



22.2 million

People are in need of humanitarian assistance

2 million

People are internally displaced

2.2 million

People are aimed to be supported by IOM



An IOM midwife vaccinates an infant in Al Rawda district, Shabwa Governorate, Yemen. ©IOM 2018

Key Highlights

- ◆ 339,000 liters of water are provided to different water points, hospitals, and locations in Lahj, Al-Dhale'e, Abyen, Taizz, and Shabwah Governorates, benefitting over 22,000 individuals on a daily basis.
- ◆ 79 Ethiopian migrants were evacuated from Al Hudaydah, Yemen to Djibouti by boat. All evacuees received pre-departure assistance, including food, NFIs, Fit to Travel (FTT) medical screening, and awareness raising orientation.
- ◆ A total of 14,404 IDPs and other conflict affected Yemenis and 1,229 migrants were provided healthcare assistance—including Mental Health and Psychosocial Support (MHPSS) and health promotion orientation.
- ◆ Assessment of returnee Yemenis from Saudi Arabia are conducted on a daily basis in the Hadramout Governorate.

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Health

To support the surmounting needs within the health sector, IOM builds on its existing programming in Yemen and continues expanding access for girls, boys, women, and men to primary healthcare services, and provides medical and technical support to primary healthcare centres and hospitals. During the reporting week, a total of **14,404 IDPs and other conflict affected Yemenis and 1,229 migrants** were provided healthcare assistance—including Mental Health and Psychosocial Support (MHPSS) and health promotion orientation through Migrant Response Points (MRPs), static and mobile health clinics, and patrolling mobile health teams. **107 AWD/suspected cholera cases** were treated in the Ibb Governorate. **28 participants, including 15 women**, attended a Refresher Course on Nutrition in the Amran Governorate between 8 and 15 April 2018. **227 children in need of psychosocial support (PSS)** were provided with PSS through individual and group sessions .

Water, Sanitation, and Hygiene



Solar powered water supply systems are benefitting many vulnerable individuals in the Sana'a Governorate. ©IOM 2018

IOM provides emergency WASH assistance to the most vulnerable to reduce excess morbidity and mortality, and restores and maintains water and sanitation systems towards the improvement of public health. This is achieved by provision of rehabilitation and maintenance of water supply systems, capacity building of WASH stakeholders, water trucking to IDPs, and hygiene promotion activities. **339,000 liters of water** are provided to different water points, hospitals, and locations in Lahj, Al-Dhale'e, Abyen, Taizz, and Shabwah Governorates, benefitting over **22,000 individuals on a daily basis**.



Protection

A total of **6,196** conflict-affected children (2,178 girls and 4,018 boys) benefitted from a range of psychosocial support activities—including acting, art, sports, and awareness orientation of mine-risks—provided in 34 Child-Friendly Spaces (CFSs) in Sana’a and Aden between 8 and 15 April 2018. In addition, 120 well-trained daily workers were assigned to CFSs with specific responsibilities pertaining to implementing CFS activities.



Children are playing in a child friendly space in Sana’a. ©IOM 2018

Migrants Multi-sector Assistance

Migrants transiting Yemen are extremely vulnerable during every phase of the journey. IOM is providing life-saving, multi-sectoral assistance to stranded migrants in Yemen, including providing an orderly, humane option to those who are unable or unwilling to remain in host countries for returning to their country of origin.

A total of **1,656 migrants were provided direct assistance**, including:

- ✓ 162 migrants (51 boys, 7 women, and 104 men) were registered and screened.
- ✓ 399 migrants (11 girls, 74 boys, 20 women, and 294 men) were provided snacks and hot meals.
- ✓ 433 migrants (6 girls, 61 boys, 24 women, and 342 men) were provided NFIs and hygiene kits. NFIs and hygiene kits for men included Fottah (a Yemeni traditional dress), towel, T-shirt, underwear, sandals, soap bar, powder soap, toothpaste, and a cup. NFIs and hygiene kits for women included Jalabia (women’s dress), Abaya with scarf, towel, underwear set, sandals, sanitary pads, soap bar, powder soap, toothpaste, and hair oil.
- ✓ 241 migrants (1 girl, 61 boys, 9 women, and 170 men) were provided awareness raising orientation through six sessions. The topics included risks of irregular migration, self-hygiene, and migrants’ rights.
- ✓ IOM patrolling team encountered 342 new arrivals (110 boys and 232 men) in Khor Omera, Lahj. These migrants who had just arrived to the Yemeni shores received information from IOM. Also, they were provided with dates, water, NFIs, and medical assistance as necessary.
- ✓ 79 Ethiopian migrants were evacuated from Al Hudaydah, Yemen to Djibouti by boat. All evacuees received pre-departure assistance, including food, NFIs, Fit to Travel (FTT) medical screening, and awareness raising session.

Displacement Monitoring

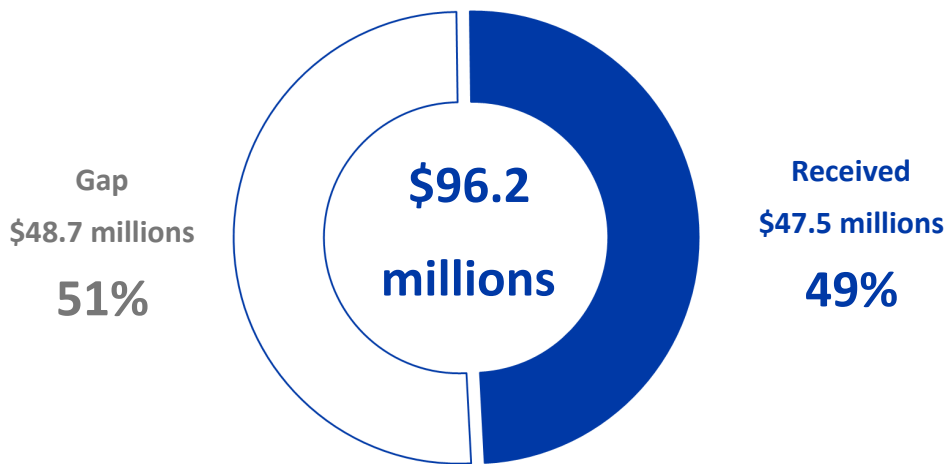
IOM is the co-lead of the Task Force on Population Movements (TFPM) and is responsible for tracking IDP and returnee movements across Yemen. IOM is currently continuing emergency tracking of IDPs displaced by the conflict across all southern Governorates, and the Taizz, Al Bayda, and Al Hudaydah Governorates in the north. **Assessment of returnee Yemenis from Saudi Arabia are conducted on a daily basis** in the Hadramout Governorate. The returnees are facing difficulties, both on route and settling in upon arrival. A meeting is planned with the Hadramout authorities to have better access to the Al-Wade’a crossing point.



Challenges

- IOM has not been authorized yet by the authorities to deploy the Health and CCCM mobile teams in north Taizz and Ibb. Despite IOM's continuous advocacy, there have been delays in obtaining approval from the authorities to start many programmatic activities.
- The prevailing security situation and the resulting dynamic situation in the ground hamper provision of services at scale.
- Many services are offered through local implementing partners, whose lack of capacity are often impediments to effective and efficient service delivery.

Funding Status of Yemen Crisis Response 2018



IOM operations in Yemen are generously supported by:



European Union
Humanitarian Aid



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the People of Japan



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