



International Organization for Migration

IOM APPEAL BAY OF BENGAL AND ANDAMAN SEA CRISIS

MAY 2015



10,000

Estimated People Affected

5,000

Estimated People in Need of
Return and Reintegration Assistance

SITUATION OVERVIEW

An estimated 58,000 people undertook an irregular and dangerous journey by boat in the Bay of Bengal and Andaman Sea in 2014, joined by a further 25,000 in the first quarter of 2015. They are part of a complex, mixed migratory movement including refugees, stateless people and economic migrants. Unregulated and until recently inconspicuous, the scale of the movement has tripled since 2012 and the abuse of voyagers has grown obscene.

Men, women and children risk being starved, constrained, beaten and forcibly separated. Women and girls are particularly at risk of sexual violence. Ashore, but also aboard smugglers' boats, they are detained, sequestered and held for payment – USD 2,000 on average. Non-payment can be fatal. The number of deaths that occur at sea is unknown, but it is estimated that 1.2% perish of disease or mistreatment at sea or in clandestine smuggling camps. IOM estimates that 1.9% of migrants may suffer from 'beriberi', a vitamin B1 deficiency that can lead to death.

The discovery of numerous graves in smuggling camps prompted a crackdown on smuggling networks, confirming the brutal conditions that were widely suspected. Immediately prior to the crackdown, the Arakan Project estimated that 7,800 Bangladeshi migrants and persons from Myanmar and the coasts of Bangladesh departed in March; followed by an additional 5,000 in April; bringing a total of 12,800 migrants. No boats departed in May. It is not known how many of the 12,800 migrants that departed from March ultimately managed to land. IOM estimates that approximately 10,000 people have been directly affected by this crisis.

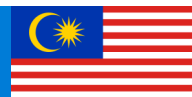
IOM APPEAL (USD)		
TOTAL		
\$26.0 M		
	Temporary Shelter & Non-Food Items	12.8 M
	Health & Nutrition Support	1.4 M
	Psychosocial Support	0.3 M
	Return & Reintegration Assistance	10.0 M
	Migration Management Support & Coordination	1.5 M

As of 21 May 2015, only 3,695 persons who have departed from Myanmar and Bangladesh have managed to disembark leaving over 6,000 persons still unaccounted for. 185 children disembarked in Indonesia and 40 children in Thailand, some of whom include infants and unaccompanied minors. Additionally, a total of 156 women disembarked in Indonesia and 11 in Thailand, including pregnant women. IOM is providing critical humanitarian assistance and temporary shelter support at all points of disembarkation in Indonesia and Thailand. IOM has also provided health assistance to disembarking migrants in Bangladesh, and remains open and ready to provide humanitarian assistance in Malaysia and Myanmar. In addition, IOM Thailand continues to assist over 700 boat arrivals, whose humanitarian needs should also not be forgotten.

As boats come to shore, IOM is in place and ready to continue providing crucial humanitarian assistance in the form of health and nutrition support, temporary shelter, non-food items and psychosocial support. Looking ahead, IOM estimates that roughly half of the affected population will require assisted voluntary return and reintegration (AVRR) support in Indonesia, Thailand and Malaysia. IOM is also in place to provide technical assistance to governments on humanitarian border management, with technical and financial support for new facilities to humanely and temporarily accommodate migrants in need. Furthermore, IOM stands ready to provide governments with technical expertise aimed at strengthening national and regional migration management.



Temporary Shelter and Non-Food Items



For migrants who have reached land, it is critical to ensure that the basic humanitarian and protection needs of all migrants are provided. In the three countries of destination, there is a significant need for temporary shelter support and non-food items. Indonesia and Malaysia have specifically reached out to the international community to provide this support, as outlined in the Joint Statement of the Ministerial Meeting on Irregular Movement of People in Southeast Asia in Putrajaya, Malaysia on 20 May 2015.

\$12.8 million

Total funding required

Indonesia: IOM has been designated the lead agency by the Indonesian Government to support shelter and non-food items assistance. While spacious mostly government owned building facilities are available in most locations, none of them were built for the purpose of sheltering people. Beds, mattress and bedding are insufficient, and some buildings require repairs due to leaking roofs, broken ceiling frames, poor ventilation or lack of electricity. Sanitation is reported to be a key problem in all locations potentially contributing to increased health problems among the migrant population. Water and sanitation facilities are inadequate and drainage systems need much improvement. Raising awareness on good hygiene practices is also required. IOM will thus provide sanitation improvement and maintenance support, and all migrants will receive individual health and hygiene supplies. IOM will continue to provide rubbish bins and containers and is currently coordinating with local authorities to arrange regular waste removal. IOM will also continue to provide additional clothing depending on the needs in each location.

Malaysia: IOM aims to distribute a range of non-food items and hygiene kits to migrants arriving in Malaysia. The need for international community support was specifically highlighted in the Putrajaya Joint Statement, and IOM is ready to support the government in all required assistance.

Thailand: IOM is the lead agency in the provision of humanitarian assistance to persons who have departed from Myanmar and Bangladesh and who are detained in Thailand. Once intercepted by the authorities, persons arriving by boat are temporarily accommodated in government run Immigration Detention Centres (IDCs), including Shelters for Children and Families, Provincial Protection and Occupational Development Centres for Men. The provincial IDCs are designed to hold only a small number of irregular migrants for no more than a week. They are often overcrowded, lack of access to natural light, and detainees do not have adequate nutrition. Women and children are most often placed in the shelters under the Ministry of Social Development and Human Security, which have significantly better living conditions as well as access to social services. In these locations, primarily in the IDCs, IOM contributes to systemic improvements in hygiene, sanitation, clean water provision and access to natural light and ventilation. IOM will continue to provide a range of non-food items, as well as water, sanitation and hygiene (WASH) interventions, including toilet/shower and a water bore-hole construction.



Temporary toilet are set up to accommodate the huge number of migrants. @IOM 2015

Regional: With the sudden increase in arrivals, the reception capacity in some States is overstretched, negatively impacting temporary shelter conditions. Countries receiving greater numbers of people will need support to improve temporary shelter conditions beyond the initial emergency phase. IOM aims to support the governments of Indonesia, Malaysia and Thailand in establishing and/or strengthening additional facilities so that temporary shelter meet migrants' humanitarian needs and are in line with guidelines on temporary protection and stay.



Immediate health and nutrition support to disembarked migrants is of crucial importance. According to preliminary testimonies from persons that have managed to land, the average travel time at sea was approximately 1 to 2 months. Conditions on board were reportedly extremely difficult and brutal, with limited provision of food and water. Migrants report regular beating and torture by the smugglers as well. In some cases, as was seen off the coast of Indonesia, conditions became especially dire after the smugglers abandoned the boats, leaving the migrants stranded without sufficient food, water and sanitation supplies. In this particular case, the dire conditions led to increased tensions and physical fights, with some migrants reportedly killed and tossed off-board. Those that managed to land required immediate health care. IOM estimates that 1.9% of migrants undertaking this perilous journey may suffer from 'beriberi', a vitamin B1 deficiency that if left untreated can lead to death. Beriberi is reversible, but immediate treatment and follow-up with B1 injections and oral supplements is required, followed by consistent physiotherapy to rebuild muscle function.

\$1.4 million

Total funding required

Bangladesh: In coordination with the Government of Bangladesh, IOM health assessments for disembarked migrants in Bangladesh have indicated cases of dehydration, malnutrition, weakness and other similar medical conditions. In addition to providing health care to disembarked migrants, IOM will provide primary health care screening and treatment to all returnee migrants at points of entry. IOM will also support long term medical needs for patients suffering from complicated medical conditions such as bone fractures and internal organ damage.

Indonesia: IOM medical teams are providing health and nutrition support at all points of disembarkation in close coordination with local health authorities and clinics. Most migrants that arrive are significantly exhausted, traumatized, undernourished, and suffer from severe dehydration. Many of the men have wounds and fractured bones – possibly a result of fights on board – and need immediate attention. Indonesian authorities have promptly taken action to shelter and assist the migrants with the support of local communities, local NGOs, the Indonesian Red Cross, IOM and the UNHCR. The Indonesian authorities have, however, repeatedly highlighted their depleting relief supplies (in two to three weeks they will be exhausted) and have turned to IOM – a long-standing and trusted migration management partner. IOM will therefore continue to provide migrant care support until such time that status of all migrants are determined and durable solutions for their return or resettlement are found. IOM will support government health and social authorities to provide food, water and the needed medical services such as primary health care, health screening and referral. The particular needs of infants and pregnant women will be prioritized.

Malaysia: Upon request, IOM will provide humanitarian assistance to migrants through the provision of basic health care services, for example in conducting first line triage in order to identify medical conditions or illnesses at an early stage and to provide basic first aid and essential medicines to the migrants in need.

Thailand: IOM has provided medical and supplemental nutrition assistance to over 3,000 persons who departed from Myanmar and Bangladesh and who have been temporarily detained in Thailand since 2013. Today, IOM is assisting over 700 persons and 100 that arrived by boat in the current crisis. Assistance provided includes health assessments, screening for communicable and non-communicable disease, vaccinations for tetanus/diphtheria (tD), measles, mumps, rubella, polio and hepatitis B. IOM has also reinforced provincial level coordination between places of detention and local hospitals. IOM health assessments of over 2,800 persons since 2013 revealed that 40% were malnourished (BMI < 18.5, 7% were severely malnourished (BMI < 16) and 1.9% showed signs and symptoms of beriberi. IOM health support in this current crisis will be extended to all migrants who remain temporarily detained in Thailand, as well as any new arrivals by boat.



Indonesian's Social Agency– Tagana distributing lunch to the migrants. @IOM 2015



On board these perilous journeys, some migrants endure violence and abuse from smugglers and traffickers, in addition to being exposed to poor living conditions and severe deprivation. As a consequence, migrants may suffer acute and chronic physical and mental challenges. IOM promotes, protects and supports the well-being of these affected individuals with activities aimed at reducing psychological vulnerabilities while taking into account cultural sensitivities. As an active member, and former chair and co-chair of the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Setting, IOM has provided direct psychosocial support and capacity building in more than 30 emergencies worldwide.

\$0.3 million

Total funding required

Bangladesh: In addition to immediate psychosocial assessments, IOM will devise dynamic approaches to ensure that all affected individuals can access support services in the medium to long-term. IOM will monitor the psychosocial conditions returning migrants and will provide follow up counselling sessions/interventions as necessary.

Indonesia: To help traumatized migrants recover, IOM will draw on its extensive migrant care experience to provide the needed psychological support. Psychosocial activities will include individual counselling, group counselling, recreational activities, basic Indonesian and English language class, and other education activities for children.

Malaysia: Psychological distress resulting from the traumatic migration journey will be addressed. A clinical psychologist will be engaged to provide counselling and to help migrants cope better.

Thailand: Since 2013, IOM has provided regular psychosocial support to men, women and children temporarily detained in IDCs and shelters. The support has included group therapy sessions, individual counselling, English and math classes, excursions, art, and volunteering. Psychosocial support remains an important and under-addressed area of intervention.



Religious activities are conducted to promote social well-being of the migrants. @IOM 2015



IOM estimates that 5,000 persons will require support to return to their country of origin, and that many will need reintegration assistance once home. Globally, assisted voluntary return and reintegration (AVRR) is a core activity of IOM that has provided vital assistance to tens of thousands of migrants returning home every year. IOM's global AVRR projects consist of counselling, pre-departure and departure assistance from 70 host countries, and reception/reintegration assistance in more than 167 countries of origin. IOM sees voluntary return as a key strategy in ensuring humane and orderly movement of migrants. As such, it is considered an indispensable component of a migration management approach that is mutually beneficial to migrants, governments and other sectors of society.

For migrants who seek, or need, to return home but lack the means to do so, assisted voluntary return is often the only solution to their immediate plight. The consequences of not returning such migrants in a safe and timely way can be grave for the migrants, and place heavy socio-economic burdens on destination and transit countries' asylum and social welfare systems.

AVRR is an integral component of the Bay of Bengal and Andaman Sea crisis. In coordination with the governments of host countries (Indonesia, Malaysia and Thailand) and home countries, IOM will provide crucial technical expertise and support for a comprehensive, safe and dignified return and reintegration process for those migrants who are not in need of



IOM staff assist the migrants on the registration. @IOM 2015

international protection and are willing and able to return home. For the estimated 5,000 persons in need of return and reintegration support, IOM will provide USD 1,000 worth of reintegration support per person. IOM will also provide pre-departure counseling, pre-embarkation assistance and medical/fit-to-travel checks, and transportation to the home country. IOM missions in the countries of origin will assist in the coordination of the return and reception assistance, and will support returning migrants in the reintegration process by facilitating and monitoring the distribution of cash grants and providing orientation, safe migration, livelihoods counselling and legal aid.

\$5 million

Total funding required for
Return Assistance

\$5 million

Total funding required for
Reintegration Assistance



IOM works closely with Member States and partners to support migration management and policy development, and humanitarian border management. IOM encourages governments and the international community to view migration as an important component of development policy and good governance. IOM also takes a leading role in the promotion of inter-state dialogue at a bilateral, regional and global level, facilitating coordinated responses to global migration issues, particularly during humanitarian disasters and migration crises.

\$1.5 million

Total funding required

In **Bangladesh** and **Myanmar**, IOM provides technical expertise and works closely with the government on a range of migration management and policy issues, including human trafficking, labour migration, migration health and border management among others. In the context of the current crisis, IOM stands ready to provide technical expertise and migration policy support to the affected governments at national and regional levels.

In the **Region**, IOM supports countries in building robust immigration and border management programmes that are supported by policies, laws, procedures and information systems that facilitate the movement of people affected by crisis. Notable humanitarian border management projects are those implemented by IOM in Iraq, Somalia, Libya and Sierra Leone. In the Libyan crisis for example, IOM helped the authorities in neighbouring Tunisia to identify and refer those fleeing the crisis so as to help ensure that borders could remain open. In Sierra Leone, IOM piloted humanitarian border management at the Lungi International Airport so as to safely manage the flow of persons to and from Sierra Leone during the Ebola crisis.

In response to the present crisis, IOM aims to support governments to manage the entry of migrants into their countries on humanitarian grounds, in synergy with existing border management implementation.



IOM staff coordinate with the local Indonesian's authorities in Langsa. @IOM 2015

The International Organization for Migration (IOM) is active throughout Asia and the Pacific.

Bangladesh: IOM employs 80 staff, has a country office in Dhaka, and two sub-offices in Sylhet and Cox's Bazar.

Indonesia: IOM Indonesia maintains an extensive network of 21 sub-offices across the country and over 300 staff.

Malaysia: IOM has 90 staff members and operates out of four locations in Kuala Lumpur.

Myanmar: There are total 278 staff members, with the country office in Yangon and a total of 8 sub-offices in Myanmar.

Thailand: IOM's Country Office and the Regional Office for Asia and the Pacific are located in Bangkok, with more than 400 staff working in 18 locations across Thailand.

IOM provides a wide range of support to governments, particularly in the areas of migration management, counter-trafficking, migration health, resettlement and movement management, emergency and post-crisis, assisted voluntary return and reintegration and border management.

In the present crisis, IOM is working as the co-lead agency with the Office of the United Nations High Commissioner for Refugees (UNHCR), and is in close coordination with governments and stakeholders, including the International Committee of the Red Cross (ICRC) and relevant UN agencies through the United Nations Country Teams.



Sector	Budget (USD)
Temporary Shelter and Non-Food Items	12.8 M
Health and Nutrition	1.4 M
Psychosocial Support	0.3 M
Return and Reintegration Assistance	10.0 M
Migration Management Support and Coordination	1.5 M

Sector	Country				
	Bangladesh	Indonesia	Malaysia	Myanmar	Thailand
Temporary Shelter & Non-Food Items		✓	✓	✓	✓
Health & Nutrition Support	✓	✓	✓		✓
Psychosocial Support	✓	✓	✓		✓
Return & Reintegration Assistance	✓	✓	✓	✓	✓
Migration Management Support & Coordination	✓	✓	✓	✓	✓

Situational Overview ? 22 May 2015



MARITIME CRISIS IN THE BAY OF BENGAL AND ANDAMAN SEA

