



IOM Ghana Newsletter



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TRANSLATING VISION INTO ACTION: IOM GHANA LAUNCHES ITS STRATEGIC PLAN

On 14 July 2011, the International Organization for Migration (IOM) launched its Strategic Plan. In attendance were the Deputy Minister of Foreign Affairs, the Deputy Minister of Interior, the UN Resident Coordinator, as well as numerous supporting governments, departments, and other key partners.

IOM Ghana has been operating in Ghana since 1987, providing support to the Government of Ghana in various areas of migration. Having commenced with a small office coordinating the Return of Qualified African Nationals (RQAN) programme, the IOM mission in Ghana now has five departments: Counter-trafficking, Assisted Voluntary Return and Reintegration, Labour Migration, Migration Health, Operations, Technical Cooperation, Project Development, and Resource Management, with 55 staff members. IOM Ghana has conducted programme interventions in 60 out of the 170 districts of Ghana and has regional functions for movements and migration health within West and Central Africa.

The changes in migration trends throughout the years, however, have necessitated a strategic approach to migration management. Formulating a strategic plan was therefore extremely important to IOM Ghana, as it will help the organisation to priorities actions in line with government priorities and improve on its service delivery. Furthermore, this Strategic Plan is expected to assist IOM Ghana to effectively translate its vision into action.

The process of developing the Strategic Plan spanned over two months and involved in-depth

research on the migration situation and trends and how they are currently being managed. Consultations/meetings with high-level government officials working on migration issues were also carried out in order to ascertain input from a wide range of government stakeholders on migration priorities for Ghana and the potential role that IOM could play in meeting these priorities. IOM Ghana also held a two-day strategic planning workshop involving IOM staff in order to review and evaluate IOM's current operations and the migration situation in Ghana and the sub-region. These steps enabled IOM to devise the strategic objectives and priorities concerning migration for this Strategic Plan for the period of 2011 to 2015.

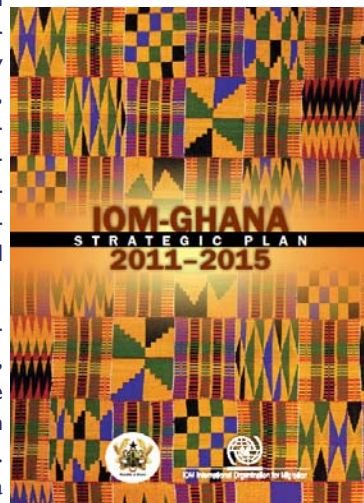


Photo: IOM GHANA STRATEGIC PLAN



IOM's 60th ANNIVERSARY

This year the International Organization for Migration (IOM) celebrates a special milestone in its history: 60 years of assisting migrants worldwide in an ever changing environment and political and social context.

Since its creation IOM has acquired a wealth of practical, hands-on experience in the field of migration management. It has evolved from a mainly operational service provider to also providing technical and policy advice on a wide range of regional and trans-regional migration issues to governments and partners in international community and civil society.

At present, IOM has 132 member states and 97 observers including 17 states and 80 global and regional IGOs and NGOs and is represented through 460 field locations all over the world.

A serious crisis that occurred in mid-February 2011 in Libya resulted in a civil conflict between pro-government forces and anti-government protesters. The situation resulted in deaths, a serious humanitarian situation, and large-scale out-migration to neighbouring countries. Sub-Saharan



Photo: Returnees arriving at Kotoka International Airport in Accra

Africans were particularly affected by the crisis and Ghanaian nationals were not spared. Over 18,000 Ghanaians were successfully evacuated from Libya, as well as the neighboring countries of Tunisia, Egypt, and Niger. Many returned to Ghana showing obvious signs of psychological stress and trauma, with most of them currently without employment and no access to health insurance.

IOM Accra, as an active member of the UN Country Team in Ghana, worked with the Government of Ghana (GoG) to carry out the appropriate humanitarian aid intervention. For this intervention, IOM worked closely with the National Disaster Management Organisation (NADMO), the Ghana Immigration Service (GIS), and United Nations High Commission for Refugees (UNHCR).

IOM was actively involved in the evacuation of Ghanaian nationals from Egypt,

Tunisia, and Niger, and supporting GoG's efforts on evacuations from Libya. To date, 85 flights have assisted 18,394 Ghanaians to return home.

IOM repatriation assistance included organization of evacuation flights in coordination with UNHCR, facilitation of airport arrival reception in close coordination with the government, provision of food and drinks to returnees, and health support.

The majority of the returnees were single males between the ages of 20 and 35. Less than 1.5% (less than 250 persons) of the total figure were women and children. As a result of this intervention, IOM is currently working with the GoG, the UN and other partners to work toward addressing the root causes of irregular migration through reintegration assistance and information campaigns on the risks of irregular migration.

MIDA GHANA HEALTH PROJECT EXTENDS TO ALL TEN REGIONS OF GHANA

As an attestation to the heightened exodus from their country of origin in the 1990 and 2000s, Ghanaian diaspora health professionals abound in many of the most developed countries of the world. This phenomenon resulted consequently in government and various stakeholders seeking solutions to reverse the tide of health sector skills flight. One significant intervention is the Migration for Development in Africa (MIDA) Ghana Health project, which has facilitated the temporary return of Ghanaian diaspora health professionals to contribute to the building of capacity in the Ghanaian health sector. Funded by the Netherlands Government, this migration and development project has enabled the temporary and sequenced returns by the Ghanaian and other African diaspora health professionals from the Netherlands, Germany, and the United Kingdom to support hospitals, clinics, health centres, and health training institutions in Ghana in various ways in the past five years.

As of the close of 2010, over 40 health

institutions located in nine out of the ten administrative regions of Ghana had benefited from the IOM MIDA Ghana Health III project. The only region that hitherto had not hosted any diaspora health professionals from the project was the Volta Region. However, in the first quarter of 2011, the Ho Regional Hospital and the St. Anthony Hospital in Dzodze in the Volta Region respectively hosted Lynda, an ophthalmic nurse, and Florence, a general staff nurse, both UK-based Ghanaian health professionals. They were motivated to contribute to the health institutions due to the unique opportunities the MIDA Ghana Health III project offers to them to give back to their country of origin through skills transfer. At the end of both assignments, the diaspora health professions donated to the respective hospitals some healthcare delivery equipment.

The recommendations from the host institutions at the end of the assignments indicate the need to further explore and harness diaspora contributions to the Ghanaian health sector in ways that enhance the full realisation of

the benefits of Ghana's Ministry of Health human resource development policies and strategies. There are certainly beneficial professional and technical networks and knowledge exchange opportunities through the diaspora which the Ghanaian health sector is yet to explore.



Photo: Lynda (in white), an ophthalmic nurse based in the UK, assists a colleague local nurse in treatment after giving practical illustrations on using the Perkins tonometer for intraocular pressure reading

Although Ghana experiences a significant quantum of migration, the country is yet to create a comprehensive policy, institutional, and regulatory framework for the effective management of migration. This need led the Government of Ghana (GoG) to solicit for support from various development partners for the realisation of a better migration management framework for the country.

Significant amongst the responses by IOM and its strategic partners was the compiling of a Migration Profile for Ghana in 2009 and the systematic building of the capacities of government officials, the private sector, and civil society actors to enable them to make meaningful contributions on migration to the national development plan formulation process. The resultant outcome was the consequent co-opting of the trained officials by Ghana's National Development Planning Commission (NDPC) to provide inputs into

the national planning process in 2009 and 2010, which culminated in the integration of migration into the Ghana Shared Growth and Development Agenda (GSGDA), Ghana's medium-term development plan.

This achievement was certainly not adequate, given the need to complete mainstreaming of migration into the national development framework. Thus, to move the process further, the GoG, acting through the Inter-Ministerial Steering Committee on Migration (IMSCM) chaired by the Ministry of the Interior, in the latter part of 2010, began the process of developing a Migration and Development Policy for the country. The EU-funded Joint Migration and Development Initiative (JMDI) Secretariat in Brussels had revised the objectives of its global programme to include the mainstreaming of migration into the national development frameworks and had chosen Ghana as a pilot

country, leading to the provision of funding support for the development of the policy.

The JMDI programme support for Ghana is managed by an Inter-Agency Technical Committee consisting of UNDP, UNFPA, UNHCR, ILO, and IOM. The migration mainstreaming phase of the project for Ghana is chaired by IOM.

The final draft of the Migration and Development Policy for Ghana is expected to be completed by the end of the first quarter of 2012. Although the JMDI is not funding the whole migration mainstreaming process for Ghana, its contribution has served as a great boost to the process and has consequently led to the expression of interest and the commitment to support the process by other development partners, which will serve to enhance the sustainability of the overall process.

VICTIMS OF CÔTE D'IVOIRE CRISIS FLEE TO GHANA: IOM SUPPORT

The political instability that triggered the displacement of some of the residents of cities in southern Côte d'Ivoire in the early part of 2011 resulted in a humanitarian crisis. As its eastern neighbour, Ghana, is one of the four countries that was most affected by way of the influx of third-country nationals (TCNs), as well as refugees, asylum seekers, and returning Ghanaian migrants. While the composition of those fleeing the violence were initially families, the latter stages recorded a rise in the number of young students, mostly men, fleeing attacks from supporters in one faction of the political crisis. Currently, there are almost 17,000 registered refugees in Ghana.

IOM Ghana was actively involved in the preparation of the Ghana Joint Government – United Nations Contingency Plan in the context of a potential crisis in Côte d'Ivoire following the Presidential Elections and had been a main partner in meetings with the National Disaster Management Organisation (NADMO) and the UN's Office for Humanitarian Response (OCHA), UNHCR, and other UN agencies on support, especially in the area of the transportation of the dis-

placed persons to reception centres, camps, and other destinations. In response to the Côte d'Ivoire crisis, IOM established a presence in the Western Region and the Brong-Ahafo Region.

IOM's activities to assist the victims of the Côte d'Ivoire crisis included the transport of: migrants from the border crossings to reception centers; asylum seekers from reception centers to refugee camps; TCNs to their country of origin and Ghanaian nationals to their communities of origin. Medical screening and treatment were also provided to all asylum seekers and TCNs upon arrival at the reception centre. IOM also facilitated contacts with embassies for the issuance of emergency travel documents for TCNs and provided meals and accommodations to TCNs prior to their departure home. There is a need to provide targeted reintegration assistance to those who have fled the fighting in Côte d'Ivoire, as most lost their livelihoods during the fighting, as well as to continue to support the host communities. To date, IOM Ghana has provided over 31,000 assistance services to refugees/asylum seekers, TCNs, and returning Ghanaians.



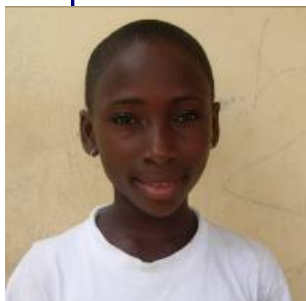
Photo: IOM presence at Eagle Star Transit Camp at the Elubo border in the Western Region of Ghana.

To date, IOM Ghana has provided almost 33,000 assistance-services, including 7,615 health assessments and 1,896 medical treatment.

IOM RESCUES 20 GHANAIA CHILD VICTIMS OF TRAFFICKING

Twenty Ghanaian child victims of trafficking were rescued by IOM from exploitative labour in the fishing industry along Ghana's Volta Lake from March to April 2011. Fourteen children were rescued in March while the remaining six were rescued in April. All the rescued children (18 boys and 2 girls), aged between seven and sixteen, confirmed reports that the boys were forced to engage in daily commercial fishing on the lake, while the girls worked in the processing and sale of the fish and doing household chores.

Unlike previous cases where IOM conducted rescue operations in fishing communities in the northern parts of the Brong-Ahafo Region and the northern parts of the Volta Region, the majority of the children rescued this year were located in remote fishing villages of the middle belt of the Volta Region. On the whole, IOM, with support from the United States Bureau of Population, Refugees, and Migration (PRM) and private donors, had rescued a total of 731 children since the inception of the counter-trafficking project in 2002.



Following is the story from one of the children rescued this year. Selassie is an 11-year-old girl from Sogakope in the Volta Region of Ghana. Her father is currently married to another woman, but before that the parents and all seven children lived in Agame in the Kpando District of the Volta Region. The father abandoned the family and moved to Sogakope. With increasing financial difficulties, her mother, decided to give Selassie to a fisherman in a neighbouring community as a labourer for a fee that would be used for the upkeep of Selassie's siblings. Selassie was living with the fisherman and his wife for two years before her rescue.

While with the fisherman, she was involved in performing all manner of household chores, as well as processing and selling fish. She indicates that she suffered many forms of physical abuse, especially when she was sick and could not perform a particular chore. Selassie, who had to drop out of school when her father abandoned the family, was very happy to be rescued and wants to go back to school to fulfill her dream of becoming a nurse in future.

COTE D'IVOIRE CRISIS: IOM GHANA RESPONDS TO THE HEALTH NEEDS OF VICTIMS

In fulfillment of its assigned responsibility as elaborated in the joint UN and Government of Ghana contingency plan for the Côte d'Ivoire crisis, IOM responded to the humanitarian situation by providing transportation support to refugees, asylum seekers, and third-country nationals as well as migration health services (medical screening, treatment, emergency medical referral, and disease surveillance) to the migrants traveling under IOM's auspices. IOM's main governmental partner, the Ghana Health Service, has seconded two medical doctors, medical assistants, and two nurses to the programme in order to provide migration health services to migrants arriving to Elubo reception centre.

From the end of January to the end of June 2011, a total of 7,324 migrants had undergone medical screening with almost all of them (98.9%) being screened at the Elubo reception centre in the Western Region. Refugees and asylum seekers accounted for 95.2% of the total migrants screened and third-country nationals accounted for 4.8%.

During the same period, a total of 1,686 migrants representing 23.02 % of total migrants screened, were treated. In addition, 25 individuals, representing 0.34%, of migrants treated, were referred for emergency medical treatment.



Medical personnel examining a child

A disease surveillance established at the Elubo reception centre in the Western Region revealed that the four leading causes of morbidity clinically diagnosed during the medical screening were clinical malaria (22.9%), acute watery diarrhea (6.7%), upper respiratory tract infection (5.7%) and Trauma/wounds (4.7%). Fortunately, there was no reported disease outbreak in the reception centre.

Watch for the next newsletter, which will include articles on:

- Regional Conference on Labour Migration Management in Africa, with Emphasis on Circular Migration
- Circular Migration Scheme between Italy and Ghana: 20 Ghanaian Migrant Workers Benefit from Scheme
- Enhancing the Capacity of Migration Management Training for Ghana Immigration Service Staff on Border Management

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IOM Mission in Ghana
House 10, Plot 48, Osu-Badu Road
Broadway, Airport West
P. O. Box 5222, Accra, Ghana

Tel: +233.302.823259/823260/823262

Fax: +233.302.823261

E-mail: iomaccra@iom.int

