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ABOUT IOM GHANA

Established in 1951, IOM is the leading inter-governmental organization in the field of migration and works closely with governmental, inter-governmental and non-governmental partners. With 162 member states, (a further 10 states holding observer status) and offices in over 100 countries, IOM is dedicated to promoting humane and orderly migration for the benefit of all.

PRESENT IN GHANA FOR CLOSE TO 30 YEARS

IOM has been active in Ghana since 1987 and has contributed to the Government of Ghana’s efforts to manage migration effectively through a wide variety of projects and programmes. Migration support includes: travel assistance, voluntary return and reintegration, resettlement, migrant health, counter trafficking, and capacity-building in the areas of migration management and policy development, migration and development, as well as emergency assistance. The IOM main office, the Canada Visa Application Centre (CVAC) and the Migration Health Assessment Centre (MHAC) are all located in Accra, with additional sub-offices in the Northern and Brong-Ahafo regions. IOM is also part of the United Nations System in Ghana and works within the UN Development Assistance Framework (UNDAF) whose strategic areas derive from the Ghana Shared Growth and Development Agenda (GSGDA).
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMU</td>
<td>Arab Maghreb Union</td>
</tr>
<tr>
<td>AU</td>
<td>African Union</td>
</tr>
<tr>
<td>AUC</td>
<td>African Union Commission</td>
</tr>
<tr>
<td>AVRR</td>
<td>Assisted Voluntary Return and Reintegration</td>
</tr>
<tr>
<td>BID</td>
<td>Best Interest of the Child Determination Process</td>
</tr>
<tr>
<td>BTCTE</td>
<td>Breaking The Chain Through Education</td>
</tr>
<tr>
<td>CEN-SAD</td>
<td>Community of Sahel-Saharan States</td>
</tr>
<tr>
<td>CO</td>
<td>Cultural Orientation</td>
</tr>
<tr>
<td>COA</td>
<td>Canadian Orientation Abroad</td>
</tr>
<tr>
<td>COMESA</td>
<td>Common Market for Eastern and Southern Africa</td>
</tr>
<tr>
<td>CVAC</td>
<td>Canada Visa Application Centre</td>
</tr>
<tr>
<td>EAC</td>
<td>East African Community</td>
</tr>
<tr>
<td>ECCAS</td>
<td>Economic Community for Central African States</td>
</tr>
<tr>
<td>ECOWAS</td>
<td>Economic Community of West African States</td>
</tr>
<tr>
<td>EVD</td>
<td>Ebola Virus Disease</td>
</tr>
<tr>
<td>GAIM</td>
<td>Global Assistance for Irregular Migrants project</td>
</tr>
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<td>GIMMA</td>
<td>Ghana Integrated Migration Management Approach project</td>
</tr>
<tr>
<td>GIS</td>
<td>Ghana Immigration Service</td>
</tr>
<tr>
<td>GOG</td>
<td>Government of Ghana</td>
</tr>
<tr>
<td>IDF</td>
<td>IOM Development Fund</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
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<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>IRCC</td>
<td>Immigration Refugee and Citizenship Canada</td>
</tr>
<tr>
<td>MHAC</td>
<td>Migration Health Assessment Centre</td>
</tr>
<tr>
<td>MIDA</td>
<td>Migration for Development in Africa</td>
</tr>
<tr>
<td>MFARI</td>
<td>Ministry of Foreign Affairs and Regional Integration</td>
</tr>
<tr>
<td>NHIS</td>
<td>National Health Insurance Scheme</td>
</tr>
<tr>
<td>NMP</td>
<td>National Migration Policy</td>
</tr>
<tr>
<td>RECs</td>
<td>Regional Economic Communities</td>
</tr>
<tr>
<td>RSC</td>
<td>Resettlement Support Centre</td>
</tr>
<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
</tr>
<tr>
<td>SPOs</td>
<td>Service Providing Organizations</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UNECA</td>
<td>United Nations Economic Commission for Africa</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>USRAP</td>
<td>United States Refugee Admissions Program</td>
</tr>
</tbody>
</table>
This year, more people have been on the move than ever before, with also more casualties due to migration recorded than ever before. 2015 has been, and rightfully so, labelled the deadliest year on record for migrants worldwide. However, looking back, 2013 and 2014 were at the time considered to have witnessed the most migrants’ deaths too. What does that tell us?

Here in Ghana, migrants, at an increasingly young age, continue to risk their lives to reach Europe. According to official statistics, close to 4,500 Ghanaians arrived in Italy by sea during the year. No one knows how many did not make it, but many in the country are mourning loved ones lost to migration. Among them, some young men, who despite the tragedies and loss they witnessed, are still willing to take the chance and migrate irregularly. What does that tell us?

In 2015, we grappled with these questions and many more. We invested time and resources in deepening our understanding of why young men and women migrate irregularly out of Ghana and we have learned a lot and hope to share some of this insight with you through this report.

We have also been extremely active in virtually all areas of migration management and continued to press on, through the good and the bad, as a team. Our cooperation with our government counterparts and development partners have also been a great source of satisfaction.

The challenges, however, are still many. Advertisements making preposterous promises of well-paid domestic work abroad continue to mushroom in the city. Stories of abuse with all their horrifying details and sometimes graphic pictures regularly feature in the newspapers. Yet, young women continue to entrust their future to unscrupulous agents. Rural to urban migration especially of vulnerable adolescent girls continues to be a concern and so are issues of conflicts between local communities and pastoralists or of trafficking of children in the fishing sector.

But 2015 with its cohort of challenges was also a year of positive steps, both big and small. Among them were the Valletta Summit and the historical inclusion of migration into the Sustainable Development Goals. At our level, success was first and foremost seeing hope for new beginnings in the faces of refugees, trafficking survivors, returnees and many others we have assisted during the year.

Our annual report includes their stories as well as our achievements, which we hope will contribute in their small way to demonstrate the positive impact migration management can have for migrants, communities and governments alike.

Ms. Sylvia Lopez-Ekra  
Chief of Mission  
International Organization for Migration - IOM Ghana
### SUMMARY OF IOM GHANA ACCOMPLISHMENTS-2015

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,350 border residents empowered</td>
<td>to protect themselves against a possible Ebola outbreak</td>
</tr>
<tr>
<td>7,463 visa applications received for Canada</td>
<td></td>
</tr>
<tr>
<td>5,742 migrants, refugees and clients provided with health assessments and medical assistance for travel</td>
<td></td>
</tr>
<tr>
<td>781 frontline border officials trained on Ebola preparedness</td>
<td></td>
</tr>
<tr>
<td>Over 1,000 community members supported with child trafficking-free livelihood options</td>
<td></td>
</tr>
<tr>
<td>2,501 migrants and refugees supported with their migration process</td>
<td></td>
</tr>
<tr>
<td>133 Ghanaians assisted to voluntarily return home</td>
<td></td>
</tr>
<tr>
<td>55 district officials and community volunteers trained on child protection and counter trafficking</td>
<td></td>
</tr>
<tr>
<td>16 successful diaspora assignments for transfers of skills</td>
<td></td>
</tr>
<tr>
<td>63 child survivors of trafficking supported</td>
<td></td>
</tr>
<tr>
<td>47 survivors of trafficking rescued</td>
<td></td>
</tr>
</tbody>
</table>
FINANCIAL OVERVIEW

Table 1: IOM Ghana 2015 Financial Overview by Programme

<table>
<thead>
<tr>
<th>Programme</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Operations and Movements</td>
<td>USD 2,904,571</td>
</tr>
<tr>
<td>Migration and Health</td>
<td>USD 1,859,954</td>
</tr>
<tr>
<td>Migration Management</td>
<td>USD 1,348,839</td>
</tr>
<tr>
<td>Counter-Trafficking</td>
<td>USD 649,297</td>
</tr>
<tr>
<td>Assisted Voluntary Return and Reintegration</td>
<td>USD 404,078</td>
</tr>
<tr>
<td>Canada Visa Application Centre</td>
<td>USD 150,000</td>
</tr>
<tr>
<td>Migration and Policy</td>
<td>USD 98,648</td>
</tr>
<tr>
<td><strong>Total Contributions</strong></td>
<td><strong>(Approx.) USD 7,400,000</strong></td>
</tr>
</tbody>
</table>

Total contributions to IOM Ghana in 2015: USD 7.4 Million
STAFFING

Staffing by Units
(Total Staff Members-66)

- Migration and Development (1)
- Management (2)
- Assisted Voluntary Return and Reintegration (2)
- Ghana Integrated Migration Management Approach (4)
- Canada Visa Application Centre (4)
- Counter-Trafficking (6)
- Operations and Movement (8)
- Migration and Health (18)
- Department of Resource Management (21)

Nationalities

<table>
<thead>
<tr>
<th>Country</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>1</td>
</tr>
<tr>
<td>Japan</td>
<td>1</td>
</tr>
<tr>
<td>Ukraine</td>
<td>1</td>
</tr>
<tr>
<td>Britain</td>
<td>1</td>
</tr>
<tr>
<td>Italy</td>
<td>1</td>
</tr>
<tr>
<td>USA</td>
<td>1</td>
</tr>
<tr>
<td>Gabon</td>
<td>1</td>
</tr>
<tr>
<td>Ghana</td>
<td>59</td>
</tr>
</tbody>
</table>

Gender Distribution

- 28 Women (42%)
- 38 Men (58%)
ASSISTED VOLUNTARY RETURN AND REINTEGRATION

Assisted Voluntary Return and Reintegration (AVRR) is a core activity of IOM and is part of a comprehensive approach to migration management. The aim is to assist with the orderly and humane return and reintegration of migrants who are unable or unwilling to remain in host countries and wish to return voluntarily to their countries of origin. Migrants are provided with reintegration support to establish small businesses or engage in further education and training. IOM reintegration activities also include the provision of psychosocial counselling, medical support, linking returnees to support systems, monitoring reintegration activities and community assistance projects. IOM Ghana has been providing reintegration support to returnees since 2002.

The AVRR project in Ghana aims to support returnees with their reintegration plan through tailored information, counselling during the post-arrival phase and monitoring of the reintegration once started. A key feature of the reintegration support is the “in-kind” assistance migrants receive to start a micro-business or an income-generating activity. Some migrants choose to further their education instead and opt for studies or vocational training. Migrants with health related concerns also benefit from medical assistance. In order to achieve sustainable reintegration, returnees should actively participate in their reintegration process and assistance should cover economic, social and psychosocial support through adequate training, counselling, networking and financial assistance.

AVRR 2015 in figures

In 2015, a total of 124 (109 men and 15 women) migrants returned from various destination countries to Ghana with IOM support. 133 Ghanaians (107 men and 26 women) also completed their reintegration process within the year (this figure includes some cases of returnees in 2014). This figure remains stable as last year IOM assisted 131 AVRR cases.
This year, the main countries Ghanaians returned from include Switzerland, Italy, the United Kingdom, the Netherlands and Belgium. Returnees also came back from other African countries such as Tunisia, Morocco and Egypt. Eighty per cent of all the returnees assisted in 2015 were men.

133 Ghanaian returnees assisted

Table 1 provides details on all cases, including breakdown by sex and country of destination:

Table 1: Assisted Voluntary Return and Reintegration Cases in 2015

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>RETURNS (*)</th>
<th>ASSISTED CASES (**)</th>
<th>ON-GOING CASES (***</th>
<th>CLOSED CASES (****</th>
<th>COUNTRY</th>
<th>RETURNS (*)</th>
<th>ASSISTED CASES (**)</th>
<th>ON-GOING CASES (***</th>
<th>CLOSED CASES (****</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MALE</td>
<td>FEMALE</td>
<td>TOTAL RETURN</td>
<td>MALE</td>
<td>FEMALE</td>
<td>TOTAL</td>
<td>MALE</td>
<td>FEMALE</td>
<td>TOTAL</td>
</tr>
<tr>
<td>SWITZERLAND</td>
<td>21</td>
<td>2</td>
<td>23</td>
<td>11</td>
<td>2</td>
<td>13</td>
<td>10</td>
<td>-</td>
<td>10</td>
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<tr>
<td>ITALY</td>
<td>13</td>
<td>3</td>
<td>16</td>
<td>17</td>
<td>5</td>
<td>22</td>
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<tr>
<td>NETHERLANDS</td>
<td>12</td>
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<td>13</td>
<td>23</td>
<td>4</td>
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<td>NORWAY</td>
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<tr>
<td>TOTAL</td>
<td>109</td>
<td>15</td>
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<td>107</td>
<td>26</td>
<td>133</td>
<td>19</td>
<td>1</td>
<td>20</td>
</tr>
</tbody>
</table>

(*) migrants who returned to Ghana during 2015
(**) migrants who received their reintegration package during 2015 (may have returned during 2014)
(*** migrants whose reintegration process is on-going
(****) migrants who upon their return, did not show up to receive their reintegration assistance

An IOM Ghana reintegration staff explaining the reintegration process to a returnee at the IOM Ghana office in Accra. © IOM Ghana, April 2015 (Photo: Emmanuel Oppong)
In 2015, 47% of all returnees elected to settle in the Greater Accra region. Other main regions receiving returnees are the Ashanti Region (18%) and the Brong-Ahafo Region (11%).
**Monitoring for a successful reintegration**

Monitoring the reintegration of migrants is key to ensuring successful and sustainable returns. IOM AVRR staff not only ensure that the migrants are on the right path to re-establish themselves in society, but they also assist in empowering migrants to fully participate in the social, cultural and economic life of their communities.

The IOM Ghana AVRR staff conduct at least one routine monitoring visit for each returnee to assess the extent to which their reintegration plan is being successfully implemented. During their monitoring visit, IOM Ghana AVRR staff evaluate the sustainability of the business as well as the general well-being of the migrant. Where field visits are not feasible, the monitoring is conducted over the phone.

Returnees typically venture into two main sectors of activity once they start receiving the reintegration support: trading activities (the buying and selling of goods) or service-oriented trades. The chart below indicates some of the most popular income-generating activities undertaken by Ghanaian returnees.

**Distribution of returnees’ income-generating activities**

[Chart showing distribution of returnees’ income-generating activities]
UNACCOMPANIED MIGRANT CHILDREN (UMC)

An increasing number of young Ghanaians are risking their lives looking for better opportunities abroad. The lack of employment opportunities and family poverty are major drivers of migration among youth in Ghana. These youth put their safety and lives at risk by entrusting the advice of unscrupulous human smugglers who promise them easy access into the country of their choice. Additionally, these youth and their families incur huge debts to finance their journey and are often times forced to travel along dangerous routes. Throughout the journey, many youth are likely to experience poor care, physical abuse, torture, or abandonment. For those opting to take an irregular journey, the experience often results in disappointment, danger and sometimes death.

In 2015, two Ghanaian unaccompanied migrants’ children (UMC) (both 17 years old), were rescued at sea in Tunisia. As IOM Tunisia was facilitating their return to Ghana, UNICEF provided them with shelter and tailored medico-social assistance to meet their health needs. During this time, IOM Ghana conducted a family tracing effort in the Brong-Ahafo and Greater Accra regions and successfully gathered information about the UMC’s families. IOM Tunisia was then able to work on the Best Interest of the Child Determination (BID).

Upon their return, the UMC were received by an IOM staff and their parents/guardians.
GLOBAL ASSISTANCE FOR IRREGULAR MIGRANTS (GAIM)

The Global Assistance for Irregular Migrants Programme (GAIM) is funded by Citizenship and Immigration Canada and aims to return stranded migrants to their country of origin. Since December 2011, GAIM has responded to the needs of irregular migrants stranded in the West African region after a failed attempt to reach Canada in search of better socio-economic opportunities. These irregular migrants were deceived by smugglers and were made to suffer under inhumane conditions. Many were exposed to communicable diseases, hunger, and restricted mobility. From January 2012 to March 2015, GAIM has successfully assisted 642 stranded migrants in West Africa, of which 618 received assistance for a safe and dignified return home.

Assistance to migrants

IOM provided support to displaced migrants in the West African region by counselling them in their local languages about the option for voluntary return. Any migrants with protection and safety concerns were referred to UNHCR or the relevant national refugee agencies for further assistance. Additionally, emergency assistance in the form of food, clothing, shelter and medicine were provided to all stranded migrants who were in need. In 2015, 26 migrants (20 men and 6 women) explicitly expressed their desire to return to their country of origin, Sri Lanka. They received pre-departure and return assistance through health assessments, provision of travel documents, arrival assistance and onward transportation in Sri Lanka. Once the migrants were back home in their communities, they drafted business plans and received “in-kind” reintegration support to start an income generating activity.

Support to Governments

One of IOM Ghana’s objective with the GAIM programme is to assist in the capacity building of West African governments to counter migrant smuggling. A series of workshops and trainings were held for government officials from Benin, Ghana, Guinea and Togo to allow for more concrete measures to be taken in their respective countries.

The government of Sri Lanka’s border health surveillance approach was also supported by GAIM. A rapid assessment of the Border Health Information System (BHIS) was conducted resulting in the identification of gaps and recommendations for improvement. Port health officials were trained on new standard operation procedures for border health surveillance, and research was conducted regarding medico-legal services at points of entry. This led to the development of an inter-sectorial coordination framework on border health protection.

Prevention activities

To address the issue of irregular migration from Sri Lanka, a nationwide information campaign was implemented country-wide via text messages, information materials, a safe migration hotline and various multi-media partnerships. Awareness sessions in communities and schools; trainings of trainers workshops; and career guidance programs were also conducted as part of the Safe Migration Campaign.

In addition to the measures mentioned above, a Community Response Map was developed and implemented as an effective two-way communication tool to monitor feedback from the community on the Campaign; and identify Sri Lankan migrants stranded abroad.
IOM Ghana has been working with the Government of Ghana, local communities and local partners to counter human trafficking within the country for over a decade. The Counter Trafficking unit at IOM Ghana focuses on four key principles: Protection, Prevention, Prosecution and Partnership. The main activities of the Counter Trafficking unit include:

- direct assistance to child victims of trafficking (VoT), which involves the rescue, rehabilitation, reintegration and monitoring of trafficked children;
- educating families and communities on children’s rights;
- empowering Ghanaian officials with skills to combat trafficking.

**PROTECTION**

Between 2002 and 2014 IOM Ghana rescued 732 child victims of trafficking and reunited them with their families. In 2015, an additional 47 child VoT and other vulnerable cases were freed, bringing the total to 779 by the end of that year.
Rescue, Rehabilitation and Reintegration of 20 trafficked children in the Lake Volta Region

After months of preparation and weeks of community sensitization and registration, IOM supported the Department of Social Welfare and Community Development (DSW/CD) and the Police Anti-Trafficking Unit (AHTU) to rescue a total of 20 children (19 boys and 1 girl between the ages of 8 and 17) from trafficking from three communities in the Volta Region. The 20 rescued children were all trafficked into the fishing sector for labour exploitation. The number of years these children endured being exploited ranges from two months up to ten years. During this time, most of them worked from dawn until dusk under deplorable conditions which included being fed inadequate meals once a day, being denied an education, and corporal punishment at the hands of their traffickers.

47 children rescued from trafficking and reunited with their parents/guardians

Two children in the fishing community of Awate Tornu, North Dayi District, Volta Region, play inside a parked canoe. © IOM Ghana, August 2015 (Photo: Wisdom Doe)

Rescuing children VoT is a complex and sensitive operation. The flawless execution of all the necessary steps involved, requires an understanding of the area and a close coordination with the various parties involved. In addition, cooperation among members of the fishing communities is also essential for a peaceful and non-traumatic release of the children.
Since December 2014, IOM Ghana and officials from the DSW/CD led pre-rescue assessment missions in a total of nine lakeside communities. IOM visited each of the communities to speak with community members and opinion leaders about child labour and trafficking. Based on the assessments, two priority communities were selected for the rescue.

IOM coordinated closely with the Anti-Trafficking Unit of the Ghana Police Service throughout the rescue. The release was done publicly with the fishermen signing a social contract to not re-engage in trafficking. As part of the rescue process, IOM conducted a series of community human rights education sessions, in order to break the cycle of fishermen relying on child labour. The legal implications of exploiting a child as well as the long-lasting negative impact this practice can have on a child’s life were discussed. IOM’s key objective with this approach was to sustainably convince the communities that trafficking should be collectively abandoned, thereby preventing the trafficking of new children as well as to encourage them to be peacefully released and put under the care of IOM and district officials.

The 20 rescued children were all rehabilitated at a child protection centre outside Accra where they spent more than three months. While at the center, the children were provided with balanced, nutritious meals as well as a safe and caring environment to rest and play. Half of the rescued children had never attended school, so the centre provided them with basic literacy lessons. Providing a safe environment where the children could learn was vital in not only empowering them, but also setting a solid foundation that would help their transition into a more formal school setting outside of the rehabilitation centre.

The Centre also organized medical and psychosocial counselling for the children. During an initial medical screening, it was determined that many of the children suffered from bilharzia, which is caused by parasitic worms present in the lake. The bilharzia was immediately treated in order to prevent further complications with the children’s health.

IOM promotes the fundamental right for children to grow up in a family environment, and makes every effort to reunite the children with parents or family members as long as they are deemed capable of looking after the children in a responsible manner. While the children were undergoing rehabilitation, IOM undertook various field trips to trace the families of the children.
By September 2015, all 20 children were reunited with their families or placed with foster families. IOM staff briefed each parent and caregiver on their responsibilities towards their child and on what their child had gone through since s/he had left home. The reunions were emotional. For most children it had been years since they had last been able to embrace their parents.

IOM staff, with the collaboration of the families, also ensured most of the children were enrolled in local schools. Two children have been supported to enrol in apprenticeships. The children were also enrolled into the National Health Insurance Scheme (NHIS) which will cover their basic medical needs.

An IOM social worker regularly followed up with the 20 child VoT and assisted them and their parents with any challenges they faced over a period of two and a half years. The assistance provided includes: disbursements of basic food items (such as rice, gari, maize, beans, oil, sugar and mackerel), the purchase of school uniforms and basic supplies, and a yearly renewal of their NHIS.

The rescue, return and reintegration was supported by Global Grand Parenting (an American NGO), and the U.S. Association for International Migration (USAIM), IOM’s charity partner in the United States.
Combating Child Trafficking in the Cocoa Industry and Other Vulnerable Sectors—Operation Akoma

Between April and December 2015, IOM and INTERPOL in Ghana and Côte d’Ivoire carried out a joint project to counter child trafficking and child labour in the cocoa sector. This was the first joint project of its kinds which aimed to build the capacity of Ivorian and Ghanaian police forces and other victim assistance providers in addressing trafficking for labour exploitation. Additionally, the joint project provided both countries with direct assistance to identified victims. Although the cocoa industry was the main target for this project, the mining sector was also included based on assessments in the field.

IOM first developed the Standard Operating Procedures (SOP) for the joint activities with INTERPOL, Ghana Police Service (GPS) and the Department of Social Welfare. IOM and INTERPOL also carried out a pre-site visit to assess the situation on the ground in the Tarkwa-Nsuem Municipality in the Western Region. In July 2015, IOM trained 130 participants, including police, INTERPOL officers as well as social welfare staff on direct assistance, the SOPs and screening forms, as part of a two-day joint training session.

This training was immediately followed by a rescue operation carried out by INTERPOL and GPS in the cocoa and mining sectors. A total of 50 minors were brought to the police station for an initial assessment. Following IOM and social welfare’s screening, 27 minors were determined to be victims of trafficking or exploited/vulnerable cases. There were 7 girls and 20 boys, between 8 and 19 years old. Twenty-four were Ghanaian nationals and three were Burkinabe living with family members in Ghana.
These 27 minors were taken to a child protection centre where they participated in medical and psychosocial counselling, literacy lessons, and fun activities. The children got a chance to rest and received personalized attention by shelter staff. Some of the children were enrolled into the National Health Insurance Scheme (NHIS) to access basic health services at almost no cost. The children were subsequently assessed for their school/apprenticeship needs and finally prepared for reunification and reintegration.

During the rehabilitation period, the IOM Counter Trafficking unit, in collaboration with the GPS sought to trace the families of the victims. Following an assessment of the families, the minors were then reunited with them or placed in foster care. IOM initially monitored the children and their families to ensure a smooth reintegration with special attention given to their school/apprenticeship enrolment as well as micro-business assistance.

The Department of Social welfare in Tarkwa will continue to monitor the children with support from IOM for nine months to ensure the sustainable reintegration during the post-project period. The reintegration support packages consisted of school supplies and school fee payments, provision of apprenticeship tools and fees, provision of quarterly food to support victims and their families, and support for the renewal of NHIS cards.

**Sponsorship of child survivors**

Children survivors of trafficking who are assisted to return and reintegrate in their communities are all monitored and supported by IOM for 30 months to ensure their well-being and prevent re-trafficking.

63 Child survivors assisted with food, educational and psycho-social support

Since 2013, IOM Ghana has partnered with the U.S. based NGO, *Breaking the Chain through Education (BTCTE)* to support the sponsorship of child survivors. As a result of this partnership, children and their families receive education, food, and health support. A full-time social worker monitors the children’s progress and visits them regularly to ensure their wellbeing. Food packages are given to the families and are designed to help the parents ensure that the children receive proper nutrition to meet their growing needs. The food packages include staples such as rice, beans, maize, gari, sugar, and oil. It is estimated that the food packages benefit about 200 family members of the 63 survivors.

In 2015, 40 children (9 girls and 25 boys, aged 7 to 21) benefitted from BTCTE sponsorship. In addition, 3 children were sponsored by private donors through the United States Association for International Migration (USAIM). From the end of 2015, BTCTE has generously committed to support the 20 children rescued on Lake Volta this year. As of 2016, IOM currently has 63 survivors under its care.
A map of Ghana showing the location of the reintegrated children being supported by the American NGO, Breaking the Chain Through Education (BTCTE). © IOM, May 2015 (Map design: Doris Yiboe and Sylvia Lopez-Ekra).
This year, upon one of his visits, an IOM social worker, raised the alarm regarding the impact that the country’s power crisis was having on the children. Most of these children do not have electricity at home and so they gather at friend’s or family homes in order to do their homework. However, due to the energy crisis, they could no longer do that and spent their evenings in the dark during power cuts. During “lights off” nights which happened several times a week, homework was foregone and the children’s academic performance was suffering. IOM decided to remedy the situation by distributing solar lanterns.

“Whenever there is a black out, I go to sleep because I can’t read my books and do not have any other option to study. But now, I will be able to study even if there is a black out.” said one child survivor. IOM Ghana purchased the solar lanterns with funding from an independent fundraising event, “The Ladies #LightTheirWay”, which was organized in Vancouver, Canada to benefit IOM’s Global Solar Lanterns Initiative.

The children and their families were very thankful for the lanterns. Now, not only will they be able to spend more time completing their homework after school, but the whole family will benefit from its use for their livelihood activities and general safety. Twenty rescued and reintegrated children who have been enrolled in school, will also benefit from the solar lanterns in the first quarter of 2016.

“These children have already experienced so much hardship in their short lives, whatever we can do to make their everyday lives easier and give them a brighter future, should be our priority. With this initiative we gave them light – both in the literal and figurative senses.”

-IOM Ghana Chief of Mission, Sylvia Lopez-Ekra-
PREVENTION

Combating Child Trafficking in the Volta Region through Community Child Rights Education

The IOM “FREE TO BE ME” toolkit was developed in 2013 in partnership with UNICEF. It is designed to bolster national and local trafficking prevention efforts and create a community-driven approach to child protection. It is grounded in community education and behaviour change. The objective is to empower communities to initiate and take ownership of changing their social practices that are harmful to children, by initiating accessible but effective human and child rights discussions at the community level. This is done by using a variety of interactive activities in local languages. A central element of this approach is the ‘Tree of Life’ which is a powerful public declaration made by the community to reject and prevent child trafficking as well as to uphold the protection of children.

30 community sessions conducted on the Child Protection Toolkit

In 2015, IOM Ghana, with support from UNICEF, continued its Community Child Rights Education efforts to increase child protection and combat child trafficking. This year, the project focused on 8 districts of the Volta Region (comprising of 40 communities) and cooperated with district social welfare and community development staff to effectively train community leaders on the “FREE TO BE ME” community education toolkit. It is estimated that the project will reach at least 4,000 individuals and their families. The partners involved in carrying out this project include: the Department of Community Development, the Department of Social Welfare, district officials, school personnel, community chiefs, women’s groups, district officials, school personnel, community chiefs, women’s groups, parents/caregivers and children. All members of the communities are encouraged to be active participants in the project. Some of the topics covered as part of the project include: responsible and advanced parenting, a good start to life and the importance of child’s play, children’s rights, birth registration, and child trafficking. There are also topics specifically designed to be delivered to children during special sessions.
A training of trainers, was organized in Ho, Volta Region, where 24 community development, social welfare and district assembly staff from the eight selected districts were trained on the first six modules of the toolkit. These trained district officials are now in the process of training community volunteers with assistance from IOM. In total, 120 volunteers have been trained in the region. These volunteers are expected to then roll out the toolkit in their respective communities.

In addition to the training the volunteers received materials and accessories to aid/support the rollout when they go back to their respective communities. These materials and accessories included, t-shirts for both children and adults, and the Child Protection toolkit manual. For adults, the messages on the t-shirts said: “I AM AN ADVANCED PARENT, MY CHILDREN COME FIRST!” and ‘MY COMMUNITY SAYS NO TO CHILD-TRAFFICKING’. For children, the t-shirts said: “I BELONG IN THE CLASSROOM AND NOT ON A BOAT” and “CHILD PROTECTION STARTS WITH ME”.

PROSECUTION AND PARTNERSHIP

In June 2015, the Governments of Ghana and of the United States signed a five-year Child Protection Compact (CPC) partnership with the aim to bolster current efforts to address child trafficking within Ghana. This is the first partnership of its kind and focuses on three regions of Ghana where child trafficking is seen as prevalent: Central, Volta, and Greater Accra. IOM was selected as an implementing partner of the CPC in October 2015 together with the Non-Governmental Organization, Free the Slaves.

Through the CPC agreement, IOM will provide technical assistance to strengthen interagency coordination and assist the government to establish protocols and referral mechanisms for victim identification and ensuring a timely and effective response to suspected cases of trafficking. IOM will also build the capacity of social service workers, police, judges and prosecutors. Additionally, IOM will support the overall objective of increasing enforcement of child trafficking laws by providing logistical support to Ghanaian police and assisting victims and witnesses’ participation in criminal proceedings. Support for improved care and services to child survivors rehabilitated in a government-sponsored shelter will also take place for 18 months.
In order to respond effectively to the complex migratory challenges Ghana faces, IOM and Ghana Immigration Service (GIS) are jointly implementing the Ghana Integrated Migration Management Approach (GIMMA) Project. The three year project, which will operate from 2014–2017, is supported by the 10th European Development Fund (EDF) of the European Union (EU) and aims to contribute to the Government of Ghana’s efforts to manage migration effectively through the establishment of an integrated migration management approach. The GIMMA project utilizes three main strategies:

1. Capacity building for officials at the forefront of migration management;
2. Information outreach on safe and legal migration; and
3. Establishing a national database for effective migration-related policy making activities.

CAPACITY BUILDING FOR OFFICIALS AT THE FOREFRONT OF MIGRATION MANAGEMENT

Reference Handbook

The Ghana Immigration Service (GIS) is mandated to control and facilitate the movement of people across Ghana’s borders. This mandate is derived from the Immigration Service Act, 1989 (PNDC Law226) and the Immigration Act, 2000 (Act, 573). In order to enforce these laws, GIS regulates the work and residence of persons of other nationalities in Ghana.

Some of these roles and functions however, are scattered in various domestic laws, international protocols and conventions that are not readily accessible by immigration officers in the performance of their duties. To address the needs of GIS and assist immigration officers with their daily duties, a legal reference handbook is being developed by a Technical Working Group (TWG).
The handbook will include three main sections: immigration related laws; a compilation of security related laws; and investment related laws. The final section is an appendix that lists relevant international conventions and protocols, bilateral agreements and other domestic laws, which have a bearing on immigration operations. In 2016, the TWG will create training modules based on the handbook and organize trainings of trainers in preparation for nation-wide trainings.

Through the programme, three members of the TWG and an IOM staff participated in the 11th International Migration Law (IML) training in Italy, in September 2015. The purpose of the training was to raise awareness on international legal instruments that pertain to the management of migration in Ghana.

**New Computer Laboratory at the Immigration Service Training School**

One of the major deliverables of the GIMMA project is the construction of an IT lab at the immigration Service Training School in Assin-Fosu, Central Region. Until now, the Training School did not have an IT lab, which made IT-related teaching and learning difficult. GIMMA supported the construction of the office space, procurement, installation and the testing of the lab in 2015. The computer lab, which is equipped with 70 computer machines, a projector, network server and internet connection is due to be launched in 2016.

New IT equipment and office supplies are set up at the Ghana Immigration Service Academy and Training School in Assin-Fosu, Central Region. © IOM 2016 (Photo: Prince Ahinakwah-Wilson)

**Restructuring of GIS training curriculum and syllabus**

Effective training curriculum is essential in meeting the evolving training needs of officers and to facilitate the implementation of the GIS training policy. The GIMMA project therefore supported GIS to finalize its training curriculum and syllabus. Three successful workshops were organized in 2015, whereby members of a review committee worked to align the training manuals to the GIS training policy, and identify core training courses and programmes according to GIS rank. Core courses were developed for Cadet and Recruit trainings. The training manual was also rearranged and expanded, and courses on drills and duty, office practice and languages were also introduced. Furthermore, additional training courses were developed for retiring staff members. Upon completion, GIS officers will gain additional training for each level of promotion to ensure professional and career development. Nation-wide sensitization sessions are planned to support the rollout of the new documents once finalized.

New IT equipment and office supplies are set up at the Ghana Immigration Service Academy and Training School in Assin-Fosu, Central Region. © IOM 2016 (Photo: Prince Ahinakwah-Wilson)
Support to improve the physical structures, equipment and capacities of Border Patrol Units

With the increasing mobility of persons and goods it is important to ensure the right balance between open but secure and controlled borders. As such, it is necessary that border patrol officers have fully functioning facilities and equipment as well as the necessary training to effectively conduct their duties. In April 2015, the GIMMA project undertook a two-week assessment of select Border Crossing Points (BCPs) in the Volta and Western Regions of Ghana. The visits were to assess conditions, capacity and inhibitors of effective border management.

The assessment also detailed prevailing practices and priorities of crossing points. The assessment team was led by the GIS Border Patrol Unit with other team members from the GIS Policy Planning, Monitoring and Evaluation Unit, IOM, European Union and an international consultant. The team visited: the GIS Volta Regional Command, the Aflao Sector Command as well as the districts of: Agortime, Afegame, Hedzokope, Akanu, Nyive, Atikpui, Shia, and Kpoglo.

The areas covered in the Western Region included: the Dadieyo Sector Command, Yaakese, Antokrom, Sewum, Kwabena Narpey, Gyato, Oscar, Kyenseekokoo, Boinso and Elubo. Additionally, the team visited the Immigration Service Academy and Training School (ISATS) to understand training gaps. Key findings revealed some common challenges for BCPs such as the lack of office facilities and accommodation, reliable means of communication, adequate transportation, equipment for patrol, basic amenities such as electricity and water, and inadequate training. In addition to these gaps, most of the border posts visited were observed to be in remote areas with very difficult terrain, making the work of border patrol officers extremely complex. Based on these recommendations, the GIMMA team is currently working to procure equipment for five target border posts to improve their patrol capacities.
**Construction of a Migration Information Centre in Sunyani**

An increasing number of Ghanaians (especially young people), are risking their lives by migrating through irregular means in pursuit of better opportunities abroad. In some cases, communities and people involved in migration lack information about the dangers of irregular migration, alternatives to migration and opportunities for safe migration. In response to the need for information, the GIMMA project started the construction of a modern office complex in 2015 to be used as a Migration Information Centre (MIC). The building, which was constructed by IOM in cooperation with GIS, and funding from the European Union, was completed in December 2015 and an official commissioning of the building is scheduled for 2016. The new building will offer a neutral space for potential and actual migrants to obtain accurate and reliable information on legal migration procedures, required documentation needed to travel, how to avoid falling victim to the fraudulent practices of employment agencies, and the general risks associated with irregular migration.

In preparation for the launch of the MIC and subsequent activities to raise awareness of the dangers and risks of irregular migration, the project developed a communication strategy to facilitate change in attitudes and behaviours among potential migrants. In-depth research and focus group discussions were conducted to collect data on knowledge, attitudes, practices and behaviours on migration to inform the selection of behaviour change communication tools. The findings and recommendations will be used to improve the effectiveness of information outreach activities in 2016.
The EU Ambassador to Ghana, H.E. William Hanna, and the Ambassador of Italy, H.E. Laura Carpini, joined the IOM Chief of Mission for a two-day visit to the Brong-Ahafo region of Ghana in October 2015. The objective was to meet authorities and local communities concerned with migration management and to take note of the lessons learned from the GIMMA project. The delegation met with the GIS Brong-Ahafo Regional Commander to discuss migration issues in the region and to observe the construction progress of the new Migration Information Centre (MIC) in Sunyani. The delegation then paid a courtesy call to the Brong-Ahafo Regional Minister, Hon. Eric Opoku. Their discussions focused on the causes of migration in the region, suggestions on ways to address the issue, and expectations for the new MIC. Finally, the officials met with potential migrants and returnees in Nkoranza to interact with them and witness the efforts the returnees have made since re-establishing their lives back home.
Study Visit to Tunisia and Italy

Ahead of the launch of the Migration Information Centre (MIC) in Sunyani, a team of 11 people (8 Ghana Immigration Service Officers and 3 IOM staff) undertook a study tour to Tunisia and Italy in November 2015. The objective of the week-long visit was to allow these key immigration officials to observe developments in Italy, study best practices in Tunisia as well as gather information and exchange experiences with their counterparts. The study tour began in Tunisia’s capital city of Tunis, with a visit of the Migrant Resource Centre (MRC). This site visit gave immigration officials an opportunity to learn about the set-up and functioning of the centre, as well as the partnerships the centre has established with key institutions in the country that provide support to migrants. The best practices acquired from the Tunisia trip will be replicated in Ghana for the effective running of the Migrant Information Centre (MIC).

The group of GIS and IOM delegates also made site visits to the Office of Tunisians Abroad (OTA), the National Youth Observatory (NYO), the Centre of Law and Migrations, and the Delegate for Child Protection (An Observatory for Child Rights). The tour continued in Catania, Italy with visits to Pozallo and Augusta landing sites. Visiting these sites, allowed the participants to observe first-hand the reality of the migrant crisis in the Mediterranean. Through the knowledge and experience gained from this study tour, officers will now be better able to provide accurate information to potential migrants who visit the MIC. The two-country visit had such a strong impression on the GIS officers that it provided them with new ideas for the development of innovative safe migration campaigns. As a result of the study tour, GIS officers vowed to remain in contact with the Italian and Tunisian police for continual information exchange.

Strategic Dialogue with Civil Society

On the occasion of International Migrant’s Day (18 December 2015), GIMMA organized the first ever strategic dialogue with Ghanaian Civil Society Organizations (CSOs) actively involved in addressing irregular migration. CSO’s are often in a better position to provide information regarding conditions under which migrants depart, transit, work and live because of their grassroots intelligence and direct involvement with those impacted by irregular migration.
The meeting promoted discussions on practical and sustainable solutions for ongoing and future interventions, as well as potential ways to foster further collaborations among key stakeholders. During the dialogue, CSO’s and returnees shared migratory experiences, reintegration challenges, new trends, and perceived causes of irregular migration. Participants also discussed practical and sustainable solutions to address the root causes of irregular migration, recommendations to improve ongoing and future programmes, as well as inputs for information campaigns, which included effective messages and potential target audiences.

STRENGTHENING MIGRATION DATA MANAGEMENT FOR EVIDENCE-BASED POLICY MAKING

Because data on migration is not readily accessible in Ghana, it is difficult to create and inform policy decisions on the subject. The main reason for this lack of data on migration is that the data that exists is scattered across different agencies and ministries. In addition, a common reporting system used across agencies and ministries is lacking, which also limits data sharing. A more coordinated approach to migration data management would bolster Ghana’s capacity to map its migration dynamics and design appropriate migration and development policies.

In response to growing calls for better data on migration and better use and presentation of migration data, GIMMA is working with a number of stakeholders to make migration data available to policy makers and practitioners through the establishment of a National Migration Data Sharing Framework.

Between the months of June and July 2015, the GIMMA project conducted an assessment to identify existing practices, gaps and the needs of relevant institutions in the area of migration data collection and management. Findings from the assessment indicated that there are gaps in data generation, analysis, reporting, and dissemination in Ghana. Challenges also exist in migration data coordination, and harmonization among stakeholders. Furthermore, the evidence presented suggests an urgent need for training and capacity building of staff involved in migration data processing across agencies and ministries. Based on the assessment findings, a national migration data sharing strategy was drafted, including capacity building activities and common operating procedures for migration data collection and management. The project plans to validate and implement the strategy in 2016.
In 2015, the issue of irregular migration has dominated the international agenda and captured the attention of the global community. Many migrants (including from Ghana) have elected to leave their homeland as a result of harsh living conditions and/or a lack of opportunities. The transit routes these migrants travel along are both costly and dangerous and often risk the lives of those determined to make the trip. Last year, 4,431 Ghanaians arrived in Italy by boat, while IOM reported that 5,426 migrants died or went missing worldwide. Among those, 3,770 occurred in the Mediterranean Sea alone.

**Field research in Nima**

As part of the Missing Migrants Project, IOM Ghana conducted field research to shed light on the untold stories and emotional underlay of these migrant tragedies. It is hoped that through the spread of these personal accounts, more people will begin to better understand the reality of irregular migration. The field interviews took place in Nima, a slum community in the Greater Accra Region in June 2015. The interviews were conducted by three American interns from Syracuse University who were supported by Musah Swallah, an artist from Nima who uses his art to raise awareness about irregular migration. Over the course of two weeks, they interviewed 17 men and two women.
As a result of irregular migration, the individuals interviewed either lost loved ones who attempted the journey, or they themselves were returning migrants. The below quotes, are extracts of their captivating stories. It is our hope that sharing their testimonies will in some way help to pay tribute to the losses they’ve had to endure and offer justice to the struggles some of them had to personally face.

**On why people migrate irregularly**

“They can’t cope. With no job, no food, or shelter. How can you tell them to stay?”

“When we come back home, they see what we have. Even if it is a little, they want that.”

**On the acceptance of risks and death**

“Some are naïve but the majority are not. They try once, even two times. They know the dangers and still go. If they make it, it’s luck, if they don’t make it, it’s luck.”

“It is not that easy, even if 20 of you leave maybe only five will make it. The rest will die and their lives are a sacrifice for the ones who make it.”

On the hurdles of the journey

“Every man for themselves and God be with us all.”

“We walked about four days in sand dune zones and in the sun with not enough sleep or rest. We saw dead bodies in the desert, and had to leave others behind. A couple of travelers (a Gambian and a Ghanaian), were too exhausted to continue the journey and were left by the group. They were feeling so tired they couldn’t go on. We left them and walked for two and a half more days. It’s very hard, and we left them 1000 kilometers away. I left some small water for him, because he was my friend, he was a Ghanaian... but he couldn’t make it.”
“We were only given a map to put in our pockets. They escorted us up to Niger and then left us to fend for ourselves and find our way with the directions we were given.”

“Our driver made a deal with robbers and led us into a trap. He stopped the truck and told us to rest, while he waited for the robbers to arrive…”

“They asked me to put my hand inside a woman and search for money but I refused. I said “I cannot do that to her. I am a Muslim, are you?” Because of my defiance, I was severely beaten by a group of men who broke my collar bone. Look... I still have the scars.”

“The Tuareg thugs are the most wicked people! They raped the women traveling with us, while holding us away with their guns. We could only watch, petrified and horrified. When they told us to leave, we had no choice but to abandon the women. They held them against their will. They have no sympathy at all, even if you beg them, they will not listen.”

Irregular migrants traveling from Central and West Africa pass through the Sahara desert. Many are vulnerable to physical assault, robbery, and rape. © IOM Ghana, November 2015. (Illustration design: Anadan the Versatile of Eyetouch Comic Studios)

“I was able to move to Sabha, and found work in a hospital before later flying to Benghazi to work in a morgue. I also worked as a houseboy, but was paid irregularly and was never able to send money home. What little money I had, I would hold onto in case I was arrested and needed to bribe or bail myself out of jail.”

“Out of everyone in my group, I was designated captain of the boat. I had no experience with navigating at sea, but because I knew how to ride a motorcycle (a skill apparently needed to transport the boat), I was chosen to lead.”

“I saw people drink their own urine just to survive.”
On losing a loved one

“I received no news, but rumors that a group of migrants had died, and then later his death was finally confirmed by other migrants/friends. I knew it in my heart already.”

“We were all from Nima, we all grew up together. Only if you asked would you know we did not have the same mother. Now he’s gone.”

“In this community, we are very close. If something happens in one house, it touches everyone. One death touches everyone.”

“There is this mother of a friend who died. She received no news, but heard rumors that a group of migrants had died, and then later his death was finally confirmed by other friends. She had already believed that he had passed away by the time she heard for sure. She was devastated.”

“Recently a friend of mine told me that he was leaving, but another friend later contacted me to tell me that he did not make it. My friend died on a boat. I still have his passport that he left with me.”

“The news of his death came like rumors. We were not believing what was coming. We were always waiting for the actual information. It came as a shock. We heard it from friends.”

“My brother and I travelled separately to Libya. However, when he attempted to cross the Mediterranean, he died from a suspected stomach illness. A friend of ours who had been corresponding with him from Italy broke the news to me. When the boat arrived they couldn’t find him, he died in the sea and they threw him over.”

“Three of my friends aged 27 to 31 died trying to migrate to Italy. All three drowned after their boat capsized near Malta. Only a fortunate few traveling with them were rescued. Their bodies were swallowed by the sea. All our dreams died with them.”

On new perspectives and regrets

“I regret going, I had higher expectations, and feel I could have made it in Ghana if I had just stayed and worked hard.”
Candlelight Vigil to remember dead and missing migrants

The experience of family members and communities who have lost loved ones to migration; and the uncertainty and complex grief and sorrow that the families of missing migrants face, are facets of irregular migration that are not often discussed. On 14 December 2015, IOM Ghana organized in partnership with the Ministry of Foreign Affairs and Regional Integration a Candlelight Vigil to hear the voices of those who seldom participate in the migration debate and whose unique experiences go unnoticed. The ceremony was an opportunity to remember the many migrants lost during their journey in search of a better life. The ceremony was well attended by government counterparts, numerous members of the diplomatic corps (including the United Nations Resident Coordinator and the Ambassadors and Chargés of the European Union, Italy, Japan, the Netherlands, Norway, Spain), members of the Civil Society, and community members from Nima.
A Ghanaian unaccompanied minor was rescued by Tunisian Coast Guards after the boat he was sailing in from Libya to Italy broke down and drifted towards Tunisian shores. He was assisted by IOM to return to Ghana with reintegration support. His story can be found online.

"I suppose I am one of those who almost made it. You don’t hear much about migrants like me, because we didn’t die at sea or in the desert."

Emmanuel
During the first half of 2015, the TRQN III project was evaluated by external independent consultants to reflect on the results achieved and provide practical and comprehensive recommendations to strengthen implementation and potentially guide a new phase of the project. The final consolidated evaluation report from the nine targeted countries can be found at: http://www.iom-nederland.nl/en/migration-and-development/temporary-return

To prepare for the possibility of introducing another phase to the project, a monitoring visit was conducted by IOM Netherlands and IOM Ghana to evaluate previous assignments and pre-select potential host institutions. The visit also allowed IOM Netherlands to meet some of the key stakeholders in Ghana including the Ministry of Health, the Dutch Embassy in Accra, and some TRQN diaspora experts who were on assignments in Ghana.

In November 2015, the British Broadcasting Corporation (BBC) World produced the documentary, “Diaspora Giving Back”. The story looked at the issue of reverse migration, whereby highly skilled Ghanaians living abroad are returning home to support the development of their country, by lending their expertise and experience towards the growth of their respective fields of work. The documentary featured two TRQN III participants who made an important impact.
DIASPORA PHILANTHROPY

TWO GHANAIAN PROFESSIONALS FROM ABROAD, RETRUN HOME WITH THEIR SKILLS AND EXPERTISE TO CONTRIBUTE TO THE COUNTRY’S DEVELOPMENT

Since 2012, Clement Adu Twum, a Ghanaian born ICT Engineer, based in the Netherlands, has assisted the Tamale Teaching Hospital in Ghana, through the TRQN programme. His work has helped to digitalize many of the health care processes used at the hospital. Before digitalization, patient files/records often went missing or medical information was not properly documented. This had a negative impact on medical treatment, and slowed down the ability to deliver effective health care. Clement also assisted in the introduction of a health information system that facilitated digital patient records. Clement’s extensive work has now extended to support the staff at the Cape Coast Teaching Hospital in the Central Region. Clement explains that a crucial part of his work is training the hospital staff to effectively use the ICT system for their work. He is optimistic that his contributions and the related reforms will further enhance the efficient operation of the hospital.

Because cervical cancer is the leading cause of cancer-related deaths in women, Dr. Pepera decided to focus on this particular issue for training public sector health staff. Dr. Pepera believes this is the only way to significantly reverse the death rate associated with cervical cancer. As part of her training curriculum, Dr. Pepera devised a three day introductory workshop, with an emphasis on practical skills, and began to raise awareness of the need for colposcopy training in the health service at large. Her vision is to see the Korle-Bu Polyclinic become a major centre for cervical cancer screening. IOM facilitated her assignments in Accra and also supported her to buy equipment that was donated to the hospital.

“"The assistance of IOM, sponsoring me to come to Ghana from the UK and spend more than 10 weeks in the country, has been invaluable in delivering more targeted training.”

-Dr. Theodora Pepera, Oct. 2015
### Table 2: Overview of TRQN III assignments in Ghana for 2015

<table>
<thead>
<tr>
<th>Field of Experts</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Specialist/Surgeon /Nursing</td>
<td>4</td>
</tr>
<tr>
<td>Social Workers</td>
<td>2</td>
</tr>
<tr>
<td>Legal/Policy/Education</td>
<td>2</td>
</tr>
<tr>
<td>ICT Specialist</td>
<td>7</td>
</tr>
<tr>
<td>Agriculture/Food Security</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total assignments for the period</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of residence of experts</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Netherlands</td>
<td>11</td>
</tr>
<tr>
<td>From United Kingdom</td>
<td>3</td>
</tr>
<tr>
<td>From Germany</td>
<td>1</td>
</tr>
<tr>
<td>From Norway</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total number of diaspora experts</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

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**MAINSTREAMING MIGRATION INTO NATIONAL DEVELOPMENT PLANNING**

Developing a migration policy to integrate migration into the national development framework for Ghana

IOM’s vision for this project, which is being supported by the IOM Development Fund (IDF), is to contribute to the efforts of the Government of Ghana to effectively manage and harness the benefits of migration by mainstreaming migration into the national development framework. As part of the project, IOM is supporting the development of a National Policy on Migration and its implementation plan to guide the management of the country’s internal, intra-regional and international migration flows. The policy prioritizes activities such as the collection and dissemination of migration data, the establishment of a coherent institutional framework, and resource mobilization for implementation. The policy successfully went through a parliamentary and inter-ministerial validation process in December 2014 and received approval from cabinet for adoption in April 2015. It awaits its official launch in the first quarter of 2016.

Another key project component aims to enhance the capacities of policy makers and practitioners to implement the future national migration policy. In order to effectively carry this out, IOM, with cooperation from the Centre for Migration Studies at the University of Ghana, trained 48 government officials from 11 government institutions between August and October, 2015. The training consisted of two 5-day sessions, which took place in the capital city of Ho, in the Volta Region. The trainings were designed to foster ownership and strengthen the capacity of key government officials to effectively implement the new policy, as well as, to increase common understanding of complex linkages between migration and development. IOM has also started to sensitize the general public on the existence of the policy. IOM’s main partners for this project are the Migration Unit of the Ministry of the Interior and the Inter-Ministerial Steering Committee on Migration (IMSCM).
HEALTH ASSESSMENTS AND MEDICAL TRAVEL ASSISTANCE

Migration Health Assessments promote the health of migrants through the initiation of preventative and curative interventions for conditions that if left untreated, could have a negative impact on the migrant’s health and/or on the public health of the host communities. In 2015, IOM’s Migration Health Division (MHD) Accra, continued to conduct migration health assessments for refugee resettlement programs mainly for the US, Canadian, Australian, and New Zealand governments. Health assessments were also conducted for self-paid visa applicants and government-sponsored students for countries such as Canada and Australia. In addition to health assessments, DNA samples were also collected in collaboration with governments and laboratories in Australia, Canada, Italy, Spain and the UK. In 2015, the Migration Health Assessments Centre (MHAC) in Accra, conducted migration health assessments and travel health assistance activities for a total of 5,742 clients. This figure has increased, compared to the 5,040 clients seen in 2014.

Table 3: Breakdown of the different programs implemented in 2015

<table>
<thead>
<tr>
<th>Migration Health Assessment Programs</th>
<th>No. of clients in 2015</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK TB Detection Program</td>
<td>3,723</td>
<td>1,805</td>
<td>1,918</td>
</tr>
<tr>
<td>Australia Migration Health Assessment</td>
<td>210</td>
<td>100</td>
<td>110</td>
</tr>
<tr>
<td>Canada Migration Health Assessment</td>
<td>907</td>
<td>366</td>
<td>541</td>
</tr>
<tr>
<td>United States Migration Health Assessment</td>
<td>16</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Migration Health Assessments for other countries</td>
<td>178</td>
<td>94</td>
<td>84</td>
</tr>
<tr>
<td>DNA sample collection (Canada, Australia, UK and Italy)</td>
<td>708</td>
<td>349</td>
<td>359</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,742</strong></td>
<td><strong>2,718</strong></td>
<td><strong>3,024</strong></td>
</tr>
</tbody>
</table>

5,742 migration health assessments and medical assistance for travel conducted in 2015
REFUGEE RESETTLEMENT

IOM Accra coordinates health assessments for different resettlement programmes in 23 countries in West and Central Africa, at IOM Migration Health Assessment Centres (MHAC), or in collaboration with panel physicians in countries where there are no IOM migration health physicians. The main objective of the health assessment is to identify and address conditions of public health concern in order to mitigate the impact of migrants’ burden of disease on the health and social services of the host and resettlement countries.

The migrants’ current and past medical conditions are identified and it is determined if the migrant’s health is stable and fit to travel. Preventative and curative services include immunizations, presumptive treatment for malaria and other communicable diseases, and the management of non-communicable diseases such as hypertension and diabetes are also provided. Counselling and health education is conducted in the language that the migrants understand. When a migrant is found to have a serious medical condition, recommendations are made to facilitate arrangements for medical and social care in the destination country. When necessary, medical escorts are organized. A pre-departure medical check concludes the health assessment process.

IOM Ghana’s MHAC conducted a total of 2,397 health assessments for refugee programmes in 2015. Table 2 shows the breakdown of the number of refugees examined for the different country resettlement programmes.

Table 4: Number of refugees examined for the different resettlement programs in 2015

<table>
<thead>
<tr>
<th>Program</th>
<th>Total No. of people examined in 2015</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States Refugee Admissions Programme</td>
<td>1,647</td>
<td>826</td>
<td>821</td>
</tr>
<tr>
<td>Canada Refugee Resettlement Programme</td>
<td>718</td>
<td>352</td>
<td>366</td>
</tr>
<tr>
<td>Australian Refugee Resettlement Programme</td>
<td>31</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>New Zealand Refugee Resettlement Programme</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,397</strong></td>
<td><strong>1,193</strong></td>
<td><strong>1,204</strong></td>
</tr>
</tbody>
</table>
UK TUBERCULOSIS PROGRAMME

The purpose of the UK Tuberculosis (TB) programme is to detect the suspected presence of active pulmonary TB in people who are applying to travel to the UK from a country identified by the World Health Organization (WHO) as having a high incidence of TB, and are planning to stay for more than six months. This often includes people applying for a UK visa for family reunification, education or employment. The programme screens visa applicants for TB and facilitates access to diagnostics and treatment in their countries of origin. A medical certificate is given to all visa applicants who are found to be free of Tuberculosis.

IOM Ghana’s MHAC conducts TB screening in Accra, and also coordinates the UKTB screening process for other countries in West and Central Africa namely; Congo DRC, Senegal, Sierra Leone, Cameroon, Gambia and Cote d’Ivoire. A total of 6,333 UK visa applicants were screened under the UKTB programme in West and Central Africa. The breakdown by country can be seen in figure 1 below.

UKTB Programme in West and Central Africa – 2015
HEALTH PROMOTION AND ASSISTANCE TO MIGRANTS

GHANA EBOLA VIRUS DISEASE (EVD) PREPAREDNESS PROGRAMMES

In 2015, IOM Ghana continued to implement EVD Preparedness Programmes under the thematic area of Health, Border and Mobility Management (HBMM). The mission received a total of USD $782,000 as funding support from the Government of Japan and the Government of Canada through a UN Joint programme. The objectives of the programme were:

1. Strengthening the capacity of border officials at eight selected Points of Entry (PoE) to identify and protect themselves from Ebola and other infectious diseases; and
2. Providing information to increase awareness of border communities and at-risk communities located near Ghana’s sea ports.

IOM, in collaboration with the Ghana Health Services, organized 16 two-day training workshops which helped to build the capacity of 781 officials (583 men and 198 women) from Port Health, Ghana Immigration and Customs at the eight selected PoE in the country namely: Kotoka International Airport, Tema Seaport, Takoradi Seaport; Elubo, Aflao, Sampa, Hamile and Paga. Twenty-five per cent of the trained officers were women. The training included presentations on: the Impact of EVD, Surveillance for EVD, the Recognize, Isolate, Notify and Give Support (RING) Approach, EVD Preparedness and Response at PoE, Infection Prevention and Control at PoE, and EVD Standard Operating Procedures.

IOM placed special emphasis on empowering officers to protect themselves from Ebola and any other infectious diseases in the line of duty.

781 frontline border officials trained on Ebola preparedness

At an EVD preparedness training exercise in Aflao, Volta Region, frontline border officials (consisting of immigration, customs, and port health officers) demonstrate how to wear basic protection equipment. © IOM Ghana, August 2015 (Photo: David Pwayidi)
The programme also donated Personal Protection Equipment (PPE) and hygiene equipment to the Ghana Health Service (GHS), Ghana Immigration Service (GIS) and the Customs Division of the Ghana Revenue Authority (GRA) at the eight selected points of entry. The equipment received at the eight PoE included over 100 full PPE suits; 54 non-contact infrared thermometers; 56,000 pairs of disposable hand gloves; 35,900 face masks; 185 disposable aprons; 14 knapsack sprayers; 26 Veronica Bucket systems and large quantities of bleach, alcohol disinfectant, hand sanitizers, and washing soap. Eight computers and printers were also given to Port Health at each PoE site.

A second key component of the program was Community Sensitization. IOM focused on community mobilization activities aimed at empowering community leaders to raise awareness and increase their communities’ knowledge on the causes, symptoms and modes of prevention of EVD in order to promote behaviour change.

833 community leaders (of which 40% were women) were trained to recognize the signs and symptoms of Ebola and to follow a basic procedure for referring such cases to the nearest health institution. The same message was then taken to communities in each project district, and also disseminated through local radio and other media platforms. Personnel of the Ghana Health Service in each participating district, (who were trained and supported by IOM), served as resource persons for the training of community leaders, and led the public and media events in the local languages.

10,350 residents living in border communities are taught how to protect themselves against the possible threat of an Ebola outbreak

Following a Health Social Mobilization programme on Ebola Virus Disease, residents from the Paga community practice proper hand-washing techniques. © IOM Ghana, November 2015 (Photo: David Pwayidi)
So far, 41 communities located around the participating PoE, have benefited from the EVD program. Opinion leaders, women groups, traditional leaders, men, women, and children, were encouraged to actively participate in all of the social mobilization programmes which included a number of different activities such as: 41 community durbar, sensitization activities in 137 schools, 98 churches and 29 mosques. Twenty-eight thousand information, education communication (IEC) materials were produced and distributed, together with 1,500 training manuals, 20,000 comics, and 1,000 T-Shirts with EVD prevention messages. A total of 10,350 people were directly reached through the durbars and other public events.

To conclude the programme, IOM Ghana and Ghana Health Service (GHS), with the support of the IOM Regional Office in Dakar, conducted two simulation exercises at the borders with Cote D'Ivoire (Elubo) and Togo (Aflao) during the week of 14-18 December 2015. The purpose of the simulation exercises (which was based on WHO methodology and building on previous IOM experiences in Sierra Leone), was to test and improve the capacity of Ghanaian authorities to quickly detect and respond to EVD suspected cases presented at the border points.

The exercises were successfully conducted and findings were reported to the government and stakeholders during a debriefing session in Accra. Some gaps in Infection Prevention and Control (IPC) procedures and coordination of the responses were identified, while recommendations were formulated and presented at the debriefing. A detailed report of the assessments has been prepared for distribution to stakeholders.
Refugee resettlement continues to be one of the key activities of IOM operations worldwide. IOM Ghana coordinates movement operations in support of resettlement in most of West and Central Africa. Additionally, IOM Ghana closely coordinates its efforts with IOM missions in countries of departure and arrival, and other partners including UNHCR, Resettlement Support Centre (RSC) and embassies.

In 2015, IOM Ghana facilitated the resettlement, family reunification, and other types of permanent migration for 2,501 refugees and migrants. Forty-five per cent of all refugees assisted were women. The main nationalities of the refugees who were resettled include Sudanese (695), Central Africans (549), Congolese from DRC (300) and Rwanda (148). Major countries of departures were Chad (861), Cameroon (379), Congo (319), Ghana (151), and the Democratic Republic of Congo (131). These migrants eventually resettled in either The United States, Canada, Australia or Europe.

In the United States, 1,133 refugees resettled under the United States Refugee Admissions Program (USRAP) from 13 countries in the region (the region currently covers 23 countries). This is double the departures of 2014. These refugees departed from 13 countries, the majority leaving from Chad (539), Congo (306) and Cameroon (157).
Another 713 refugees resettled in Canada, (this figure was also almost double the number of resettlement cases to this country as last year). The majority of these refugees were living in Chad (283), Cameroon (200) and Ghana (88). Australia received 31 refugees. This figure was less than the number of refugees reported in 2014. Lastly, various European countries including Norway, Sweden, Finland, Netherlands, Ireland, Denmark, Belgium, Germany and the United Kingdom accepted a total of 129 refugees and family migrants.

Travel arrangements made on behalf of migrants include: obtaining exit permits and transit visa waivers; providing transportation logistics and support with departures and arrivals, in-country transiting; and ensuring safe and efficient international transportation. IOM also provided extensive logistical support for refugees to appear for their interviews, medical exams, and the cultural orientation sessions that were organized by Church World Services (RSC Nairobi), embassies or IOM. In 2015, more than 35 missions were organised in Chad, Cameroon, Republic of Congo, the Democratic Republic of Congo, Ghana, and other locations.
Refugee Resettlement West and Central Africa in 2015*

**By Gender**

- Men: 959
- Women: 1047

**By Nationality**

- Rwanda: 148
- Congolese: 300
- Sudan: 695
- Central African Republic: 314
- Other: 549

**By Country of Departure**

- DRC: 131
- Ghana: 151
- Others: 165
- Congo: 319
- Cameroon: 379
- Chad: 861

**By Country of Destination**

- Australia: 31
- Others: 129
- Canada: 713
- U.S.A: 1133
COUNTRIES COVERED BY IOM ACCRA OPERATIONS AND MOVEMENT IN CENTRAL AND WEST AFRICA
CULTURAL ORIENTATION

The purpose of Cultural Orientation (CO) or Pre-departure Orientation programmes is to prepare refugees or migrants for the initial stages of their life in a new country. This helps mitigate the effects of culture shock, enables migrants to have realistic expectations about the country and also aids tremendously in the adaptation and integration process.

IOM Ghana is responsible for overseeing the CO of migrants departing from West and Central Africa and has been delivering orientation sessions for refugees resettling to Australia, Canada and the Netherlands since 2004. In 2015, CO sessions were delivered to a total of 566 refugees—543 Canada bound refugees (261 men and 282 women) and 23 Australia-bound refugees (11 men and 12 women).

Canadian Orientation Abroad (COA)

The Canadian Orientation Abroad (COA) programme marked its 10th year of implementation in the region. The training sessions for refugees bound for Canada, normally runs for three days. In locations where training is impossible, informational packages are sent to the refugees for self-study prior to their departure. Trainings cover a variety of topics including: preparations for travel, travelling by air, geography, cultural adaptation, accommodation, healthcare, Canadian laws, transportation, education, employment and money management. An hour is normally set aside to discuss youth-specific topics.

In 2015, the COA sessions were delivered in a number of locations including: Chad, Cameroon, Gambia, Togo, Ivory Coast and Ghana. Beneficiaries of the programme belonged to a wide range of nationalities including Liberians, Tibetans, Ivorians, Gambians, Sudanese, Pakistanis, Sierra Leoneans, Central-Africans, Chadians, Congolese, Nigerians, Rwandans, Mauritanians, Eritreans, Cameroonian, Syrians and Burundians.

Typically, the main issues of concern for migrating adults are issues related to employment, education, and health. Most migrants want to become financially independent as soon as possible and look forward to finding jobs immediately. Through the COA, they receive thorough explanations on their employment options, in light of their limited education and lack of experience. Additionally, some of the families migrating are coming from situations involving poverty which means that some of the migrating children are without a proper education. It is therefore a priority expectation
The younger migrants are encouraged to participate in the COA. They often ask questions about education, seasons and sports. Because a majority of the participants are from tropical-climate countries, they are often quite apprehensive about how they will cope during the winter season. These concerns are addressed through interactive activities.

A participant at a COA session in Tabou, Ivory Coast is dressed in layers to demonstrate how to dress appropriately for winter. © IOM Ghana, July 2015 (Photo: Patience Lartey)

Women represent 48% of all refugees trained during the COA sessions and a significant amount of effort is made to ensure that they fully participate in all activities and raise their concerns regarding gender-related issues. During the COA sessions, extra staff are on hand to help look after children under 10 years so that their parents can focus fully on the information being taught.

A participant practicing her signature during a COA session in Tabou, Ivory Coast. © IOM Ghana, July 2015 (Photo: Patience Lartey)

This year the IOM Ghana CO trainer participated in a COA facilitator’s workshop in Canada. This training workshop helped to strengthen her familiarity with Canada and its programme requirements.
IOM Ghana has operated the Canada Visa Application Centre (CVAC) in Accra, since October 2013 as part of a global IOM partnership with VFS Global. The CVAC is located on the same premises as the IOM main office in Accra. CVAC is the exclusive service provider for the Government of Canada and is authorized to accept applications for visitor’s visas, study and work permits from Ghanaian residents and other neighbouring countries including: Togo, Benin, Gambia, Liberia, Sierra Leone, São Tomé and Príncipe, Ascension, St. Helena, and Tristan da Cunha. The CVAC also provides administrative support services, such as the review of visa applications for accuracy, as well as processing and dispatching applications to the Canadian High Commission.

Decisions are made by the Canadian High Commission visa office after which the CVAC notifies applicants by phone or e-mail to collect their decision envelopes. The CVAC also provides other services such as passport transmission, printing of documents, photocopies, self-service and assisted form filling. Applicants required to go through the biometric process are also provided with assistance at the CVAC. In 2015, a total of 7,463 applications were received by the CVAC. On average, 15-20 applications are submitted per day, with up to 40-50 per day in the peak season (from May to August). The majority of applications received at the CVAC in 2015 were for visitor visas, followed by student visas and work permits.
OTHER EVENTS AND SOCIAL MEDIA

Intra-Regional Forum on Migration and Labour Mobility within Africa: Towards Facilitating Free Movement of Persons in Africa

The First Joint Annual Forum for Intra-Regional Consultations of Africa Regional Frameworks on Migration was hosted by the Government of Ghana from 16-18 September, 2015 in Accra, Ghana. The three-day meeting held under the theme “Enhancing capacities of Africa Regional Frameworks on Migration to Facilitate Intra-Regional Labour Mobility, Free Movement of Persons and Integrated Border Management”, brought together over 100 high-level officials and experts from each of the Secretariats and Member States of the eight Regional Economic Communities (RECs) namely; CEN-SAD, COMESA, EAC, ECCAS, ECOWAS, IGAD, SADC and Arab Maghreb Union (UMA). The programme was a joint initiative of the Government of Ghana, the African Union Commission (AUC), the International Organization for Migration (IOM), the United Nations Economic Commission for Africa (UNECA), and the International Labour Organization (ILO). The main objective of the forum was to enhance capacities of the Africa Regional Frameworks on Migration to facilitate Intra-Regional Labour Mobility, Free Movement of Persons and Integrated Border Management through sharing of knowledge and information, good practices, experiences and lessons learned. Recommendations from the Accra forum contributed to the implementation of the AU Assembly Declaration on Migration adopted in its 25th Ordinary Session in Johannesburg in June, 2015. The recommendations also informed the AU Common African Position, by providing inputs towards preparations for the Africa-EU Summit on migration that was held in Valletta, Malta in November, 2015. This Forum constituted the first of annual forums expected to rotate regionally in Africa.
**Visit of the IOM Director General**

On the occasion of the Intra-Regional Forum on Migration and Labour Mobility within Africa held in September 2015, the IOM Director General, Mr. William Lacy Swing, visited Ghana and the IOM office in Accra for the first time. He was presented with a beautiful bespoke kente cloth upon his arrival at the IOM Accra office.

**Panel Discussion: Diaspora, Transnational Belonging and Giving Back**

As part of its celebrations for International Migrants Day, IOM Ghana organized a panel discussion on Diaspora, Transnational Belonging and Giving Back. In recent years, there has been increased recognition of the financial and economical contributions that migration has on stimulating development in countries of origin. Migrants living in the diaspora contribute greatly to the development of their countries of origin in many ways; through remittances, diaspora entrepreneurship, transfer of skills and knowledge as well as competencies, which can have a positive impact on the national economic growth. The panel discussion, which was jointly organized by IOM Ghana and the Diaspora Affairs Bureau of the Ministry of Foreign Affairs and Regional Integration, sought to explore diaspora identity which is characterized by a transnational sense of belonging with attachment and commitment to both the homeland and the country of residence. The panel members and the audience enthusiastically discussed what drives diaspora members’ generosity and passion for their countries of origin, how belonging is nurtured across continents and generations and what “giving back” looks like in practice.
IOM Ghana held its annual summer internship programme in June and July of 2015. The internship, organized in cooperation with the Syracuse University Abroad programme, is open to students interested in working in the aid/humanitarian field. Three students from New York participated in the seven-week experience. The programme included an orientation week and field work with two assignments culminating in detailed reports and presentations.

The first assignment consisted of interviews conducted with returning migrants or families of missing migrants from the Nima community in Accra. This is a community with a high prevalence of migration, with many attempting the dangerous journey through the desert into Libya, and some trying to cross the Mediterranean to reach Europe. As part of the Missing Migrants project (which aims to gather information on missing migrants worldwide), the interns collected the stories of those who attempted these journeys or of the families who had lost a loved one during the perilous voyage. The interns then analyzed the interviews to provide a clearer understanding of the phenomenon.

For their second assignment, the interns spent two weeks at a Child Protection Centre in Tema, just outside of Accra. Earlier in the year, 20 children were rescued by IOM from trafficking in the fishing sector and were undergoing rehabilitation at this centre before returning to their families. The interns interacted with the children and taught them basic skills in reading, writing and math. The interns also helped with preparing the children for their return to school and the reunification with their families.

Both of these assignments allowed the interns to obtain first-hand knowledge of the prominent migration issues in Ghana and personally interact with those affected. One of the students described what the experience was like for her.

She explained,

"The time we spent as interns for IOM Ghana surpassed every expectation. The staff was welcoming and encouraged us to explore our interests. The Ghanaian people were hospitable and friendly. One of our assignments focused on telling first-hand stories of irregular migration, and the other on interacting with children survivors of trafficking. The combination of professional and personal experiences allowed each of us to grow as individuals and members of the global community. We will be forever grateful to IOM Ghana for this extraordinary opportunity."

Three interns who took part in the Syracuse Abroad programme in 2015 (from left to right: Neha, Rachel and Ann) © IOM Ghana, July 2015. (Photo: Daniel Sam)
IOM Ghana enjoys a solid and fruitful partnership with the Government of Ghana, and most particularly with the following Ministries, Departments and Agencies:

- Ministry of Foreign Affairs and Regional Integration
- Ministry of the Interior
- Ministry of Gender, Children and Social Protection
- Ministry of Employment and Labour Relations
- Ministry of Health
- Ghana Health Service
- Ghana Immigration Service
- Ghana Police Service
- Ghana Statistical Service
- National Development Planning Commission
- Centre for Migration Studies, University of Ghana, Legon
- National Disaster Management Organization

For over 25 years, IOM Ghana has also built dynamic partnerships with development partners, non-governmental organizations and private partners. Below is a listing of our donors and partners for 2015.
THANK YOU!

FROM THE IOM GHANA TEAM