**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.

IOM launched an appeal on May 22 2015, outlining humanitarian assistance to an estimated 10,000 stranded migrants for temporary shelter & non-food items (NFIs), health & nutrition, psychosocial, return assistance and migration management support and coordination. Between May 10 and July 27, 5,498 migrants who had departed from Myanmar and Bangladesh managed to disembark at locations in Bangladesh, Indonesia, Malaysia, Myanmar and Thailand. The Arakan Project has not recorded any new departures since May 2015 and it is not believed that any additional boats are still at sea. The estimated number of affected migrants has been revised downwards from 10,000 to 7,000, due to the likelihood that some of disembarkations may have taken place in locations and areas outside of the scope of national authorities.

Since May 2015 IOM has been providing humanitarian assistance to stranded migrants in Indonesia, Myanmar, Thailand and stands ready to provide assistance to stranded migrants in Malaysia if requested by the Government of Malaysia. As of August 4, in Bangladesh IOM has provided return assistance to a total of 1,380 migrants. IOM also provided food, sleeping mattresses with pillows, T-shirts as well as conducted health screenings, and arranged onward local travel.
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 Indonesia, Thailand, Myanmar and Malaysia 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 May 20 2015.

Bangladesh: Temporary shelter for Bangladeshis who returned to Bangladesh through air and land was arranged in Cox’s Bazar town by the local administration and with IOM assistance. IOM supported returned migrants food, health screening, sleeping mattresses with pillows, T-shirts and onward local travel assistance.

Indonesia: IOM has been designated the lead agency by the Government of Indonesia to support shelter and non-food items assistance. IOM assisted Indonesian authorities in sheltering 853 Bangladeshi migrants and 967 ethnic-Rohingya migrants from Myanmar who landed on the coasts of Aceh and North Sumatra between May 10 and May 20 2015. Immediate assistance includes non-food items, medical care and clothing, as well as extensive renovation of shelter and sanitation facilities. IOM continues to assist the 1,218 migrants remaining in Aceh and Medan in addition to more than 10,000 other refugees and asylum seekers who have arrived prior to or after May 2015 in Indonesia.

Malaysia: IOM stands ready to provide humanitarian assistance to the reported 1,107 stranded migrants detained in Immigration Detention Centres. 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 assisting this population.

Myanmar: IOM has been on the ground since the first disembarkations in Myanmar on May 22 in the Northern Rakhine State. IOM is supporting authorities to ensure that minimum standards of care and support to migrants are maintained, whilst awaiting verification of their nationality and return. Results have included: a) provision of basic care such as water, sanitation, food and shelter improvements to 944 Migrants in two location in northern Rakhine State since May 22; b) provision of firewood and equipment; c) regular provision of NFIs including clothing, sleeping mats and other NFIs; and d) overall centre maintenance. IOM constructed 12 latrines in in Mee Tike and Taung Pyo shelters, and provided water tanks, cleaning materials buckets, jerry cans and sleeping mats.

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, a 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) projects, including toilet/shower and a water borehole construction.

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 Bangladesh, Indonesia, Malaysia, Myanmar and Thailand in establishing and/or strengthening additional facilities so that temporary shelter meet migrants’ humanities needs and are in line with guidelines on temporary protection and stay.
Health and Nutrition Support

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.

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. Since June, IOM has been providing health screenings for returning migrants of the boat crisis in cooperation with the Bangladesh Red Crescent Society, the national Red Cross. For example, IOM teams provided medical screenings for 458 returnees from Myanmar. This includes consultation, basic treatment and blood screening. IOM teams will continue to provide primary health care screening and treatment to all forthcoming returning 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 the 6 points of disembarkation in all locations in Aceh and North Sumatra and close coordination with local health authorities and clinics. Most migrants that arrived were significantly exhausted, traumatized, undernourished, and suffered from severe dehydration. Many of the men had wounds and fractured bones – possibly a result of fights on board – and needed immediate attention. Indonesian authorities had promptly taken action to shelter and assist the migrants with the support of local partners. Migrants in the shelters were referred to the nearest clinics or hospitals for the following health problems: suspected TB, typhoid, suspected pneumonia, dyspepsia, anemia, febris, dermatitis and cephalgia. IOM will continue to 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.

Myanmar: Migrants stranded in Myanmar had been aboard the boats for at least 3 months before disembarking. The men were noticeably weak, thin and exhausted and in much worse condition than the women and children. Some were not able to support themselves and had to be helped by others. Women and children were tired and distressed. IOM assisted temporary health centre jointly with Malteser and the Ministry of Health. Complaints were mainly abdominal pain, body pain, headache, skin diseases and some cases of head lice. While the clinic on site treated only minor disease further referrals have been made to the sub-township station hospital.

Thailand: IOM has provided medical and supplemental nutrition assistance to over 3,500 persons who departed from Myanmar and Bangladesh and who have been temporarily detained in Thailand since 2013. Today, IOM is assisting over 900 persons and 106 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.
Psychosocial Support

On board these perilous journeys, some migrants endured 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.

**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. In partnership with local Social Affairs Offices, NGOs (e.g. Save the Children) and local universities, IOM helped facilitate various activities aimed at reducing psychological vulnerability and promoting community resilience. These activities have included movie nights, language classes, sports games, cleaning completions and praying groups. IOM has also conducted a vulnerability screening of all migrants, resulting in 589 identified vulnerable cases including 384 unaccompanied minors and separated children. Relatives of six separated children have been located in other locations and have since been reunited.

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

**Return Assistance**

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

As of Aug 4 at least 2,000 persons will require support to return to their country of origin. Assisted Voluntary Return (AVR) is a core activity of IOM that has provided vital assistance to tens of thousands of migrants returning home every year. IOM’s AVR projects in the region consist of counselling, pre-departure and departure assistance in Indonesia, Thailand and Myanmar, and reception assistance in Bangladesh. IOM sees voluntary return as a key strategy in ensuring humane and orderly movement of migrants.

For the estimated 2,000 persons in need of return support, IOM will provide pre-departure counseling, pre-embarkation assistance and medical/fit-to-travel checks, and transportation to the home country. Upon return IOM will provide returning support per person. IOM Country Missions in the countries of origin will assist in the coordination of the return and reception assistance.
Migration Management Support and Coordination

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.

In Bangladesh, Myanmar and Thailand, IOM provides technical expertise and works closely with the governments 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. 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.

$0.4 million
Funding required
MARITIME CRISIS IN THE BAY OF BENGAL AND ANDAMAN SEA

IOM provides humanitarian assistance related to temporary Shelter, Health & Nutrition, Non-Food Items (NF), Sanitation and Psychosocial Assistance.

Data Source: IOM - UNHCR
*Individual disembarkations - Source: Arakan Project

This map is for illustration purposes only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.

www.iom.int  Contact Ms Jaffey Lubovitz  @j-lubovitz@iom.int
# Summary of IOM Projects within the Appeal

<table>
<thead>
<tr>
<th>Activities</th>
<th>Bangladesh</th>
<th>Indonesia</th>
<th>Malaysia</th>
<th>Myanmar</th>
<th>Thailand</th>
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## IOM Appeal (USD)

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<td><strong>$1.0 M</strong></td>
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## IOM operations are supported by:

- From the People of Japan
- Humanitarian Aid and Civil Protection
- Swiss Agency for Development and Cooperation SDC

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