Djibouti - Influx of refugees fleeing Yemen conflict escalation

Flash Update

10 – 16 September 2026

Highlights

As fighting along the West Coast of Yemen continues, new displacement within Yemen has sharply increased with some people fleeing the country altogether. Since 10 September 2026, Djibouti has faced a growing influx of people, the majority women and children, fleeing the escalating conflict in Yemen. As of 16 September, the government registered a total of 2,776 new arrivals on the northern coast, Obock region. These new arrivals already represent more than 9 per cent of Obock town's resident population. There are concerns that the available essential services for the host community may soon be overstretched unless there is additional support to strengthen local response capacities.

While disaggregated data remains limited at this stage, displaced women and girls face heightened sexual and reproductive health (SRH) and protection risks. Medical staff at the Markazi site have already recorded four births among the newly arrived population within 48 hours and identified another two pregnant women.

UNFPA is supporting the nationally led response alongside Djibouti's national government agency for refugee assistance and disaster relief (ONARS), UNHCR, UNICEF, ICRC and the Djiboutian Red Crescent. As a key actor in sexual and reproductive health and gender based violence, UNFPA provided the Obock Medical-Hospital Center (CMH) with RH supplies for safe delivery, family planning commodities, and other essential medicines to address infections and maternal micronutrient deficiencies, along with 100 dignity kits[1], and is scaling up its response.

[1] Each dignity kit contains a set of essential hygiene and personal items for women and girls, including menstrual hygiene products, underwear and soap for personal care, along with shampoo, toothpaste and a toothbrush, a comb and hand sanitizer. The kit also includes a blanket, a bucket, a small jerrycan and a pair of sandals to support basic living conditions in the displacement setting.

2,776
Total people affected[2]

700
Women of reproductive age[3]

60
Estimated pregnant women[3]

350
People targeted w/ SRH services

300
People targeted w/ GBV programmes

Situation Overview

The deteriorating conflict in Yemen, particularly intensifying hostilities along the western coast, has led to an increase in crossings of the Bab al-Mandeb Strait toward Djibouti. Approximately 500 people arrived on 10 September, followed by a larger influx in the subsequent days. As of 16 September, 2,776 arrivals have been registered, with projections ranging between 10,000 to 15,000 if the situation in Yemen persists.

Arrivals have been recorded at several points along the Obock coastline (Khor Angar, Moulhoule, and the port of Obock), before being registered and accommodated at the Markazi site, under the leadership of ONARS. Available shelter space remains insufficient to meet the growing numbers of people, despite partners' ongoing efforts to increase the available capacity. A large hangar continues to serve as a collective shelter for people not yet housed individually, contributing to overcrowding and heightened protection risks.

Djibouti already hosts a significant refugee and migrant population of more than 36,000 people as of March 2026, according to UNHCR. The Obock region forms a key crossing point on the Horn of Africa migration corridor with around 300,000 movements per year. Against Obock town's resident population of around 30,000, the 2,776 registered arrivals already represent more than 9 per cent of Obock town's population. This sudden increase in population numbers is placing a considerable strain on already limited health, SRH, water, sanitation and protection capacities, affecting the ability of both new arrivals and the host community to access essential services. Should projections of 10,000 to 15,000 arrivals materialize, this would represent around 21 per cent of the regional population and 33 per cent of Obock town's population.

The displaced population is characterized by a high proportion of children and young people, underscoring significant protection, health and GBV vulnerabilities and risk factors. Priority needs identified on the ground include safe drinking water, nutritional care, shelter, essential household items, and access to specialized health services beyond first-level triage. On the SRH front, at least four births among the newly arrived population have been confirmed, highlighting the need to rapidly strengthen access to skilled birth attendance, emergency obstetric and newborn care, and referral services.

UNFPA Response

UNFPA, a key SRH/GBV actor in the response, has scaled up its engagement and response through active participation in the daily inter-agency coordination mechanism, led by ONARS. UNFPA participated in an inter-agency field mission to Obock and the Markazi site to assess SRH needs and

[2] New arrivals registered by Djiboutian authorities as of 16 September 2026.

[3] Estimates based on the MISP Calculator, applied to the newly arrived population¨

GBV risks and gaps to inform the Government led response plan and guide programming. UNFPA leveraged the existing community networks in the Obock region for access to local realities and voices from the community.

Sexual and reproductive health (SRH): UNFPA immediately supplied the Obock Medical-Hospital Center (CMH) with RH supplies for safe delivery, family planning commodities, and other essential medicines to address infections and maternal micronutrient deficiencies to maintain continuity of care for new arrivals. Given the confirmed births and pregnancies among new arrivals, UNFPA is also advocating for strengthened access to skilled birth attendance, emergency obstetric and newborn care, and timely referral services.

Gender-based violence: UNFPA provided 100 dignity kits to the Obock CMH. The field assessment identified a high risk of GBV, including sexual exploitation and abuse, at the Markazi site, driven by overcrowding among different population groups, insufficient lighting, and distribution modalities for food and water that do not yet ensure equitable access for all families. Additional protection risks were identified around the availability of sanitation facilities, especially private and safe facilities for women and girls. UNFPA is urgently advocating for risk-mitigation measures through ONARS and the UN Country Team and for the establishment and strengthening of confidential, survivor-centred GBV services, including referral pathways, case management, psychosocial support, and access to clinical management of rape (CMR), alongside protection supplies, dignity kits, outreach, and GBV risk-mitigation activities.

Adolescents and youth: Available data point to a high proportion of children and young people among new arrivals, underscoring potential increasing protection, health, and GBV risks. UNFPA is working with ONARS and the Ministry of Social Affairs to consolidate age and sex-disaggregated data, to enable more tailored response efforts, particularly in relation to targeted interventions for adolescent girls and young people.

Response Planning: UNFPA's response remains focused on ensuring access to essential SRH services and supplies, preventing maternal morbidity and mortality, and protecting women and girls from GBV, including sexual violence, and ensuring access to lifesaving GBV response. While ensuring the additional needs arising from the influx further strain already underserved host communities. UNFPA urgently requires additional funding to sustain and scale up its SRH/GBV response in the coming weeks, before potential gaps in protection and health coverage widen further.

For more information

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