



INSIDE THIS ISSUE:

- IOM DIRECTOR GENERAL VISIT TO SANA'A
- Sudden displacement caused by floods in Shabwa
- Displaced Tracking Matrix – Tracking migrant flows from the Horn of Africa to the Arab Peninsula
- Girls & Zafan
- IOM scales up its response to fight malaria
- IOM CHOLERA RESPONSE - UPDATE
- Access to water for displaced population in Hajjah and Amran
- A story from an IOM health foster family in Sana'a
- FATAL JOURNEYS: IMPROVING DATA ON MISSING MIGRANTS

IOM Director General visit to Sana'a

Sana'a - 2 October 2017 - As famine and cholera threaten to engulf Yemen in vast humanitarian crisis, William Lacy Swing, head of 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.

"There is a veneer of normalcy in Sana'a, with people thronging busy streets, but it disguises a very deep crisis which Yemenis are facing with 21 million in urgent need of aid," said Swing.

"The escalating armed conflict is restricting humanitarian aid delivery, aggravating malnutrition and spreading disease. 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 authorities have a responsibility to open up humanitarian access and the world has an obligation to come to the aid of the Yemeni people," Swing added.

Already 80 percent of the Yemeni population - 21 million people – are in desperate need of aid as a result of a three year armed conflict which sees clashes and aerial bombings of urban areas on a regular basis. These twenty one million vulnerable Yemenis (along with tens of thousands of migrants passing through the country) do not know where their next meal is coming from. Basic sanitation has broken down across much of the country and millions are without clean water.

There have been over 2,000 deaths from the cholera outbreak so far. But while it can be deadly within hours if left untreated, it is easily preventable through basic hygiene. The country's healthcare and sanitation services are facing complete breakdown adding to this crisis. So far some 750,000 Yemenis have been hit by cholera (up from 276,000 last July) and more than 5,000 additional people are being infected every day.

Adding to the accumulation of woes more than 3 million of Yemeni children under 5 years of age are at risk of severe acute malnutrition due to the collapse in farming and famine looms as an ever-present risk of famine looming larger.

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.

A further 10 million Yemenis require immediate life-saving assistance, humanitarian aid and protection.

Of specific concern to the UN Migration Agency (IOM) is the tragedy that continues to befall many of the 6,000 migrants who continue to enter the country each month. They come in the hope that they can make their way through Yemen to the Gulf countries to find work as labourers or domestic workers.

Few realize the grave dangers from exploitation and other abuse they face when they get across the Red Sea to Yemen. But many are abducted upon landing by criminal gangs. A common technique is to call the migrant's family while allowing burning plastic from an empty water bottle drip on a migrant's skin causing burns and excruciating pain. Families usually pay up quickly and the migrants continue their journey often to be extorted repeatedly by different gangs.

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.

IOM has a well-established presence in Yemen with 603 staff across all of Yemen's 23 Governorates. Working with UN and other humanitarian partners including many local groups IOM delivers humanitarian aid, tracks the movement and needs of displaced people.

"More than two years of brutal conflict has turned this society upside down leaving a trail of needless devastation in its wake. The most vulnerable suffer most, especially Yemenis displaced by fighting or migrants trying to pass through the country seeking work in the Gulf," said Director General Swing.

Sudden displacement caused by floods in Shabwa

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.

IOM was able to immediately initiate the coordination process with local authorities in the affected area and conducted an assessment of the needs of the displaced population.

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 ropes, hammers and plastic sheets.



Displaced Tracking Matrix – Tracking migrant flows from the Horn of Africa to the Arab Peninsula

On 27 and 28 September, IOM Yemen conducted a two-day workshop in Nairobi, Kenya, aimed at coordinating its newly launched regional Displacement Tracking Matrix programme designed to enhance the understanding of migration and population mobility between the Horn of Africa and the Arab Peninsula.

With the support of the IOM Regional Offices for East Africa in Nairobi and for the Middle East and Northern Africa in Cairo, IOM Yemen coordinated with the IOM in Djibouti, Ethiopia, Somalia, Kenya and Egypt, and reinforce the joint actions which will permit collecting and analysing migrant data on the regional routes, trends and needs. The project is supported by the generous funding from the Government of Germany.

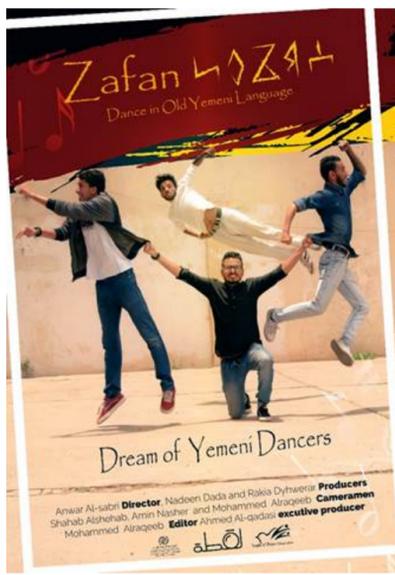
The workshop provided the opportunity for all project Focal Points to discuss the objectives, outputs, methodologies, recruitment, procurement, reporting and coordination mechanism which will permit IOM to better understand this important migration route, migrants' profiles and needs. It will consist 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 findings will allow IOM to produce regular updates on cross-border and transit mobility, including monitoring trends and movements over time. Data and reports will contribute to a comprehensive analysis of migration flows at the sub-regional level for the counties of Yemen, Djibouti, Somalia and Ethiopia, with an effort to better inform response planning.



Girls & Zafan – Two 6-minute films produced by young Yemenis, migrants and refugees

[Click on each image to download the short films](#)



IOM scales up its response to fight malaria

The ongoing conflict in Yemen has resulted in a complex humanitarian crisis. This has weakened the health care system in the country and further exacerbated infectious diseases such as cholera, malaria and tuberculosis. This continues to remain an important public health challenge as it contributes to high morbidity and mortality.

An estimated 60% to 78% of Yemen population lives in malaria risk areas, with roughly 25% located in high risk areas (>1 cases in 1,000), mainly concentrated down the western side (Tehama Region) of the country. Al Hudaydah and Hajjah are the two governorates with the greatest areas at high risk of malaria transmission. Low altitude areas of Sa'ada and Taizz and pockets along the western edges of Al-Mahweet, Raymah and Lahj are also known to be areas of relatively high risk of malaria transmission. Other affected governorates include the Western edges of Amran, Dhamar and Ibb.

Yemen is entering into a new high risk season, with the highest peak transmission during the winter. National Malaria Control Program reported that 97% of all malaria cases were observed in Tahama region which includes the governorates Al hodeida, Hajjah, Saada and Taiz.



IOM, in a partnership with The Global Fund to Fight HIV, TB, and Malaria, is providing essential services for the Yemeni people, and concentrates its efforts in providing drugs, medical consumables, and works with partners all over the country to strengthen the health care system. To prevent transmission of malaria in these high-risk populations, IOM started distributing 1.2 million long lasting insecticidal treated mosquito bed nets through mass distribution campaigns targeting the highest priority districts. The distribution of mosquito nets for malaria prevention is key to preventing transmission of malaria in the selected districts. The first shipment of 405,000 mosquito nets arrived from Mumbai to Aden, in the South of the country, from where IOM has started distributing to families in need.

The distribution campaign was launched in Al-Madariba district of Lahj governorate on 21 September 2017 with the distribution of 34,000 bed nets. The campaign includes health promotion and awareness building in the community for proper use of the bed nets and focuses on pregnant women, children, elderly, vulnerable populations including IDPs, migrants and refugees. 18 community leaders have been trained and sensitized regarding prevention of malaria and proper use of mosquito bed nets. Mosquito bed net distribution will benefit 77,488 households and 464,928 individuals.

The distribution campaign is coordinated through governorate health directorates and the National Malaria Control Programme (NMCP) with funding from The Global Fund's Middle East Response (MER) project.

IOM Cholera Response – an update

"When the doctor in the health facility told us that her condition is severe, I was totally destroyed. She is the only person that I care about and I will never cope losing her", said Fatima's daughter, when she learnt that her mother had a severe diarrhea.

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 saw her mother regaining health at the Diarrhea treatment Center (DTC) in Hajjah city.

The DTC in Hajjah city is one of the 14 diarrhea treatment centers supported by IOM in Yemen, as a response to the current cholera outbreak. Additionally, IOM is supporting 66 Oral Rehydration Points (ORPs) across 15 districts.

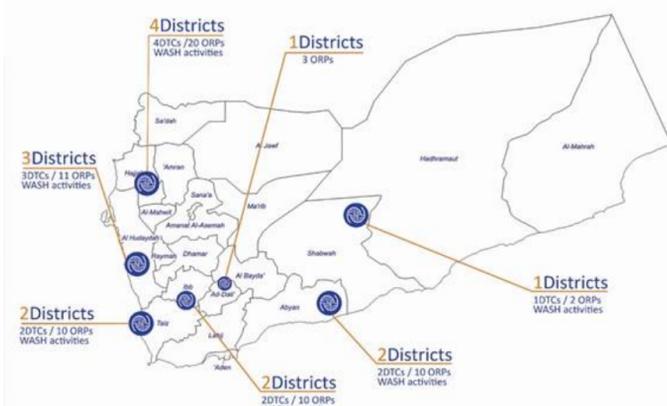
The first wave of cholera outbreak, in Yemen, was announced in September 2016 and continued until April 2017. A second wave of acute water diarrhea outbreak started during the last week of April 2017, when cholera cases suddenly increased. This was the start of a new alerting drastic situation in Yemen.

According to the WHO, between 27 April and 23 September 2017, 718,692 cholera suspected cases and 2,106 associated deaths were reported in 22 out of the 23 governorates in Yemen. The health care system has been facing a serious deterioration since the beginning of the crisis, with around 45% of health facilities partially functional or non-functional at all. During the last 10 months, around 30,000 health workers did not receive their salaries and the operational costs of 3,500 health facilities were not covered.

IOM response to the second wave of the cholera outbreak started at the very first beginning, with IOM donating cholera medicines and supplies to hospitals receiving the highest number of cases in Amanat Al-Asima and Hajjah governorates. IOM is currently leading an integrated Health/WASH cholera response in 15 districts in seven governorates in Yemen: Hajjah, Al-Hudaydah, Abyan, Al-Dale, Taiz, Ibb, and Shabwah.

IOM health response includes supporting 14 Diarrhea Treatment Centers and 66 Oral Rehydration Points to provide quality health care to cholera cases and to ensure infection prevention and control procedures be in place.

Since the beginning of August 2017, IOM supported DTCs and ORPs received and treated 14,100 cholera/AWD cases. IOM response includes water and sanitation approach, with the chlorination of water sources at the affected districts, the procurement and distribution of cholera hygiene kits for the most vulnerable families in the affected areas, a support to solid and liquid waste management, and cleaning, hygiene and health awareness campaigns.



Map of IOM presence and activities for cholera Response in Yemen

In addition, IOM provides emergency health assistance to vulnerable migrants at migrants' concentrated areas, including Aden, Sana'a (Amanat Al Asimah), Al Hudaydah, Shabwah and Lahj governorates. Since the beginning of the outbreak, IOM has been conducting screening for cholera cases among migrants at its the Migrant Response Points and foster families, as well as when migrants are assisted by IOM patrolling teams in the coastal areas. IOM has been providing health care to cholera-suspected cases through its fixed and mobile clinics. Additionally, IOM has been conducting awareness activities through these clinics as well as foster families and in detention centers.

The following tables illustrate AWD/Cholera cases and number of beneficiaries of health awareness activities among migrants in Yemen, since the beginning of the first cholera outbreak in October 2016.

Governorate	Total Screened	Total AWD (Cholera cases)			Total AWD				Total
		Suspected (AWD)	Confirmed	Total	Men	Women	Boys	Girls	
Aden, Lahj, Shabwah	28,786	2,384	14	2,398	1,636	126	586	50	2,398
Hodeidah	25,196	327	1	328	301	5	21	1	328
Sana'a	4,520	70	0	70	38	15	11	6	70
Total	58,502	2,781	15	2,796	1,975	146	618	57	2,796

IOM-cholera medical screening and management of migrants in five governorates

IOM improves access to water for 35,000 displaced persons in Hajjah and Amran

IOM has completed the rehabilitation of four water projects in Hajjah and Amran Governorates.

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 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 assist the population living in those areas and prevent a further diffusion of the disease.

The rehabilitation works conducted by IOM included the repair of the water reservoirs, the replacement of old pipes and fittings, and the provision of new pump units, providing clean water to the entire neighbouring population.



A story from an IOM health foster family in Sana'a

When IOM met Ali Ismail, 20 years old, he had been in Yemen for three months. 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 bed-ridden, 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 had spent all his savings to be treated in the Sa'ada hospital and to be transported to 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 return.



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

Since 2014, more than 22,500 migrant deaths and disappearances have been recorded by the International Organization for Migration globally. The real figure could be much higher, but many deaths are never recorded. *Fatal Journeys Volume 3 – Part 1* provides a global review of existing data sources, and illustrates the need for improvements in the ways that data on missing migrants are collected, analyzed and communicated.

The report highlights three key ways in which to improve the collection, sharing and reporting of data on missing migrants. 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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