On 20 July 2017, IOM Yemen Displacement Tracking Matrix (DTM) team in Shabwa, a governorate in the south of Yemen, reported the sudden displacement of 130 households (780 individuals) who had to abandon their houses, losing all their belongings, caused by the severe floods in the area.

Within 48 hours, IOM carried out the distribution of much needed non-food items and emergency shelter kits to the affected families. Each family received mattresses, blankets, sleeping mats, kitchen sets, jerry cans, water buckets, pickaxes, saws, sisal. Around 600 non-food items and emergency shelter kits were distributed to the affected families.

"More than two years of brutal conflict has turned this society upside down leaving a trail of needless devastation in its wake. For Yemenis and migrants the protracted conflict has become an endless nightmare and Swing in meetings with the authorities has prioritized improved humanitarian access. He has also met displaced people to discuss their needs as well as migrants. The massive humanitarian crisis in Yemen is not limited to the displacement of people. Basic sanitation has broken down across much of the country and millions are without clean water, leaving cholera and other diseases to thrive in the combination of fertile ground to be exploited and abused. The authorities have a responsibility to open up humanitarian access and the world has an obligation to come to the aid of the people who are suffering. The escalating armed conflict is restricting humanitarian aid delivery, aggravating malnutrition and spreading disease. The authorities have a responsibility to open up humanitarian access and the world has an obligation to come to the aid of the people who are suffering. The world's worst cholera outbreak is now part of the volatile mix and mind-numbing as it may seem, one million Yemenis are expected to contract Cholera by the end of this year."

The internecine conflict which has convulsed Yemen for three years already shows no sign of being resolved has already driven more than 3 million people from their homes putting them and their children at grave risk. The internecine conflict which has convulsed Yemen for three years already shows no sign of being resolved has already driven more than 3 million people from their homes putting them and their children at grave risk. The UN Migration Agency on a visit to the country today urged the authorities to permit an urgent expansion of humanitarian access in order to save lives. The authorities have a responsibility to open up humanitarian access and the world has an obligation to come to the aid of the people who are suffering.

The findings will allow IOM to produce regular updates on cross-border and transit mobility, including monitoring trends and needs and the migrants continue their journey often to be extorted repeatedly by different gangs. It will consist of the collection, analysis and dissemination of new and pre-existing data on migrant mobility between the Horn of Africa and the Arab Peninsula. The project is supported by the World Bank and the Governments of Kenya and Egypt, and will be implemented by IOM in cooperation with the Regional Office for Eastern Africa and the Middle East and North Africa.

The project will allow IOM to improve the coordination with countries in the region and ensure the provision of humanitarian aid and protection to migrants. The project will also allow IOM to improve the coordination with countries in the region and ensure the provision of humanitarian aid and protection to migrants. The project will also allow IOM to improve the coordination with countries in the region and ensure the provision of humanitarian aid and protection to migrants. The project will also allow IOM to improve the coordination with countries in the region and ensure the provision of humanitarian aid and protection to migrants.
The rehabilitation works conducted by IOM included the repair of the water reservoirs, the replacement of old pipes and was needed in order to assist the population living in those areas and prevent a further diffusion of the disease. The lack of access to water put important burdens on the population, including women and children, who bear the responsibility of fetching water from remote areas. Coupled with the cholera emergency in the country, an immediate action was needed in order to prevent a further diffusion of the disease.

IOM has completed the rehabilitation of four water projects in Hajjah and Amran Governorates. IOM has been providing health care to cholera-suspected migrants are assisted by IOM patrolling teams in the coastal areas. IOM has been providing health care to cholera cases and to ensure infection prevention and control procedures be in place.

The Global Fund's Middle East Response (MER) project.

In addition, IOM provides emergency health assistance to vulnerable migrants at migrants' concentration areas, including Aden, Hajjah, Saada and Taiz. While operational, these water systems were serving more than 35,000 individuals. The ongoing conflict and the recent floods in those areas have destroyed both water infrastructure, which resulted in a complete suspension of pumping of clean water.

The ongoing conflict in Yemen has resulted in a complex humanitarian crisis. This has weakened the health care system in the country, from where IOM has started distributing to 1.2 million long lasting insecticidal treated mosquito nets for malaria prevention is key to protect vulnerable migrants in the affected areas, to support local and liquid waste management, and cleaning. Regional and health awareness campaigns.

IOM is supporting the Sana’a Malaria Control Programme (NMCP) with funding from the Global Fund’s Middle East Response (MER) project. The distribution campaign is coordinated through health facilities and the National Malaria Control Programme and is supported by the local authorities, local and national NGOs and community volunteers. The distribution campaign includes health promotion and awareness activities to increase the awareness of mosquito nets for malaria prevention is key to protect vulnerable populations, IOM started distributing the nets and focuses on pregnant women, children, elderly, vulnerable populations including IDPs, NGOs, and all employees of IOM offices and medical centers in the country.

According to the WHO, between 27 April and 23 September 2017, 718,692 cholera suspected cases and 2,106 associated deaths were reported in 32 out of 33 governorates in Yemen. The health care system has been facing various challenges, including shortage of water and fuel supply, which has affected the availability of essential commodities.

IHME screening campaign in Yemen

Who: the cholera case was identified on 24 September 2017.

Fatima, a 50 years old lady, reached the IOM Diarrhea Treatment Center in Hajjah, unconscious. She was suffering of severe dehydration caused by cholera. Fatima's health conditions were extremely bad when she met the IOM doctor in the centre. But after several days, she was rescued, after she had received the required care. Fatima's daughter was extremely happy when she heard that the IOM doctor in the centre had rescued her mother. She was suffering of severe dehydration caused by cholera. Fatima's health conditions were extremely bad when she met the IOM doctor in the centre. But after several days, she was rescued, after she had received the required care. Fatima's daughter was extremely happy when she heard that the IOM doctor in the centre had rescued her mother. She was suffering of severe dehydration caused by cholera. Fatima's health conditions were extremely bad when she met the IOM doctor in the centre. But after several days, she was rescued, after she had received the required care. Fatima's daughter was extremely happy when she heard that the IOM doctor in the centre had rescued her mother.
A story from an IOM health foster family in Sana’a

When IOM met Ali Ismail, 20 years old, he had no idea about the war in Yemen. He used to live with his wife in Harer, Ethiopia, where he worked selling Qat, a mildly narcotic plant that is chewed by many people in the region. However, his poor income pushed him to migrate and find work in Yemen, improving his family’s economic situation. He found a migrant smuggler, paying around 15,000 ETH Birr (approximately USD 750) that he had earned from selling Qat.

He was transported overland from Ethiopia to Djibouti, and entered Yemen by crossing the Red Sea from Djibouti in the smuggler’s boat to Aden’s coastal area. He continued his journey to Rada’a, Al Baydah, where he worked on a Qat farm for 15 days. Ali Ismail decided to go to Sa’ada because he heard it was famous for Qat farms, but unknown to him, Sa’ada has been de facto military zone of Yemen’s conflict since it began in 2015. Ali Ismail worked for two months on the Qat farms in Sa’ada.

Once while he was under a tree, waiting for the heat from the sun to cool off, a bullet hit his chest. One of his friends who worked on the farm took him to a hospital in Sa’ada where he got first aid. Unable to walk and being bedridden, he could not receive all of the necessary medical assistance because the hospital in Sa’ada lacked equipment, medical staff, electricity, a consequence of the conflict. In Yemen, much of the public health sector has collapsed because of the conflict. With the help of a friend, Ali Ismail traveled to a Public Hospital in Sana’a. However, he was turned away because he did not have enough money to be treated. He spent all his savings on transportation to Sana’a and to be treated in the hospital and so was transferred to a temporary shelter in Sana’a.

Someone from the Ethiopian community in Sana’a told Ali Ismail’s friend to take him to IOM medical clinic in Sana’a. When Ali Ismail was brought to the IOM clinic, the health team assessed and admitted him to one of the Sana’a hospitals. IOM programme covered the cost for his hospital treatment. A week later, Ali Ismail was released and transferred to IOM temporary shelter where he continues to receive care. Ali Ismail has asked IOM to help return him to Ethiopia, once his health condition gets better and he will be fit to travel.

Ali is one of the 175,000 migrants who entered Yemen in 2016 and 2017, with the hope to find a better life in the Arabic Peninsula. IOM Teams are patrolling to identify them, offer humanitarian aid and counselling, and propose humanitarian voluntary returns.

Fatal Journeys Volume 3 - Part 1: Improving Data on Missing Migrants

Since 2015, more than 12,000 migrant deaths and disappearances have been recorded by the International Organization for Migration globally. The number could be much higher, but new data sources have been discovered that provide a global overview of existing data sources and illustrate the need for improvements to the ways that data on missing migrants are collected, analyzed and communicated.

The report highlights three key areas in which improvements can be made by policymakers, including datasets on the number of migrant deaths and disappearances. First, a growing number of innovative sources of data on missing migrants, such as “big data”, could be used to improve data on migrant fatalities. Second, much more could be done to gather data to increase identification rates, such as developing intraregional mechanisms to share data more effectively. Third, improving data on missing migrants also requires more thought and improved practice in the use and communication of such data.

Improving information and reporting on who these missing migrants are, where they come from, and above all, when they are most at risk, is crucial to building a holistic response to reduce the number of migrant deaths.

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