

IOM YEMEN QUARTERLY UPDATE

QUARTER 3 JULY-SEPTEMBER 2020



A DISPLACED WOMAN IN IBB SEWING FACE MASKS WITH IOM SUPPORT TO BE DISTRIBUTED TO HER COMMUNITY ©IOM 2020

SITUATION OVERVIEW

The conflict in Yemen, now in its sixth year, has not seen any tangible movements towards lasting peace. There are now more active frontlines across the country than ever before, and heavy clashes continue to lead to mass displacement and civilian casualties. IOM Displacement Tracking Matrix (DTM) teams estimate that some 153,000 people have been displaced by the conflict, natural disaster and the COVID-19 pandemic in 2020; the majority of these — over 90,000 — [have fled areas affected by clashes in and around Marib and Al Jawf](#). There were several mass casualty airstrikes in Hajjah and Al Jawf governorates, with civilian casualties from airstrikes doubling from the second to the third quarter in 2020, up to 94 from 47. The total civilian casualties between July and September 2020 is nearly 530 people. The situation is widening gaps across humanitarian sectors in Marib, where IOM site assessments indicate that some 200,000 internally displaced persons (IDPs) living in overcrowded formal and informal sites are in need of sustained humanitarian support, and with over 500,000 people also estimated to be displaced within host communities.

The humanitarian and socioeconomic consequences of the conflict continue to be exacerbated by the COVID-19 pandemic. An [Integrated Phase Classification \(IPC\)](#) analysis carried out for southern governorates warns of an impending food security crisis, with 40 per cent of the population projected to be affected by a drastic reduction in income and purchasing power (up from 25 per cent at the start of 2020). The COVID-19 pandemic has also contributed to a currency crisis — [the Yemeni rial has lost 31 per cent of its value since the beginning of the year in parts of the country](#). Yemen's already weakened health system has been hit the hardest, and several public hospitals have been forced to close as a result of equipment, medicine and fuel shortages. With limited testing and protective equipment, public health facilities are ill-equipped to respond to the outbreak. The true human impact of the virus in Yemen is difficult to determine, due to the limited surveillance, testing and reporting, and the outbreak has been characterized by stigma and lack of trust in health facilities causing people to delay seeking treatment and testing.

As the country grapples with these challenges, conditions for stranded migrants have progressively deteriorated. During this quarter, migrant arrivals into Yemen remained low compared to 2019 mainly as a result of COVID-19 movement restrictions and border closures. Authorities in Yemen continue to adopt anti-migrant policies that have meant a significant spike in detentions and forced transfers out of northern governorates to the south. Between July and September 2020, approximately 1,500 migrant arrivals were recorded compared to nearly 23,400 during the same period in 2019. As more and more migrants become stranded in governorates like Aden and Marib, estimated at 5,000 and 4,000 respectively, with limited options to return home or continue journeys to the Kingdom of Saudi Arabia (KSA), some migrants are making the perilous journey through smuggler networks by sea to Djibouti, with the hope of making it home to Ethiopia. On 03 October, [eight migrants died at sea](#) making this journey, with another [12 migrants dying](#) on 15 October. IOM's priority has been to provide relief assistance to stranded migrants, and the Organization is making progress at the regional level for the resumption of its Voluntary Humanitarian Return programme that will facilitate the safe, dignified and voluntary return of migrants to their countries of origin.

HUMANITARIAN ACCESS

Nine months into the year, the humanitarian operating environment in Yemen has seen little improvement, as the humanitarian community continues to navigate issues related to restrictions on movements of personnel and goods, and interference in humanitarian activities. Flights in and out of the country have remained unpredictable due to the security situation, mostly in Marib, and restrictions imposed by authorities, mostly in Sana'a. For the month of September, for example, the airport in Sana'a was closed to humanitarian staff and cargo supplies; this prevented critical medical supplies from arriving for the COVID-19 response. In general, two of five international airports, Aden and Seiyun, are regularly open for commercial and humanitarian flights; 15 sea border points and three land border points are partially open for movements, and 10 transit points in Taizz and in Al Bayda remain active to public movements between southern and northern governorates.

[UN analyses](#) on the broader operating environment indicates restrictions on movement of staff and humanitarian supplies affected 7.5 million people by the end of August. Like other partners, IOM activities in northern governorates have been subject to interference in procurement and logistics processes, project activities and beneficiary targeting and have been greatly impacted by increased movement restrictions. These have severely limited IOM's operational space, as the Organization directly implements activities in these areas. In September, the Organization was forced to close down its sub office in Al Hudaydah where efforts to directly implement, monitor and scale up assistance were consistently blocked. In August and September 2020, none of IOM's requests to move staff and humanitarian supplies to meet the needs of conflict and flood affected families were approved. Due to COVID-19 movement restrictions, the closure of IOM's office in Al Hudaydah and the ending



AN IOM TEAM MEMBER HELPS A CHILD PUT ON HER MASK DURING A COVID-19 AWARENESS RAISING SESSION IN IBB ©IOM 2020

of IOM support in 51 health facilities since April 2020, the number of IOM permit submissions has gradually declined. Nonetheless, efforts to scale up COVID-19 activities and respond to flood/conflict related needs have continued to be challenged by the preexisting barriers. IOM's priority remains centred on carrying out independent assessments and ensuring sustained access to monitor services and engage with beneficiaries without interference.

The Multi-Cluster Location Assessment (MCLA), an important tool that addresses information gaps and improves evidence-based interventions in Yemen, has faced delays due to the COVID-19 outbreak and bureaucratic impediments in both northern and southern governorates. The last MCLA was conducted in 2018, and the humanitarian community has been referencing the findings for nearly the past two years.

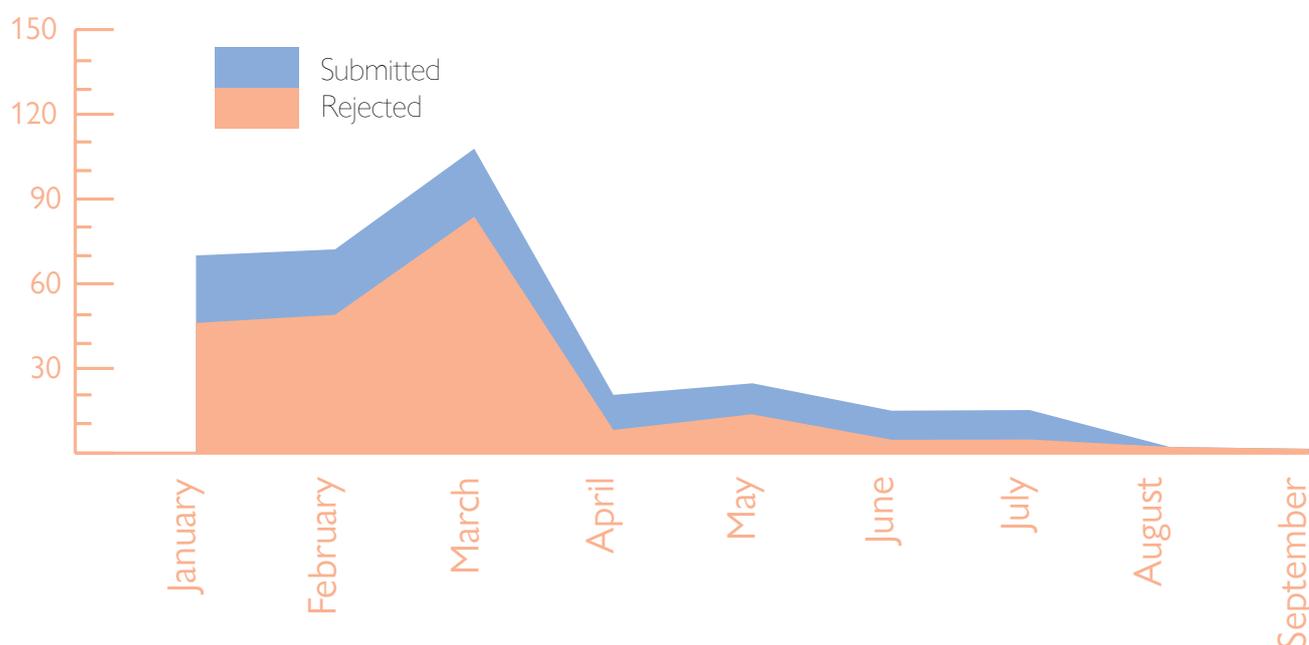


A STRANDED MIGRANT IS TREATED BY A DOCTOR WHO IS PART OF IOM'S MOBILE MEDICAL TEAM IN LAHJ ©IOM 2020

Originally planned to start in November 2019, MCLA activities have been delayed for one year. In January 2020, IOM trained enumerators in Aden in preparation for data collection in seven southern governorates and continued to engage authorities throughout the year regarding clearances for data collection and guidance on new protocols considering COVID-19 prevention measures. To date, the MCLA has not been completed, but renewed efforts to engage authorities, including advocacy from OCHA’s representatives, are ongoing to enable data collection to start. Given the current operational space in Yemen, IOM is focusing on southern governorates where it currently has access through DTM and will continue efforts for open access to collect data

in northern governorates aiming for finalization by July 2021. While impediments are also faced across southern governorates, they are on a smaller scale. Security dynamics limit access to some locations, such as in certain districts in Marib and Taizz, attacks by armed actors on humanitarian assets are on the rise and bureaucratic impediments also exist. Until the end of July, the Executive Unit for IDPs (ExU), the local body responsible for coordinating activities in southern governorates, had suspended IOM CCCM activities (the suspension has since been lifted). The ongoing clashes around Marib and Al Jawf frontlines have also limited IOM and partners access to areas like Majzar and Medghal districts.

Status of IOM Permit Submissions in 2020¹



DISPLACEMENT TRENDS

Nearly 6,400 households² were displaced during this quarter, with the majority reporting conflict as the reason for displacement. Close to 37 per cent of the households were displaced within and to Marib governorate, while 27 per cent reported displacement within Al Hudaydah governorate, following increased conflict in both governorates. While in [March, April and May COVID-19 was an emerging trend](#) as a reason for displacement, in the following months households have not reported COVID-19 as a reason.

Marib governorate continues to have one of the largest IDP populations in the country with an estimated

800,000 IDPs and continues to see the highest rate of new displacements. As numbers continue to grow in response to conflict, IOM has noted that 80 per cent of new IDPs are settling in IDP hosting sites (up from only 60 per cent earlier this year), resulting in overcrowding and the establishment of ad hoc sites with little to no access to services, further exacerbating COVID-19 related risks. Despite increasing hostilities in the governorate in recent months, IOM remains able to access displaced populations and continues to provide critical multi-sectoral assistance. Nevertheless, huge humanitarian needs remain and the availability of partners and services in Marib is limited.

1 Data represented are only for northern governorates. Data for August and September represent permits from Sana'a only, following the closure of IOM's sub office in Hudaydah.

2 Due to access constraints – IOM Yemen only collects displacement data in some districts in 12 of the country's 22 governorates.

MARIB EMERGENCY RESPONSE

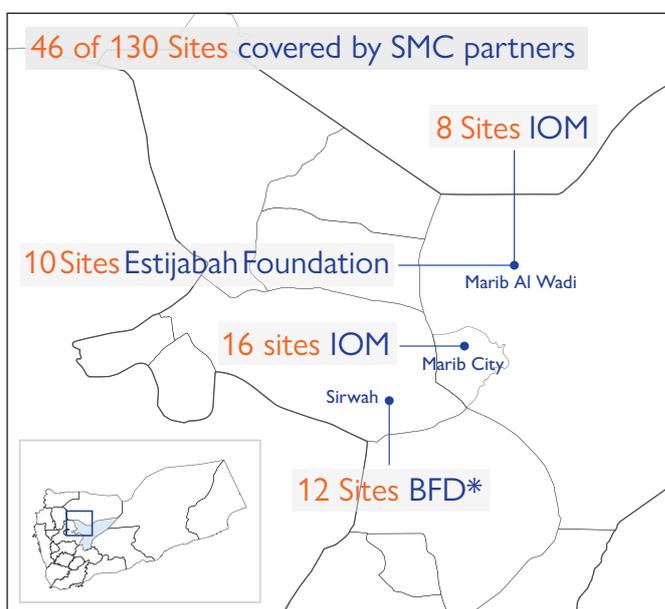
This quarter, there was [another uptick in hostilities on the outskirts of Majzar, Medghal, Mahalyah and Rahabah districts](#), leading to additional waves of displacements into Marib city and surrounding areas. IOM estimates that over 90,000 people have been newly displaced by the conflict in 2020 – over 20 per cent were displaced in the third quarter of the year alone. Almost 80 per cent of new arrivals are living in extremely crowded displacement sites, which further pose worrying hygiene and safety concerns. At the same time, with traditional migration routes being largely inactive, over 5,000 migrants are stranded in Marib and in dire need of food, shelter, health and protection assistance.

In July and August, heavy rains worsened living conditions for over 17,000 IDPs, and the Marib dam overflowed for the first time in 34 years, causing more than 30 kilometres of damage in surrounding areas. IOM led the [flood response](#) in Marib, coordinating assistance to meet the pressing needs of over 5,000 flood affected families, many of whom were living in makeshift shelters. As part of emergency preparedness activities, the Organization conducted flood risk mitigation activities in six IDP hosting sites (constructing flood ways and embankments, and repairing roads damaged by the Marib dam overflow). With over 2,000 people at risk of flooding along the Marib dam, the IOM team has also launched mid/long term water management efforts, working together with a team of water management specialists on hydraulic analyses to inform water management solutions.

IOM has continued to mobilize partners to respond to the escalating conflict situation and growing humanitarian needs. In September 2020, humanitarian partners developed a [Preparedness Plan](#) to ensure that critical aid supplies are prepositioned to quickly respond in the event that intensified fighting displaces an additional 55,000 households. Between January and September 2020, IOM had distributed Rapid

Response Mechanism (RRM) kits at the onset of displacement to over 12,200 newly displaced households, including food and hygiene items. This emergency in kind assistance is being followed by Multi-Purpose Cash Assistance (MPCA) intended to cover basic needs for one month. IOM has a team of 80 national and 17 international programme and support staff dedicated to the response in Marib; however, there are only 15 partners responding to the displacement crisis on the ground in Marib, most with insufficient financial and human resources to provide sustained humanitarian support. More resources for these frontline activities are needed, particularly as IDP and migrant hosting sites are increasingly overcrowded, WASH facilities are inadequate, and host community capacities are stretched.

IOM & Partner Coverage



* Building Foundation for Development



IOM FIELD TEAMS CONSTRUCTING A FLOOD BARRIER TO PROTECT DISPLACED PEOPLE IN MARIB ©IOM 2020

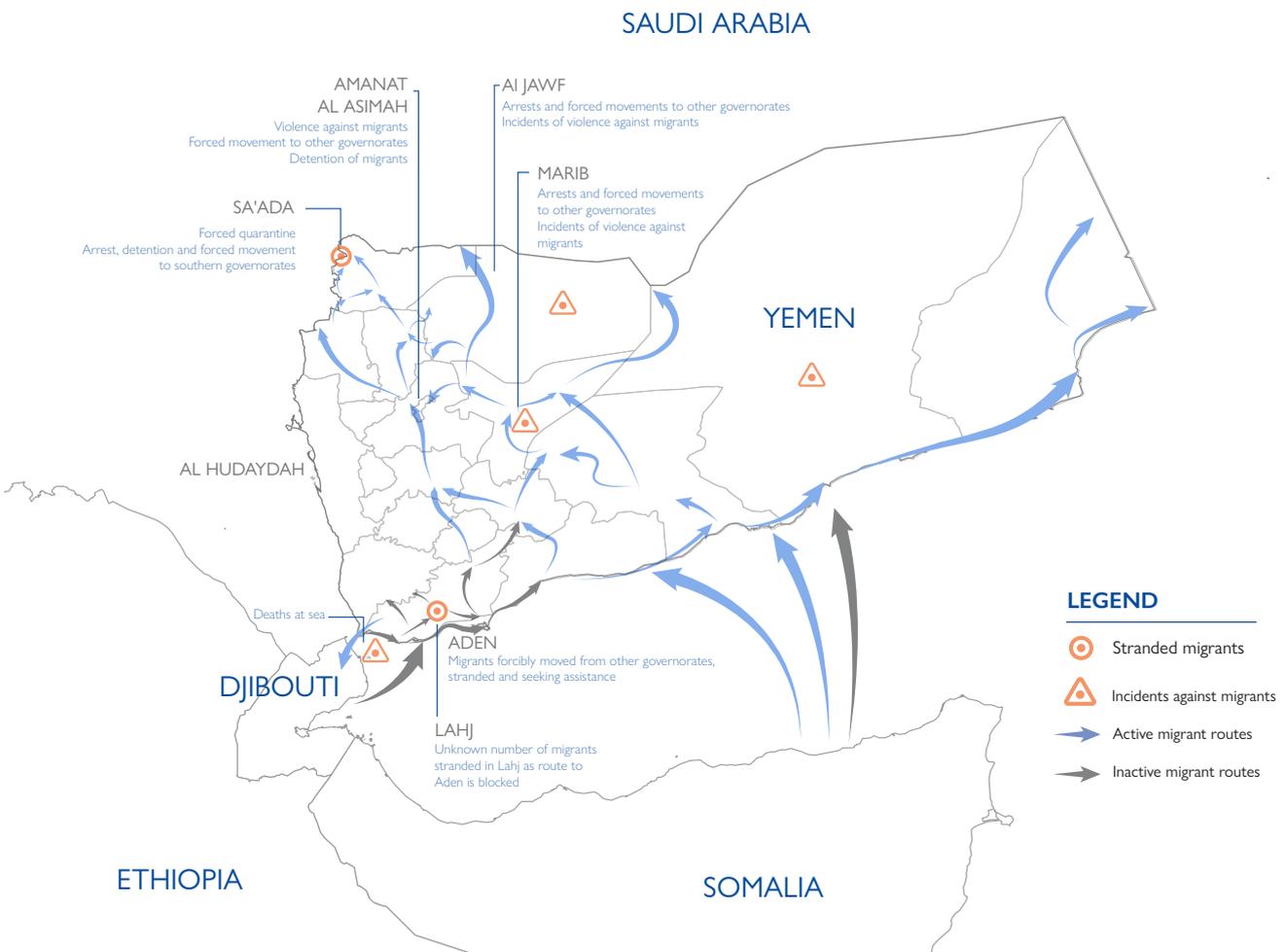
STRANDED MIGRANTS

With COVID-19 movement restrictions still in place in Yemen, the Horn of Africa and the Kingdom of Saudi Arabia (KSA), IOM estimates that at least 14,500 migrants are stranded across main migrant transit hubs in Aden, Marib, Sana'a and Sa'ada governorates, though the real figure is likely to be higher. Migrants' living conditions are dire, with many sleeping outdoors or in dangerous abandoned buildings with little access to humanitarian services or income-generating activities. IOM is conducting cash-for-work activities to support stranded migrants and alleviate their suffering.

Migrants [face inhumane detention, torture and forced transfers](#) along the migration route in Yemen. Some migrants held in Sana'a Immigration, Passport and Naturalization Authority (IPNA) have reported forced transfers from border areas with KSA in Sa'ada and Al Jawf, where they were held in conditions that do not meet minimum standards of living – many being held for months before transferred to the IPNA migrant holding facility where IOM is providing basic humanitarian and health assistance as part of lifesaving efforts. With shrinking operational space in Yemen to address migrants' needs, high-level advocacy from the international community is needed, as well as regional solutions for safe migration.



Horn of Africa to Yemen Migration Routes



IOM Yemen's Key ASKS

1. COVID-19 should not be exploited to instrumentalize national security priorities like migrant encampment, detention, forced relocation or deportation.
2. Migrants in detention should be released.
3. Voluntary Humanitarian Return flights should be resumed as an immediate measure to address the lifethreatening conditions migrants are facing and the dangers when attempting the journey back to the Horn of Africa facilitated by smugglers.
4. Stranded migrants must be given safe passage and protection.
5. Humanitarians must be granted unconditional access to all populations in need.
6. Rhetoric blaming the COVID-19 outbreak on migrants must end.

With the lack of return options or ability to continue journeys to KSA and the extremely dire living conditions of migrants, many are making the decision to return with support from the same smuggling networks that brought them to Yemen from Djibouti. [Nearly 3,000 migrants were recorded by IOM Djibouti](#) returning from Yemen in the past months, making the perilous journey once again and further putting their lives at risk. Without safe and dignified return options, this trend will continue as migrants in desperate situations have limited options for survival.

For more information on the migrant situation in Yemen, please see [IOM's Quarterly Migration Overview – July to September 2020](#).

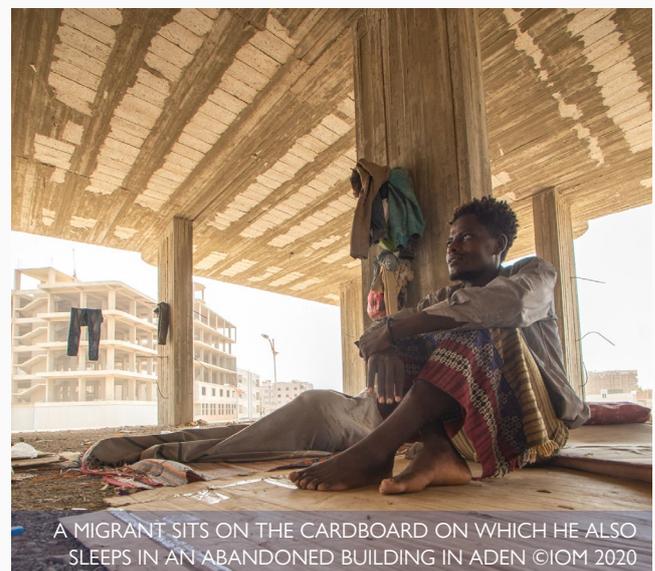
VOLUNTARY HUMANITARIAN RETURN

Before COVID-19 movement restrictions were imposed by governments across the world, IOM was conducting Voluntary Humanitarian Return (VHR) from Aden, with the last flight departing for Addis in March 2020 with [247 undocumented Ethiopian migrants](#). Since then, IOM has been able to support a small number of voluntary returns amid the pandemic and nearly 30 people stranded in Yemen from various countries were able to return home safely over the past months. Migrants participating in VHR receive counselling and are provided with information to make informed decisions. IOM also provided them with pre-departure accommodation, cash for food, travel documentation, medical examination and air tickets.

The majority of migrants traveling to Yemen are en route to KSA, with many experiencing grievous human rights abuses on their journey. However, given the difficulty and danger on the Eastern Corridor route, some decide not to continue. The majority of migrants stranded in Yemen since the spring are Ethiopians searching to improve their lives, the Government of Ethiopia has blocked VHR efforts, citing COVID-19 risks. Meanwhile, migrants are living in deplorable conditions on the street or being held in detention sites that do not meet minimum standards of living.

IOM Yemen is poised to swiftly return migrants once the Government of Ethiopia allows, and has so far registered 2,353 migrants stranded in Aden in preparation of VHR activities for this large number of migrants. The Government of Ethiopia has agreed to initially allow 1,400 migrants stranded in Yemen to return and IOM

Ethiopia is prepared to provide post-arrival assistance including COVID-19 screening and testing, onward transportation assistance, medical and psychosocial support and temporary shelter depending on needs and vulnerabilities. The Mission is currently awaiting the arrival of the Ethiopian consular team to verify Ethiopian nationality of the migrants, a conditional term set by the GoE for the resumption of VHR activities to Ethiopia. In the north, discussions continue with authorities on returns from Sana'a due to their lack of acceptance to conduct returns based on 'voluntariness' and outside of detention, conditions heavily advocated for by IOM and the humanitarian community. IOM remains committed to providing a safe and dignified return option through its VHR programme and other regional interventions.



A MIGRANT SITS ON THE CARDBOARD ON WHICH HE ALSO SLEEPS IN AN ABANDONED BUILDING IN ADEN ©IOM 2020

COVID-19 RESPONSE

As Yemen faces unchecked community-wide COVID-19 transmission in part due to lack of testing capacities across the country, continued limited access to COVID-19 case data, underreporting and stigma related to seeking treatment, the true impact of the virus on the country is unknown. As of 30 September, Yemeni authorities have reported 2,035 confirmed COVID-19 cases and 588 deaths across 10 southern governorates, while in northern governorates the official number of cases remains at four. In the south, Hadramaut is the only governorate consistently reporting cases with the majority of other governorates having limited capacity to test suspected COVID-19 cases. Further restrictions have been placed on humanitarian partners by authorities in the north, suspending the procurement of COVID-19 related items and training or awareness-raising activities. Though there is limited data to evaluate increases or decreases in cases, these new restrictions will impact the ability of the humanitarian community in the north to implement COVID-19 preventative measures. In efforts to increase testing capacity throughout Yemen, IOM procured six WHO-approved GeneXpert machines that can easily be deployed in locations with limited or no access to testing currently. [IOM is assessing priority locations in Marib and Taizz governorates](#), and the health team will conduct training on the GeneXpert machines for laboratory workers in the coming quarter.

In conjunction with its COVID-19 prevention response, IOM Yemen continues to prioritize access to health services for vulnerable populations across the country, including IDPs and migrants, through eight mobile health teams and support to 22 health facilities across the country and in 60 IDP hosting sites. However, due to a reduction in funding and restrictions to the operational space in northern governorates, IOM's supported health facilities decreased from 32 in the previous quarter to 22 and from nine mobile health teams to eight. The risks of rapid disease spread are especially high within displaced and migrant communities, who already face challenges accessing critical basic services, including health care. In mid-September, out of the 367 health facilities supported by humanitarian partners, 197 reported decreased number of patients seeking health care and decreased operating hours – an especially worrying

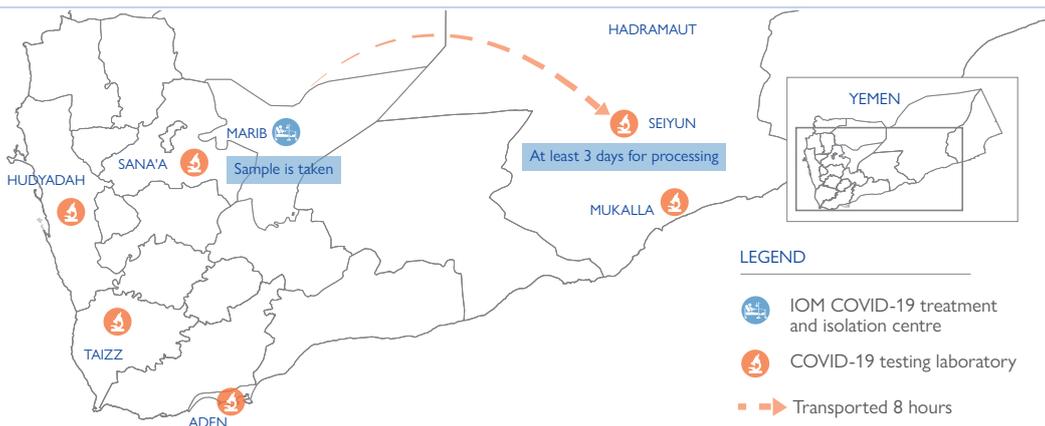
trend when the pandemic is still ongoing with no sign of abating in the coming months if Yemen is following a similar trajectory as other countries across the world.



HAND SANITIZER PRODUCED BY PHARMACY STUDENTS FROM HADRAMAUT THROUGH A PARTNERSHIP WITH IOM ©IOM 2020

After the outbreak of COVID-19 was confirmed in Yemen, IOM established one isolation centre in the largest settlement in Marib, Al Jufainah Camp, and is establishing a second isolation centre in Al Marda IDP hosting site. The isolation centre in Al Jufainah has seen a marked increase in admissions, reaching to 157 since its establishment in May 2020. In addition to isolation centres, IOM's Camp Coordination and Camp Management teams, in coordination with health and WASH teams, are working on community shielding practices with IDP communities and Risk Communication and Community Engagement activities to raise awareness on how to effectively prevent COVID-19 spread, including hygiene promotion and distribution of hygiene kits, reaching over seven million individuals since the start of the outbreak.

Lengthy fuel shortages over the past few months have compounded the health impacts of the COVID-19 outbreak. Transportation issues were faced by medical staff, patients and delivery of health supplies, and some health services were suspended as one major impact of fuel shortages that was felt across all humanitarian operations. Additionally, reduced access to water and sanitation services for approximately 2.5 million people was noted by IOM and partners as a result of a lack of fuel, which contributes to lower adherence to disease prevention measures.



IN FOCUS: HUWAIDA, THE HYGIENE HERO

"Working as a hygiene promoter is the greatest opportunity I have ever had. I am very happy to serve the community by promoting hygiene practices that help them stay healthy and have a better life," said Huwaida Obaid.

Huwaida is a Hygiene Promoter working from IOM's office in Aden, and she, like many of her colleagues, believes that conflict-affected communities need this information now more than ever.

Huwaida had started her career during the Abyan conflict when she worked on a project, which raised awareness about the dangers of mines and violence against women.

Since joining IOM in 2014, Huwaida has been doing her best to overcome any difficulties she has faced during her journey as a woman humanitarian. She has not always been received warmly by rural communities, as a woman travelling on her own to educate them on healthy hygiene practices.

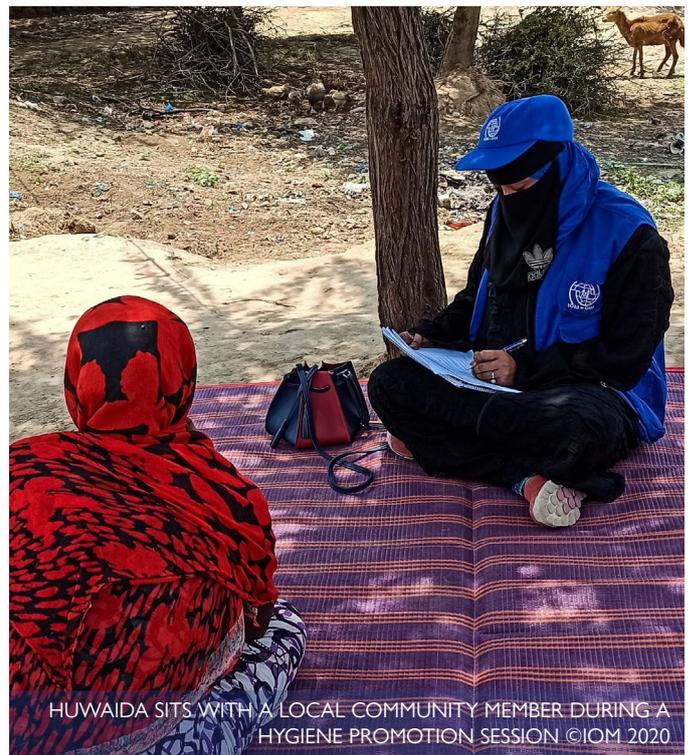
Despite her frustration at times, the twenty-nine-year-old mother "loves working closely with the community, especially people in need". She is determined to continue spreading awareness and helping teach people how to protect themselves from disease, especially women, who are often in charge of running their household.

When Yemen's first COVID-19 case was officially announced in April, new and greater obstacles presented themselves to Huwaida and her work.

"The lack of resources and medicine during the COVID-19 outbreak, as well as expensive and unavailable hygiene items in some areas, has made it very difficult for us to continue promoting hygiene practices," she explained how things have changed because of COVID-19.

COVID-19 has affected the whole of Yemen. And like everywhere else, rumours and incorrect information were spreading nearly as fast as the virus. This is where the work of hygiene promoters, like Huwaida, comes in. Today, she does not only share information on healthy practices but also counters harmful rumours circulating in the community.

Huwaida has one message for the world: "my message to the world is to support our activities that provide the community with access to clean water and knowledge on hygiene practices as well as COVID-19 precautionary measures. We need your help to keep people healthy."



HUWAIDA SITS WITH A LOCAL COMMUNITY MEMBER DURING A HYGIENE PROMOTION SESSION. ©IOM 2020

ENHANCED PREPAREDNESS FOR ACUTE SHOCKS

Established in January 2020 to ensure timely life-saving assistance reaches vulnerable populations in Yemen, the Multi-sectoral Contingency Stock Pipeline is managed by IOM in partnership with DRC and OCHA. National and international non-governmental organizations (NGOs) have access to [critical emergency shelter materials and non-food items \(NFI\)](#), as well as public health and water, sanitation and hygiene supplies through the nationwide Pipeline. IOM, with experience in contingency stock management in five country missions including Yemen, has extensive warehouse capacity across four governorates, while DRC complements IOM in three northern governorates. One nationwide pipeline reduces the risk of duplication of assistance, allowing for an empowered local response and enhanced cluster coordination.

In coordination with OCHA's Operations Centre, IOM and partners supported nearly 9,000 households affected by conflict and [natural disasters](#), such as flooding, with shelter and NFI assistance between July and mid-October. IOM, along with national and international NGOs distributed 6,258 emergency shelter kits, 8,450 NFI kits and 455 family tents accessed from the Contingency Pipeline across nine governorates. The Organization is supporting national NGOs with distribution costs, as many do not have available financial resources to distribute items even if they have access to populations in need. This approach allows IOM to engage local partners, building their capacity and in turn promoting national NGOs' agency in supporting the humanitarian response in Yemen.

IOM and the United Nations Population Fund (UNFPA) co-lead the Rapid Response Mechanism (RRM), an integral component of the humanitarian response in Yemen. Within the first ten days of displacement, and after receiving in-kind RRM kits from UNFPA and partners, IDPs receive one-off emergency cash assistance, provided by IOM and other sector partners. The assistance allows IDPs, who are best placed to assess their needs, to immediately meet their most urgent needs after displacement, and IOM has provided 11,148 newly displaced households with RRM support so far in 2020. Resources for frontline activities carried out through the RRM are critical for newly displaced households to meet their basic needs (food, WASH, Shelter/NFI and health) and IOM will not be able to support an estimated 30,000 in 2021 if additional funds are not secured. A balance between in-kind and cash assistance is critical to ensuring that the specific needs of conflict affected communities are met in the most effective way and in recognition of context, access and economic limitations.



SUPPORT TO SOCIOECONOMIC RECOVERY

Yemen's six-year conflict has had profound economic consequences; [some estimates](#) indicate that Yemen's development has been set back by 21 years. COVID-19 has only worsened the situation for already vulnerable and conflict affected communities. During the third quarter of the year, economic indicators have continued to decline, and the confluence of a depreciating Yemeni Riyal, fuel shortages and decreasing remittances further threatens social and economic stability. The impact of the outbreak on livelihoods, purchasing power and supply lines has meant that IDPs and migrants face more and more challenges when trying to meet their basic needs.

IOM's health and transition and recovery teams have focused efforts on sustaining the public health system and creating opportunities that will contribute towards increasing local purchasing power in heavily affected communities. In Marib and Hadramaut, the Organization is scaling up socio-economic recovery activities at the community level, working with partners to provide vocational trainings, cash for work support and MPCA assistance to over 3,600 people. IOM worked with a local partner to produce 50,000 personal protective equipment (PPE) and 10,000 hand sanitizers in Hadramaut, distributing these to local public offices and in vulnerable communities (IDP hosting sites,

technical institutes, health facilities and the Seiyun airport). These community-based interventions have been critical in contributing towards boosting socioeconomic recovery during this critical period.

Preliminary Findings of KAP Survey in Marib

49%

Reported decreased access to basic and health services

96%

Reported increased food and household items prices since the start of the pandemic

73%

Reported income reductions due to less demand for services or movement restrictions

83%

People who received remittances reported that these had decreased since the pandemic

IOM'S WORK IN YEMEN IS SUPPORTED BY

