriptions. Only essential medicines are available and refugees have to purchase other drugs that are not on the list at the clinic level.	Rationalise drug prescription patterns through further training of doctors, increasing awareness of the refugees and local communities and support to the health facilities.	Provide capacity building for IPs on rational drug prescription and drug management. Involve the out reach workers and health committees in awareness raising and local communities on drug use.
	In collaboration with the MoH, new arrivals are receiving basic health care at reception centre clinics including measles and polio immunization for all children under five.	The coverage of immunization and family planning, and recurrent outbreaks including diarrhoeal disease require greater attention in Kharaz and Basateen, and reception areas.	Improve immunization and epidemic preparedness and response in Kharaz, Basateen, reception area and Sana'a by involving MOH, IPs, UNICEF and WHO.

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
	Currently refugees tend to seek treatment in the UNHCR clinics in Sana'a and Basateen, which are struggling to cope with the daily caseload. Refugees do have access to Government clinics, but due to a weak health infrastructure these too have a low capacity for large numbers of clients. The challenges relate to infrastructure, staff (qualifications and numbers) and inputs and equipment	UNHCR has to work for the inclusion of refugees in national health policies and programmes. Like the host population, refugees (particularly urban refugees) have to use MoH health facilities and increase the number and choice of facilities. This can be achieved by UNHCR supporting selected MoH health facilities or implementing health sector financing and insurance schemes.	Advocate the inclusion of refugees in the national health programme and policies and to use of public health facilities especially in urban environments. UNHCR has to work with the MOH to Implement recommendations from UNHCR's health care policy for urban refugees assessment .
Health education (including HIV / AIDS, exclusive breast-feeding and family planning) should continue and be strengthened for all refugees.	Infant and young child feeding practices are poor, with low exclusive breastfeeding rates, widespread use of artificial milks (often not infant formula); complementary feeding practices are weak with low dietary diversity. Mothers are extremely occupied with finding work to feed the family and time is a real issue in fostering positive care practices. Young children are often left at home alone for long periods each day.	Expand activities aimed at improving appropriate infant feeding practices in all sites.	Integrate the IYCFP/ENA within existing out reach program and at facility level.
	Family planning is also available, but not sufficiently implemented. The families interviewed are large and most women bear	The Community Services programmes should include criteria of a social worker meeting a family once a year. This meeting	Involve the Community implementings on promotional family

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
	the burden of many children with little support from men in the upbringing of these children.	should explain ***all*** services available and provide on the spot documentation that facilitate / guarantee access for eligible families to services.	planning and infant feeding practices
	Refugees have access to the basic curative and preventive care service of Primary Health Care centres including HIV/AIDS awareness and prevention.	Further develop UNHCR Yemen's PHHIV strategy for 2009-2012. Implement recommendations from UNHCR's health care policy for urban refugees	Adopt UNHCR global PHHIV strategies for UNHCR Yemen's PHHIV strategy for 2009-2012.
	Health infrastructure and staffing levels are in most cases adequate. Clinics in all three sites however, do need some work on improving the existing conditions. However, in Sana'a the MCH clinic is on the first floor of a building, while at peak times all clinics are overcrowded, noisy and stressful.	Perform basic rehabilitation of clinics that need so (bathroom in delivery room in Sana'a, ventilation in MCH clinic in Basateen etc) and complete the reorganisation of services to facilitate better patient flow through the centre in Basateen.	Implement UNHCR urban health policy assessment recommendation in the meantime maintain bathroom in delivery room in Sana'a, ventilation in MCH clinic in Basateen
	The clinic in Kharaz continues to attend to host community and the numbers have been increasing since the closure of all government run clinics in the surrounding areas. There is a need to work with MoH to explore the reinstatement of the clinics or to build the capacity of the Kharaz clinic to cope with the additional needs.	Upgrade the health services in Kharaz or surrounding villages to absorb additional health care needs for host communities in the short term.	Construct additional blocks in Kharaz clinic to improve coverage and quality of health services . Work with MOH, WHO and UNICEF to re-open health facilities in the surrounding villages.

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
	The psychosocial concerns of refugees are not always adequately addressed. Trauma of war, uncertainty of the future, poor living conditions, basic food diets and little self development and achievement over long periods of time have created bitterness, resentment and hopelessness. Changing these attitudes would contribute to better social harmony, attention to child development and improvement of self image.	Reinforce the capacity of ADRA and INTERSOS in providing psychosocial support and counselling to the refugee community, through the hiring competent staff and training of the existing mental health teams in Kharaz and the urban areas.	Monitor the initiated mental health and psychosocial support. Link the community based psychosocial support activities with mental health services.
	The principal reported cause of death among refugee children is neonatal deaths.	Investigate the high reported cases of neonatal deaths.	Capacity building of health worker on EMONC.
	A multitude of actors involved at different points within the health care system have imposed different reporting requirements and record keeping tools. The results of this is that the staff in the clinics have a heavy burden of reporting and upon examination of a small sample of reporting formats and tools, it appears that there is a lot of redundant information being collected as well as double record keeping.	Data collection tools need to be harmonised in the centres to avoid duplication of efforts and administrative work overload at the clinic level and staff should be retrain in HIS including WFP indicators.	Organise retraining of clinical staff if necessary. Strengthen HIS.

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
	Camp residents complain that most children suffer from poor eyesight. Ras Morbate Christina clinic conducted a rapid assessment and concluded that allergic conjunctivitis is the principal cause of eye problems diagnosed in the camp. Vit A deciefency was rule out as not cause of poor eyesight complain	More fully investigate complains of poor eyesight amongst camp residents.	Conduct a rapid low vision and blindness survey through Ras Morbate Implement community eye care project .
	Water and sanitation facilities as well as the environmental sanitation (garbage collection etc) in Basateen are poor and increase the risk of infectious diseases and outbreaks.	Improve access to clean drinking water and adequate sanitary facilities in refugee areas in Basateen and Sana'a.	To advocate the water supply in Basateen. To implement the hygiene and sanitation activities at community level.
3. General rations, selective feeding programs, food basket and distribution			
Al-Basateen refugees are not included in GFD.	General food distribution is still conducted only in Kharaz Camp and at the Reception centres. Al-Basateen is not included in GFD.	Initiate food coupon programme in Al-Basateen for vulnerable groups (both refugee and hosts).	Not to give food to host communities in urban areas Assess the needs of the individual, get information on numbers, eligible individuals, duration of the intervention, value of the voucher, asses markets, identify the stores, and

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
			implement the scheme.
		Food assistance host communities should be targeted to the most vulnerable as part of a broader food security programme that follows a development approach.	
UNHCR to solicit funds from the High commissioners fund for nutrition to include tomato paste as part of the food basket.	Dietary diversity in the Kharaz camp is poor, with little access to markets and to micronutrient rich fresh foods. The GFD provided by WFP is monotonous and does not correspond to traditional food habits. Psycho-social problems have been reported to be widespread in the camps with reports of women suffering from depression. The tomato paste added to the food basket helps in its small way with the double objective of increasing access to micronutrients and providing an addition to the food basket to render the GFD more palatable, in accordance with traditional food likes and dislikes.	Continue to provide tomato paste to the refugees to improve the palatability of the food in Kharaz camp.	Continue with the distribution of tomato paste fro SFP and pregnant and lactating mothers

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
WFP to reduce the quantity of WSB for SFP in the camp and Al-Basateen from 120 to 80 grams / person / day; for the school feeding from 100 to 80 grams / person / day.	Anecdotal reports of the population not liking the WSB were given during the JAM. Update of the school feeding programme on days where the WSB cakes are given is poor. On the other hand, uptake of the SFP in Basateen is very good, with people desperate to receive their rations and to get on the list. Given the conflicting accounts regarding the WSB it is important to be aware of the population's attitudes towards the product and their knowledge of how to prepare it and its added nutritional value.	Acceptability study & sensitization on the benefits of WSB need to be carried out.	- Demonstration of how to prepare the porridge., and then conduct the study if necessary -If the above does not work we look into these options
	The non-arrival of food has at times caused disruptions in food quantity distributions. In spite of pipeline breaks and delays in arrival of commodities, ration quotas in Kcal were maintained through substitution. However, the WFP pipeline has functioned well, with the occasional shifting of commodities between programmes in order to avoid serious ruptures/gaps due to delayed shipments. Sometimes this means that usual items are replaced for new ones that refugees do not know how to prepare	Ensure timely communication on pipeline disturbances to partners and refugees and arrange demonstration sessions if the food item is new to the population e.g. WSB, different types of pulses.	- Continuous communication on both sides.
		General food distribution is done by face to face approach in all the distribution points in Kharaz and needs to be	

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
		continued through checking of ration cards & IDs.	
	Currently there is no post distribution monitoring activity happening in the Kharaz camp after the general food distribution. This is in a context where it is thought that there is a lot of food leaving the camps to urban areas as families move in and out of the camp linked to the GFD distribution cycles.	Post food distribution monitoring to be established at camp level.	WFP
	The SFP distribution system at Basateen clinic suffers from lack of office space and shortage of personnel. Scooping (packaging of commodities for distribution) takes a lot of staff time. The distribution is done directly from the food warehouse a little way away from the health centre. There are insufficient staffs to manage the distribution of large volumes of food and to control and undisciplined crowd of women eager to get their food as quickly as possible. This causes chaos, confusion and oftentimes violence at the SFP distribution point.	A staggered distribution schedule could reduce queues. The construction of better premises to allow the formation of incoming and outgoing lines would also improve the situation. Addition of more staff during distribution has also been suggested.	CSSW and UNHCR to look for additional budget to implement this recommendation and finding a bigger and better place for distribution.
	Violent episodes from Somali women towards staff in all clinics are not uncommon and were observed in Basateen during the current JAM.	The security at the current SFP food distribution site in Al-Basateen should be improved: i) more spacious food distribution centre, allowing better crowd control; ii) a comfortable waiting area; iii)	CSSW to look into this with UNHCR; look for additional budget for better premised and more guards

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
		two more control desks and distribution points to allow faster and dignified food distribution.	(renovation, walls, restriction of people by day, overhauling systems.)
4. Self reliance			
A more thorough socio economic profiling is required to properly address the needs of refugee women. Increase self reliance activities and appropriate durable solutions.	A 2008 self-reliance survey classified residents of Kharaz and Basateen into skilled and semi-skilled as well making recommendations for self reliance programmes and vocational training.	Implementation of recommendation of self reliance survey. Expand and improve the quality of the existing vocational training and income generation activities in the camp and provide food for training.	Review/evaluate - - shortcomings of current ongoing activities improve quality where possible, or identify successes (project revision, additional funding etc) subsequent expansion
	A major limitation towards self reliance is lack of skills. Vocational trainings offer valuable skills resulting in some income generation and should be expanded. However, the duration of these trainings are short and limit the opportunities for beneficiaries to join professional cadres.	Provide short or long-term (6 months to three years) technical training programmes depending on preferences and specific situations. Provide long-term scholarships for youth (especially women) at institutions of higher education in Yemen and abroad	1 Conduct proper location-specific labour market survey 2 Assess and select quality service providers 3 Ensure job placement programs are integrated into project design 4 Introduce toolkits donations or start-up micro credit after graduation

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
			5 Create of employment tracking mechanisms after the training 6 Introduce incentives (financial, in-kind, vouchers, KG services) for mothers
	Existing surveys have indicated that some youth do not have the secondary education level to secure seats at centres of higher education.	Understand reasons for drop out before considering for tutorial services. Tutorials should be targeted to new arrivals falling short of Yemeni minimal requirements to enter education.	Continue with child protection programs on education and combating drop out. Continue with literacy classes Have a career or development centre
	To new arrivals, language is a barrier since none of the refugees are native Arabic speakers. The younger generation, through local interaction at school and play are comfortable in spoken Arabic. In the camp, women having the least interaction with locals are the most marginalized group in terms of language.	Extend the adult literacy classes to the blocks in the camp and in Aden. The teachers can be supported through FFW, and the applicability of food-for-education to assist the students can be explored.	Create partnerships with education specialized NGOs and agencies to identify and grasp opportunities beyond UNHCR's capacity

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
		UNHCR's policy focuses strongly on primary education. Adult education needs to be more fully developed.	
		The implementation of food voucher system to be linked to education or vocational training is strongly recommended in Al-Basateen (WFP is looking into developing such a scheme); the UNHCR food voucher programme currently underway in Sana'a needs to be reinforced and expanded. For both programmes there needs to be a clear exit strategy.	Sana'a: improve identification and targeting of VT participants so that they can find jobs and get out of voucher systems
		A response policy and measure for urban refugees should be put in place to tackle the effects of food crises and, therefore, avoid their negative implications on the self reliance capacity of refugees.	All agencies to review quarterly the updates
UNHCR should expand its support to KGs and day care activities to include a higher number of children who need them.	Mothers often work as housemaids. This raises the issue of day care services for working mothers. Their low incomes preclude day-care expenses and often children are left in the care of the eldest child or with privately run daycares offering not even basic care facilities.	Adequate foodstuffs should be provided to children in day care centres to support their nutritional status, and health and developmental outcomes.	Developing KGs capacities; involving refugees in the management of these day care centre / at least some fees to be paid. WFP to provide food for KG

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
		Coordinate KGs through community services. KGs should be revitalised and increased in number	
Improve marketability of products and skills.	Kharaz camp's adult population provides the potential for small industrial activity. Some projects have initiated handicrafts and basket-weaving opportunities with limited success due to distance from markets.	Conduct an industrial workshop to identify potential industries viable for the urban refugees, subsequently followed by a product exhibition workshop to find permanent buyers.	Conduct a market study (item; quality and quantity) so as to identify the possible activities / conduct trainings on quality production and then identifying potential markets for products selling (supermarkets...)
		Comprehensive financial (micro-credit) and non financial services should be provided in order to support demand-driven income generation activities and micro enterprises.	Reassessing question of non-refunding: peer pressure through community based fundraising
UNHCR to advocate for increased capacity in self reliance.	Strategies to sustain livelihoods within the existing limitations would require innovation and investment. A national policy/law for refugees and asylum seekers is required with a clear stipulation of the right to work.	Advocacy for the recognition for refugee mandate papers by private sector. UNHCR needs to work with the GoY to provide refugees with the necessary documents to facilitate legal employment	HCR to initiate advocacy with concern government body
	Some young men engage in fishing during the short season. However, they do not have rights to fishing licences and must work informally at low wages.	Advocate for fishing rights for refugees from Kharaz camp.	

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
	Dietary diversity could be improved through home gardening if required inputs, particularly water and soil were made available. In Kharaz camp and surroundings, access to markets is difficult for the population due both to physical distance and economic barriers. This affects the quality and diversity of the diet available for the residents in and outside of the camp and surely contributes to the high rates of anaemia and other forms of malnutrition.	Kitchen gardening in the camp and surrounding villages should be promoted in order to increase access to fresh foods and improve dietary diversity.	Some Somalis in the camp originate from the inter-riverine areas of Somalia between the Shabelle and Juba rivers. They have excellent skills in farming and in maintaining home gardens. FAO recommendations to be included in project activties
		Pot gardening and multi-story stack gardens are recommended to conserve soil and water usage.	
		Implementation of FAO recommendations regarding agriculture, livestock, water management and soil testing in Kharaz. Explore the possibility of piloting a project providing fertile soil and seeds that are easily grown in dry areas in order to enhance house gardening & provide fodder for livestock.	
5. School feeding			
	WSB is not well-accepted by the school feeding beneficiaries in either Basateen or Kharaz. In Kharaz beneficiaries indicated they prefer the previous food basket and would like Wheat Soya Blend (WSB) to be replaced by other items such as (Wheat Flour, Rice, Lentils, Oil & Sugar). Uptake of the school feeding programme on days where the WSB cakes are given is poor. It	Acceptability study & sensitization on the benefits of WSB need to be carried out.	Launch acceptability study and sensitize students and parents on importance of the nutritional value of WSB. Study and sensitization activities take place in schools, health centres and selected households

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
	is good on other days. Children say that they don't like the WSB cakes. The cakes were a solution found in reaction to the children not liking the WSB porridge that they were receiving at school.		in their localities with active participation of parents, teachers, students and the cooks of the newly established feeding centre/kitchen of Al-Basateen & and the already existing one in Kharaz schools after being trained with the preparation recipes. Establish Sensitization & Distribution Committees at school-level to raise awareness on the nutritional value of the WSB and its contribution to health of the students and their family members Deliver information on nutrition and healthy food by Health workers and nutritionists

2007 recommendations carried forward	Observations and findings from UNHCR/WFP Joint assessment mission Yemen 2009	2009 Recommendations	Steps to Operationalize Recommendations
		Find an alternative to WSB in the school feeding programme or change the recipes to biscuits or something more palatable for the children (such as date bars) and ensure that children have enough clean drinking water available.	While implementing the above sensitization activities and pending behavioural eating habit, consider replacing the WSB by date-bars and other served ration items, such as wheat flour, pulses and high energy micronutrient rich biscuits.
		Explore the acceptability and feasibility of improved CSB (with milk) to the children in the school feeding programme.	Provide powder milk and additional Sugar to the school kitchen under controlled circumstances for the preparation of a meal based premix in order to make the meal much more palatable and that could help a lot in increasing the acceptability of the meal made out of WSB.

6. Non-Food Items			
	Upon arrival at reception centres, refugees are given a package of clothes; at Kharaz refugees receive one-off, non food items such as blankets, stoves, cooking utensils and shelter items; on a monthly basis, refugees in the camp receive hygiene items, soap, sanitary towels etc, as well as 3 litres of kerosene for cooking and light. New arrivals appear to be falling through the cracks and are not receiving certain non food items such as kerosene. These means that they have to find firewood in the surrounding areas to be able to cook their rations.	Ensure provision and replacement of NFI in accordance to the set guidelines. Pilot projects aimed at reducing kerosene consumption in the camp and surrounding villages using environmentally friendly techniques such as solar panels for lighting, solar stoves with covered cooking pots should be promoted.	Replace NFI's bearing in mind the life-span Introduce solar cooking stoves. Meanwhile ensure the distribution of Kerosene to all for the purpose of lighting and safety amongst new arrivals/new camp residents.
7. Gender			
More effort needs to be made to ensure equitable participation of women in committees. 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. SGBV still needs additional training / awareness raising.	In Kharaz the participation of women in the various Committees is high. Women have a 50% representation as block leaders, in the Grand council, in the Educational, health, and water and sanitation sub committees. Ration cards in the name of women allows them to access and control food at the house level. In most cases women prepare the food for their families.	Efforts have been made to promote an understanding of gender issues in the camp and to prevent SGBV. However these efforts need to continue, including gender sensitisation campaigns with male refugees. The GoY and UNHCR need to look into improving protection for camp refugees, particularly women.	Ongoing
		Expand programmes that will allow women to engage in various Income Generation Activities (IGA) and receive training, to facilitate self reliance)	Ongoing

8. Monitoring and Evaluation			
	The Health Information System (HIS) was established in 2008 and is currently working in all clinics, Kharaz, Basateen and Sana'a. This provides important information on the health status of the refugees and host community in the sites. Although data is being collected on a regular basis, there is still some duplication of efforts and multiple reporting systems at the clinic level creating more administrative work for the clinic staff.	Data collection tools need to be harmonised in the centres to avoid duplication of efforts and administrative work overload at the clinic level. Staff should be retrained in HIS, including evaluation using WFP indicators.	Advacate foruse UNHCR HIS as common source of information for partner in refugee operation Training Ip staff on HIS
9. Contingency Planning and coordination			
UNHCR and WFP to update the contingency plan prepared in 2006 in order to address the current situation.	The contingency plan has been continually updated to reflect the current security situation. Two specific scenarios require a coordinated inter-agency and GoY contingency plans: - The potential for a substantial increase in refugees (particularly urban-based) on account of worsening situation in Somalia. - Severance of humanitarian workers access to the Kharaz Camp due to insecurity.	Ensure registration of refugees at arrival and renewing of ID's after 3 or 6 months Liaise with government, local authority and community leaders of host population on proper planning figures for the host community Issue new ration cards to refugees after the govt registration in Kharaz camp Kharaz camp should maintain food and medical supplies for at least 4 weeks at all times.	Ensure humanitarian actors safe passage to/from project sites Sensitize local communities that humanitarian workers and any project asset should not be taken hostages as a bargaining tool to resolve local issues.

		Kharaz camp should also maintain fuel stocks for cooking fuel, vehicle movement and maintaining the water pumps for at least 4 weeks.	
		Alternative locations in urban areas to accommodate a sudden large influx of refugees must be planned.	
		The case load is expected to increase and contingencies should be taken in ensuring that all agencies are prepared especially in urban areas	