COVID-19 RESPONSE UPDATE

19 APRIL-02 MAY 2020

2020
IOM Yemen Consolidated Appeal* 155 MILLION USD 5 MILLION People

*inclusive of COVID response

SITUATION OVERVIEW

Yemen's first COVID-19 case was confirmed on 10 April in Hadramaut governorate. By 06 May, 21 additional cases have been reported in Aden, Taizz, Sana'a and Hadramaut governorates, bringing the total number of confirmed cases announced to 22. Of these, there have been four deaths and one recovery. On 05 May, authorities in the north confirmed the first COVID-19 case in Sana'a, a Somali refugee who had died. IOM is deeply concerned about the rise in anti-migrant sentiment following this announcement. Migrants were already vulnerable at each stage of their journey through Yemen, being at risk of stigmatization and human rights abuses and lacking access to basic services. These vulnerabilities have been further exacerbated by COVID-19, with migrants being scapegoated as carriers of the disease since the very early stages of the global outbreak. Migrants are facing increased risks to their protection and human rights, as thousands have found themselves stranded and a rising number of them face crowded conditions in transit and detention centres, as well as forced quarantine in circumstances not aligned with public health measures.

Since March 2020, Yemen has instituted several mitigation measures against the spread of COVID-19, including closure of air, land and sea borders, and instituting curfews at the governorate level. Importantly, the authorities, together with the UN, have prepared a national COVID-19 Plan, which prioritizes identifying, treating cases and contact tracing; risk communication and community engagement; disease surveillance; maintaining essential health services and minimizing the negative socio-economic impact of COVID-19 outbreak on communities. IOM is contributing to the coordinated effort to mitigate the impact of COVID-19 by ensuring continuity of essential humanitarian services and scaling up COVID-19 response efforts with a focus on displaced and migrant populations. Ensuring unimpeded humanitarian access to facilitate effective COVID-19 programming remains a challenge in northern governorates where the operational environment continues to be restrictive. In the south, insecurity, bureaucratic impediments and challenges around competing leadership also have an impact on activities.
Experts warn that the virus is likely to spread faster, more widely and with deadlier consequences than in most other countries. Yemen is at high risk of rapid transmission and a localized epidemic, especially in crowded internally displaced persons (IDP) hosting sites, urban settings and other densely populated areas. The situation is especially dire for the 3.6 million people displaced by the conflict across Yemen. A surge in cases will further overwhelm the already weakened health care system and exacerbate vulnerabilities in a country where food insecurity, malnutrition, and disease outbreaks like cholera and dengue are widespread. Even with mitigation measures, WHO estimates that 55 per cent of people in Yemen will be infected with COVID-19, 42,000 will die and over 292,000 will require hospitalization.

**MIGRATION CHALLENGES**

Since March, migrant arrivals into Yemen have slowed considerably in comparison to previous years on what was the world’s busiest maritime migration route in 2019. This is mainly as a result of tighter border controls in Djibouti and Yemen, and to a lesser extent Somalia. IOM estimates that arrivals from the Horn of Africa into Yemen are down by 68 per cent in April; almost no migrant arrivals were observed through the Djibouti-Lahj route; in Shabwah, there were 1,725 migrant arrivals recorded from Somalia. Onward routes from Lahj through Aden frequently used by migrants have been blocked as part of COVID-19 preventative measures. As a result, migrants are stranded in Lahj and in need of humanitarian assistance.

**IMPACT ON MIGRANT ARRIVALS TO YEMEN**

<table>
<thead>
<tr>
<th>Month</th>
<th>Arrivals</th>
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<tbody>
<tr>
<td>January</td>
<td>11,101</td>
</tr>
<tr>
<td>February</td>
<td>9,624</td>
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<tr>
<td>March</td>
<td>7,223</td>
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<tr>
<td>April</td>
<td>1,725</td>
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Following the announcement of a COVID-19 death amongst the refugee community in Yemen, IOM is already seeing backlash against migrant and refugee communities escalating, particularly in Sana’a. Since 05 May, IOM has received reports of incidents of xenophobia, physical and verbal harassment, and community incitement to identify newly arrived migrants in Sana’a.

The ongoing scapegoating of migrants as carriers of diseases like cholera and COVID-19 by the authorities, which is amplified by local media, is having a devastating impact on the already maligned group who are facing significant levels of abuse, exploitation and violence in addition to lack of access to critical services such as primary health care. As co-chair of the Refugee and Migrant Multisector (RMMS), IOM is leading the migrant response in Yemen and advocating against the arbitrary arrest, detention, relocation and targeting of migrants across the country. As an immediate priority, IOM is scaling up humanitarian assistance to migrants stranded in Marib, Shabwah, Aden and Lahj, and working with partners to ensure migrants have access to food, water and health assistance and are aware of COVID-19 preventative measures. IOM also continues to provide lifesaving humanitarian and health assistance to migrants in Sana’a.

**IOM’S KEY ADVOCACY POINTS**

1. COVID-19 should not be exploited to instrumentalize national security priorities like migrant encampment, detention, relocation or deportation.
2. Humanitarians must be granted unconditional access to all populations in need.
3. Migrants in detention should be released.
4. Stranded migrants must be given safe passage and protection.
5. Rhetoric blaming the COVID-19 pandemic on migrants must end.
**IOM’S RESPONSE**

Since March, IOM quickly scaled up COVID-19 preparedness and response activities to meet the needs of mobile populations – displaced persons and migrants. IOM’s multi-sectoral humanitarian activities are ongoing through 9 mobile health and protection teams, and 36 health facilities across the country and in 63 IDP hosting sites.

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**RESPONSE TARGETS**

**RISK COMMUNICATION AND COMMUNITY ENGAGEMENT**
- 378,000 Target Pop.

**CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES**
- 150,000 Target Pop.

**ADDRESSING SOCIO-ECONOMIC IMPACT**
- 50,000 Target Pop.

**INFECTION PREVENTION AND CONTROL**
- 150,000 Target Pop.

**CAMP COORDINATION AND CAMP MANAGEMENT**
- 51,000 Target Pop.

**DISPLACEMENT TRACKING MATRIX**
- 1,100,000 Target Pop.

**DISEASE SURVEILLANCE**
- 120,000 Target Pop.

**PROTECTION**
- 86,000 Target Pop.
CASE MANAGEMENT AND CONTINUITY OF SERVICES

29,481 people were provided with access to health services through 32 IOM supported health facilities and nine mobile health teams operating across Abyan, Al Jawf, Aden, Al Baydah, Al Dhale’e, Amanat Al Asimah, Lahj, Marib, Sa’ada, Shabwah and Taizz governorates. Of these, 8 primary health care facilities in Amanat Al Asimah, Al Baydah, Aden and Marib governorates have received a selection of: additional personal protective equipment, medical supplies and information and education communication (IEC) materials to equip them to better respond to COVID-19. IOM continues to provide health support in these facilities, both material and human resource, and has helped set up triage management spaces to facilitate COVID-19 emergency care. Additional distribution of PPE and medication, and establishment of triage points is planned for all IOM-supported health facilities.

INFECTION PREVENTION AND CONTROL

IOM, under its role as lead of the sub-national health cluster in Marib governorate, has established an isolation and treatment center (inclusive of an ICU) in Marib city. IOM is also establishing one quarantine facility in Marib’s largest IDP hosting site, Al Jufainah Camp. IOM is increasing capacity for humanitarians to stay and deliver in Marib, where IOM manages the humanitarian hub, by bolstering clinic capacity and ensuring that the humanitarian hub follows COVID-19 protocols.

As part of its support to health facilities across the country, IOM is also training government health workers on COVID-19 prevention and management protocols. Eighty health workers in Shabwah have been trained to date. To ensure that displacement sites communities hosting large displaced populations have access to adequate water, sanitation and hygiene (WASH) services during this critical period, IOM water trucking activities supported 4,242 people in Taizz, and 18 water site rehabilitation projects are ongoing across Shabwah, Lahj, Taizz and Abyan governorates.

CAMP COORDINATION & CAMP MANAGEMENT (CCCM)

IOM is maintaining site management and coordination activities in 63 sites in Ibb, Taizz and Marib, and is ensuring that site activities and distributions are carried out in line with COVID-19 prevention guidelines - including the use of physical distancing and hand washing at distribution sites, as well as door-to-door distributions to avoid bringing together crowds of people. In addition to coordinating services, IOM has trained 144 site focal points on COVID-19 preparedness.

DISEASE SURVEILLANCE

IOM mobile and static health teams are prepared to report suspected cases of COVID-19 through the COVID hotline, in line with Yemen’s disease surveillance protocol.

A displaced man washes his hands at an IOM distribution in Aden, as part of COVID-19 IPC measures ©IOM 2020/Ibrahim
COVID-19 HOTLINE NUMBERS

SANA’A: 01 225942 / 01 225952
ADEN: 02 358259 / 02 358260
MARIB: 06303664 / 06302223 / 776011125 / 71701433

IOM YEMEN’S RESPONSE IS SUPPORTED BY