

Purpose of the visit

Matwallah sub-district is a “hard-to-reach” area close to the front lines that hosts about 35,000 internally displaced people (IDP) in 18 sites. The sub-district is considered as underserved, due to humanitarian access challenges and funding gaps. In addition, it was affected by heavy rains and flooding beginning of August 2022, with 1,295 affected households having been verified by humanitarian partners, and the actual number considered to be higher. The purpose of the inter-cluster visit was to come to a joint understanding of clusters and authorities on the humanitarian needs and gaps, and to address humanitarian access challenges.

Participants

OCHA; Shelter/NFI, CCCM, RRM, Protection, GBV, Health, FSAC and Nutrition clusters; SCMCHA Hajjah, representatives of health and local authorities.

Key Findings & Recommendations

- **Matwallah is an IDP hotspot with limited access:** The high number of 35,000 IDP in Matwallah exceeds the capacity of local resources and services, and leads to conflicts for resources. Humanitarian Access constraints lead to a limited presence of protection actors and health workers, as well as access of the community to health facilities, food distribution points and other services. Only 4 out of 19 IDP sites are covered by CCCM, all remotely. The missions goal was to improve humanitarian access. If this cannot be improved due to security actor’s concerns, IDP relocation might be considered, to ensure their safety and improve their access to services.
- **Malnutrition is reaching very critical stages:** Projected to reach IPC acute malnutrition classification phase 5 (very critical), malnutrition cases spiked in the rainy season, but are referred to treatment at very late stages due to lack of monitoring and awareness. Health facilities are overwhelmed and many children cannot be saved. The establishment of new therapeutic feeding centres (TPC) in Hajjah or Hodeidah, where many cases come from, is recommended.
- **While food assistance is available, the community says that half of those in need do not have access to it:** While food assistance targets under the Humanitarian Response Plan (HRP) 2022 are 87% met in Abs district, the community in Matwallah sub-district reports significant gaps. Food distribution points are 20km away in Abs, and many people report to not be registered, or be registered but not able to receive their rations. Verification and the establishment of new distribution points are delayed by the access situation, which complicates identification of gaps.
- **Livelihood assistance is key, but unavailable:** The lack of income led to almost entire dependence on humanitarian assistance, negative coping strategies and conflict with host communities. People lost most of their assets and livestock, either selling them to cover urgent needs, or in the rain. The high competition for casual labour options leave room for exploitation, and people – esp. women – often work to be paid less than agreed or not at all. While livelihood options are the key to break the downward spiral of dependence and life-threatening needs, the HRP 2022 livelihood projects are only 10% funded. A planned project could not be implemented due to the security situation.
- **Life-saving assistance is urgent but severely underfunded:** Immediate life-saving interventions are required with regards WASH and NFI support. Women and children travel long ways to water points with unhygienic transport means, sometimes unsuccessfully so. Over 90% of households do not have latrines, and women report to wait until the dark to hide behind bushes. Both sectors are severely underfunded under the HRP 2022.
- **Community Engagement is required:** There is a lack of awareness for humanitarian assistance and complaint mechanisms. People feel left out for political reasons, and some misattributed programmatic ration-cuts to that.
- **The recent flooding exacerbated existing needs:** The August flooding affected at least 1,295 households in Matwallah, exacerbating malnutrition and health concerns, and damaging improvised mud shelters. Health, WASH and Shelter/NFI interventions suffer from access constraints and lack of funding.
- **The sub-national inter-cluster working group recommends to add Matwallah as IFRR pilot district.** With immediate needs in WASH, Food Security, Health and Nutrition, and a need to create livelihood or self-sustenance opportunities, Matwallah is considered an ideal pilot area for integrated famine risk reduction (IFRR) interventions.

Locations visited



- **Duraynah al-Olia IDP site** (16° 4'51.97"N 43° 9'3.36"E): According to CCCM figures, 910 households (6,370 individuals) live in the site, while Food Security and Agriculture Cluster (FSAC) partners support 1,179 households (8,253 individuals).
- **Duraynah al-Sofla IDP site** (16° 5'6.78"N 43° 8'8.45"E): According to CCCM figures, 587 household (4,109 individuals) live in the side, while FSAC partners support 187 households (1,309 individuals).
- **Deer Al-Hessi village and IDPs site** (16° 2'51.23"N 43° 6'28.21"E): The IDP site hosts about 930 households, and is embedded in the host community, while FSAC partners support 1,595 households (11,165 individuals).
- **Al-Raboo Health Unit** (16°05'00.9"N 43°08'24.9"E): The health unit was designed to serve a population of 8,000 people, but now is responsible for up to 15,000 people, including IDP. It is located about 1-2 kilometres from the three IDPs sites visited.
- **Abs General Hospital** (16° 0'22.81"N 43°11'38.22"E) is with 250 bed capacity the largest health facility and only public hospital in the district. It is a referral hospital for 12 districts in Hajjah Governorate, in addition to some districts of neighbouring governorates, and is supported by several humanitarian partners. It includes a Therapeutic Feeding Centre (TPC) for in-patient treatment of severe acute malnutrition.

Background

Abs is the largest district of Hajjah governorate, with over 380,000 people in need of humanitarian assistance, and one of the main areas of displacement in Yemen, with 93 IDP sites hosting almost 150,000 internally displaced people (IDP), mainly from Hajjah and Sa'ada Governorates. Currently at phase 4 (critical) of the IPC acute malnutrition classification, Abs district is projected to reach phase 5 (very critical) in June to December 2022. The Global Acute Malnutrition (GAM) rate in Abs district was 25.2% as per the latest survey between August 2021 and January 2022.

Matwallah sub-district alone hosts about 35,000 IDP, most of whom arrived five years ago after multiple displacement from Haradh, Midi, Hayran and Abs districts, or Sa'ada Governorate. Many of them belonged to marginalized groups prior to displacement. Matwallah is considered a "hard-to-reach" area close to the front lines, in terms of bureaucratic, logistical and conflict-related access challenges. Most services are offered outside of the sub-district, including secondary health care and food distribution points.

The **IDP settlements in lower and upper Duraynah** areas host 2,383 households, most of whom arrived six years ago and many of whom belong to marginalized and high risk groups. Duraynah al-Olia and Durayhna al-Sofla sites are covered by CCCM, however, the implementing partner cannot access the sites and works remotely. Food, shelter/NFI and WASH support are the main priorities in the site, according to the [CCCM site profiles](#).

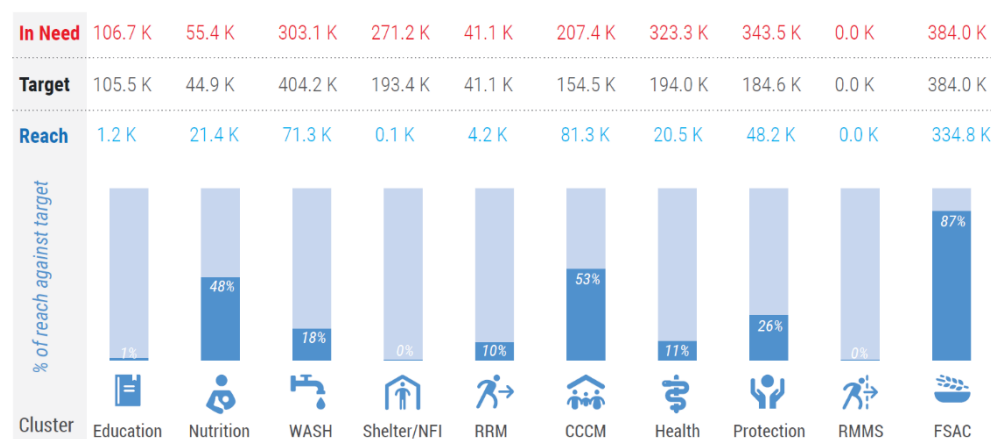
Sectoral Findings

Flooding: According to local authorities, over 10,000 households in Abs district have been affected by heavy rains and flooding in August. Thus far, 1,295 affected households having been verified by humanitarian partners in Matwallah sub-district alone. The Duraynah IDP sites are located in a valley and particularly prone to flooding. Local authorities prevented loss of life due to flooding by evacuating families from an IDP site to a school building for one day. However, many mud-shelters were damaged and assets lost. According to the local health providers, weather-related malnutrition cases and diarrhoea cases doubled in the first half of August compared to July, including to cholera cases re-emerging.

Rapid Response: Rapid Response Mechanism (RRM) partners accessed Matwallah sub-district for the first time since the frontlines are in the current place six months ago, and responded to 600 newly displaced households from conflict areas such as Bani Hassan sub-district in Abs district and Hayran district in Hajjah Governorate, and Saa'da Governorate. RRM partners plan to assess the needs, incl. of the people affected by the recent rains, and provide blanket coverage with basic hygiene kits.

Response & Gap Analysis for Abs district

PEOPLE REACHED BY CLUSTER (Jan-Jun 2022)



Food Security and Agriculture: People have extremely limited income sources or assets for self-sustenance, while food prices keep increasing. About 70% live mainly of humanitarian assistance. Some have daily labour options, but earn less than 10,000 YER per month, or sometimes do not get paid as much as agreed, or not at all, esp. women. A few others collect wood, herd livestock, go begging, sell assets, or resort to other negative coping strategies. Of the few people who owned livestock, many reported to have sold it to cover expenses, and some animals died in the flood. Only 10-15 households have livestock left. Some households reported to not be able to access food distribution points in Abs city, more than 20km or a 6 hour foot-march away. Only one partner reported to have had access for hand-to-hand food support in the past two years. Some households have not been registered at all; estimations go up to 50% registration gap. According to FSAC, 742 households have never received food assistance. Efforts to verify registration and establish new distribution points are on the way, but were thus far hampered by the access situation. Flood water destroyed some of the food items. Markets are functioning and accessible, but people cannot afford goods. The targeting, insecurity about the reasons of recent reductions in food assistance, irregularity in distributions, and conflict for limited water sources, lead to frequent conflicts among IDP and with the host community.

Nutrition: Currently at phase 4 (critical) of the IPC acute malnutrition classification, Abs district is projected to reach phase 5 (very critical) in June to December 2022. The root cause of malnutrition is the lack of income and high prevalence of water- and vector-borne diseases resulting from lack of water and sanitation. A recent increase in malnutrition cases is attributed to the reduced food rations (to 40kg) and the rainy season. Treatment is provided in al-Raboo health facility (2km away, 1-hour foot-march) and Abs hospital (20km), both of which receive support from humanitarian partners. Access issues and fuel price increases led to a lack of monitoring and health worker outreach in Matwallah sub-district, and subsequently malnutrition cases are referred to treatment at very late stages. There is currently no community-based mobilization or awareness raising. The Raboo health facility lacks capacity, training and supplies for appropriate prevention and treatment of severe malnutrition. About 40% of cases in Abs TPC, which is currently treating 93 cases and at least three times more patients than beds available, are under 6 months old. Plans to establish an additional TFC in Abs district were delayed by the lack of an appropriate facility. As one out of five cases come from Al-Zuhra district in Al Hodeidah Governorate, establishing a TPC there could relieve some of the burden.

Health: Al-Raboo health unit is located 1-2 km from the IDPs sites. Designed for a population of 8,000 people, it currently serves an area with about 16,000 people, including IDP. It operates for one morning shift and provides primary health care, vaccination and integrated management for childhood illnesses (IMCI). There is an urgent need to expand and upgrade the health unit to a full health centre, and to support the area with mobile medical teams, if humanitarian access can be ensured.

The referral hospital in Abs receives cases from all Hajjah districts and some neighbouring Governorates, but does not have all services and has to refer cases further to Hajjah or Hodeidah. The main concern currently is the provision of fuel and lack of ventilation in TFC and neonatological wards. Authorities seek support for the building of a new hospital in a Government complex.

The Al-Raboo health unit has a new building designated for emergency obstetric and maternity care, constructed through cash-for-work with development support. It is, however, currently not being used, due to lack of personnel, equipment and supplies.



New RH building is not in use.

WASH: Even before the flood, 90% of site residents had no access to latrines. Women report to wait for the dark to relieve themselves. The sources of drinking water in the area are between half an hour and an hour away, but do not always have enough water. Several women reported to often try different distribution points within a one-hour radius, but sometimes being left without drinking water for the day in hot, humid weather. Many households do not have hygienic water transport items, and no water storage. Water trucks cannot access the area through the checkpoints. The health unit reported of a sharp increase in water-borne diseases and diarrhoea, including six cholera cases, in the first week of August since the rain started.



Lack of NFI, water sources and transport.

Shelter/NFI: Most IDP live in makeshift shelter made of mud, wood and plastic sheets. About 10% (mostly marginalized groups) are living under trees, plastic sheets, or in open areas. Many shelters have been damaged by the flood water. An estimated 15% of IDPs needs emergency shelter, 70% transitional shelters, and 30% shelter maintenance. Almost all IDP need NFI, such as jerry cans, kitchen supplies and blankets. New arrivals received RRM kits in the previous six months, but lost some NFI in the flood.



Flood-damaged shelter.

Protection: The displacement, lack of income and limited services lead to a number of negative coping strategies. People with disabilities, chronic diseases and mental health issues do not receive any care beyond the immediate family. Humanitarian partners provide case management, PSS, legal support and cash for protection from the health unit and through a community-based protection network. However, there is a lack of referral pathways, and no regular protection monitoring visits take place due to humanitarian access constraints. Negative coping strategies include **child protection** concerns such as child marriage at the age of 12-13 and child labour (fetching water, collecting wood, help out begging or selling at markets). The lack of water sources and latrines, as well as street lights, bear a risk for security and safety of women and children engaged in water and wood fetching. While most IDP have IDs, many children have no birth certificates.



Flood-damaged, improvised kitchen.

Education: Only a limited number is enrolled in schools, using vaccination cards, but the vast majority does not attend schools due to lack of money or need to support the family.

CCCM: Only 4 out of 19 IDP sites are covered by CCCM services since 2020. Because of access constraints in the sub-district, these four sites are managed remotely. https://reach-info.org/yem/cccm_sites/