IDM April 2012 – Laurence Hart (DMM)

The purpose is to outline some important elements going beyond or complementary to immediate emergency response. Experience has proven that moving as early as possible can indeed help mitigating consequences often arising from complex crises. EARLY NEEDS ASSESSMENTS is crucial to see what functions and what has collapsed in the system, so to identify sustainable responses in the transition period and beyond.

In this respect, emergency can represent an opportunity to improve a legal framework and putting back in place key features of migration management (training of police, improving identity management, to mention just a couple). Haiti, Libya, Afghanistan, South Sudan are areas where early assessment has helped or is helping in providing longer-term responses.

Will briefly dwell through 5 points which, in our view, are essential elements to be factored when dealing with an emergency and immediately after.

The first one is REINTEGRATION.

When migrants return to their home countries as a result of an evacuation, the communities of origin, normally already weak socially and economically, experience an additional burden, as the returnee is no longer sender of remittances and is reinserted in a vulnerable context.

After little more than 1 year since the Libyan crisis began, we can see effects of massive returns in sending countries.

Mali is only one and most recent example on the headlines in these days, where the high number of returns have fueled or contributed to the ongoing instability and political turmoil.

The only case where reintegration has been provided was BANGLADESH. The WB has infact provided a loan of 40 mln USD to mitigate consequences of massive returns.

It is too early to assess the actual impact of such support and its effectiveness. Nonetheless, reintegration remains a crucial element to be factored.

The second point I wish to highlight is the challenge represented by IDENTITY MANAGEMENT. Movements of large populations in emergency inevitably involve DOCUMENT VERIFICATION. The faster such process is conducted the better for the migrants and the transit country, if applicable. Dispatching consular personnel in a timely manner

can help mitigate adverse consequences, such as prolonged stay in overcrowded shelters, often source of medical and public order concerns.

Remarkably, in the context of the Libyan crisis, the identification process was generally smooth, thanks to the swift action taken by countries of origin.

Another important element is the adoption of mechanisms to detect VICTIMS OF TRAFFICKING and other vulnerable categories, such as UNACCOMPANIED MINORS.

If set up in the early stages of the crises or emergency, this can help finding ad-hoc solutions for those most vulnerable among the vulnerable.

It is worth mentioning, just as one example, the wide-spread information campaigns conducted in several South Asian countries whose purpose was to raise awareness on the dangers of trafficking. These mechanisms can also contribute to make life harder to unscrupulous traffickers who see crises as a palatable source of income and exploitation. Everyone can remember, I am sure, how Haiti hit the headlines as an evident case where traffickers were able, at least initially, to move and act in total freedom to the detriment of many children.

Concerted action between IOM and UNHCR had managed to set up an early warning mechanism in Southern Tunisia, during the Libyan crisis. Lampedusa could be quoted as a model where a triage system was set-up

during the many arrivals from North Africa. Activities with UNHCR and Save the Children clearly helped in targeting the needs arising from VOTs and UMs.

Also crucial are actions related to HEALTH. And this is my fourth point. In this respect, five items should be mentioned:

a) Medical assessment and fitness to travel (Libya, all major resettlement operations)

b) Medical referral au reverse: from hospital to community, with integration measures. This gives IOM the possibility to assess community needs in the management of certain post hospitalization conditions where we can respond comprehensively on the mid term (Haiti)

c) Mental health and psychosocial activities with TCNs, after crisis and in early recovery phase (Lebanon is still the best examples where we did it all).

d) Return of qualified health force (Libya)

e) Integrating emergency and diversity preparedness into national primary health care systems (ie in Indonesia)

Finally, I wish to mention a point particularly relevant to the Arab Spring in NA: LABOR MIGRATION:

While mobility partnerships are being adopted by the EU to minimize vulnerability of States affected by crises, it becomes particularly relevant to work with States such as Libya in managing manpower needs.

Undoubtedly, Libya will soon require external workforce to support infrastructural development. Creating legal and transparent channels for LM will help on the one hand to regulate access and, on the other, to minimize risks of trafficking and exploitation. This could be done through institutional Capacity building in creating a strong Ministry of Labour and training facilities.

With this point I have concluded my presentation which, I hope, has provided some elements for reflection. Should you need any clarification on any of the points please feel free to ask during the debate time. Once more, many thanks for your kind attention.