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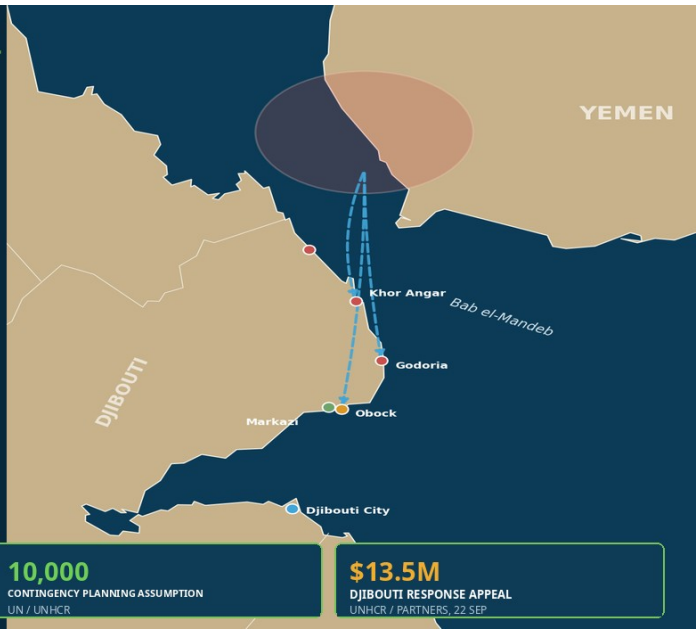
HUMANITARIAN INSIGHT

ACROSS THE STRAIT: YEMENI DISPLACEMENT ROUTES AND RECEPTION PRESSURE IN DJIBOUTI

How coastal arrivals, reception capacity and service bottlenecks are shaping the humanitarian pathway from Yemen to Djibouti.

THE OPERATING QUESTION

Where is the reception system strongest, where is pressure accumulating, and which nodes offer the greatest value for humanitarian surge support?



>3,700	46.6%	10,000	$13.5M
ARRIVALS BY 25 SEP	MINORS ON 27 SEP LIST	CONTINGENCY PLANNING ASSUMPTION	DJIBOUTI RESPONSE APPEAL
UNHCR	DJIBOUTI MASS / ADI	UN / UNHCR	UNHCR / PARTNERS, 22 SEP

KEY JUDGEMENT

The strongest currently evidenced reception architecture for people arriving from Yemen is the formal coastal-entry → Obock → Markazi chain. Immediate vulnerability is highest at dispersed landing points; pressure then shifts into transport, registration, host-community services and Markazi shelter, water, sanitation, health and education capacity. The system remains functional, but the principal risk is cumulative overload rather than failure at a single node. For humanitarian planners, the highest-value interventions are those that preserve transfer capacity, expand reception depth and strengthen referral and host-community services without encouraging uncoordinated movement.

>3,700	10,000	46.6%	MOD-HIGH
ARRIVALS BY 25 SEP	**CONTINGENCY PLANNING**	**MINORS ON 27 SEP LIST**	**ASSESSMENT CONFIDENCE**
UNHCR	UN / UNHCR	DJIBOUTI MASS / ADI	Optarus

Analyst-led | AI-assisted OSINT | Evidence refresh completed 1 October 2026

EXECUTIVE ASSESSMENT

What the evidence now supports

The September escalation on Yemen's western coast generated a distinct cross-border movement into northern Djibouti. UNHCR reported more than 3,700 arrivals by 25 September, mostly in Obock. Djibouti's Ministry of Social Affairs and Solidarity separately listed 3,635 people across 988 households as of 27 September; 46.6% were minors and 50.9% women and girls. The figures use different reporting cut-offs and are therefore presented separately. Recurring entry points remain Obock, Khor Angar, Moulhoule and Godoria, with Ras Siyam additionally reported by La Nation.

The operational picture is therefore a chain rather than a single camp problem. People may arrive at small coastal nodes with little immediate infrastructure, become dependent on organised transport to Obock, enter registration and protection processes, and then rely on Markazi for formal accommodation and services. Djibouti City functions more as an administrative and specialist-referral backstop than as the principal mass-intake destination. Ali Addeh and Holl Holl remain established refugee-service locations but are not currently evidenced as routine destinations for this Yemen influx.

The principal constraint is capacity depth rather than land alone. The Obock prefect reported nearly 700 families, a need for about 700 tents, only around 100 installed at that stage, and insufficient water storage despite repeated tanker deliveries. Local authorities said additional land was available around Markazi, while later ADI/RTD reporting recorded new tents, mattresses, sheets and school kits arriving. The key question is therefore whether material and service reinforcement can keep pace with arrivals.

DECISION-USE CAVEAT

This assessment is not route guidance for displaced people and does not recommend a sea crossing. It evaluates the humanitarian reception architecture for organisations supporting displaced populations. Colour coding describes support depth and system pressure at nodes; it does not designate a location or route as "safe".

EVIDENCE STATUS

Finding	Status	Evidence	Analytical use
Four recurring official entry nodes; one additional locally reported node	CONFIRMED	UNHCR: Obock, Khor Angar, Moulhoule, Godoria; La Nation separately reports Ras Siyam	Map current reception geography
Transfer toward Markazi	CONFIRMED	UNHCR / IOM / UN Djibouti	Defines formal reception chain
Obock / Markazi under material strain	CONFIRMED	UNHCR, UNFPA, Djibouti Government, La Nation / ADI / RTD local reporting	Pressure and surge-support focus
Djibouti City as specialist referral backstop	SUPPORTED	UNHCR service/referral framework	Referral depth, not primary intake
Ali Addeh / Holl Holl as current onward routing	NOT EVIDENCED	Services exist, but current Yemen routing not found	Do not present as alternative routing

PUBLICATION THRESHOLD

The evidence is strong enough to map the current formal reception chain and identify pressure points. It is not strong enough to prescribe individual movement choices or to infer precise boat routes, informal embarkation sites or available capacity at unverified locations.

GEOGRAPHIC OPERATING PICTURE

From Yemen’s west coast to Djibouti’s reception system

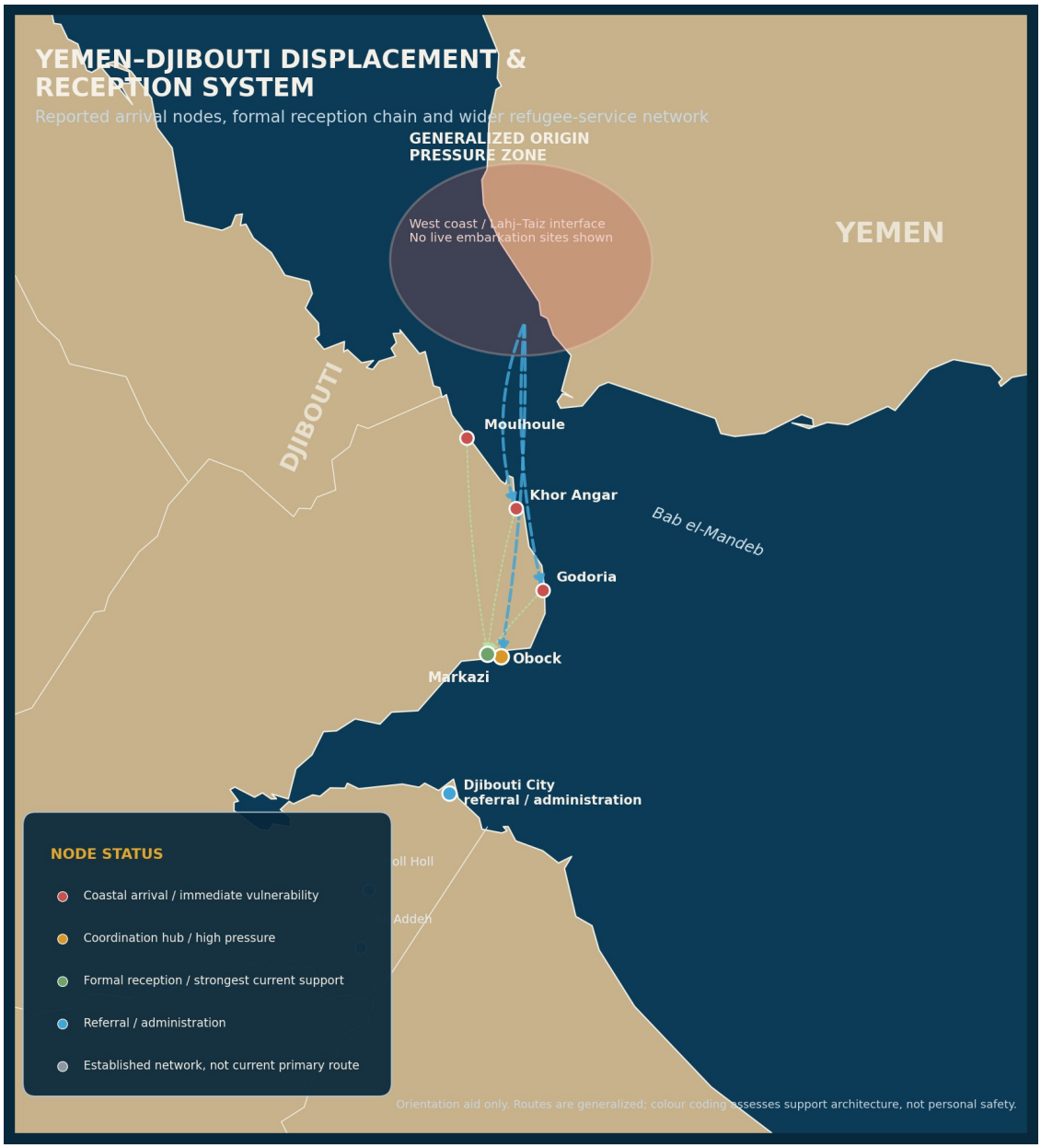


Figure 1. Generalized displacement and reception system. Basemap geography is fixed; movement arrows are analytical/generalized and do not depict live boat routes.

GEOGRAPHIC INTERPRETATION

The reception system remains concentrated around Obock. UN reporting identifies Obock, Khor Angar, Moulhoule and Godoria as recurring entry points; La Nation also reports Ras Siyam, which Optarus treats as a lower-confidence local-source node. The dominant pattern is onward consolidation toward Obock and Markazi rather than national dispersal.

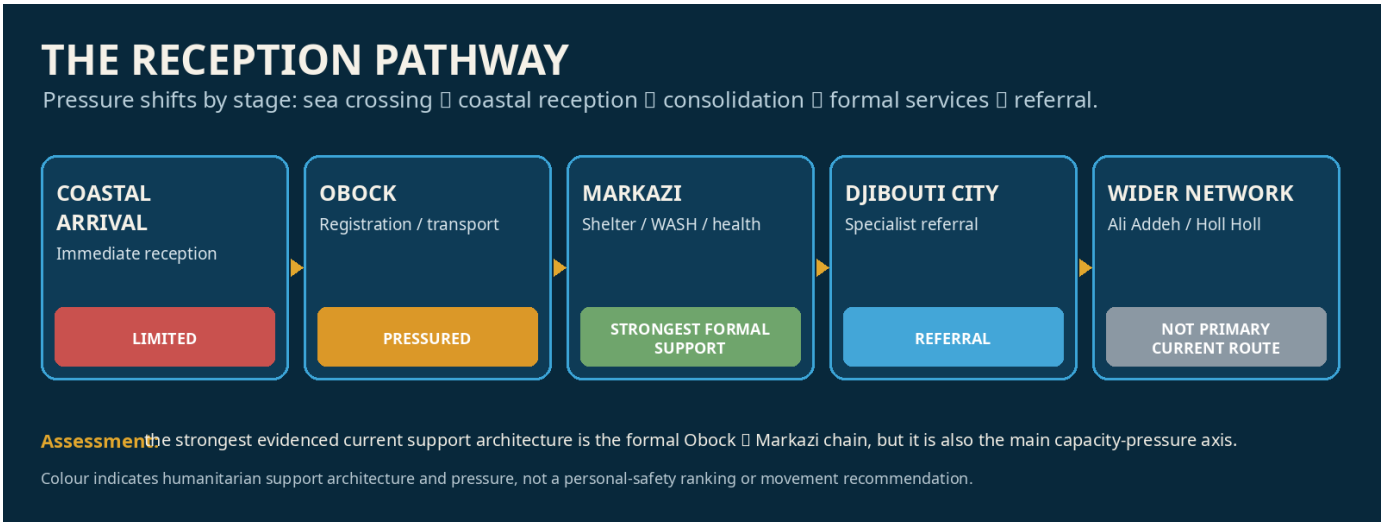
Referral depth is greater than an Obock-to-capital model. La Nation documents a refugee referred from Obock to Tadjourah regional hospital for a caesarean section, while RTD reports a medical surge to Obock using teams from Djibouti City, Arta, Ali-Sabieh, Dikhil and Tadjourah. Tadjourah is therefore a verified intermediate health-referral node; Djibouti City remains the principal administrative and specialist backstop.

Ali Addeh and Holl Holl are established refugee villages with health, protection and education services. No current primary-source evidence reviewed for this assessment shows them routinely receiving the present Yemeni influx. They are displayed as part of the wider national architecture, not as recommended alternatives.

NODE ANALYSIS

Where support is strongest — and where pressure accumulates

Node	Current role	Support architecture	Pressure	Key vulnerability	Planning implication
Khor Angar	Coastal arrival	LIMITED	HIGH	Immediate reception, water, protection, transfer dependency	Maintain rapid pickup / first-response capability
Moulhoule	Coastal arrival	LIMITED	HIGH	Remote reception and transport dependency	Avoid prolonged holding at landing node
Godoria	Coastal arrival	LIMITED	HIGH	First aid, identification and onward transport	Pre-position scalable first-response support
Obock	Coordination hub	MODERATE	HIGH	Registration, health and host-community load	Strengthen transport, temporary reception and municipal services
Markazi	Formal refugee village	STRONGEST CURRENT	RISING	Shelter, WASH, health, education, electricity and material throughput	Prioritise tents, water/storage, sanitation, power and clinic capacity
Tadjourah / Djibouti City	Regional / specialist referral	STRONG REFERRAL	MODERATE	Referral transport and specialist capacity	Protect referral links; monitor secondary service load
Ali Addeh / Holl Holl	Established refugee villages	ESTABLISHED	NOT CURRENT PRIMARY	No evidenced routine routing for current influx	Do not assume spare capacity or redirect without official planning



INTERPRETATION

The formal Obock → Markazi chain currently offers the strongest support architecture because it combines registration, organised transfer, shelter, health, protection and access to national services. The weakness is concentration: if arrivals accelerate, the same chain becomes the principal overload pathway.

RECEPTION-CHAIN ZOOM

Obock–Markazi: the critical pressure axis



Figure 2. Reported coastal entry nodes and generalized transfer toward Obock / Markazi. No road-level routing is shown.

CAPABILITY AT THE KEY NODES

Obock is the practical consolidation point. Authorities, ONARS, UN agencies and local residents support reception, transport and registration. Local reporting says arrivals from Moulhoule, Khor Angar, Godoria and direct Obock landings were grouped before transfer toward Obock and Markazi; one surge day reportedly brought 1,017 arrivals. The node becomes vulnerable if transport, municipal water, temporary shelter or registration slows.

Markazi provides the deepest formal service architecture in the immediate reception area. Local reporting indicates that the King Salman health post was reopened, vaccination and sanitation increased, and additional tents and basic items were delivered. Available land is not the only constraint: the operative issue is whether shelter, WASH, water storage, health, education, electricity and protection capacity expand as fast as arrivals.

CAPACITY FIGURE CAUTION

UNHCR's 17 September factsheet stated that Markazi could host up to 5,000 additional refugees. An 18 September UN briefing described Markazi as designed for 5,000 and already hosting more than 2,700 Yemenis plus about 1,500 Eritreans. These formulations are not fully consistent. Optarus therefore treats Markazi capacity as a pressure indicator requiring live verification, not as a hard number of remaining places.

CHOKE POINTS AND OVERLOAD MECHANISMS

Where the system is most likely to fail first

1 COASTAL FIRST RECEPTION

Small landing nodes can receive exhausted arrivals before substantial infrastructure is available. Immediate needs are water, first aid, protection screening and rapid onward movement. Delay converts a transit point into an improvised holding site.

2 TRANSFER CAPACITY

The system depends on transport from dispersed coastal entry points toward Obock and Markazi. Vehicles, fuel, driver availability and coordination therefore act as humanitarian throughput constraints.

3 OBOCK HOST-COMMUNITY LOAD

UNHCR reported around 270 arrivals living with host families on 18 September. Host-community absorption reduces immediate shelter pressure but transfers demand into local water, food, health and household capacity.

4 MARKAZI SERVICE DEPTH

Shelter, WASH, health, education, protection and electricity are all pressure-sensitive. Overcrowding also increases communicable-disease risk, making sanitation and surveillance central to reception resilience.

5 REFERRAL DEPENDENCE

Serious cases rely on regional and capital referral pathways. A documented Obock-to-Tadjourah obstetric referral and a national medical caravan drawing staff from several regions show that referral transport, specialist beds and case management can become constraints even while Markazi remains open.

PROTECTION AND EXPLOITATION

The wider Djibouti–Yemen Eastern Route has long been associated with smuggling, abuse and dangerous sea movement, but those patterns should not automatically be attributed to the present refugee reception chain. No evidence reviewed for this assessment supports characterising the formal Obock–Markazi response as systematically compromised by criminal actors or corruption. The practical protection test is whether arrivals remain inside documented, free, accountable reception and referral mechanisms rather than becoming dependent on informal intermediaries.

DO-NO-HARM RULE

Public reporting should not publish precise live embarkation locations, real-time boat movements, vulnerable-person data or road-level routing that could expose displaced people or responders. Optarus maps the system at node/corridor level only.

CLIENT VALUE PASS

What this means for humanitarian operators and donors

Audience	Decision question	Highest-value use of this assessment
Donors / funders	Where does additional money reduce the most immediate system risk?	Prioritise demonstrable bottlenecks: coastal first reception, transfer capacity, Obock municipal load, Markazi shelter/WASH/health and referral links.
UN / NGOs	Where should surge teams and supplies be positioned?	Plan around node pressure rather than population totals alone; maintain first-response capability at coastal nodes and depth at Obock / Markazi.
Logistics providers	What can interrupt the reception chain?	Transport availability, fuel, temporary holding capacity, site power, water, storage and referral transport.
Health / protection teams	Where are vulnerable groups most exposed?	At landing, during transfer and when site congestion slows screening, maternal care, child protection or referrals.
Government / coordinators	How can pressure be balanced without dispersing risk?	Use verified capacity data and formal referral decisions; do not assume other camps can absorb arrivals simply because infrastructure exists.
Risk / security teams	What should trigger a posture change?	New landing nodes, slower transfers, road restrictions, disease signals, detention/fraud reports, site overcrowding or loss of referral access.

CAPACITY BALANCING — WHAT "BETTER" MEANS

For client organisations, the objective should not be to identify a "preferred route" for individuals. It should be to reduce the need for dangerous self-directed movement by making the formal reception chain reliable, fast and visibly accessible. The practical balancing mechanism is therefore service-led: strengthen weak coastal reception, keep transfer times short, expand Markazi capacity in step with arrivals, protect Obock host-community services, and maintain specialist referral links.

CLIENT-VALUE JUDGEMENT

This product becomes useful when it changes resource allocation: it should help a donor or operator decide whether the next unit of capacity belongs at the coast, in transport, in Obock, at Markazi or in the referral system. A map that only shows movement is descriptive; a node-pressure map supports decisions.

NOT RECOMMENDED WITHOUT NEW EVIDENCE

Optarus should not publicly advise displaced people to divert toward Ali Addeh, Holl Holl, Djibouti City or another landing point in order to reduce pressure. Those locations may have services, but capacity, admission and transport decisions belong to Djiboutian authorities and humanitarian coordinators. The analytical role is to show where verified capacity exists and where it is under strain.

OUTLOOK

The next pressure point may arrive before the next large headline

Scenario	Implication	Pressure signal
STABILISATION	Arrivals slow and transfers remain timely. Markazi and Obock stay pressured but manageable if reinforcement reaches shelter, WASH, health and host-community services.	LOWER PRESSURE
RENEWED SURGE	A new displacement wave pushes arrivals toward the 10,000-person contingency assumption. The bottleneck shifts from landing and registration into site accommodation, sanitation, schools, health and referral capacity.	HIGH PRESSURE
GEOGRAPHIC DISPERSION	Arrivals become more dispersed along the northern coast. First-response and transport requirements increase faster than formal-site capacity because staff and vehicles must cover more nodes.	HIGH COMPLEXITY
SEA-CONDITION CHANGE	UNHCR noted that sea conditions constraining movement could ease in mid-October. If insecurity in Yemen persists, the movement environment may become more permissive even without a new trigger event.	WATCH

INDICATORS TO WATCH

- Daily/weekly arrival totals, consolidated registration totals and whether additional landing points are reported.
- Time between landing and transfer to Obock / Markazi; any evidence of prolonged coastal holding.
- Markazi occupancy and expansion figures reconciled against verified design/expanded capacity.
- Shelter, tents, water-storage, WASH, electricity, school and clinic load at Markazi, measured against reinforcement deliveries.
- Obock health load, maternal-health demand, communicable-disease surveillance and referral volumes to Tadjourah / Djibouti City.
- Host-family numbers and signs of pressure on local water, food and municipal services.
- Transport fleet, fuel availability and any road restrictions north of Obock.
- Referral delays to regional facilities or Djibouti City.
- Funding mobilisation against UNHCR's stated Djibouti requirement.
- Parallel arrivals into Somaliland / Puntland and whether regional planning changes the Djibouti burden.

BOTTOM LINE

The current system is not failing; it is concentrating risk. The most defensible humanitarian strategy is to reinforce the formal reception chain faster than arrivals can overload it, while preserving host-community capacity and specialist referral depth.

METHODOLOGY AND LIMITATIONS

How to use this assessment

This Humanitarian Insight combines UNHCR, IOM, UNFPA, UNICEF, Djibouti government, UN briefing, UNHCR service and FCDO reporting with a dedicated local-source pass. La Nation, Agence Djiboutienne d'Information (ADI) and Radiodiffusion Télévision de Djibouti (RTD) were used to test and enrich the institutional picture on landing points, reception practice, material shortfalls, medical referral and reinforcement activity.

Arrival figures are not synchronized. UNHCR reported more than 3,700 arrivals by 25 September; Djibouti's Social Affairs ministry separately listed 3,635 people across 988 households as of 27 September. The latter is a consolidated registration list, so the figures are not averaged or added. Early rapid local estimates are used only when clearly attributed.

Markazi capacity also remains a live-verification issue: a 17 September UNHCR factsheet referred to capacity for up to 5,000 additional refugees, while the 18 September briefing described a site designed for 5,000 and already hosting roughly 4,200 people. Local reporting indicates additional land exists, but tents, water storage and service capacity are the more immediate constraints.

SELECTED SOURCES

- UN Geneva / UNHCR, 25 Sep — >3,700 arrivals in Djibouti, mostly Obock.
- Djibouti MASS / ADI, 29 Sep — 3,635 people / 988 households on 27 Sep consolidated list.
- La Nation, 20 Sep — Obock prefect interview: entry points, 1,017-arrival surge day, tents/water constraints.
- La Nation, 24 Sep — verified Obock-to-Tadjourah obstetric referral.
- RTD, 27 Sep — medical caravan to Obock using teams from six Djibouti locations.
- ADI / RTD, 27-29 Sep — tents, mattresses, sheets and school kits delivered to Obock.
- UNHCR ODP, 17 Sep — arrival pace and Markazi capacity statement.
- UN Geneva / UNHCR, 18 Sep — entry points, host families, Markazi pressure and funding.
- UNFPA Djibouti, 20 Sep — Obock host-community, health and protection pressure.
- UNICEF Djibouti, 13 Sep — northern-coast arrivals, transfer and child/WASH response.
- FCDO — northern roadblocks and Djibouti-Eritrea border mine risk.

ACRONYMS & TERMS

Term	Meaning
ONARS	Djibouti's national refugee and disaster-assistance authority.
UNHCR	United Nations High Commissioner for Refugees.
IOM	International Organization for Migration.
WASH	Water, sanitation and hygiene.
Reception architecture	The linked system of arrival, transport, registration, shelter, protection, health and referral services.
Node	A location where displacement movement interacts with reception, logistics or services.
Generalized corridor	An analytical orientation line showing a movement pattern without publishing precise live routing.

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