

Hofstra University

Model United Nations Conference 2021



**Social, Cultural, and Humanitarian Committee (SOCHUM)
Background Guide**

Iman Elshazly, Co-Chair
Rachel Potula, Co-Chair

Dear Delegates,

My name is Iman Elshazly, and I am co-chair of the Social, Cultural, and Humanitarian (SOCHUM) committee. I am thrilled to be able to oversee and work with you all. This year's conference will be exciting, no doubt, and each creative solution that is made will be one step further into optimistic prospects of ingenuity and perception.

I am in the middle of my sophomore year here at Hofstra University, and am a Psychology major as well as a Political Science minor. I am also a student of the Legal Education Acceleration Program (LEAP), studying political science and philosophy to better my legal threshold. Aside from my studies, I am secretary of the Deaf Education and American Sign Language Club, a diversity and inclusion chair of the Residence Hall Association, as well as a part of Hofstra Filmmakers' Club.

I began participating in Model UN while in high school, as I was fascinated by the ability to skillfully examine international problems and suggest solutions with others. During my first Hofstra University Model UN Conference in spring of 2020, I served as a dais to the Food and Agriculture (FAO) committee. It was such an incredible experience, I yearned to take part in the next conference; as a Co-Chair for the first time. Model UN at Hofstra has truly made me appreciate just how innovative one can be when they have a sincere passion for restoration and peace.

At the upcoming conference, SOCHUM will be debating two topics. The first being the ongoing Yemen Civil War and Crisis. This conflict has been going on for years, with Yemeni citizens suffering from dire food insecurity, severe health problems, and economic straits—now worsened with the onset of COVID-19. The second topic that will be covered will be the effect of COVID-19 on the Syrian refugee population. I am quite excited to hear the differing proposals suggested by everyone concerning these topics!

Sincerely,
Iman Elshazly
SOCHUM Co-Chair
HUMUNC 2021

Dear Delegates,

I am Rachel Potula and I will be one of your chairs for the Social, Cultural, and Humanitarian Committee (SOCHUM). I am super excited to run this committee alongside my Co-Chair, Iman.

I am a sophomore majoring in Finance and originally from Chicago, Illinois. Outside of Model UN, I am the President of the Hofstra American Marketing Association, Vice President of SheEOs, DECA treasurer, social media director of Hofstra International Business Association, member of Long Island CHAARG, and a senator on the Student Government Association (SGA). Additionally, I work part time as a student aide in the Lawrence Herbert School of Communications. I also love doing beach cleanups and bonding with my brothers in Alpha Phi Omega, the national service fraternity on campus.

My first experience in Model UN was my freshman year of high school, in which I attended the high school conference at Brown University and won a verbal commendation. It sparked my commitment to staying updated on world affairs and continuously working towards strengthening my leadership skills. As I continued my Model UN participation throughout my high school career, I went on to win Best Delegate and Outstanding Delegate. Now onto my sixth year of being a part of Model UN and second year at Hofstra. I am so ecstatic to have the opportunity and responsibility of being your chair.

The committee will be finding solutions to the Yemen Civil War and humanitarian crisis. We will also examine how COVID-19 has affected refugees fleeing conflict in Syria and what approaches the United Nations can take to safeguard this vulnerable population. I am very excited to see what delegates come up with in committee!

Sincerely,

Rachel Potula
SOCHUM Co-Chair
HUMUNC 2021

Introduction to the Committee

The Social, Cultural, and Humanitarian Committee (SOCHUM), serves as the Third Committee within the United Nations General Assembly.¹ Currently chaired by H.E. Katalin Bogyay of Hungary, SOCHUM addresses a wide array of “social, humanitarian affairs and human rights issues” through “the examination of human rights questions, including reports of the special procedures of the Human Rights Council...and [interaction] with special rapporteurs, independent experts, and chairs of working groups as mandated by the Human Rights Council.”² As SOCHUM drafts resolutions in sessions, the committee aids intercontinental groups whenever intervention is deemed necessary.

The Committee also discusses questions relating to the advancement of women, the protection of children, indigenous issues, the treatment of refugees, the promotion of fundamental freedoms through the elimination of racism and racial discrimination, and the right to self-determination. The Committee also addresses important social development questions such as issues related to youth, family, ageing, persons with disabilities, crime prevention, criminal justice, and international drug control.³

Topic 1: The Yemeni Civil War and Humanitarian Crisis

Introduction to the Topic Before the Committee

Yemen has a population of nearly 30 million individuals, most of whom are living in tribal and rural areas. Yemen’s ethnic demographics consists mainly of Arabs, and it is also a very Islamic population—with about ninety-eight percent of the population practicing the religion. Nearly fifty-six percent adhere to the Shafi’i Sunni beliefs, while forty-two percent follow Zaydi Shia principles.⁴ The population is also young, with about fifty percent of the population aged under fifteen years old, while growing at a rate of only 2.28 percent per year. However, if the population grew faster, the surging population could potentially deplete what little resources Yemen has left.⁵

Oil is a monumentally important resource for Yemen, as it comprises almost eighty-five percent of Yemen's exports and seventy-five percent of the country's GDP. However, Yemen's oil reserves account for less than that of the other oil producers in the region.⁶ Access to necessities such as food and medical provisions is scarce in Yemen, as it is the poorest country in the Arab peninsula and one of the least-developed countries in the world; a country "challenged with widespread poverty, unemployment, and a diminishing supply of oil resources and water".⁷ Yemen's overall economy has declined in such severity since 2017 that the GDP per capita decreased by sixty-one percent, and the population living below the poverty line has increased to nearly eighty percent of the overall population. Humanitarian interventions to increase access to food have occurred as basic food prices have increased by ninety-eight percent, yet do not seem to have had much effect on the betterment of life for Yemeni civilians.⁸

To offer geographic clarity, Yemen is located in the Middle East, south of Saudi Arabia and west of Oman. It is at the southern end of the Arabian Peninsula and is bordered by the Gulf of Aden and the Red Sea.

Throughout Yemen, intergovernmental military and non-governmental conflict and extreme violence has been tormenting and displacing citizens since 2014.⁹ This civil unrest and war has severely impacted most, if not all characteristics of life in Yemen, mainly the economy and politics. The weakened government depends on international grants just to fulfill the basic needs of the people.¹⁰ "The conflict has its roots in the failure of a political transition supposed to bring stability to Yemen following an Arab Spring uprising that forced its longtime authoritarian president, Ali Abdullah Saleh, to hand over power to his deputy, Abdrabbuh Mansour Hadi, in 2011."¹¹ However, the crisis deepened as Hadi proved unable to find solutions

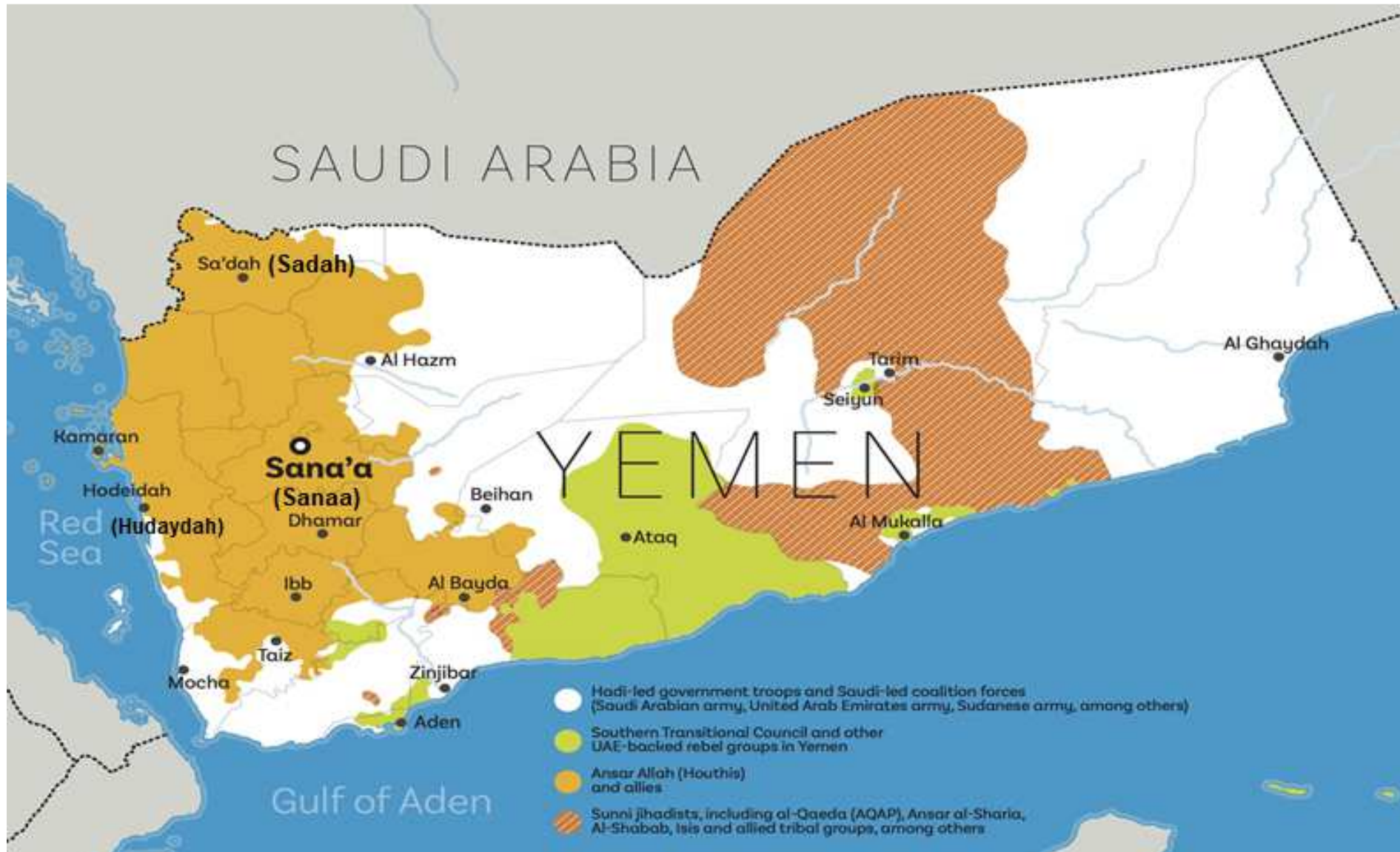
to attacks by jihadists—separatists based in southern Yemen—as well as corruption, food insecurity, and rising unemployment rates.¹²

Since 2014, Yemen has been considered the largest humanitarian crisis in the world. According to the United Nations International Children’s Emergency Fund (UNICEF), over 24 million Yemeni citizens (approximately eighty percent of the population) are enduring a multitude of emergencies created by conflict—including a lack of clean water and sanitation, economic turmoil, cholera outbreaks. COVID-19 has more recently emerged as a significant health threat that is ravaging what little health facilities can support; Yemeni hospitals access to basic operational equipment such as masks and gloves, let alone oxygen tanks and other essential supplies to treat COVID-19 patients.¹³

...Yemeni people continue to bear the brunt of ongoing hostilities and severe economic decline. An alarming 22.2 million people in Yemen need some kind of humanitarian or protection assistance, an estimated 17.8 million are food insecure, 8.4 million people are severely food insecure and at risk of starvation, 16 million lack access to safe water and sanitation, and 16.4 million lack access to adequate healthcare. Needs across the country have increased steadily, with 11.3 million who are in acute need, an increase of more than one million people in acute need of humanitarian assistance to survive.¹⁴

As public services and the economy crumble in the midst of prolonged conflict, “[More than 3.6 million people have been displaced and approximately 17 million are in desperate need of food.”¹⁵ As these citizens struggle to survive, severe outbreaks of disease are continuing, and the risk of famine increases daily.

Figure 1. “The Conflict in Yemen – June 2018”¹⁶



Another growing issue was beginning to take hold within a strife-ridden Yemen. The Houthi movement, based in northern Yemen and primarily representing the country's Shia community, resisted the transition of power to President Hadi. The Houthis had fought a series of rebellions against former president Saleh in the past, and in 2014 and early 2015, took advantage of the new president's weakness by taking control of the Saada province and neighboring areas in northern Yemen (as shown in *Figure 1*). They received support from former president Saleh, who was willing to use the Houthis to regain power from Hadi. Eventually the Houthi rebels took over the Yemeni capital, Sanaa, and seemed poised to take control of the entire country, forcing Hadi to flee abroad. Thus, began a civil war where foreign actors have sided with either the Houthis or forces loyal to the government.¹⁷ As shown by *Figure 1*, many other countries have since been contributing further to the civil war and escalating hostilities at a rapid rate.

Shocked by the rise of rebels they believed to be puppeteered by Iran, which supports fellow Shia Muslim Houthis, the Saudi Arabian army, which supports the Sunni Muslim leaders of Yemen, led a multi-national coalition into Yemen to intervene in March 2015. The United States, the United Kingdom, and France have also contributed logistical and intelligence support to the coalition.¹⁸

Although the war was initially predicted to last only a few weeks, it has extended into five years of military stalemate inside Yemen, as well as beyond its borders. Following the multi-national coalition intervention which recaptured the port city of Aden and part of the Red Sea coast, the Houthis responded by conducting drone strikes and launching ballistic missiles towards Saudi Arabia's capital, Riyadh. In turn, the Saudi-led coalition tightened its blockade of Yemen. By late 2017, the alliance-of-convenience between former president Saleh and the Houthis crumbled after clashes over control of Sanaa's largest mosque; after which the Houthi

rebels attempted to take full control of the capital.¹⁹ Saleh was killed during Houthi attacks on Sanaa.

Attempts by the United Nations to stop the conflict or to protect the vulnerable in Yemen have not been successful; in some ways, the humanitarian conditions have worsened as the conflict has deepened.

In June 2018, the coalition attempted to break the deadlock on the battlefield by launching a major offensive to capture from the Houthis the Red Sea city of Hudaydah, whose port is the principal lifeline for almost two thirds of Yemen's population...The UN warned that the port's destruction would constitute a 'tipping point' beyond which it was going to be impossible to avert massive loss of life due to famine.²⁰

Although fighting has ceased and hundreds of Yemeni prisoners were released after the Stockholm agreement in Sweden on December 13, 2018, the suffering of Yemeni citizens continues. The full redeployment of forces within Hudaydah did not occur, and in August of 2019, fighting resumed in the south between Saudi-backed governmental forces and a separatist movement supported by the United Arab Emirates (UAE).²¹ The UAE—a key ally of Saudi Arabia in the war—began withdrawing its forces from Yemen in July 2019, due to international criticism for its role.

By January 2020, a sudden escalation in hostilities between the Houthis and Saudi-led coalition forces indicated that the Stockholm agreement did not fully take hold and the UN's hopes for a resolution would need a new approach.²² Even the outbreak of the COVID-19 pandemic could not advance agreement for a ceasefire on humanitarian grounds. "Saudi Arabia announced a unilateral ceasefire [in April 2020] due to coronavirus pandemic but the Houthis rejected it, demanding the lifting of the air and sea blockades in Sanaa and Hudaydah."²³

According to a report by the Human Rights Council (HRC), since 2015 "...7,734 civilians, including 2,103 children, and injuries to 12,269 others due to indiscriminate attacks,

landmines, improvised explosive devices, and the storage of weapons and explosives in residential areas, by all parties to the conflict.”²⁴ An independent organization, the Armed Conflict Location and Event Data Project (ACLED), stated that the death toll is far higher, recording over 100,000 fatalities, and over 23,000 fatalities were reported in 2019, making it the second-most lethal year of the war²⁵ after more than 30,000 were killed in 2018.²⁶ This death toll incorporates over 12,000 citizens who were killed following direct attacks targeting them.²⁷

Civilians have also died from preventable causes, including disease, malnutrition, and poor health. Since 2016, Yemen has suffered the largest cholera outbreak recorded, causing over 3,000 deaths. The emergence of COVID-19 is further debilitating Yemen’s limited medical centers. The UN warned that the death toll from the coronavirus pandemic could “exceed the combined toll of war, disease, and hunger over the last five years”, in particular because its operations supporting vital health services in Yemen are severely underfunded.²⁸

According to Mercy Corps, “funding gaps in excess of \$2 billion also put millions of people in the war-torn country at risk of losing access to life-saving aid... [and the] situation is dire. Yemen imports 90 percent of its food supply but, because of the conflict, many of Yemen's sea ports have been closed, and goods can’t get in easily.”²⁹ Food that is available is far too expensive for purchase, as the crumbling economy has led to a rise in inflation and loss of income for families. Although efforts by the United Nations, UNICEF, and other organizations have been made to de-escalate conflict and raise funds to treat disease and malnutrition in Yemen, suffering ensues.

On November 23, 2011, the UN provided support for negotiations between the Hadi government and the Houthis —resulting in the signing and implementation of the Gulf Cooperation Council (GCC) Initiative.³⁰ The UN-brokered framework for settling disputes

allows the UN to continue engaging with Yemeni political groups. In 2018, the UN Security Council, in resolution 2451, “authorized the establishment and deployment...of an advance team to begin monitoring and to support the immediate implementation of the ceasefire and redeployment of forces from the city of Hudaydah and the ports of Hudaydah, Saleef, and Ras Isa.”³¹ The provision of UN support for the implementation of the Stockholm Agreement commenced on December 22, 2018, and on January 16, 2019, the Security Council unanimously agreed to adopt a new resolution to authorize the new United Nations Mission to support the Hudaydah Agreement (UNMHA).³² Following this, coordination with local Yemeni authorities was implemented to create a ceasefire, provide relief, and ensure security for Hudaydah.

Case Study: Humanitarian challenges facing aid workers in Yemen

Approximately 3 million Yemeni citizens suffer from traumatic displacements due to the unceasing instability and insecurity. Nearly twenty-seven percent of the 7.3 million school-aged children in Yemen (almost 2 million) cannot attend school, as over 1,800 educational institutions have been affected by the ongoing violence and conflict.³³ Yemen’s healthcare and education systems—as well as the water, sanitation and hygiene structure—have deteriorated further as the conflicts rage on. Citizens face significant health issues including injuries from the war and malnutrition, which is compounded by a fear to visit hospitals, due to frequent bombings. These factors have all buckled the health sector; which was already struggling due to economic disparity.³⁴

Areej Jamal Al-Khalwani, a program associate with UN Women and a part of the Yemen Parliamentarians Against Corruption was interviewed as the Yemen crisis reached its sixth year, and noted that the conditions were worsening for women and girls. She explained how seventy-

six percent of internally displaced persons (IDPs) are women and children, nearly twenty-one percent of households of IDPs are headed by women eighteen years old or younger, and an estimated three million women and girls are at risk of gender-based violence.³⁵ Al-Khalwani discussed both personal and professional challenges facing over 22 million people who need urgent assistance face in the midst of the deteriorating security situation in Sanaa—including the inability to safely go to their workplace, or work from home without hearing explosions rippling through the city.³⁶

As many men have been killed, injured, lost their jobs, or separated from their families due to the conflict, Yemeni women have been cast into the unfamiliar roles of family breadwinner, without surrendering their expected role of primary family caregivers. Vulnerable groups like women and children face increasing violence year by year, with women and children accounting for the largest number of civilian victims. In 2017, child marriage rates escalated to sixty-six percent and incidents of gender-based violence increased by thirty-six percent. As the civil war continues, Yemeni women confront the utter lack of medical care and the consequences of economic devastation that overwhelm their society.³⁷

Bloc Positions

The conflict in Yemen is a civil war, where foreign powers have further intervened in order to protect their interests. The people of Yemen have been caught in the crossfire, and even the distribution of humanitarian assistance has become a point of contention among the foreign powers, who wield significant influence over the amount of aid provided and the timeliness of its delivery.

Delegates should research the position and interests of the country they represent in order to determine how they will approach their work on the committee. Figure 2 illustrates the major parties involved in the conflict described in this guide.³⁸

Parties allied with Yemeni government	Parties allied with Houthis
<p data-bbox="203 489 446 520">Saudi-led coalition</p> <ul data-bbox="251 562 581 982" style="list-style-type: none"> • Bahrain • Eritrea • Egypt • Jordan • Kuwait • Morocco • Qatar • Pakistan • Saudi Arabia • Sudan • United Arab Emirates <p data-bbox="203 1060 446 1092">Limited support by</p> <ul data-bbox="251 1134 516 1281" style="list-style-type: none"> • Germany • France • United Kingdom • United States 	<ul data-bbox="868 562 1128 636" style="list-style-type: none"> • Iran • Yemeni Houthis <p data-bbox="820 672 1169 703">Suspected military support</p> <ul data-bbox="868 745 1193 777" style="list-style-type: none"> • Lebanon's Hezbollah

If your country has been directly involved in the conflict, research their motivations for participating, and whether their involvement has changed over time. If your country is not among the various combatants listed on the chart, research their alliances to these countries to determine what position your country might take. An even more significant factor to research is your country's position on humanitarian aid in conflict areas, in particular, aid to women and children.

Guiding Questions

1. What further intervention can the United Nations provide for the Yemeni children who struggle in their everyday life and are unable to attend school?
2. In what ways can the United Nations address the needs of Yemeni women and girls and tackle information gaps about their current conditions and vulnerabilities?
3. How can the United Nations, and SOCHUM in particular, ensure that this humanitarian crisis ceases and displaced residents can gain permanent access to food and basic necessities such as healthcare?
4. Should any outside countries abate their negligence of this crisis and offer support?
5. Can nations who have directly fomented conflict within Yemen's borders create wholly better terms for future relations with Yemen?

Topic 2: The Syrian Refugee Crisis

Introduction of the Issue before the Committee

The Syrian Refugee Crisis, the largest humanitarian crisis of our time, is now in its 10th year. There are currently around 6.5 million refugees who were forced to flee Syria and another 6.7 million displaced internally.³⁹

The Syrian Refugee Crisis originated in the wake of the Arab Spring protests that began in 2011, as the country's Sunni Arabs, the largest demographic, were upset about their second-class status and the corruption, brutality, and inequity of the regime led by Bashar al-Assad, who represents the minority Shia community. Similar to other protest movement in other Arab countries, peaceful protests started in Syria that spring.

On March 18, 2011, Syria's armies shot peaceful protestors in the southern city of Deraa, killing three teenagers. The number of protests increased, as did the frequently brutal crackdowns. By early 2012, the protests had sparked a civil war. By 2013, the religious divides that sparked opposition to the Assad regime became more pronounced, as Sunni states like Saudi Arabia and Qatar backed opposition to Assad and Iran's Shia government-backed the Syrian government. At the same time, a faction of the Sunni extremist group al-Qaeda in Iraq emerged in Syria as ISIS and dominated the north part of Iraq and took control over parts of northern Syria. Syria had become a war zone for terrorist groups, rebels, and the government.⁴⁰

In all of this conflict, civilians were the ones to pay the price. Over the years, the number of Syrians fleeing their homes has reached 6.6 million. While many have taken dangerous routes to find sanctuary in Europe and other parts of the world, 6.1 million are internally displaced inside Syria and 5.5 are living in the region.⁴¹ The Syrian Refugee Crisis has negatively impacted the Middle Eastern region, since most of the refugees who have fled are scattered throughout the five neighboring countries like Egypt, Iraq, Lebanon, and Turkey. Many Syrian refugees are poverty-stricken, as sixteen percent of them live in camps, while the rest have been settled in urban areas where they face many challenges like lack of necessities, difficult access to housing and food, as well as exploitation and violence.⁴²

How COVID-19 affects Syrian refugees

However, since the COVID-19 pandemic began in spring 2020, the situation for these refugees has become severely worse. “The United Nations High Commissioner for Refugees says that globally, 21,000 of the world’s 30 million refugees have tested positive for the virus across 97 countries.”⁴³ Specifically, in countries like Lebanon and

Syria there have been many outbreaks in the camps. Humanitarian agencies had feared that there would be a sharp rise in cases however they have not seen that because according to experts say that “many camps’ isolation from host communities as well as the imposition of strict lockdown measures curbed the spread of the virus.” National lockdowns have occurred in countries like Jordan, which has 747,000 refugees and enforced one of the world’s strictest lockdowns by closing airports and jailing those who break quarantine.

On the other hand, it does not mean that Syrian refugees haven’t suffered their fair share. The economic recession caused by the pandemic has forced hundreds and thousands of Syrian refugees into a more dire situation than before. Many refugees have already lost what little income they had before and are forced to salvage food and medicine. Refugee families are also taking on debts and they are unable to find work to pay their rent. This put families in serious danger and forced them into situations like child marriage, violence, and child labor.⁴⁴ According to the Norwegian Refugee Council, “three quarters of displaced people have lost their income since the start of the pandemic”⁴⁵ As refugees try to look for work elsewhere, lockdowns have forced them to stay out. “‘Governments are using COVID-19 as a pretext to block people from the right to seek asylum,’ says Bill Frelick, the director of Human Right Watch’s refugee and migrant rights division. “It runs roughshod over the basic principles of refugee protection.”⁴⁶

Case Study: COVID-19 in Atmeh refugee camp⁴⁷

On October 27, 2020, the BBC reported on the experiences of refugees in the Atmeh refugee camp in northwest Syria. At the time, approximately forty percent of the camp's population had tested positive for COVID-19, although its daily positive rate for infection was low.

Atmeh is one of the largest refugee camps in Syria, with conditions described a “cramped [and] filthy”. Atmeh has experienced a dramatic increase in infections starting in September. The report noted that “[social] distancing, masks and isolation are almost impossible here.”

Although COVID-19 is a new threat, one resident of the camp, Dr. Abdurrahan Bakar, shared that it is just the latest danger for a population that has already been forced from their homes and safe lives due to war. Dr. Bakar said that if he were to ask his neighbors, who lost their son to a rocket attack if they feared COVID-19 or the war, they would answer in their grief, “Go away with your [COVID-19]. We lost our son.”

Elsewhere in the camp, where people may only get tested if they show symptoms, it is difficult to know the true infection rate. Denial may be one reason, but the report also points to the stigma attached to being infected. A boy named Zain is infected, as was his father, who explained the reaction he experienced from people in camp. “People have treated me as if I'm disgraced, if they see me in the streets, they walk away from me. A couple of days ago I went to get some groceries from the store and people moved away from me as if I am the virus, as if I will kill them.”

There are only 600 doctors in northwest Syria to provide for a population of 4 million. Dr. Mouheb Kadour, a physician in the camp explained that people are already dealing with

threats like bombs, rockets, attacks from security forces, the effects of poverty on health. COVID is seen as just one more challenge. “It’s the same—all of these terms, for us, mean death.”

At the same time, when asked specifically about how widespread COVID-19 is in the camps, he said, “It’s out of control, yes, absolutely.” Expanding on this comment, he explained, “This winter will be very bad very dark, very hard. We don’t have many places for people in camps. We don’t have many medikits for this. We don’t have many fuel [to warm] children and babies and women in [camp]. We don’t have food enough for them.”

One refugee explained how the common bonds that have driven refugees together is also something that a fast-spreading virus like COVID-19 can exploit to sicken many people who live in situations like a refugee camp. “It’s a catastrophe for the camp. It’s like one big family here. If one is infected with coronavirus the whole camp will be infected because we are one family.”

Bloc positions

Delegates can best prepare for the discussion of this topic by researching their country’s position on refugees, specifically refugees from Syria. Refugees already face daunting challenges, so delegates will need to think about how their countries, or blocs of countries that they might join, can provide the types of aid they need during this dual crisis. The challenges that refugees face not only include being forced from their homes and livelihoods, but now include the restrictions on health, movement, and opportunity created by a global pandemic. Delegates should therefore research how COVID-19 has affected their own country, and if there have been any successful policies that they would recommend that could create an effective, internationally-coordinated response to improve the situation of Syrian refugees during the COVID-19 pandemic.

The Syrian refugee community is supported by several UN aid agencies, including UNHCR, UNICEF, and independent aid organizations like the International Rescue Committee (IRC), Mercy Corps, Save the Children, and more. Delegates can read about the types of COVID-19 response programs that these organizations fund in order to determine their positions on how their country might support ongoing efforts, or suggest more effective changes.

Guiding Questions

- 1) Has your country permitted Syrian refugees to resettle in its borders? Why or why not?
- 2) Has your country provided aid to Syrian refugees living in other countries?
- 3) Would your country support aid to Syrian refugee communities living in countries where your country does not have good relations?
- 4) Should COVID-19 aid relief be administered by UN agencies? The host country where the refugees are living? Locally-based private companies or aid agencies?
- 5) What form of COVID-19 aid should be administered to Syrian refugees: vaccinations, building better testing facilities, financial support for lost jobs, etc.?
- 6) Should UN aid agencies build COVID-19 safe shelters (temperature checks, socially distanced spaces) as part of their aid?

Endnotes

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