IOM Humanitarian Compendium 2013
# Table of Contents

Acronyms and Abbreviations .......................................................................................... 3
Introduction ..................................................................................................................... 4
Humanitarian Priorities 2013 ......................................................................................... 5
Total Funding Gap as per MYR 2013 ........................................................................... 6
Funding Overview MYR 2013 ......................................................................................... 7
  AFGHANISTAN ........................................................................................................... 9
  CHAD ......................................................................................................................... 12
  DEMOCRATIC REPUBLIC OF CONGO (DRC) .......................................................... 16
  DJIBOUTI .................................................................................................................. 19
  HAITI ......................................................................................................................... 21
  KENYA ....................................................................................................................... 26
  MALI ......................................................................................................................... 31
  MAURITANIA ............................................................................................................ 36
  NIGER ....................................................................................................................... 38
  PAKISTAN ............................................................................................................... 40
  THE PHILIPPINES ................................................................................................... 45
  SOMALIA ................................................................................................................ 50
  SOUTH SUDAN ...................................................................................................... 55
  SUDAN ...................................................................................................................... 59
  SYRIA CRISIS ......................................................................................................... 64
  YEMEN ................................................................................................................... 73
  ZIMBABWE ............................................................................................................ 79
## Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AVR</td>
<td>Assisted Voluntary Return</td>
</tr>
<tr>
<td>AVRR</td>
<td>Assisted Voluntary Return and Reintegration</td>
</tr>
<tr>
<td>CAP</td>
<td>Consolidated Appeal Process</td>
</tr>
<tr>
<td>CCCM</td>
<td>Camp Coordination and Camp Management</td>
</tr>
<tr>
<td>CRP</td>
<td>Comprehensive Regularization Plan</td>
</tr>
<tr>
<td>CTS</td>
<td>Common Transportation Service</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
</tr>
<tr>
<td>FA</td>
<td>Flash Appeal</td>
</tr>
<tr>
<td>DTM</td>
<td>Displacement Tracking Matrix</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
</tr>
<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Persons</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>MMTF</td>
<td>Mixed Migration Task Force</td>
</tr>
<tr>
<td>MORR</td>
<td>Ministry of Refugees and Repatriation</td>
</tr>
<tr>
<td>NFI</td>
<td>Non-food Items</td>
</tr>
<tr>
<td>ND</td>
<td>Natural Disaster</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>PDMC</td>
<td>Provincial Disaster Management Committees</td>
</tr>
<tr>
<td>RRC</td>
<td>Relief and Rehabilitation Commission</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
</tr>
<tr>
<td>T &amp; M</td>
<td>Trafficking and Monitoring</td>
</tr>
<tr>
<td>TCN</td>
<td>Third-Country National</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>VoT</td>
<td>Victim of Trafficking</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>UN OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
</tbody>
</table>
Introduction

IOM carries out its humanitarian activities within the framework of its Constitution and in accordance with its commitment to the Inter-Agency Standing Committee (IASC). IOM fully supports and actively participates in the Consolidated Appeal Processes (CAPs) and other appeals coordinated by UN OCHA.


IOM’s revised total funding requirement for 2013 is USD 354,604,675 - an increase of around USD 51.6 million primarily as a result of the protracted Syria crisis and the increasingly important aspects of displacement and mobility in relation to the ongoing conflict. In order to implement IOM’s humanitarian projects in Afghanistan, Chad, the Democratic Republic of Congo, Djibouti, Haiti, Kenya, Mali, Mauritania, Niger, Pakistan, Philippines, Somalia, South Sudan, Sudan, Yemen, Zimbabwe and countries affected by the Syria crisis, IOM is still seeking an additional USD 233,214,694 until the end of 2013.

Since the beginning of 2013, IOM has been able to alleviate the situation of persons displaced by floods in Afghanistan, Chad, Kenya, Niger, Pakistan, the Philippines, Sudan and Zimbabwe, providing shelter and non-food items, health assistance as well as referrals, transportation along with early recovery and livelihood support.

IOM delivers humanitarian assistance to vulnerable populations, including IDPs, refugees, migrants and host communities. IOM has helped several thousand returnees fleeing conflict and natural disasters and returning to Chad, Iraq, Lebanon, Mali, Somalia, South Sudan, Sudan, Yemen and Zimbabwe. IOM provided the returnees with shelter, non-food items, health assistance as well as referrals, transportation and livelihood support.

As the global lead agency for the Camp Coordination and Camp Management (CCCM) cluster in natural disasters, the lead or co-lead agency for the Shelter cluster in half a dozen countries as well as a key actor in other clusters, IOM is committed to ensuring coordinated, accountable and cost-effective provision of humanitarian assistance. For several years IOM has been coordinating Non-Food Item (NFI) pipelines in Haiti, Pakistan and South Sudan, accounting for the largest quantity of NFIs distributed prior to the Syria crisis.

IOM’s Displacement Tracking Matrix (DTM) provides the means to track human mobility and trends, monitor displaced population, sectoral needs and assistance in times of crises. The DTM is increasingly being used in the DRC, Haiti, Mali, Sudan, South Sudan, the Philippines and Pakistan.

In order to respond efficiently to humanitarian needs, IOM’s Migration Emergency Funding Mechanism (MEFM) loaned funds to the current emergencies. This has enabled IOM to quickly address the needs of migrants stranded in Syria and help them to safely return to their home countries. The MEFM was established at the IOM Council in 2011 with the purpose of bridging the gap between the start-up of emergency and the receipt of donor funding.

We thank all our donors for their continued trust in and generous support of IOM and its activities and look forward to further engagement to help target beneficiaries in crisis-affected countries.

Donor Relations Division, IOM
Geneva, July 2013
Humanitarian Priorities 2013

1. **Humanitarian Aid/Early Recovery/Post crisis**
   
a. Large-scale emergencies:
   
   - **Syria Crisis**: IOM is working in Syria and the region, in coordination with UN agencies and NGOs, increasing its life-saving assistance to Syrians and other affected populations in need, and repatriating stranded migrants. Operations will carry on throughout 2013, in particular Shelter/NFI in Syria.
   
   - **Yemen**: responding to the urgent needs of vulnerable migrants, IOM is providing direct assistance, health and psychosocial support, livelihoods promotion, and transition support.
   
   - **Sahel countries**: returnees from Libya and displaced populations in Mali continue to need humanitarian assistance combined with reintegration support, stabilization of return communities and social cohesion efforts.
   
   - **Somalia**: IOM will continue to work on protecting and assisting vulnerable migrants and mobile populations, supporting community recovery through livelihoods promotion, service delivery and essential infrastructure, and addressing needs of spontaneous returns.
   
   - **Haiti**: urgent closing of camps and finding durable solutions for those remaining in camps, is a current priority. Over 270,000 IDPs were still living in 352 camps of increasingly deteriorating conditions.

   b. Underfunded emergencies:
   
   - Kenya, Djibouti, Zimbabwe

   c. All CAP emergencies, including crises which are less visible in the media:
   
   - Afghanistan, DRC, Libya, Myanmar, Pakistan and Sudan

2. **Human Rights (including Counter-Trafficking)**
   
a. **West Africa Child Trafficking**: IOM has been active in countering child trafficking since 2001 with direct immediate assistance to exploited and trafficked children, and also works to enhance governments’ response capacity. One IOM programme foresees to assist 500 children who cannot benefit from other sources of assistance. (Funding required: USD 1,500,000)
   
   b. **GAF**: IOM’s Global Assistance Fund is an emergency support mechanism that provides case-specific assistance to men, women, and children who have been trafficked, and who would have, otherwise, not been able to access adequate support. (Funding required: USD 200,000)
   
   c. **Unaccompanied Migrant Children (Global)**: Unaccompanied migrant children are among the most vulnerable people on Earth. Without parental care and often lacking legal status, they are less able to assert their basic rights and many are subjected to trafficking in human beings, and other forms of exploitation and abuse. Approximately 100,000 unaccompanied migrant children are believed to reside in Europe alone. This project aims to help national governments to strengthen protection for unaccompanied migrant children throughout the migration process. (Funding required: USD 3 Million)

3. **Strengthening IOM humanitarian response capacity**
   
a. **CCCM**: IOM is increasing global preparedness by transferring tools to relevant Government agencies in disaster-prone countries.
   
   b. **The multi-donor proposal** for institutional strengthening of DOE/IOM (USD 13,421,800 over three years).
   
   c. **MEFM**: Migration Emergency Funding Mechanism, adopted by the Council Resolution 1229 (C) on 5 December 2011. *(Intended Funding Balance: USD 30 million)*

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1 IOM humanitarian activities are embedded in the IOM Migration Crisis Operational Framework (MCOF).
Total IOM Funding Gap as per MYR 2013

<table>
<thead>
<tr>
<th>Appeal Country</th>
<th>2013 MYR Funding Gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>8,746,696</td>
</tr>
<tr>
<td>Chad</td>
<td>7,225,267</td>
</tr>
<tr>
<td>Democratic Republic of Congo (DRC)</td>
<td>12,192,874</td>
</tr>
<tr>
<td>Djibouti</td>
<td>5,353,935</td>
</tr>
<tr>
<td>Haiti</td>
<td>11,115,139</td>
</tr>
<tr>
<td>Kenya</td>
<td>7,245,662</td>
</tr>
<tr>
<td>Mali</td>
<td>7,295,809</td>
</tr>
<tr>
<td>Mauritania</td>
<td>507,156</td>
</tr>
<tr>
<td>Niger</td>
<td>2,491,650</td>
</tr>
<tr>
<td>Pakistan</td>
<td>14,330,057</td>
</tr>
<tr>
<td>The Philippines</td>
<td>4,657,885</td>
</tr>
<tr>
<td>Somalia</td>
<td>7,628,227</td>
</tr>
<tr>
<td>South Sudan</td>
<td>23,487,994</td>
</tr>
<tr>
<td>Sudan</td>
<td>9,312,271</td>
</tr>
<tr>
<td>Syria Crisis</td>
<td>65,740,425</td>
</tr>
<tr>
<td>Yemen</td>
<td>34,643,002</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>11,240,645</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>233,214,694</strong></td>
</tr>
</tbody>
</table>
## Funding Overview MYR 2013 – IOM

### IOM Funding Overview as of MYR 2013 (USD)

<table>
<thead>
<tr>
<th>Appeal title</th>
<th>Original Funding Req. (Jan 2013)</th>
<th>Revised Funding Req. as per MYR</th>
<th>Funding Received</th>
<th>Funding Gap</th>
<th>% Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>20,831,280</td>
<td>20,270,320</td>
<td>11,523,624</td>
<td>8,746,696</td>
<td>57%</td>
</tr>
<tr>
<td>Chad</td>
<td>3,821,340</td>
<td>7,820,990</td>
<td>595,723</td>
<td>7,225,267</td>
<td>8%</td>
</tr>
<tr>
<td>Democratic Republic of Congo (DRC)</td>
<td>16,350,000</td>
<td>16,350,000</td>
<td>4,157,126</td>
<td>12,192,874</td>
<td>25%</td>
</tr>
<tr>
<td>Djibouti</td>
<td>5,831,500</td>
<td>5,831,500</td>
<td>477,565</td>
<td>5,353,935</td>
<td>8%</td>
</tr>
<tr>
<td>Haiti</td>
<td>18,446,787</td>
<td>21,694,180</td>
<td>10,579,041</td>
<td>11,115,139</td>
<td>49%</td>
</tr>
<tr>
<td>Kenya</td>
<td>35,183,776</td>
<td>7,444,525</td>
<td>198,863</td>
<td>7,245,662</td>
<td>3%</td>
</tr>
<tr>
<td>Mali</td>
<td>7,237,717</td>
<td>10,812,314</td>
<td>3,516,505</td>
<td>7,295,809</td>
<td>33%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>-</td>
<td>507,156</td>
<td>-</td>
<td>507,156</td>
<td>0%</td>
</tr>
<tr>
<td>Niger</td>
<td>750,750</td>
<td>2,491,650</td>
<td>-</td>
<td>2,491,650</td>
<td>0%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>10,262,979</td>
<td>22,762,979</td>
<td>8,432,922</td>
<td>14,330,057</td>
<td>37%</td>
</tr>
<tr>
<td>Philippines</td>
<td>7,207,130</td>
<td>7,497,130</td>
<td>2,839,245</td>
<td>4,657,885</td>
<td>38%</td>
</tr>
<tr>
<td>Somalia</td>
<td>13,293,550</td>
<td>12,022,175</td>
<td>4,393,948</td>
<td>7,628,227</td>
<td>37%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>60,395,825</td>
<td>57,307,550</td>
<td>33,819,556</td>
<td>23,487,994</td>
<td>59%</td>
</tr>
<tr>
<td>Sudan</td>
<td>17,407,280</td>
<td>16,989,980</td>
<td>7,677,709</td>
<td>9,312,271</td>
<td>45%</td>
</tr>
<tr>
<td>Syria Crisis</td>
<td>35,620,115</td>
<td>94,182,000</td>
<td>28,441,575</td>
<td>65,740,425</td>
<td>30%</td>
</tr>
<tr>
<td>Yemen</td>
<td>38,146,297</td>
<td>38,146,297</td>
<td>3,503,295</td>
<td>34,643,002</td>
<td>9%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>12,223,929</td>
<td>12,473,929</td>
<td>1,233,284</td>
<td>11,240,645</td>
<td>10%</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>303,010,255</strong></td>
<td><strong>354,604,675</strong></td>
<td><strong>121,389,981</strong></td>
<td><strong>233,214,694</strong></td>
<td><strong>34%</strong></td>
</tr>
</tbody>
</table>

### Funding Gap by IOM Appeal

<table>
<thead>
<tr>
<th>Appeal title</th>
<th>Funding gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>8,746,696</td>
</tr>
<tr>
<td>Chad</td>
<td>7,225,267</td>
</tr>
<tr>
<td>Democratic Republic of Congo (DRC)</td>
<td>12,192,874</td>
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<tr>
<td>Djibouti</td>
<td>5,353,935</td>
</tr>
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<td>Haiti</td>
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<tr>
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<td>507,156</td>
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<td>Niger</td>
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<td>Pakistan</td>
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<td>Philippines</td>
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<td>7,628,227</td>
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<td>Sudan</td>
<td>9,312,271</td>
</tr>
<tr>
<td>Syria Crisis</td>
<td>65,740,425</td>
</tr>
<tr>
<td>Yemen</td>
<td>34,643,002</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>11,240,645</td>
</tr>
</tbody>
</table>

### Funding Gap by Sectors

- Funding gap (USD)
- Funding received (USD)

2 Excludes Syria crisis
IOM within inter-agency appeals 2013 - Mid-Year Review -
AFGHANISTAN

<table>
<thead>
<tr>
<th>IOM Afghanistan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Staff</td>
</tr>
<tr>
<td>IOM Field Locations</td>
</tr>
<tr>
<td>Funding required</td>
</tr>
</tbody>
</table>

Kabul city, NFI distribution to heavy rainfall affected families in February 2013 © IOM 2013

BACKGROUND & CHALLENGES

Afghanistan is still facing large-scale humanitarian needs from 34 years of conflict and recurrent natural hazards. In addition to 535,396 IDPs, Afghanistan hosts the largest returnee population in the world – 5.7 million people – with many more to come from neighbouring Pakistan and Iran that still host over 5 million Afghans in total.

Against the context of the upcoming 2014 elections and planned international military withdrawal, radical changes are taking place across political, economic and security sectors in Afghanistan. As part of the CHAP mid-year review process, a needs and vulnerability analysis indicated that humanitarian needs remain largely the same.

In the past six months, insecurity and conflict-induced displacement has led to a further deterioration in the protection profile. In the last six months there has been a slight increase in the overall number of security incidents and a substantial increase in the number of conflict-induced IDPs. Natural hazards and disasters are endemic in Afghanistan and affect 250,000 people every year. Cumulatively, 120,671 individuals were affected by natural hazards for the period January – May due to floods and earthquakes.

Despite a marginal decrease in the total number of civilian casualties, there has been a pronounced increase in civilian casualties in Faryab, Maydan Wardak and Farah provinces.

Protection

- Among widespread and significant displaced populations, there are individuals with special needs who are often put in a position of heightened risk of violation of their rights, and are less able to access aid and support.
- Children in emergencies are at a high risk of recruitment by armed groups, human trafficking, sexual and other forms of violence and exploitation.
Emergency Shelter and Non Food Items (NFIs)

**NEEDS**
- Due to the lack of basic infrastructure as well as poor living conditions, major damage and loss of life can result from relatively small-scale disasters. Some IDPs are living in makeshift, informal settlements while others are accommodated by host families, straining local communities and the already meagre coping mechanisms of the host families.

**PLANNED RESPONSE**
- IOM will provide emergency shelter kits, non-food items and/or clothes to families affected or newly displaced by natural disasters.
- IOM will target the highly-impacted areas, especially where the assessed needs are so acute secondary displacement is a risk. Following inter-agency joint assessments, a coordinated response will be organized.

**RESULTS TO DATE**
- IOM carried out an assessment among 1,556 families affected and found that 1,132 (11,839 individuals) needed NFI support. In this regard, IOM provided 514 emergency shelters and 2,118 NFIs to these families.
Multi-Sector

**NEEDS**
- In addition to registered refugee returnees, there are many undocumented Afghan migrants who have returned in vulnerable situations with little or no preparation. These often face more challenges than refugee returnees in their reintegration efforts to secure their livelihoods, land, housing, security and basic services, as a result of various reasons including lack of documentation.

**PLANNED RESPONSE**
- Up to 60,000 vulnerable returning migrants from Iran and Pakistan will be provided with assistance, including transportation, NFI and other necessary assistance to safely travel from the border to their final destination.
- In terms of sustainable reintegration, IOM will target identified high-return areas according to return statistics. In areas of high return, IOM will undertake community-based interventions to improve their absorption capacity.
- As the community-based interventions, IOM is planning to start permanent shelter construction, vocational/business start-up skills training, and community development projects.
- In the first five months of 2013, IOM has provided post-arrival humanitarian and transportation assistance to 19,886 vulnerable undocumented Afghan migrants returned from Iran and Pakistan to facilitate safe return to their final destinations.
- UNHCR and IOM are making efforts to implement more permanent shelter projects as a part of multi-sectorial reintegration interventions, as this is the biggest concern among returnees.

**RESULTS TO DATE**
- In the first five months of 2013, IOM has provided post-arrival humanitarian and transportation assistance to 19,886 vulnerable undocumented Afghan migrants returned from Iran and Pakistan to facilitate safe return to their final destinations.

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**IOM PROPOSALS FOR FUNDING:**

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>FUNDS REQUESTED (USD)</th>
<th>FUNDING RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>Support to Detection and Protection of Victims of Human Trafficking</td>
<td>1,010,500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IOM Humanitarian Assistance Programme (HAP): Protection Monitoring and Assessments</td>
<td>4,083,120</td>
<td>203,859</td>
<td>5%</td>
<td>3,879,261</td>
</tr>
<tr>
<td>Emergency Shelter and Non-Food Items</td>
<td>Humanitarian Coordination and Information Management, Logistics and Relief Commodities, Natural and Technological Risks</td>
<td>7,500,000</td>
<td>4,375,632</td>
<td>76%</td>
<td>3,124,368</td>
</tr>
<tr>
<td>Multi-Sector</td>
<td>Reception and Reintegration Assistance to Vulnerable Returnees from Iran and Pakistan</td>
<td>7,676,700</td>
<td>5,933,633</td>
<td>77%</td>
<td>1,743,067</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>20,270,320</td>
<td>11,523,624</td>
<td>57%</td>
<td>8,746,696</td>
</tr>
</tbody>
</table>

**TOTAL FUNDS STILL REQUESTED: $ 8,746,696**
CHAD

<table>
<thead>
<tr>
<th>IOM Chad</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Staff</td>
<td>65</td>
</tr>
<tr>
<td>IOM Field Locations</td>
<td>N’Djamena, Abeche, Gore, Faya, Bardai, Kalait, Mao, Moussoro, Goz Beida, Tissi, N’Gouboua</td>
</tr>
<tr>
<td>Funding required</td>
<td>$ 7,225,267</td>
</tr>
</tbody>
</table>

**BACKGROUND & CHALLENGES**

Population displacement is one of the major humanitarian concerns and challenges affecting Chad. Between 2011 –2012, the rapid influx of 150,000 returnees from Libya caused a notable loss in remittances, which were one of the main sources of income sustaining many communities in the country. Returning migrants are facing serious challenges to reintegrate back into their communities due to limited or lack of basic social services, i.e. health services, water and sanitation, education and employment.

Political instability and conflict in neighbouring countries i.e. Libya, Sudan, Nigeria and the Central African Republic (CAR) are contributing to a steady increase in the numbers of refugees and returnees. Chad is already hosting more than 350,000 refugees who heavily rely on humanitarian assistance to meet their basic needs. Chadian migrants returning from Libya continue to arrive in Faya-Largeau and other northern areas with difficult humanitarian access. In parallel, tribal clashes in Darfur (Sudan) coupled with a change of regime in the CAR, have led to new influx of 30,000 refugees and 30,000 Chadian returnees in the southeast of the country. The crisis in CAR has additionally caused a new wave of 5,000 refugees in Maro bringing the total number of CAR refugees in Chad to 59,860. Chadian migrants are also fleeing the recent escalating violence in the Nigerian regions bordering Chad that has thus far caused 1,500 returnees to arrive at N’Gouboua.

Heavy rains and droughts contribute to recurring food insecurity and nutritional crises yearly in the country. In 2012, heavy rains caused floods that affected more than 560,000 people in terms of shelter, livelihood, water and sanitation, health, education and food security, and resulted in massive displacement in 18 out of Chad’s 23 regions. In particular, the loss of livelihoods will continue to increase the vulnerability of the population to health and other risks in 2013.

**Protection**

- Access to basic and life-saving services remains limited for the 460,000 people affected by floods in Bongor and N’Djamena and those living along Chari riverbanks in Hadjar Lamis and in southern Chad.
- 180,000 Chadians remain displaced in east Chad since 2008 and their needs are excluded from a range of humanitarian services. The Government of Chad has now prioritized durable solutions for these IDP communities and the relevant national coordination body has requested IOM to support this process by providing transportation and reintegration assistance.
- Since the beginning of 2013, 3,340 returnees arrived in Faya. At the same time, over 30,000 migrants have fled the violence in Darfur, alongside Sudanese refugees, to a remote town of Tissi in Sila Region (Chadian/Sudan/CAR borders). More than 1,500 Chadian returnees fled the clashes between Boko Haram and Nigerian Military and many more are on their way to N’Gouboua (Chad-Nigeria border).
### PLANNED RESPONSE

- In order to support the Government of Chad’s efforts to respond to the cyclical flooding of the Logone and Chari rivers, IOM proposes to facilitate life-saving humanitarian first response and documentation support. IOM will also undertake capacity-building for local humanitarian actors and national authorities to improve their preparedness and emergency response for future floods.
- IOM proposes to facilitate the return of displaced families to their communities of origin or a tertiary area of settlement, by providing them with tailored reintegration assistance.
- To assist the additional caseload of returnees from Libya, Sudan and Nigeria, IOM will provide emergency humanitarian assistance including registration, NFIs, food items, shelter and WASH facilities, health services including referrals, transportation to their communities of origin as well as reintegration assistance into their communities of origin.

### RESULTS TO DATE

Under the Emergency Humanitarian Response targeting more than 30,000 Chadian Returnees and 30,000 refugees from Sudan and CAR currently displaced in the Tissi area, funded by CERF, IOM has so far:

- conducted a joint assessment mission with UNHCR and ECHO;
- set up an Operational Base and deployed emergency humanitarian personnel, supplies and equipment in Tissi;
- registered and profiled returnees, providing them with humanitarian aid and facilitating their voluntary return to communities of origin. As of 30 June IOM registered more than 22,000 returnees and supported the voluntary return of more than 7,000 returnees to their communities of origin in 12 locations;
- assisted local authorities, UN Agencies i.e. WFP, UNHCR, UNICEF and Non-UN agencies delivering humanitarian aid to the displaced persons including transportation of returnees, refugees and humanitarian aid.

In Faya, IOM continues to provide emergency humanitarian assistance to forcibly returned migrants that continue to arrive from Libya and is upgrading the new allocated Transit Centre. To date, IOM has facilitated humanitarian assistance to more than 1,500 arriving migrants in northern Chad. Simultaneously, IOM is providing ongoing life-saving humanitarian assistance along the border with Nigeria.
Health

**NEEDS**

- Chadians continue to return from Libya, Darfur and Nigeria. Many female returnees were subjected to gender-based and/or sexual violence prior to or during their arduous journey. Returnees now face extreme difficulties in integrating into their communities of origin in addition to suffering from psychosocial trauma. The medical infrastructure throughout Chad is currently not in a position to provide the necessary psychosocial support services to those exposed to physical, sexual, structural, domestic or gender-based violence. Moreover, returnees from Libya, who have been held in detention centres for varying periods, arrive in desolate conditions following the multiple-day journey through the desert. Many arriving migrants are only partially clothed and have to receive immediate medical attention for severe dehydration, wound infection and respiratory illnesses.

**PLANNED RESPONSE**

To respond to the psychosocial needs of returnees from Libya, IOM proposes to:

- Expand the capacity-building activities of medical and social service providers throughout the country. This will include psychological first aid and psychosocial accompaniment trainings to 1,000 public health care and 1,000 social care providers of hospitals, clinics and local health infrastructures to attend to the needs of the forcibly displaced population.
- IOM further includes strong health components in its humanitarian assistance programmes to ensure adequate treatment can be administered upon arrival.

Early Recovery

**NEEDS**

- The extraordinarily heavy rain season of 2012 made it clear that the Disaster Risk Reduction (DRR) mechanisms in Chad were insufficient to cope with such disruptions. The floods caused the two main rivers to overflow, which resulted in extensive flooding in the central, eastern and southern regions of Chad.
- More than 460,000 persons were displaced from their homes, which have been completely destroyed or permanently flooded in some regions, and led to the loss of their crops and farmland.
- One of the most important findings was the insufficient preparedness capacity of local authorities and communities.

**PLANNED RESPONSE**

As lead agency for the Camp Coordination and Camp Management cluster in cases of natural disaster and with a long-standing expertise in providing support to local authorities for a community-driven DRR strategies, IOM Chad proposes to:

- Strengthen the national capacities to efficiently respond to recurrent disasters through small-scale mitigation works, establishing a DRR preparedness and prevention campaign, contingency planning and capacity-building of government, practitioners, academics, NGOs and other humanitarian actors.

### IOM PROPOSALS FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED AS PER MYR (USD)</th>
<th>FUNDING RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS</th>
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**TOTAL FUNDS REQUESTED: $ 7,225,267**
DEMOCRATIC REPUBLIC OF CONGO (DRC)

**IOM DRC**

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<td>IOM Field Locations</td>
<td>Kinshasa, Bukavu, Bunia, Dongo, Goma, Kamako and Kananga</td>
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<tr>
<td>Funding required</td>
<td>$ 12,192,874</td>
</tr>
</tbody>
</table>

**BACKGROUND & CHALLENGES**

The security situation in Eastern DRC has remained volatile with isolated incidents of conflict taking place in the immediate vicinity of Goma. The most recent incident in May 2013 caused an immediate increase in internal displacement in Goma city which further deteriorated the security situation throughout North Kivu. The situation was further complicated by some 30 other active rebel groups in North Kivu Province, environmental hazards and vast numbers of internally displaced. There are some 973,000 IDPs in North Kivu province alone and 2.6 million nationwide. The nationwide humanitarian situation has become further complicated by the sudden influx of Central African refugees into Equateur and Orientale Province and the large-scale movement of voluntary-returnees from Angola to Western Occidental and Bas Congo Provinces, DRC (an estimated 79,000 individuals as of June, 2013).

IOM DRC continues its emergency operations in Eastern DRC based on its three-pillar strategy to address the complex migration crisis: a) information management; b) humanitarian response and site management, and; c) recovery and community resilience. Information management revolves around the ongoing implementation of IOM’s global Displacement Tracking Matrix which is being used to track movements and monitor the needs of IDPs residing in spontaneous displacement sites throughout North Kivu. Parallel registration activities are also being conducted by IOM and the Organization is starting a pilot biometric registration tool for targeted locations. The Organization also plays a key role in spontaneous site management by leading the Spontaneous Sites Working Group and working with partner Organizations to better organize and coordinate response activities of the humanitarian community. These activities take place within the broader context of building local capacity to cope with displacement challenges and to prepare for recovery, return and reintegration work.

IOM activities are guided by the organization’s 2013-2017 Strategy which focuses on the following: a) supporting good governance and the rule of law in DRC; b) reinforcing economic capacity, and; c) promoting a socio-cultural environment conducive to reconciliation, peace and diversity.

**NEEDS**

Given the context of the evolving crisis in the east of DRC, the needs are abundant and must address short-medium-and long-term objectives, as the situation is unlikely to be resolved in the near future. IOM has identified the following needs:

- Registration of IDPs using up-to-date technology including biometric fingerprints;
- Direct humanitarian assistance in the form of inter alia, site management, shelter, protection, NFI.
- Community Resilience-building to address both the added strains on communities from the new influx of IDPs and to prevent/mitigate large-scale community displacement in the future.
IOM’s response is channelled through a 3-pillar approach which looks to (1) support information collection and management on IDP migration trends, towards helping all humanitarian actors in providing targeted assistance to IDPs; (2) provide direct humanitarian assistance to the newly displaced given their acute vulnerabilities due to the protracted conflict in the East; and (3) strengthen resilience mechanisms in communities that have been affected by the recent displacement—both those displaced and those hosting them.

- **Information collection and management:**
  (i) Continued implementation of the Displacement Tracking Matrix to track the presence and origin of IDPs;
  (ii) Create and implement a biometric registration system to support humanitarian actors towards a targeted and efficient provision of assistance.

- **Direct humanitarian assistance:**
  (iii) Continued management of spontaneous sites, working through partners with demonstrated experience in the areas and sectors of interest;
  (iv) Construct and/or provide materials for the self-construction of emergency and temporary shelters for displaced persons in spontaneous sites and host communities;
  (v) Provide protection assistance to highly vulnerable IDPs and host communities through, inter alia, psychosocial assistance and medical SGBV referrals;
  (vi) Pre-position life-saving NFIs;
  (vii) Provide hazard mapping in sites and/or communities occupied by IDPs;
  (viii) Facilitate ‘Go and See’ visits for IDPs to empower them to participate in the identification of their housing solutions.

- **Recovery and community resilience:**
  (ix) Strengthen community resilience;
  (x) Provide psychosocial support to IDPs in spontaneous sites and IDPs and host families in host communities;
  (xi) Mitigate displacement and strengthen community resilience through Disaster Risk Reduction interventions.
  (xii) Provide psychosocial support to IDPs in Spontaneous Sites and IDPs and host families in host Communities;
  (xiii) Mitigate displacement and strengthen community resilience through Disaster Risk Reduction interventions.

In 2013, IOM has been able to carry out the following activities:

- **Information management:**
  - In December 2012, IOM DRC began implementing the Displacement Tracking Matrix (DTM) in North Kivu province. IOM has begun data collection activities through DTM in spontaneous displacement sites in and around Goma city, along the Goma – Sake axis, Kitcanga – Pinga axis and Masisi.
  - IOM DRC has conducted a series of registration activities in public displacement sites. After the outbreak of limited and isolated conflict in May 2013, IOM organized the first transit center that temporarily housed over 5,000 individuals who were later transported to existing displacement sites or returned to their places of origin. Similar activities have included transporting displaced populations out of local schools to pre-existing displacement sites which allowed for the resumption of education within the local community.
  - Overall, current data-collection activities have identified over 90 spontaneous displacement sites throughout North Kivu Province and have allowed IOM DRC to establish an effective system of site management through the spontaneous sites working group.
  - The Spontaneous Sites Working Group indicates initiated a bi-monthly dissemination of DTM-generated data to 30 humanitarian organizations that includes information on the location and make-up of spontaneous sites and the needs of the IDP populations. This information is then used by IOM and its partner organizations to better organize and coordinate humanitarian response activities.
## IOM PROPOSALS FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECTS</th>
<th>FUNDS REQUESTED AS PER MYR (USD)</th>
<th>FUNDS RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
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**TOTAL FUNDS REQUESTED: $ 12,192,874**
**IOM Humanitarian Compendium 2013 – Mid Year Review**

**DJIBOUTI**

**IOM Djibouti**

<table>
<thead>
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<th>Number of Staff</th>
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Migrants rehydrating themselves at a stagnant water point near Obock town are met by IOM team. © IOM 2013

**BACKGROUND & CHALLENGES**

Since 2009, Djibouti continues to be a major transit point in the Horn of Africa’s migration route for thousands of irregular migrants trying to reach Yemen and other countries on the Arabian Peninsula. The underlying factors driving these population movements include political unrest, persecution, conflict, drought, crop failure, food insecurity and severe poverty. This mixed migration flow (which includes refugees, asylum seekers, smuggled and trafficked persons and economic migrants) creates new and complex humanitarian needs. Migrants who arrive in poor health due to their impoverished socio-economic status and the hazards of irregular migration are particularly vulnerable.

A recent assessment conducted by IOM in Djibouti also indicates an increase in forced migration and the abuse of migrants, particularly women, by smugglers and traffickers. Large numbers of irregular migrants arriving in Djibouti are straining the health care resources of local host communities along migration routes, resting points such as Dikil, Tadjoura, as well as at departure points to Yemen such as Obock.

The magnitude of this migration flow has been increasing since 2008, a trend that is set to continue in 2013. There is an urgent need for direct assistance for 65,000 migrants but also host communities. Meanwhile, asylum seekers continue to arrive mainly from Somalia. So far, IOM sensitization to migrants has covered 7,137 migrants (11%) of the targeted 65,000.

Last but not least, durable solutions must be found for migrants who become stranded *en route* to their destinations on the Arabian Peninsula or in Europe. In this regard, IOM has seen a marked increase in the number of migrants requesting assisted voluntary return services from Djibouti and Yemen to their country of origin.
Multi Sector: Refugees and Migrants

- The protection of migrants passing through Djibouti in route to the Arabian Peninsula must be addressed as they are generally unaware of the dangers of irregular migration. Assessments also show an increasing number of women and minors on the migration route – a group that is particularly vulnerable groups among migrants.
- Six consecutive years of drought have depleted water resources for local communities, an issue exacerbated by potential risks of conflict with local communities accusing migrants of polluting water resources and bringing communicable diseases to their villages.
- The Government of Djibouti has decided to provide health care to all people present in the country regardless of their status, but this policy is challenged by the sheer number of migrants and the precarious conditions in which they arrive in Djibouti. Medicine shortages have been registered in the northern part of the country where migrants leave Djibouti for Yemen, and at the migrant entry point of Dikhil.
- Resources to support the voluntary return of migrants to their countries of origin and their reintegration have been very limited in Djibouti.

IOM proposes to assist migrants and host communities in Djibouti by:
- Reaching out to more migrants and educating them on the dangers of irregular migration, trafficking, medical referral services, availability of return assistance and regular migration options.
- Increasing water coverage on migration routes to support local populations and migrants; decontaminate water from existing wells and promote good hygiene practices among local communities and migrants. These activities will also help reduce the risk of conflicts.
- Supporting health services by providing medical supplies, training health workers on specific migrants needs and facilitating the referral of migrants to health centres.
- Providing Assisted Voluntary Return and Reintegration (AVRR) options in a safe and dignified way to migrants willing to return to their countries of origin.

So far in 2013, IOM has:
- Registered and sensitized 7,137 migrants on the dangers of irregular migration during the first quarter of 2013, an increase of 79% compared to the same period in 2012.
- Referred 822 migrants (188 women and 634 men) to health facilities where they received treatment.
- 15,056 persons received hygiene promotion messages to encourage better use of water resources. 79,692 hygiene promotion items were distributed during sensitization sessions.
- 255 people were supported through the Assisted Voluntary Return (AVR) process to return to their country of origin from January to June 2013.
- With the outbreak of malaria in Djibouti, IOM supported the Government of Djibouti during the mosquito fumigation exercise in areas with high migrant population (Arhiba and Agna). 1,500 people received malaria awareness messages.
- IOM is providing marketable skills training opportunities to 240 refugees (and local host populations) who are exclusively dependent on food aid since they arrived in camps in Djibouti.

IOM PROPOSAL FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED AS PER MYR (USD)</th>
<th>FUNDS RECEIVED (USD)</th>
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TOTAL FUNDS REQUESTED: $ 5,353,935
HAITI

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<tr>
<td>IOM Field Locations</td>
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<tr>
<td>Funding required</td>
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</table>

Camp Jean-Marie Vincent, the most populated camp of the Port-au-Prince Metropolitan Area, currently targeted by returns operations. © IOM 2013

BACKGROUND & CHALLENGES

Three years after the earthquake struck Haiti in 2010, significant progress has been made in the area of child mortality, primary school enrolment, access to sanitation facilities, and access to parental service. Over 80 percent of displaced persons have left camps, many of them thanks to return and relocation programmes. Over the last six months, humanitarian assistance has helped hundreds of thousands of vulnerable Haitians. Despite these efforts, 1.5 million people are currently facing severe food insecurity, due to long periods of drought and the destruction of harvests by Tropical Storm Isaac and Hurricane Sandy in 2012.

About 279,000 internally displaced persons (IDPs) remain in camps facing deteriorating living conditions and increased vulnerability to violence. They are in urgent need of return solutions and of basic services in camps to meet the most basic standards of protection and dignity. The upcoming rainy and hurricane season is likely to bring about an increase in cholera cases. It is estimated that up to 100,000 people could be affected by the end of the year, while funding gaps have led to a serious decrease in the capacity for humanitarian actors to respond.

Since the onset of Hurricane Sandy, efforts have been focused on prevention and response to cholera, the reinforcement of health activities, food security and nutrition activities. Critical gaps remain in funding for basic services in camps.

IOM proposes to address the immediate needs of 20,000 persons who have lost their homes, the remaining displaced populations who are in precarious camp conditions (about 290,000 individuals as of June 2013), the 1.5 million persons who are now vulnerable to food insecurity and those who remain vulnerable to the cholera epidemic.

NEEDS

- A series of natural disasters has generated critical humanitarian needs in the agricultural sector. As a result, 40% of crops have been destroyed and there has been a reduction in crop yields.
- It is estimated that 2.1 million individuals are vulnerable to severe food insecurity. Acute malnutrition amongst children is expected to rise. The Government of Haiti has declared a state of emergency.

Food, Security and Nutrition
In order to respond to food-insecure communities, IOM proposes to:

- Rehabilitate damaged irrigation canals, key rural transport roads and water management to ensure roads remain open.
- Carry out soil conservation activities to protect rehabilitated infrastructure.
- Provide cash assistance to the most affected households through cash for work schemes that would be available for men and women.
- Provide crop production assistance for farmers who have lost their crops. This project would support training to improve agricultural techniques including the harvest and transportation of goods to the market.

Following Tropical Storm Isaac and Hurricane Sandy in 2012, the 2013 hurricane season presents many unique and dangerous challenges for the Haitian population and government, as well as its humanitarian partners.

- There remain approximately 279,000 internally displaced persons (IDPs) living in IDP sites and an unknown number of people outside of camps but living in precarious conditions.
- To reduce the risks of disasters in camps, evacuation shelter space is needed for those who face significant constraints (the elderly, persons with disabilities and chronic medical conditions, pregnant women, etc.)
- Finally, high concern remains for IDP camps, where the provision of basic services, including Health and WASH, is decreasing as humanitarian actors depart due to lack of funds.

IOM proposes to improve preparedness and response and strengthen community resilience by:

- Reducing the potential for flooding, especially targeting extremely vulnerable IDP households (through drainage and riverbank protection).
- Identifying and analysing evacuation shelters in order to increase the stock of available emergency shelters and preparing existing emergency shelters would ensure that the needs of vulnerable groups are met.
- Implementing Community-Based Disaster Risk Reduction through the training of community leaders, community-based organizations and committees. The project will engage camp community leaders to ensure proper sensitization and protection of vulnerable IDP households.
In 2013, IOM has been able to provide vulnerable populations, including single-headed female households and other vulnerable groups, additional shelter space in case of hurricanes, flooding, and heavy rains. In addition, the population is more aware of the risks posed by natural disasters and Government counterparts are more familiar with the methods for preparing and responding to such events. Among specific results achieved for this HAP component are the following:

- Small-scale mitigation works and rapid response capacity to address minor flooding in high-risk IDP camps.
- Cyclone season preparedness activities in high risk IDP sites
- Logistical support to the GoH in case of emergency (evacuations, NFI distributions, etc.)

### Health

- The cholera outbreak which began in October 2010 has resulted in 658,563 cases and 8,111 deaths and is projected to continue as long as there are persons with poor access to water, sanitation, and hygiene (WASH) services.

To meet urgent health needs of the most vulnerable IDPs, IOM proposes to:

- Reinforce the rapid response capacities of local health authorities and rapid response teams to manage cholera cases in IDP camps and neighbouring communities;
- Provide medical supplies in strategic locations and reactivate Oral Rehydration Posts (ORPs) in IDP camps;
- Conduct sensitization campaigns and hygiene promotion activities in IDP camps and at-risk communities, paying special attention to female- and youth-headed households.

In 2013 IOM has carried out the following activities:

- Established/activated a total of 41 ORPs in 21 communes of the departments of Ouest, Artibonite and South East.
- Trained 217 community health agents in conducting sensitization, rapid response, first line treatment and surveillance in camps and two communities.
- Three rapid response teams were deployed to investigate, make referrals of suspected cholera cases, and distribute NFI cholera kits in Bainet commune, Cité Soleil, Carrefour and Marmalade.
- Conducted assessments of camps and communities on WASH and cholera situation
- Sensitization activities for 189,000 beneficiaries (at schools, markets, churches and beneficiaries homes).
- Distributed Cholera and NFI kits to 459 families (1,900 persons).
- Continued surveillance of suspected cholera cases and set up of additional ORPs.

### Water, Sanitation and Hygiene (WASH)

- 42% of the Haitian population lacks access to safe water services and 68% of the population has insufficient access to sanitation services. With the withdrawal of humanitarian actors, IDP exposure to diseases associated with bacteria and cholera remains a constant threat and will continue to affect vulnerable populations.

To address urgent, life-saving WASH needs in camps, IOM purposes the following activities:

- Train water committee members on water point management and maintenance in IDP camps and support the repair and rehabilitation of water points and WASH facilities.
- Carry out promotion and sensitization activities for the IDP population on hygiene, sanitation and cholera prevention, targeting women and girls in particular.
- Implement a regular reporting mechanism involving all partners engaged in WASH activities in camps.
## CCCM, Shelter and Protection

### Needs
- As of June 2013 about 279,000 individuals (or about 71,000 households) remain in 352 IDP sites in Haiti. A coordinated CCCM response is required for IDP returns.
- As CCCM Cluster lead in natural disasters, IOM engages local organizations, authorities, and women and youth committees to carry out self-administration, and to obtain acceptable durable solutions within the GOH returns and relocation strategy.

### Planned Response
To meet the needs for support and assistance for sustainable return and relocation of IDPs, IOM proposes the following activities:
- Initiate camp closure and decommissioning processes.
- Carry out camp management activities, engaging committees and local community leaders, government, and local organizations and NGOs.
- Identify camps that are under threat of eviction, with high incidences of crime and prioritize returns based on International Consensus Criteria (ICC).
- Assist targeted groups with a range of services including, rental subsidy, health support, psychosocial support, training, relocations NFI support and accommodation facilities.

### Results to Date
- In 2013, IOM has worked with the GoH to coordinate camp closure and decommissioning. Within IDP camps, there has been improved coordination, reduced response time, and improved quality of care among key social service providers.
- Approximately 20,000 IDP households have benefited from rental subsidies from IOM in 2013. An additional 15,000 subsidies are expected to be allocated in 2013 and early 2014.

## Coordination and Transition

### Needs
- There is a need to strengthen the GoH capacity to continue camp coordination and camp management and to support their interventions in assisting the population in case of emergencies, which remains a high priority for the CCCM/ES/NFI Cluster. Recent events (Storm Isaac and Hurricane Sandy) have evidenced needs in terms of reinforcing the GoH operational capacities to support the response related to the context of displacement.

### Planned Response
To transfer to the responsibilities for the provision of effective and efficient coordination mechanisms in the field of Shelter and CCCM to the GoH, IOM proposes the following activities:
- Improved technical support and assistance on coordinating activities related to camp management, returns assistance, reconstruction and emergency response and preparedness activities as well as support to various government counterparts.
- Continuation of support to GoH for updating and disseminating information management tools.
- Coordination with the protection sector for the integration of cross-cutting issues such as protection and gender-related issues.

### Results to Date
- In 2013, IOM has transferred many responsibilities to the Government of Haiti in the framework of the exit strategy. This included the leading of working groups established to coordinate and guide partners on national housing policy and planning and the dissemination of best practices related to Shelter- and CCCM-related activities performed by the Government of Haiti.
- The Cluster is working extensively with, national and international partners to prepare for a hurricane season expected to be very active in the Caribbean region. Technical trainings of DPC staff and partner NGOs are ongoing to harmonize data collection tools nationwide.
**IOM PROPOSALS FOR FUNDING:**

<table>
<thead>
<tr>
<th>SECTOR/CLUSTER</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED (USD)</th>
<th>FUNDING RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
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<tbody>
<tr>
<td><strong>Food security and nutrition</strong></td>
<td>Immediate assistance to vulnerable populations at risk of food-insecurity through agriculture strengthening and high-intensity manual labour activities in Haiti</td>
<td>HT-13/A/5761 9/R</td>
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<td><strong>Preparedness and response: hurricane season</strong></td>
<td>Emergency Preparedness and mitigation in extremely vulnerable areas</td>
<td>HT-13/CSS/576 22/R</td>
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<tr>
<td><strong>Health</strong></td>
<td>Community-Based Cholera Response in IDP Camps and Vulnerable Rural Communities</td>
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<tr>
<td><strong>WASH</strong></td>
<td>Provision of Life-Saving WASH Support to Vulnerable Populations in Camps</td>
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<td><strong>WASH</strong></td>
<td>Provision of Life-Saving WASH Support to extremely vulnerable communities in order to reduce further risks of cholera spread</td>
<td>HT-13/WS/590 34/R</td>
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<tr>
<td><strong>CCCM/Shelter/Protection</strong></td>
<td>Support and Assistance for Sustainable Return and Relocation of IDPs within the Framework of Camp Coordination/Camp Management (CCCM), especially for the most vulnerable IDPs</td>
<td>HT 13/S NF/57701/R</td>
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<tr>
<td><strong>Coordination and Transition</strong></td>
<td>Transition of E-Shelter / CCCM Cluster to the Government of Haiti</td>
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**TOTAL**  
21,694,180 10,579,041 49% 11,115,139

**TOTAL FUNDS REQUESTED:** $11,115,139
KENYA

IOM Kenya

<table>
<thead>
<tr>
<th>Number of Staff</th>
<th>370</th>
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<tr>
<td>IOM Field Locations</td>
<td>Nairobi, Garissa, Eldoret, Kapenguria, Dadaab and Kakuma</td>
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<tr>
<td>Funding required</td>
<td>$7,245,662</td>
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</tbody>
</table>

IOM’s Mobile Health Outreach activities offer relief medical assistance to populations in hard-to-reach areas in Northern Kenya. © IOM 2013

BACKGROUND & CHALLENGES

In March 2013, Kenya concluded its first general elections under a new constitution which was generally considered peaceful with only a few isolated disturbances. However, in the latter part of 2012 and early 2013, serious inter-ethnic conflict in Tana River County took place between Orma and Pokomo clans, as well as in Mandera and Moyale Counties, between Garre and Degodia clans, and resource-based conflicts in Samburu county. Since January 2012, a total of 676 people have been killed, 563 injured, 168,274 have been displaced and the military was deployed in 2 counties as a result of inter-ethnic conflicts.

At the same time, western, coastal and north eastern regions of Kenya experienced a series of floods from March to June 2013. The effects of the floods in the country were greater than anticipated and led to loss of lives, destruction of infrastructure, loss of livestock and farm lands. Another dire consequence is potential outbreak of diseases such as cholera and diarrhoea in the flood-affected areas. So far, the floods have displaced more than 141,994 persons.

Last but not least, Kenya continues to host the largest refugee population in the world. The refugees are predominantly from Somalia and South Sudan as well as from Ethiopia and Eritrea. The refugee population in Kenya is expected to reach some 576,000 people by the end of 2013.

Shelter and Non-Food Items (NFIs)

- Since the beginning of 2013, several communities across the country have experienced inter-ethnic clashes including in Tana River, Wajir, Isiolo, Moyale, Garissa, and Mandera. These clashes have frequently resulted in destruction of houses and property leading to the displacement of thousands of families.
- In addition, as of May 2013, there were more than 106,000 persons displaced due to heavier than normal rains. These crises have overstretched the capacity of the shelter and NFI sector to meet the critical needs of the displaced populations.

As the lead agency for the Shelter and NFI sector in Kenya (as of October 2012), IOM proposes to:

- Establish effective coordination mechanisms together with the government and partners, including the development of an updated and comprehensive strategy to monitor, identify, prepare for, and respond to displacement crises.
- Provide NFI kits and shelter construction kits to displaced populations in an event of an emergency.
- Undertake capacity building trainings for shelter and NFI sector partners and relevant government offices.
Early Recovery

Northern Kenya is characterized by mobile pastoralism and vulnerability to environmental shocks. In addition, a population of over half a million refugees currently being in Kakuma and Dadaab, further exacerbates potential competition for resources between host and refugee populations. Ethnic and political conflicts, natural calamities, environmental degradation, and displacement have led to critical protection needs among them.

Resource-related conflicts must be addressed through resilience-building activities.

IOM proposes to build resilience of pastoralist communities in northern Kenya by:

- Developing shared resources that reinforce positive engagement between communities including the development of small to medium-sized infrastructure projects and water points.
- Establishing a joint vocational training program for men and women from refugee and host populations.
- Setting up an integrated emergency response mechanism that incorporates a migration component into Kenya’s existing early warning system.
- Setting up local level conflict resolution schemes where any type of conflict will automatically trigger the appropriate response from stakeholders and community leaders.

RESULTS TO DATE

- IOM has conducted 3 peace-building trainings and dialogue in conjunction with the District Peace Committees to local Moyale stakeholders, religious leaders and youth.
- IOM has distributed farm inputs and drought tolerant seeds to the affected population in Moyale.
- IOM has trained farmers on pasture development together with the Ministry of Agriculture in Moyale.

Agriculture and Livestock

A recent succession of devastating droughts has severely undermined traditional coping mechanisms and has led to further displacement.

There is a need to strengthen resilience and early recovery mechanisms in northern Kenya, for drought-affected communities in order to restore lost sources of livelihoods and mitigate the effects of future droughts.

Since the end of March 2013, heavy and persistent rains have caused flooding across Kenya, the most affected areas being the western and coastal regions where people have been displaced and homes, roads, crops and other property and infrastructure have been destroyed.

The effects of the floods will continue to disrupt normal livelihoods and potentially cause disease outbreak if not mitigated. Over 106,000 persons have so far been displaced, and the floods have damaged housing, affected livestock and human livelihood.
Together with UNDP and UNIFEM, IOM proposes to strengthen the most vulnerable pastoral and agro-pastoral communities in the dry lands by:
- Strengthening pastoral and agro-pastoral livelihoods.
- Enhancing household income sources through livelihood diversification.
- Improving capacities and skills of local communities and country institutions.

To respond to the effects of floods since March 2013, IOM proposes to respond by:
- Increasing resilience of affected communities through DRR methods as well as providing alternative livelihood options through, inter alia, a cash voucher programme, livestock support and vocational and skills training.

Water is a scarce commodity in arid areas of Northern Kenya. Residents dig shallow wells to collect water for livestock and domestic use. © IOM 2013

Multi-Sector Assistance to Refugees

The nearly half million refugee population in Dadaab is critically underserved in key areas of protection, health, nutrition, shelter, child protection, water and sanitation, and education.

There is a need to address livelihoods and capacity building as both the refugee and host communities face limited opportunities as refugees are still unable to leave the camps without passes and if they do so they risk arrest, detention, or expulsion. The host communities are largely engaged in pastoralism, a livelihood that has come under increasing threat due to climate change and environmental degradation.

IOM proposes to respond by:
- Establishing education and training steering committees together with key stakeholders. Conducting vocational training courses and providing all graduates with vocational starter kits.
- Conducting outreach activities for local employers and match requests for employment candidates with suitable graduates.
Protection

- The 2011 drought and subsequent famine in the Horn of Africa and Kenya resulted in an estimated 12.5 million people facing severe crisis and in urgent need of emergency assistance. In Turkana County approximately 850,000 people were severely affected and in need of protection. The level of sexual and gender-based violence (SGBV) among pastoralist communities remains pervasive and is exacerbated during periods of drought and ethnic conflicts.

IOM aims to respond through an integral approach which includes:

- Advocacy for the implementation of legislation addressing SGBV and human trafficking by state and non-state actors at the national level and in selected counties.
- Enhanced access to direct assistance and support services for victims and survivors including psychosocial support, training of community health workers on SGBV issues and establishment of referral systems.
- Diversified livelihoods for the identified vulnerable individuals contributing to their independence through training on Small and Medium Enterprises (SMEs) and livelihood approaches as well as the provision of start-up kits.

Health

- In Dadaab refugee camps, while various health agencies provide primary and/or secondary health care services, there remain gap in access to comprehensive tuberculosis (TB) screening, diagnostics and structured referral case management processes, TB awareness raising among refugees and host communities in Dadaab and Garissa County.
- Remote pastoralist communities have limited access to health services, as maternal health facilities are severely lacking, and pastoralists regularly have to travel long distances to access the nearest health facility. Furthermore, there is a reluctance to seek services in health facilities due to a lack of awareness on health issues.

In order to address the gap in TB and Multi Drug Resistant (MDR), TB detection, and treatment, IOM proposes to:

- Establish a health station in Manyatta for treatment of MDR TB and ensure they have appropriate staffing levels and the necessary laboratory and x-ray facilities.

To improve access to health services in northern Kenya, IOM proposes to:

- Conduct an initial assessment of them and reactivate or rehabilitate existing nomadic clinics in Garissa as necessary and deploy nomadic clinics in northern Turkana and mobile rapid response teams (MRRTs) in Garissa and Turkana, providing essential and extended primary health care, inclusive of reproductive health, maternal and child health;
- Strengthen and/or establish a referral system;
- Organize trainings on communicable disease control, reproductive health, health assessment and health information management within existing national health systems as well as through sensitization sessions.

IOM has supported the Ministry of Health with essential medicines and drugs, which had been used to respond to people affected during the Moyale clashes.
IOM Humanitarian Compendium 2013 – Mid Year Review

IOM PROPOSALS FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED AS PER MYR (USD)</th>
<th>FUNDS RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
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<tbody>
<tr>
<td>Agriculture and Livestock</td>
<td>Strengthening Resilience to and Mitigating Drought and Conflict Effects on Pastoral and Host Communities in Northern Kenya</td>
<td>KEN-13/A/56093</td>
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<td></td>
<td>Mitigating severe effects of floods and promoting resilience durable solutions for flood response</td>
<td>KEN-13/A/59182/R</td>
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<td>Early Recovery</td>
<td>Promote protection by securing peace through resilience building and preparedness in Northern Kenya</td>
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<tr>
<td>Health</td>
<td>Improving access to Multi-drug Resistant Tuberculosis (MDR TB) treatment for refugees and surrounding host communities in Dadaab refugee camps and Garissa County, Kenya</td>
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<td>374,500</td>
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<td></td>
<td>Strengthening Preparedness, Emergency Response and Pastoralist Outreach Capacities of Health Systems in Northern Kenya</td>
<td>KEN-13/H/55862</td>
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<td>Multi-Sector Assistance to Refugees</td>
<td>Promoting Sustainable Livelihoods in Dadaab Refugee Camps and Garissa County</td>
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<td>Protection</td>
<td>Strengthening the Provision of Protection Services to Vulnerable Groups in Northern Kenya</td>
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<td>Shelter and Non-Food Items</td>
<td>Enhancing Shelter/NFI Sector Coordination and Emergency response to Displaced populations</td>
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MALI

IOM Mali

<table>
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<tr>
<th>Number of Staff</th>
<th>46 regular staff and over 150 daily field staff</th>
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<tr>
<td>IOM Field Locations</td>
<td>Bamako, Mopti, Timbuktu and Gao</td>
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<tr>
<td>Funding required</td>
<td>$ 7,295,809</td>
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BACKGROUND & CHALLENGES

Mali is currently in a state of political transition following the military coup in March 2012, the ensuing occupation of the three northern regions by insurgents and the military intervention of January 2013. The ongoing insecurity, economic deterioration and violations of human rights have prompted steady north-to-south displacement, as well as intra-regional displacement in the north and cross-border movements to neighbouring countries. According to the Commission on Population Movements, a working group led by IOM within the Protection Cluster, it is estimated that about 353,455 IDPs were displaced by the conflict as of the end of May 2013.

Despite marked progress in view of restoring government presence in northern regions and the imminent deployment of the UN peacekeeping force, the situation remains volatile. While spontaneous returns, both internally and from neighbouring countries, continue to be documented, conditions for safe and durable returns still need to be addressed in areas of origin. IOM has been tracking the increasing return movements of individuals from southern to northern regions and as of May 2013, through tracking exercises conducted in transit points in Mopti and Bamako, over 31,380 individuals indicated they were returning to their region of origin. During the month of May alone, 8,972 individuals have been identified as leaving southern regions to go north. The protracted length of displacement has put a toll on IDPs and hosting communities.

Although security and economic concerns continue to constrain safe and sustainable returns of IDPs, several factors suggest that spontaneous returns will continue to occur in the upcoming months and that the number of returnees will rise. At the same time, however, the caseload of vulnerable IDPs remaining in situations of protracted displacement and those whose resources are depleting is expected to remain high during this transition period.
### Protection

- In the context of the on-going Malian migration crisis, which has seen 353,455 people displaced in the north and southern regions of Mali from September 2012 to June 2013, there is a continued need to track population movements and collect basic information on displaced households demographics and patterns of displacement, while monitoring risks of future displacements. These fluid and unpredictable population movements raise various protection and other concerns for IDPs’ human security.

- As security conditions are likely to remain volatile in the coming months, and may even deteriorate in the north in relation to the upcoming political processes, there remains fear and tension between communities including risk of reprisals and deterioration of the social fabric. Hence there is a need for community stabilisation measures to decrease the risk of such conflicts.

- According to rapid evaluations conducted by IOM in Timbuktu and Gao, the economic and social environment in the north has greatly deteriorated over the course of the conflict, seriously impacting local communities and the displaced populations in the northern regions. To ensure the reintegration of returnees and community stabilization, key issues to be addressed include: unemployment, decrease in economic activities, destruction of buildings and assets and difficulties to access bank services, disruption of and limited access to existing social, health care and psychosocial support services and referral mechanisms.

### Planned Response

- **Needs**

  In order to provide regular updates to all relevant actors concerned with the situation of displacement and returns in Mali, IOM will continue its Displacement Tracking Matrix activities in origin, transit and return destinations while providing technical operational support to Government officials in this area.

  In order to support the needs of returnees and IDP communities, IOM proposes to conduct a profiling exercise targeting a sample of IDPs, returnees and local individuals to guide the implementation of reintegration activities and subsequently, to provide them with necessary targeted reinsertion assistance.

  To respond to the need for reliable information on protection needs of IDPs and host communities in three northern regions in Mali, IOM proposes to:

  - Conduct assessments at different administrative levels of vulnerable populations’ access and availability to basic services; and produce periodic reports with general baseline assessments to support humanitarian planning and institutionalize a referral mechanism to address and report protection concerns;
  
  - Provide assistance (direct assistance, health referrals, psychosocial support, family reunification, etc.) based on identified needs.

  In order to support community stabilisation and social cohesion in IDP and host communities, IOM proposes to:

  - Establish Community Planning and Peace Committees (CPPC) that are representative in terms of origin, age, gender, displacement status;
  
  - Provide training on community-based planning and participatory methods and peace building to community leaders.
Tracking of population movements:

- IOM has been able to track increasing movements of individuals from southern to northern regions. As of 30 May 2013, IOM has identified, through tracking exercises conducted in transit points in Mopti, Segou and Bamako, that over 31,000 individuals (51% men and 49% women) return to their region of origin. During the month of May alone, over 8,970 individuals have been identified to be leaving southern regions for the North.
- Furthermore, recent data from IOM’s DTM reveals that 95% of IDPS intend to return to the north.

Protection Assistance:

- IOM has directly assisted over 110 vulnerable individuals with psychosocial counselling.
- IOM is currently conducting an operational mapping of protection services available in Bamako, in close coordination with other protection actors.
- IOM has trained DTM teams in protection matters as well as NGO implementing partners to facilitate the identification of IDPs with protection issues and mainstream protection matters across IOM activities.
- IOM has launched child protection activities in Bamako as the regional lead agency in close cooperation with UNICEF and the Child Protection sub-cluster and conducted identification, verification and referral activities as well as rapid assessments.
- IOM has launched protection monitoring activities in the region of Timbuktu in coordination with the Protection cluster.
- IOM has deployed protection specialists in the regions of Gao and Timbuktu to provide direct assistance to people in need.

Shelter and Non-Food Items (NFIs)

- IOM assessments show that the majority of IDPs and host families face huge challenges in covering basic needs, including shelter and NFIs. While a large number of IDPs settled with host families from the onset of the crisis, resulting in high socio-economic pressures on host communities, IDPs are increasingly resorting to rental accommodation. The risk of significant increase in conflict-induced displacement reinforces the need to establish adequate mechanisms to address IDPs’ shelter and NFI needs.

IOM proposes to address shelter and NFI needs of IDPs by:

- Coordinating a joint needs assessment to identify shelter/NFI needs of the affected population, as well as their vulnerabilities and capacities, in order to provide suitable shelter/NFI solutions;
- Providing shelter assistance (rehabilitation / cash transfer) and NFIs based on identified needs and the strategy adopted by the shelter cluster;
- Contingency planning that includes prepositioning of shelter and NFIs to address potential mass displacement once military intervention in the north starts.

- IOM has distributed 1,348 NFI kits (cooking and shelter kits) which benefited approximately 9,436 vulnerable IDPs in Bamako and Ségou.
- IOM assessed the shelter needs of 243 IDP households and host families (1,220 persons) in the Mopti region.
- IOM set up a referral system in Bamako to quickly respond to IDPs in need of shelter assistance. Identified vulnerable IDPs also benefit from a combined protection, psychosocial and health assessment in order to provide a complete package of assistance.
Health

- A majority of the estimated displaced individuals and remaining populations in the north of Mali continue to experience severe public health consequences caused by protracted displacement, food scarcity and the lack of basic health services. Host communities are also in need of health care assistance, due to the enduring conflict, complex crisis and unstable political situation that have impacted their economic power and long-term hosting of IDPs.
- Mali’s inadequate health infrastructure and the general economic challenges have led to a marked deterioration in primary health care services, especially prevention programmes such as child immunization and antenatal care for vulnerable IDPs. In addition, hospitals in the north have been ransacked, which has deprived local populations of healthcare services.

IOM proposes to respond to health care needs of IDPs and host communities by:
- Training and providing 20 community health centres with trained community health workers to offer consultation and medication to IDPs and host communities.
- Training local health or other community organizations to conduct health education and basic hygiene sessions on relevant diseases, such as malaria, water-borne diseases and HIV/AIDS.
- Since March 2013, IOM has identified over 90 vulnerable beneficiaries in Bamako and Mopti and assisted them with referrals and/or direct health assistance. The households benefitting from health assistance have also been assessed for psychosocial, shelter and protection support in order to provide a holistic response.

Water, Sanitation and Hygiene (WASH)

- Information gathered through IOM’s IDP tracking and monitoring activities and its WASH and Health activities indicate that access to potable water and sanitation facilities are inadequate in displacement areas due to the fluid nature of displacement and the limited resources available.

IOM proposes to provide emergency WASH and health interventions for targeted displaced populations and vulnerable host communities by:
- Rehabilitating and/or constructing existing defective water supplies and sanitation facilities;
- Conducting hygiene promotion campaigns and activities for IDPs and host communities with a focus on women and children.
- A rapid assessment in 4 villages in Douentza and Mopti region has been conducted to identify the needs of IDP households and host communities.
- IOM has distributed 1,348 WASH kits which benefited approximately 9,436 vulnerable IDPs in Bamako and Ségou.
**IOM PROPOSALS FOR FUNDING:**

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED AS PER MYR (USD)</th>
<th>FUNDS RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS</th>
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<tr>
<td>Health</td>
<td>Emergency Health Assistance to Vulnerable IDPs and Hosting Communities in Mali</td>
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<td>Tracking Population Displacement and Return Movements in Mali</td>
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<td>Assessing and Monitoring Protection Needs of IDPs in Mali</td>
<td>MLI-13/P-HR-RL/53706/</td>
<td>1,142,387</td>
<td>676,772</td>
<td>59%</td>
<td>465,615</td>
</tr>
<tr>
<td></td>
<td>Assistance for IDPs, Spontaneous Returnees and host communities in Mali</td>
<td>MLI-13/P-HR-RL/58553/R</td>
<td>1,562,400</td>
<td>0</td>
<td>0%</td>
<td>1,562,400</td>
</tr>
<tr>
<td></td>
<td>Supporting community stabilization and social cohesion in IDP and host communities in Mali</td>
<td>MLI-13/P-HR-RL/58554/R</td>
<td>1,500,000</td>
<td>0</td>
<td>0%</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>Shelter and NFIs Assistance for the Internally Displaced and Hosting Families in Mali</td>
<td>MLI-13/S-NF/53868</td>
<td>2,267,265</td>
<td>514,752</td>
<td>23%</td>
<td>1,752,513</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>Provision of Safe Water, Sanitation and hygiene promotion to IDPs, Host Communities in Areas Impacted by High Levels of Displacement in Mali</td>
<td>MLI-13/WS/53643</td>
<td>1,146,995</td>
<td>168,461</td>
<td>15%</td>
<td>978,534</td>
</tr>
</tbody>
</table>

**TOTAL**                                                                                     | 10,812,314                        | 3,516,505                        | 33%                  | 7,295,809            |
The humanitarian context in Mauritania is characterized, firstly, by the lingering effects of the food and nutrition crisis that reached its peak in 2011, and secondly, by the presence of Malian refugees since the beginning of 2012 in southeast Mauritania.

Despite a relative improvement in the food security in the country, rural areas continue to be highly fragile with limited resources and services available.

The massive inflow of Malian refugees has had a strong impact on the local population. The number of refugees entering Mauritania has decreased in recent months but small numbers of refugees continue to arrive regularly and the total refugee population in Mbera camp was 74,663 individuals as of 28 May 2013 (UNHCR). Refugees have entered Mauritania with their livestock. In addition, the current conflict in Mali has led to a disruption in the customary transhumance movements of Mauritanian pastoralists traveling to Mali. Both factors have resulted in remarkably higher pressure on host communities which are already highly vulnerable and poor, as well as on the availability of limited resources.

### Early Recovery

- The Early Recovery joint missions conducted in Hodh Ech Chargui in June 2013 concluded that, while assistance to the refugee community continues, there is an urgent need to intervene in favour of the local population through multi-sectoral interventions like veterinary care, the improvement of water systems, the installation of fences, the provision of hygiene and malaria education.
- The presence of great numbers of Malian refugees, accompanied by their cattle, creates tension between the local population and the refugees which gives rise to xenophobia. The use of pastures and other resources by refugees is a major contributing factor to any potential conflict. Under normal conditions, the local area resources are barely sufficient for the native population and now these same resources have to serve also an additional 74,663 refugees.
In order to minimize tensions and defuse the potential for conflict, IOM proposes to support local host communities through the following activities:

- Training and provision of tools to women from villages near the refugee camp on counter-seasonal crops to sustain local people's livelihoods in times of shortages of rain.
- Organization of joint meetings between refugees and local populations in order to encourage the identification of mediation mechanisms.
- Direct assistance to local communities through the procurement and distribution of solar lamps and point-of-use water disinfection products and the provision of hygiene and malaria education at a household level.
- Installation of fences to reduce the interference of external herds and protection of pastures from excessive ecological degradation.
- Provision of veterinary care to the herds to protect livestock against diseases that are generally associated with malnutrition.

### IOM PROPOSALS FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED AS PER MYR (USD)</th>
<th>FUNDS RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Recovery</td>
<td>Enhancing the Recovery of Host Communities through Conflict Prevention Interventions in Southeast Mauritania</td>
<td>MRT 13/ER/589 14/R</td>
<td>507,156</td>
<td>0</td>
<td>0%</td>
<td>507,156</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>507,156</td>
<td>0</td>
<td>0%</td>
<td>507,156</td>
</tr>
</tbody>
</table>

TOTAL FUNDS REQUESTED: $ 507,156
NIGER

<table>
<thead>
<tr>
<th>IOM Niger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Staff</td>
</tr>
<tr>
<td>IOM Field Locations</td>
</tr>
<tr>
<td>Funding required</td>
</tr>
</tbody>
</table>

BACKGROUND & CHALLENGES

During the first half of 2013, the social, economic and political environment of Niger remained stable. However, security conditions have gradually deteriorated in May, especially in the north of the country (Agadez and Arlit).

Due to the conflict in northern Mali, more than 50,000 people have fled and took refuge in Niger. The escalation of armed conflict between three federated states of northern Nigeria (Borno, Yobe, Jigawa) has led to over 6,000 people from Nigeria and other African nations to enter regions in the east of Niger (Diffa Extreme). Concurrently, since the Libya crisis, according to government figures, more than 260,000 Nigeriens have returned to their areas of origin which are already severely affected by poverty and recurrent food crises.

The instability still continues in Libya and thousands of migrants, including nationals of Niger and third country nationals (TCNs) continue to flee into Niger or are expelled from Libya - after spending several months in reception or detention centres mostly in vulnerable conditions. These inflows are expected to continue in the Diffa region and could extend to those of Zinder and Maradi located west of Diffa. The Niger – Algeria border is also a migratory route for Sub-Saharan African trying to reach Maghreb or Europe; many migrants are often returned or expelled on the Niger Border (Assamaka) without any assistance.

In addition, more than 2.8 million people continue to live in areas considered vulnerable to food insecurity across the country, despite the grain surpluses in 2012.

Protection

- Niger is caught between the persistent instability of Libya, the Malian crisis and the upsurge of violence in Nigeria which has provoked a massive influx of people seeking refuge in the country, mostly in precarious situations requiring basic care and protection.
Shelter and NFIs

- The floods in 2012 during the rainy season caused extensive damage throughout the country with flooded fields, livestock losses and destruction of houses. 527,471 people were affected and 81 deaths were recorded. Tillabéry is the region the greatest number of people were affected (34%) while the region of Dosso appears to have lost the largest number of dwellings (40%).
- The current crisis in northern Mali, the 2011 Libya instability and the insecurity in Nigeria generate large population movements towards Niger and contribute to the deterioration of the living conditions of rural households which are already struggling on limited resources.
- The protection of the most vulnerable populations who often live in precarious situations in terms of shelter and Non-Food Items (NFIs), remain a major challenge for both the government and humanitarian actors.

IOM proposes to respond to the NFI and shelter needs of the affected population by:
- Developing and implementing a standard operating procedure in accordance with the criteria of vulnerability and special needs, gender and age-related differences for the distribution of NFI kits and shelters.
- Strengthening the capacities of the actors involved in the distribution of standard NFI kits and the installation of shelters through training.
- Coordinating the humanitarian response for all interventions in the NFI and shelter sector.

<table>
<thead>
<tr>
<th>SECTOR/CLUSTER</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED (USD)</th>
<th>FUNDING RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>Assistance Humanitaire aux Migrants Vulnérables dans les Régions d’Agadez et de Tillabéri (Niger)</td>
<td>NIG-13/P-HR-RL/54798</td>
<td>750,750</td>
<td>0</td>
<td>0%</td>
<td>750,750</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>Assistance humanitaire aux populations affectées (personnes déplacées internes, retournés) par les crises et catastrophes naturelles en matière d’abris et de BNA au Niger</td>
<td>NIG-13/CSS/5870 2/R</td>
<td>1,740,900</td>
<td>0</td>
<td>0%</td>
<td>1,740,900</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td><strong>2,491,650</strong></td>
<td>0</td>
<td>0%</td>
<td><strong>2,491,650</strong></td>
</tr>
</tbody>
</table>

TOTAL FUNDS REQUESTED: $2,491,650
PAKISTAN

IOM Pakistan

<table>
<thead>
<tr>
<th>Number of Staff</th>
<th>222</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOM Field Locations</td>
<td>Islamabad, Karachi, Multan, Mirpurkhas, Hyderabad, Sukkur and Peshawar</td>
</tr>
<tr>
<td>Funding required</td>
<td>$14,330,057</td>
</tr>
</tbody>
</table>

IOM’s shelter programme is assisting the most vulnerable flood affected families in the reconstruction of their shelters © IOM 2013

BACKGROUND & CHALLENGES

Over the past three years, Pakistan has been dealing with a number of complex humanitarian crises and natural disasters, including recurrent flooding that has caused pervasive destruction across the country. A security crisis with simultaneous displacements and returns since 2008 affects Pakistan’s Northwest region. On-going security operations in Khyber Pakhtunkhwa (KP) and FATA have displaced 1.1 million people since 2008. More than 1.3 million people who have returned to FATA since 2009, require humanitarian assistance. Local authorities indicate they expect between 7,000 and 8,000 families (42,000 and 48,000 people) to be additionally displaced due to ongoing security operations in Kurram Agency. According to latest figures available, in total, approximately 50,000 families have been displaced from Kurram Agency. The displacements from Kurram Agency compound a volatile humanitarian situation recently worsened by the displacement of an additional 17,140 families (79,839 individuals) from the Tirah Valley in Khyber Agency, FATA, as of 7 May 2013 (OCHA), due to an escalation of hostilities between rival armed groups and the Government’s security operations against armed non-state actors since mid-March.

Three consecutive years of flooding, 2010, 2011 and 2012 respectively, have devastated large areas of Pakistan. Most recently in September 2012, flash floods from heavy rains caused widespread damage to five districts of eastern Balochistan, Punjab’s Dera Ghazi Khan, Rajanpur and Sindh’s Jacobabad and Kashmore districts. As of January 2013, the Government has registered approximately 4.8 million affected individuals, 571 deaths and 1.1 million acres of crops damaged across 14,159 villages.

IOM is the Shelter Cluster lead in Pakistan. The Shelter Cluster’s Temporary Settlement Support Unit (TSSU) has assessed the multi-sectoral needs of the population in temporary settlements in seven North Sindh districts that were significantly affected by the 2012 floods. IOM’s response strategy was designed in accordance with the Shelter Cluster strategy for the 2012 Pakistan Floods appeal and seeks to provide support to vulnerable families whose houses were severely damaged or destroyed and to meet other humanitarian needs arising from natural disasters or conflict in various parts of the country during 2012-2013.

The Monsoon Humanitarian Operations Plan (MHOP) is a reference document that outlines critical needs of people affected by the 2012 floods in Balochistan, Punjab and Sindh provinces as well as, the required response and funding needs identified by the Humanitarian Country Team (HCT). The MHOP was launched in October 2012 for a period of six months and is a projectized operational plan. IOM’s shelter interventions started after the floods hit in September 2012, and have continued to date.
Shelter and Non-Food Items

- According to the Multi-Cluster Inter-agency Rapid Assessment (MIRA) findings from the assessment in September 2012, 218,043 houses were damaged which constitutes nearly 88% of houses in areas affected by 2012 floods.
- Shelter needs are acute, with one fourth of the affected population lacking adequate shelter.
- 95% of the households require emergency shelter, shelter tool kits and winter kits.
- Support for recovery assistance following 2011 Sindh Floods remained low whilst only 39% of the emergency shelter/NFI needs for 2012 floods materialized. Whilst more than 95% of the 2012 displaced population has returned to their areas of origin, for some the emergency will last into 2013 as they remain displaced until water recedes, or have to rebuild their shelters.
- The Shelter Cluster Early Recovery Strategy for 2012 floods is advocating provision of low-cost shelter support to the most vulnerable families whose houses have become uninhabitable after the 2012 floods, in a way that improves their resilience to future natural disasters. The Shelter Cluster has established a target of 173,777 early recovery shelters, representing 50 per cent of affected houses. This target takes into account the self-recovery potential of affected families as measured by the ACCCRA (Assessment of Community Coping Capacity in Return Areas, 2012), as well as the assistance capacity of humanitarian organizations.

**IOM proposes to:**
- Enhance resilience of vulnerable communities to natural disasters by provision of safer shelter support
- Deliver and distribute emergency shelter and NFIs while prioritizing the most vulnerable affected families, including female-headed households, disabled-headed families, elderly-headed households and orphan-headed families, as well as families with a large number of children.
- Provide shelter/NFI pipeline support and information on their distribution to local partner organizations with established field presence in the affected areas.
- Provide comprehensive support to Shelter and NFI Cluster members through coordinators, information management specialists and technical advisors.
- Establish a Displacement Tracking Matrix (DTM) to systematically collect and analyse data on displacement sites and movements.
- Build the capacity of government officials and local organisations managing camps, in line with best practices and international CCCM standards.
Community Restoration

NEEDS
- Community infrastructure, particularly roads and canal breaches, have suffered severe damage. About 46% of the roads were completely destroyed while 36% were partially damaged. Damage to link roads has completely paralyzed all economic and social activities; 24% of students are unable to access schools due to damaged roads.
- Inundation of agricultural land, damage to irrigation channels and slow economic activity has led to loss of livelihood activities. 26% of households are dependent on non-farm livelihoods and 64% day job labourers have lost their sources of income. 29% households with small businesses have reported loss of their shops, small trades and other businesses.

PLANNED RESPONSE
- IOM proposes to:
  - Support returns and recovery of communities by restoring key community infrastructure through cash-for-work activities.
  - Improve community infrastructure taking into account Disaster Risk Reduction guidelines.

Health

NEEDS
- Access to health facilities is a key challenge. Only 7% of temporary settlements have on-site health facilities, while only 6% of sites reported available mobile health clinics. 48% of people residing in these sites need to travel at least 3 kilometres to access the nearest health facility, whereas 39% reported the nearest health facility to be more than 3 kilometres away.
- Access to health services delivered by community-based health care providers (including female health workers and community midwives) has also been disrupted.
Coordination

PLANNED RESPONSE

<table>
<thead>
<tr>
<th>IOM proposes to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Strengthen health-sector human resources in affected districts to meet the increased health needs of the affected populations.</td>
</tr>
<tr>
<td>• Provide primary health care services in fixed clinics and through mobile outreach.</td>
</tr>
<tr>
<td>• Strengthen referral systems in affected districts to meet the emergency health needs of the most at-risk groups including women, children and the elderly.</td>
</tr>
</tbody>
</table>

NEEDS

- In order to save lives and resources, affected populations need to be provided information on available humanitarian assistance through efficient formal and informal information dissemination networks. In addition to information on basic life-saving needs of affected populations, such as food, shelter and health provisions, information on where and how to access support is also critical.
- Pakistan has a well-resourced private sector, with rapidly evolving and developing corporate philanthropy and corporate social responsibility branches. However, due to a lack of coordination and information on humanitarian standards and practices, most of them operate independently from the humanitarian community.
- The fluid security situation has led to a shrinking of humanitarian space and has increased security incidents involving humanitarian aid workers across the country.

PLANNED RESPONSE

<table>
<thead>
<tr>
<th>IOM proposes to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disseminate key information for the disaster affected populations and to all humanitarian clusters from IOM’s message repository and through all appropriate communication channels.</td>
</tr>
<tr>
<td>• Update and disseminate service handbooks and FAQs to humanitarian workers and government officials involved in humanitarian response and ensure continued operation of the Humanitarian Call Centre.</td>
</tr>
<tr>
<td>• Enhance partnerships between humanitarian clusters and corporate/private philanthropists through information-sharing and coordination, as well as, through the AidConnector.org website.</td>
</tr>
<tr>
<td>• Provide Security Awareness Induction Training (SAIT) and other specialized security/safety trainings to humanitarian aid workers, in particular to NGO staff involved in the flood response.</td>
</tr>
</tbody>
</table>
## IOM PROPOSALS FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>CURRENT FUNDING REQUEST (USD)</th>
<th>FUNDING RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter</td>
<td>Shelter and Non-Food Items Assistance for the Most Vulnerable Affected Families of 2012 Floods</td>
<td>PAK-HOP-12/S-NF/52975</td>
<td>8,225,310</td>
<td>8,051,385</td>
<td>97%</td>
<td>173,925</td>
</tr>
<tr>
<td></td>
<td>Support to the Shelter and Non Food Item Cluster, Temporary Settlements Support Unit and District Focal Points</td>
<td>PAK-HOP-12/S-NF/52976</td>
<td>630,000</td>
<td>381,537</td>
<td>60%</td>
<td>248,473</td>
</tr>
<tr>
<td></td>
<td>Enhancing the Resilience of Flood Affected Population of Pakistan through Safer Shelter Activities*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Restoration</td>
<td>Community Restoration Support for Flood Affected Population of Sindh</td>
<td>PAK-HOP-12/ER/53115</td>
<td>725,000</td>
<td>0</td>
<td>0%</td>
<td>725,000</td>
</tr>
<tr>
<td>Health</td>
<td>Enhanced Emergency Primary Health Care Service Provision and Strengthening of Assisted Referral system in Flood Affected Communities of Northern Sindh</td>
<td>PAK-HOP-12/H/53328</td>
<td>260,006</td>
<td>0</td>
<td>0%</td>
<td>260,006</td>
</tr>
<tr>
<td>Coordination</td>
<td>Humanitarian Communications-Information Outreach to Populations Affected by Floods in Sindh, Punjab and Balochistan in 2013</td>
<td>PAK-HOP-12/CSS/53285</td>
<td>122,663</td>
<td>0</td>
<td>0%</td>
<td>122,663</td>
</tr>
<tr>
<td></td>
<td>Linking Corporate and Private Philanthropy to Identified Life Saving Needs of the Vulnerable Population</td>
<td>PAK-HOP-12/CSS/53288</td>
<td>50,000</td>
<td>0</td>
<td>0%</td>
<td>50,000</td>
</tr>
<tr>
<td></td>
<td>Security Awareness Induction Training</td>
<td>PAK-HOP-12/CSS/53292</td>
<td>250,000</td>
<td>0</td>
<td>0%</td>
<td>250,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>22,762,979</td>
<td>8,432,922</td>
<td>37%</td>
<td>14,330,057</td>
</tr>
</tbody>
</table>

*Project outside the CAP as the Monsoon Humanitarian Operations Plan has not been revised to reflect the early recovery needs of populations affected by the 2012 floods.
THE PHILIPPINES

IOM PHILIPPINES

<table>
<thead>
<tr>
<th>Number of Staff</th>
<th>82</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOM Field Locations</td>
<td>Cotabato City, Davao City, Cateel, Tagum, Trento, Iligan, Manila</td>
</tr>
<tr>
<td>Funding required</td>
<td>$ 4,657,885</td>
</tr>
</tbody>
</table>

BACKGROUND & CHALLENGES

Despite the positive impact of the peace negotiations between the Government of the Philippines and the Moro Islamic Liberation Front (MILF), there is a continued need to address the protracted humanitarian situation in Mindanao. Armed conflict is presently inactive due to the ceasefire; however the Government still reports a risk that these efforts may be detracted by intentional surges of violence. Clan violence (“rido”) is a regular occurrence which has led to the displacement of 30,000 people between January and October 2012. Insecurity and criminality are additional drivers of the emergency due to weak rule of law and proliferation of small arms across Mindanao. These problems are further compounded by Mindanao’s recent propensity to natural disasters including frequent flooding.

A Joint Multi-Sectoral Assessment was conducted by the Mindanao Humanitarian Team (MHT) from August to September 2012, covering 33 barangays in six provinces, which highlighted severe needs in many areas such as CCCM and health. In 2014, the Humanitarian Country Team will shift its programming cycle from the one-year Consolidated Appeals Process towards a multi-year strategy which will integrate humanitarian, peace-building, and development programmes in Mindanao.

In addition to the HAP 2013 requirements, Tropical Typhoon Bopha made landfall in Davao Oriental (northeastern part of Mindanao) on 4 December 2012, creating additional urgent humanitarian needs. It was the strongest typhoon to hit the Philippines in 2012, severely affecting 4 regions and 12 provinces. The plan is being revised to focus on residual early recovery, livelihood, health and education needs of affected communities. IOM is part of the inter-agency response and is leading the shelter cluster at provincial and municipal levels.
### Humanitarian Action Plan 2013

#### Camp Coordination and Camp Management (CCCM)

<table>
<thead>
<tr>
<th>NEEDS</th>
<th>According to the Joint Multi-Sectoral Assessment there is:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Inadequate data existing on vulnerabilities and needs;</td>
</tr>
<tr>
<td></td>
<td>• Unequal participation in decision-making processes and inadequate shelter;</td>
</tr>
<tr>
<td></td>
<td>• Limited resources in collective or evacuation centres;</td>
</tr>
<tr>
<td></td>
<td>• A need for assistance in non-food items and subsistence livelihoods.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLANNED RESPONSE</th>
<th>IOM proposes to assist the Government in meeting the assessed needs of the displaced in areas of high return by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Conducting displacement tracking and needs assessment in displacement sites as well as in return and host communities;</td>
</tr>
<tr>
<td></td>
<td>• Supporting government implementation of quality camp management through CCCM capacity-building programmes, and the development of an IDP Settlement Planning timeline to facilitate closure of camps and transition to permanent sites or return communities;</td>
</tr>
<tr>
<td></td>
<td>• Providing NFIs and emergency shelter kits, according to specifically assessed needs. IOM also proposes to establish transitory sites for the most vulnerable IDP families according to specific needs emerging from the needs assessment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESULTS TO DATE</th>
<th>IOM has thus far created a bi-monthly Displacement Tracking Matrix and Site Window that enhances planned response to meet the needs of vulnerable IDP populations.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Six targeted provinces have been equipped with a roster of well-trained women and men who are managing evacuation centres.</td>
</tr>
<tr>
<td></td>
<td>• Shelter repair kits and NFI kits have been distributed to 8,200 families.</td>
</tr>
</tbody>
</table>

### Health

<table>
<thead>
<tr>
<th>NEEDS</th>
<th>The Joint Multi-Sectoral Assessment highlighted the need to closely examine the health situation and well-being of affected families in displaced sites, host communities and return communities. It also showed how the limited access to basic health services, including the lack of on-site health stations, was negatively impacting the well-being of men, women and children.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• IOM conducted a Provincial Profile on Return and Displacements of six provinces and one city which highlighted the need for a functional barangay health station with medical equipment and basic medical supplies and the need to provide a targeted response for special vulnerability groups, including pregnant and lactating women, physically and mentally disabled people and persons with chronic disabilities. Accessible health services will reduce avoidable mortality and morbidity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLANNED RESPONSE</th>
<th>In response to these identified health needs, IOM proposes to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Refurbish functional health stations in four provinces identified by local health authorities;</td>
</tr>
<tr>
<td></td>
<td>• Provide medical equipment and supplies to the stations;</td>
</tr>
<tr>
<td></td>
<td>• Develop and conduct health awareness orientation and trainings focusing on the needs of vulnerable groups;</td>
</tr>
<tr>
<td></td>
<td>• Conduct community health needs assessments to identify appropriate response or provide referral to other Agencies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESULTS TO DATE</th>
<th>IOM has refurbished and provided basic medical equipment and supplies to ten barangay health stations.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• At least 500 individuals were oriented and reached by health awareness activities and trainings.</td>
</tr>
<tr>
<td></td>
<td>• In total, at least 10 communities were profiled and assessed with a focus on identifying vulnerable groups.</td>
</tr>
</tbody>
</table>
## Typhoon Bopha Response Action Plan for Recovery

### Emergency Shelter

<table>
<thead>
<tr>
<th>NEEDS</th>
<th>In response to these identified shelter needs, IOM proposes to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide emergency shelter to up to 8,000 families and related NFIs to displaced populations.</td>
</tr>
<tr>
<td></td>
<td>Provide transitional shelters through the construction of bunkhouses or provision of alternative transitory shelters through repair and improvement of existing buildings or structures.</td>
</tr>
<tr>
<td></td>
<td>Provide logistical and technical support for the shelter rehabilitation process to those able to return home, including support that will enable beneficiaries to receive specific shelter items for repair of their homes through small grants or direct distribution of shelter materials.</td>
</tr>
<tr>
<td></td>
<td>Provide coordination mechanisms for the shelter cluster at the hub level.</td>
</tr>
<tr>
<td></td>
<td>IOM has given 8,000 families emergency shelter and NFI support. Transitional shelters have been built for affected communities and existing buildings have been rehabilitated as alternative transitory shelters.</td>
</tr>
<tr>
<td></td>
<td>Additionally, beneficiaries have been provided with logistical and technical support in order to build their housing back in a more effective way.</td>
</tr>
</tbody>
</table>

### Camp Coordination and Camp Management (CCCM)

<table>
<thead>
<tr>
<th>NEEDS</th>
<th>A joint government and Humanitarian Country Team (HCT) multi-cluster needs assessment in Davao del Sur and Compostela Valley showed that the priority needs include IDP registration, organized camp management, and data on the number of displaced families and damaged houses, to adequately meet the emergency shelter and NFI needs of the affected population.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In response to these identified needs, IOM proposes to:</td>
</tr>
<tr>
<td></td>
<td>Deploy Camp Management Liaison teams to continually assess conditions in affected areas to ensure camp management, Displacement Tracking Matrix (DTM) roll-outs and referrals;</td>
</tr>
<tr>
<td></td>
<td>Establish camp management committees in each of the evacuation centres;</td>
</tr>
<tr>
<td></td>
<td>Ensure on-going engagement within the Cluster towards the effective delivery of camp coordination and camp management services at the national and local levels;</td>
</tr>
<tr>
<td></td>
<td>Rehabilitate or repair evacuation centres to internationally accepted standards;</td>
</tr>
<tr>
<td></td>
<td>Ensure monitoring and evaluation on the effectiveness of response to the displaced population.</td>
</tr>
<tr>
<td></td>
<td>IOM has advocated for a plan for camp closure and safe and voluntary returns.</td>
</tr>
<tr>
<td></td>
<td>Men and women camp managers have been deployed in all displacement sites to ensure protection and services are provided.</td>
</tr>
<tr>
<td></td>
<td>CCCM clusters have been activated at multiple levels.</td>
</tr>
</tbody>
</table>

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3 According to reports from the National DRR Management Council.
## Health

### Needs

- The post-disaster situation in Region XI and CARAGA requires immediate and targeted assistance to reduce health risks.
- Initial IOM assessments show the need to closely examine the health situation of affected families in displacement sites, host communities or return communities. This includes (a) psychological trauma affecting the survivors of the disaster who require immediate attention and (b) restoring damaged health facilities and health supplies, as well as access to care.

### Planned Response

**IOM proposes to:**

- Build the capacities of mental health and psychosocial response providers, including gender sensitive needs, in emergency displacements for the affected population;
- Provide health referrals, facilitate hospital discharge and provide assisted transportation;
- Provide mobile health crisis and outreach services to affected communities;
- Conduct assessments of health needs of all affected populations considering their special needs and prioritizing the elderly, persons with disabilities, pregnant women, children and infants and individuals with chronic diseases;
- Repair or reconstruct health stations in the most affected and vulnerable communities.

### Results to Date

- IOM has assisted up to 2,500 patients and family members with mobile clinic and outreach services.
- At least 5,000 families or 25,000 individuals have been reached by health awareness activities and training.
- Five municipalities have been covered with health profiling and assessments along with 10 health stations established for the most vulnerable.

## Coordination

### Needs

- The population which was residing in the affected area of Compostella Valley (80% of which has been declared by the government to be a danger zone due to the risk of landslides) must be well informed about the pace and process of relocation plans.
- Regular information and careful monitoring of information flows are needed. There is also a need to communicate, via the Philippines Information Agency (PIA) and the national media, that aid is being delivered according to humanitarian principles.

### Planned Response

**IOM proposes to:**

- Establish a coordination mechanism for all emergency response communications.
- Ensure camp managers are abreast of relevant developments.
- Use specific media tools for regular sharing of information in newsletters and other print media (including comics aimed at youth and those of low literacy), radio scripts and programming, SMS blasts as well as other means of social media.

### Results to Date

- IOM developed an Ushahidi-based mapping tool used for information sharing among affected communities, partners and donors. It uses hotline numbers to revise reports specifically for Typhoon Bopha response.
- IOM produced information materials in response to FAQs raised by IDPs on food and shelter assistance. The responses were printed and distributed in the provinces of Compostella Valley, Davos Oriental and Agusan del Sur.
# IOM PROPOSALS FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>(USD) FUNDS REQUESTED AS PER MYR</th>
<th>FUNDS RECEIVED</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CCCM</strong></td>
<td>Provision of Humanitarian Assistance and Increasing the Resilience of Mobile</td>
<td>PHI-13/CSS/536 21/R</td>
<td>820,000</td>
<td>0</td>
<td>0%</td>
<td>820,000</td>
</tr>
<tr>
<td></td>
<td>and Vulnerable Populations in Selected Provinces in Mindanao</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
<td>Typhoon Bopha: Residual Emergency Support to Vulnerable and Affected</td>
<td>PHI-13/S-NF/57358/R</td>
<td>6,000,000</td>
<td>2,698,766</td>
<td>45%</td>
<td>3,301,234</td>
</tr>
<tr>
<td><strong>Shelter</strong></td>
<td>Communities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>Expanded Health Assistance to Vulnerable Populations in Conflict and Disaster</td>
<td>PHI-13/H/54854 /R</td>
<td>277,130</td>
<td>0</td>
<td>0%</td>
<td>277,130</td>
</tr>
<tr>
<td></td>
<td>Affected Areas in Mindanao</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Typhoon Bopha: Health Assistance and Well-Being Assistance to Displaced and</td>
<td>PHI-13/H/57115 /R</td>
<td>400,000</td>
<td>140,449</td>
<td>35%</td>
<td>259,521</td>
</tr>
<tr>
<td></td>
<td>Affected People in Region XI and CARAGA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td>7,497,130</td>
<td>2,839,245</td>
<td>38%</td>
<td>4,657,885</td>
</tr>
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</table>

**TOTAL FUNDS REQUESTED:** $4,657,885
SOMALIA

IOM Somalia

<table>
<thead>
<tr>
<th>Number of Staff</th>
<th>108</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOM Field Locations</td>
<td>Mogadishu, Garowe, Bosaso, Hargeisa, Nairobi (coordination office)</td>
</tr>
<tr>
<td>Funding required</td>
<td>$ 7,628,227</td>
</tr>
</tbody>
</table>

IOM with support from Panasonic, and in partnership with local non-governmental organizations, is distributing solar lanterns and ‘dignity kits’ to IDPs in settlements across Somalia in order to contribute to the protection of vulnerable women and girls from gender-based violence. © IOM 2013 (Photos: Deeq M. Afrika)

BACKGROUND & CHALLENGES

Half a year after the beginning of the 2013-2015 CAP which focuses not only on life-saving measures but also on resilience and capacity development, funding needs remain the same even though the total number of people in need of humanitarian assistance has decreased from 3.8 million to 2.7 million. It is currently estimated that there are about 1.1 million IDPs in Somalia with high concentrations in Mogadishu, Bosaso and Hargeisa.

There are still 1 million Somali refugees in the region, although conditions in Somalia are not yet adequate for wide-scale return. Climate variability has created food insecurity as poor rainfall has been compounded by the effects from the 2011 drought and famine. In addition, conflicts and political instability over the last 20 years have caused massive displacement and destroyed coping systems and institutions necessary to improve livelihoods. As a result, Somalia has fluctuated between food security and famine over the past five years.

The quality of health, nutrition, education, water, sanitation and hygiene (WASH) services across the country remains extremely poor due to insufficient resources. As a result, 215,000 children under five years of age are acutely malnourished. Without sustained assistance, an additional 1.7 million people may slide back into food crisis.

While some IOM Somalia staff is already based in Mogadishu, IOM will establish an office in the upcoming months to allow for closer monitoring of activities and enhanced coordination with government and implementing partners. IOM is also increasing the number of international staff based in Somalia.
## Food Security

**Needs**
- IDPs and their host communities in Somalia suffer severely from food and livelihood insecurity, as well as inadequate water, sanitation and hygiene services. IDPs and host communities continue to live in unhygienic environments without waste management, which increases the risk of water-borne disease outbreaks.

**IOM proposes to:**
- Implement cash-for-work programmes for the construction/rehabilitation of wells, latrines, waste management and garbage disposal in urban centres.
- Provide vocational trainings, including basic entrepreneurship skills and start-up kits or grants for unemployed youth and vulnerable women which are tailored to their needs and demands.
- In 2013, IOM has assisted 470 food insecure IDPs and vulnerable women and youths in Bossaso, Gardo, Garowe, Galkayo of Puntland, Borama of Somaliland with market oriented vocational trainings with a strong emphasis on business creation and formal employment after training.
- IOM is rehabilitating 6 water berkets in Garowe and Galkayo Districts in Puntland which will provide access to water to 6,400 individuals (approximately 1,066 households).

## Water, Sanitation and Hygiene

**Needs**
- Approximately 70% of the IDP population living in settlements do not have access to safe drinking water.
- Latrine coverage is very low and existing latrines are either full or fail to provide privacy to the user, increasing the risk of SGBV against women and girls.
- Inadequate waste disposal and low levels of hygiene practices also have serious effects on the health and well-being of IDPs.

**IOM proposes to:**
- Provide emergency safe and clean water by: establishing water systems, constructing/rehabilitating boreholes and water kiosks, purifying water sources, constructing improved and appropriate latrines
- Distributing hygiene kits, training hygiene promoters and promoting key hygiene messages.
- In 2013, IOM has been able to carry out WASH needs assessments and set up facilities in order to support about 50,000 IDPs, returnees and affected host communities in 11 regions in Somalia. IOM has so far provided clean and safe water and good hygiene practices knowledge to more than 50,000 beneficiaries.
- IOM has provided capacity building to 26 government officials and local implementing partners, and conducted ‘training of trainers’ on the participatory hygiene and sanitation transformation approach and water quality monitoring.
- IOM through IP trained 220 hygiene promoters and mobilized more than 24,100 community members, among them 14,000 women and provided good hygiene practices awareness. On World Water Day, IOM distributed 6,000 NFIs (Jerry cans, aqua tabs, soap) to 6,000 beneficiaries in Mogadishu and Afgooye.
Health

- The risk of outbreaks and deaths from preventable diseases has increased due to the lack of access to health care, a general shortage of human resources, low immunization rates and underutilization of health facilities by IDPs, pastoralists, returnees and host communities.

IOM proposes to:
- Increase access to health care services for IDPs, pastoralists, returnees and affected host communities, as well as, people living with tuberculosis and/or HIV/AIDS, survivors of SGBV and victims of trafficking (VoT) through mobile health clinics and maternal and child health centres.
- Strengthen capacity of local partners by conducting training on healthcare services, basic immunization and medical waste management; and conduct community trainings on environmental health hazards and prevention of SGBV, female genital mutilation and early marriage.
- Support and increase the capacity of the Ministry of Health through the deployment of health care providers and public health experts, particularly by engaging diaspora professionals.
- Start-up of border health posts in Dhoaley and Dollow, South Central Somalia, targeting migrant and mobile population within the Kenyan-Somali and the Somali-Ethiopian borders and returnees from Kenya, especially the Dadaab refugee camp.

In 2013, IOM has:
- Carried out needs assessments and set up a mobile health clinic facility in order to ensure coverage of primary health care services for at least 10,000 IDPs and host community members living in poverty and without access to services in the Garowe IDP settlement.
- Provided primary health care to a total of 1,489 IDP and host community individuals mostly through the Out-Patient department (management of common diseases). 95 children and mothers were immunized and 94 Ante Natal Care (ANC) consultations and supplementation of micronutrients were provided.
- Responded to a fire outbreak on 12th June in Ajuraan IDP settlement in Garowe, Puntland, by providing healthcare services to 404 IDPs through the IOM and Ministry of Health mobile team.
- Conducted fitness-to-travel examinations for 236 returnees returning to South Central Somalia from Somaliland (Lasaanod, Burao and Hargeisa) and has extended support to Migration Response Centres in Hargeisa and Bossaso while integrating health services to migrants as of June 2013.

Protection

- Reintegration assistance is required given the increasing interest of IDPs to seek durable solutions through return, local integration or resettlement to new locations.
- In emergency humanitarian settings, the risk of exposure to HIV coupled with weak community protection mechanisms increases an individual’s vulnerability to SGBV and HIV.
- Mixed migratory flows from Somalia and Ethiopia reach Yemen through established smuggling and trafficking networks. Human rights violations and a lack of migrant protection, SGBV, detention, extortion and torture continue to be a dangerous reality for these mobile populations.
- Somalia is a source and transit country for women and children who are subjected to trafficking for sexual exploitation and forced labour.

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4 The Migration Response Centres were established by IOM, they are government led and benefit from technical and financial support from IOM.
To respond effectively to protection needs, IOM proposes to:

- Implement priority projects on livelihoods, small infrastructure and projects to improve access to basic social services.
- Raise HIV and SGBV awareness; empower communities to prevent HIV transmission in health care settings; provide basic health care, psychosocial and mental health services to affected populations, and protect against HIV and SGBV related human rights violations.
- Build capacity of government authorities and implementing partners on legal protection and human rights of migrants; provide support and health care for sick migrants; implement Assisted Voluntary Return (AVR) of migrants targeting most vulnerable and include components for medical fitness to travel and medical escorts if needed.
- Develop awareness-raising programmes on the risks of irregular migration and provide support to strengthen policy and operational responses to human trafficking and other irregular migration.
- Strengthen community support mechanisms to protect women and girls from GBV and HIV, strengthen medical referral systems and the capacity of healthcare workers providing support to survivors of SGBV, and enhance partners’ capacity (particularly in data collection using the Gender-Based Violence Information Management System tool).
- Establish a referral mechanism for survivors of SGBV to access Post-Exposure Prophylaxis (PEP) kits, treatment in health centres and provide dignity kits through the support of UNFPA.
- IOM has supported small-scale community projects which will benefit 2,000 households and provided 100 individuals with market driven vocational training.
- In Jowhar and Balad District of Middle Shabelle, IOM has been rehabilitating 4 wells which will benefit 400 households, 2 permanent primary schools improving the education environment of more than 800 children, and preparing 500 hectare of agricultural land.
- IOM has carried out needs assessments and consultations on GBV prevalence, mapping out and encouraging coordination and information sharing of service providers in intervention areas. IOM has provided psychosocial support to over 50 GBV survivors. It has referred over 30 survivors of GBV for medical assistance in Mogadishu, Garowe and Burao, trained 22 government representatives and local implementing partners on psychosocial support and distributed 600 solar lanterns to vulnerable IDP’s in Garowe, Puntland.
- IOM conducted community social mobilization on GBV awareness including awareness raising on Female Genital Mutilation (FGM) and selected implementing partners for future GBV and FGM interventions.
- IOM donated a vehicle, office furniture and equipment to assist the investigation capacity of the Counter-Trafficking (CT) Unit of the police in Garowe, Puntland, consisting of the inter-ministerial Counter-Trafficking Board of Puntland which has formulated a draft Plan of Action to curb human trafficking in Puntland, encompassing Puntland authorities’ collective efforts in prevention of human trafficking, prosecution of offenders and protection of victims of human trafficking (VoTs), for which IOM is providing technical expertise. Between October 2012 and March 2013, a total of 15 victims of human trafficking, all children from Mogadishu, were assisted by the Puntland Authority.
- IOM is also providing technical assistance in the fight against trafficking of persons.
IOM PROPOSALS FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR/CLUSTER</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED (USD)</th>
<th>FUNDING RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security</td>
<td>Humanitarian Livelihoods Support for IDPs and Host Communities to Address Food Insecurity and Income Shortage in Gedo Region and in Urban Centers in Somalia</td>
<td>SOM-13/ER/56532</td>
<td>2,941,828</td>
<td>1,075,117</td>
<td>37%</td>
<td>1,866,711</td>
</tr>
<tr>
<td></td>
<td>Support the Ministry of Health, Non-Governmental Organizations and Communities in Provision of Healthcare Services Targeting Most Vulnerable Migrants and Mobile Populations (MMPs) and Affected Host Communities</td>
<td>SOM-13/H/56530</td>
<td>2,102,855</td>
<td>771,303</td>
<td>37%</td>
<td>1,331,552</td>
</tr>
<tr>
<td>Protection</td>
<td>Protection of Victims of Human Trafficking (VOTs) through Information Campaign and Capacity Building of Authorities and Civil Society in Data Collection, Documentation, Referral Process and Service Delivery</td>
<td>SOM-13/P-HR-RL/56536</td>
<td>757,417</td>
<td>311,212</td>
<td>41%</td>
<td>446,205</td>
</tr>
<tr>
<td></td>
<td>Responding to Mixed Migration flows crossing the Gulf of Aden from Somalia by Increasing Protection, Enhancing Emergency Response, Building Capacity and Improving Advocacy</td>
<td>SOM-13/P-HR-RL/56535</td>
<td>805,875</td>
<td>0</td>
<td>0%</td>
<td>805,875</td>
</tr>
<tr>
<td></td>
<td>Enhance Community Protection Mechanisms for SGBV and HIV through a Comprehensive Response (Awdal, Banadir, Bari, Nugaal, Woonqi Galbeed, Gedo, Togdheer) (Joint proposal with UNDP Somalia)</td>
<td>SOM-13/P-HR-RL/56533</td>
<td>465,450</td>
<td>0</td>
<td>0%</td>
<td>465,450</td>
</tr>
<tr>
<td></td>
<td>Facilitating the Transition to Durable Solutions of IDPs in their Place of Origin, Resettled Areas and Locally Integrated Areas in Somalia through Community Based Planning and Community Projects</td>
<td>SOM-13/P-HR-RL/56531</td>
<td>1,963,450</td>
<td>600,000</td>
<td>31%</td>
<td>1,363,450</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>Lifesaving Assistance through Improvement of Access to Safe Water, Appropriate Sanitation Facilities and Hygiene (WASH) for 180,000 Internally Displaced Persons (IDPs) and Host Community Members Living in Emergency or Crises at Togdheer and Woonqi Galbeed in Somaliland, at Mudug and Nugaal in Puntland and at Banadir, Gedo, Lower Juba and Lower Shabelle in South Central Somalia through Community-led Approach</td>
<td>SOM-13/WS/56534</td>
<td>2,985,300</td>
<td>1,636,316</td>
<td>55%</td>
<td>1,348,984</td>
</tr>
</tbody>
</table>

TOTAL 12,022,175 4,393,948 37% 7,628,227

TOTAL FUNDS REQUESTED: $ 7,628,227
SOUTH SUDAN

IOM South Sudan

| Number of Staff | 306 |
| IOM Field Locations | Bentiu, Juba, Maban, Malakal, Malualkon, Renk, Turalei, Wau |
| Funding required | $ 23,487,994 |

South Sudan continues to face considerable humanitarian needs as multiple crises require multi-sector response strategies. As conflict continues in Blue Nile and South Kordofan states, Sudanese refugees continued to flee both states albeit in lower numbers than in 2012. A key focus of humanitarian concern was heightened insecurity in Jonglei state from February 2013 onwards which displaced tens of thousands of people. Overall, the humanitarian situation is stabilizing and the overall scale of humanitarian needs decreased in several areas as reflected by some slight improvements in food security where the figure of insecure people decreased from a projected figure of 4.7 million food insecure people to 4.1 million people going into 2013. The pace of refugee arrivals coming into Unity and Upper Nile states slowed in early 2013, with 17,000 new arrivals between January and April 2012. The number of returnees was also lower than expected. The projected number of refugees in South Sudan by the end of 2013 has been revised downwards from 350,000 to 263,000 while the number of anticipated arrivals has also been reduced from 125,000 to 70,000.

As the lead agency for the Shelter/NFI cluster, the co-leader of the Multi-Sector cluster (together with UNHCR), and a major stakeholder in the WASH and Logistics cluster, IOM will maintain a multi-sectoral approach in 2013 to continue to respond to the needs of displaced populations in South Sudan.

Health

- South Sudan presents some of the worst health indicators in the world with a Maternal Mortality ratio of 2,054 to 100,000 live births and an Infant Mortality Ratio of 102 to 1,000 live births.
- With less than 20% of the population accessing primary health care services in South Sudan, the provision of life-saving health care through mobile and semi-static clinics in areas of displacement and high return is vital.
- IOM 2011-2012 health data reveals that major causes of morbidity and mortality are preventable illnesses such as acute respiratory infections, malaria and diarrhoea.

**NEEDS**

**PLANNED RESPONSE**

In order to contribute to the reduction of avoidable mortality and morbidity, IOM proposes to:

- Provide life-saving primary health care services and strengthen emergency referral systems in areas affected by high levels of return and displacement, through mobile teams and semi-static health facilities focusing on vulnerable women, children, elderly, persons with disabilities and those with chronic medical conditions.
- Provide reproductive and maternal health support; routine and mass campaign immunizations; mainstream HIV awareness and prevention of sexual and SGBV into health education; and, capacity building of health providers.
- Preposition essential medicines, medical supplies and medical equipment.
Logistics

- Challenges of humanitarian actors in delivering aid to remote locations are caused by: (i) very high transportation costs; (ii) severe flooding leading to access constraints during the annual rain season and; (iii) poor transportation infrastructure.

To address logistical constraints on the humanitarian community’s operations in South Sudan, IOM proposes to:

- Operate and manage a common transport service, including trucking and river services to move humanitarian cargo in a timely and reliable manner to areas of operation.

RESULTS TO DATE

- From January to April 2013, IOM has transported 3,466 metric tons of humanitarian cargo belonging to 37 humanitarian organizations across South Sudan.

Multi-Sector: Emergency Returns and Refugees (IOM as co-lead)

- The Emergency Return Sector in South Sudan anticipates that 70,000 South Sudanese will return from Sudan in 2013.
- 20,000 vulnerable returnees remain stranded in Renk, Upper Nile State. The capacity of host communities to absorb returnees and refugees is already overstretched due to the very limited availability of resources and essential services.
- The number of refugees in Upper Nile State alone is expected to reach 140,000. Throughout the Upper Nile State, reaching adequate water supply levels throughout the area has proved challenging due to the nature of the terrain where refugee camps were established. As a result, access to water continues to lag below SPHERE\(^5\) standards.
- In Upper Nile State, relocating refugees from one camp to another proves to be very challenging, logistically and financially, as is transporting relief items to Maban.

To support and monitor the safe, dignified and voluntary movement of South Sudanese returnees, IOM as co-lead of the Multi-Sector cluster proposes to:

- Provide humanitarian assistance at transit points including essential health and WASH services.
- Organize onward transportation assistance by conducting arrival assessments and pre-embarkation health checks, identifying vulnerable persons and transporting returnees in a safe and dignified manner.
- Maintain a country-wide tracking and monitoring system of returnees and internally displaced persons in order to facilitate rapid and informed interventions implemented by the humanitarian community.

To reduce the mortality and morbidity of the refugee population by addressing water, sanitation and hygiene promotion needs, IOM proposes to:

- Continue life-saving activities in Upper Nile State’s largest refugee camp by providing WASH services and a common transportation service.
- Assist in transporting refugees from border areas to camp locations, or from camp to camp.

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\(^5\) SPHERE: The Sphere Project was initiated in 1997 by a group of NGOs and the Red Cross and Red Crescent Movement to develop a set of universal minimum standards in core areas of humanitarian response.
Shelter and Non-Food Items (NFIs)

- Until May 2013, IOM has provided transport assistance to 4,155 stranded South Sudanese returnees.
- IOM, in partnership with the Relief and Rehabilitation Commission, maintained its displacement tracking and monitoring system, registering 47,874 returnees who have reached their intended final destinations during the same period.
- By 15 June 2013, IOM has assisted in transporting 16,231 refugees from Jamam camp to Kaya camp, a new refugee camp in Upper Nile State that offers better access to basic services and is less susceptible to flooding.
- Since the beginning of 2013, over 45,000 refugees accommodated in Doro refugee camp, Upper Nile State, have been provided with access to safe water and sanitation facilities.

**NEEDS**
- On-going natural and man-made disasters lead to continued internal displacements.
- Large-scale returns continue to take place from Sudan to South Sudan.
- All areas in South Sudan require an early procurement, pre-positioning and distribution capacity of life-saving NFIs and emergency shelter.

**PLANNED RESPONSE**

As lead agency of the Shelter and NFI Cluster, IOM proposes to respond with:

- Timely provision of basic NFIs and emergency shelter to affected returnee/IDP/host community households (including coordination, distribution and monitoring).
- Delivery of sustainable and locally appropriate shelter solutions.

- In 2013, IOM has provided shelter and NFIs to 16,057 returnees, 65,603 IDPs and 23,982 disaster-affected host community members.

Water, Sanitation and Hygiene

- There has been a marked deterioration in access to safe drinking water and adequate sanitation facilities in flood-prone areas, such as those affected by high rates of return and stranded persons in Northern Bahr el Ghazal State and Upper Nile states, and areas that host large numbers of communities displaced from Abyei in Warrap State.
To reduce morbidity and mortality related to water-borne disease in Northern Bahr el Ghazal, Upper Nile and Warrap states, IOM proposes to:

- Provide clean water in the states of Northern Bahr el Ghazal, Warrap and Upper Nile to improve WASH conditions for 187,000 vulnerable returnees, IDPs and host communities.
- Provide hygiene and sanitation facilities for 35,000 returnees, IDPs and host communities.

- In 2013, IOM has provided clean water to 98,000 returnees, IDPs and host community members and hygiene and sanitation facilities for 16,000 returnees, IDPs and host community members.

IOM PROPOSALS FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED AS PER MYR (USD)</th>
<th>FUNDING RECEIVED (USD)</th>
<th>% REQUIRED</th>
<th>UNMET REQUIREMENTS (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Sustaining Life-saving Primary Health Care Services for Vulnerable IDPs, Returnees and Affected Host Communities in Upper Nile, Warrap and Western Bahr el Ghazal States</td>
<td>SSD-13/H/54887</td>
<td>1,638,485</td>
<td>850,209</td>
<td>48%</td>
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</tr>
<tr>
<td>Logistics</td>
<td>Humanitarian Common Transport Services in the Republic of South Sudan</td>
<td>SSD-13/CSS/5543</td>
<td>7,001,028</td>
<td>4,313,427</td>
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<td>Multi-Sector (Emergency Returns and Refugees)</td>
<td>Emergency Humanitarian Assistance to Sudanese Refugees in Upper Nile State, South Sudan</td>
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<td>11,900,000</td>
<td>4,955,730</td>
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<td>Emergency Assistance to Vulnerable and Stranded South Sudanese Returnees</td>
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<td>Shelter and NFIs</td>
<td>Provision of Emergency NFIs and Shelter to IDPs, Returnees and Host Communities</td>
<td>SSD-13/S-NF/5545</td>
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<td>3,710,386</td>
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<td>South Sudan Shelter and NFI Cluster Coordination</td>
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<td>Water, Sanitation and Hygiene</td>
<td>Provision of Emergency WASH Assistance for Population Affected by Conflict and Natural Disasters in Northern Bahr el Ghazal, Warrap and Upper Nile states</td>
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</table>

TOTAL FUNDS REQUESTED: $23,487,994

*Includes un-earmarked contribution of $3,431,305.*
SUDAN

BACKGROUND & CHALLENGES
During the first half of 2013, the humanitarian situation has dramatically deteriorated due to new displacement linked to increased fighting between Government forces and armed groups as well as inter and intra-tribal conflict. At the same time, the situation in Abyei remains tense. Access for humanitarian actors to conflict affected areas of the country is unpredictable and the funding available to meet humanitarian needs has declined. In the first months of 2013, Abyei experienced a limited number of isolated clashes between the Dinka Ngok and Misseriya communities, where IOM estimates 2,120 IDPs returned to their areas of origin. In addition, conflict affected areas of South Kordofan and Blue Nile, particularly in areas held by the SPLM-N,7 to which the UN has no access, are of major concern to humanitarian actors.

One of the biggest challenges has been the displacement of 390,000 people, which includes 310,000 displaced by fighting in Darfur, from where at least 27,000 people crossed into Chad. This has led to overcrowding in IDP camps, straining of already stretched resources and increasing the risk of contagious disease outbreaks. The situation has been compounded by an additional 80,000 displaced by fighting between the SPLM-N and the Government in North and South Kordofan, following SPLM-N attacks in the area.

Governance, Infrastructure and Economic Recovery

- The lack of available data on rural populations and their access to adequate basic services has led humanitarian actors to overemphasize camp-based, humanitarian assistance in Darfur compared to host communities.

IOM proposes to:
- Provide extensive and updated information on the rural and urban areas in Darfur by conducting village assessments (9,000 villages) and assessments of 9 main urban and sub-urban areas in Darfur.

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7 SPLM-N: Sudan People’s Liberation Movement-North
Since the beginning of 2013, IOM has completed assessments in 3,000 villages in South Darfur and are currently finalizing 2,000 villages in North Darfur. Information on an additional 2,000 villages in North Darfur which were assessed in the previous years has also been have been updated.

### Coordination and Common Services

1. 1.7 million IDPs are currently displaced in the five Darfur states, of which an estimated 1.5 million are currently residing in IDP camps in the main urban and semi urban areas. More than 50% of these IDPs are female and approximately 30% are female-headed households.

2. In 2012, the verification process in the five Darfur states identified that more than 30% of IDPs were duplicated in the registration system, thereby distorting numbers and needs. There is a need to incorporate a verification process into the registration system to ensure accurate and age-disaggregated baseline information on the IDP population in Darfur.

3. There are around 481,000 people who were IDPs during the last conflict in Southern Kordofan of which 131,000 IDPs were displaced within Southern Kordofan and around 350,000 IDPs were displaced to other states such as North Kordofan, White Nile, Gadaref, Khartoum. An additional 230,000 persons affected by the most recent conflict have been displaced.

4. In South Kordofan, there is a need for data on displaced persons, especially unaccompanied minors and other vulnerable households.

In order to provide humanitarian actors with reliable, up to date information on IDPs and aid beneficiary populations in the five Darfur states, IOM proposes to:

- Register and re-verify 500,000 IDPs pending registration in camps, in addition to identifying duplicated cases.
- Track all the IDPs and affected persons in Southern Kordofan and provide daily and weekly updates to humanitarian and government partners.
- Register and re-verify 500,000 IDPs pending registration in camps, in addition to identifying duplicated cases.
- Track all the IDPs and affected persons in Southern Kordofan and provide daily and weekly updates to humanitarian and government partners.

In order to provide up to date and accurate data on IDPs and affected persons in the Protocol Areas:

- IOM recently signed an agreement with the Humanitarian Aid Commission (HAC) in Southern Kordofan to set up a joint verification and tracking system to identify all IDPs and affected persons.

- IOM has verified 145,048 IDPs residing in camps.
- IOM has finalised all camps in North Darfur and beneficiary figures have been published. IOM also verified 65,880 newly displaced persons in North and South Darfur.
- Of those displaced in the Three Areas, IOM has tracked and registered 75,000 IDPs. In particular, in South Kordofan, IOM established an IDP tracking system to respond to new displacements as they happen. Following the fighting in North Kordofan, IOM sent a team from South Kordofan to verify and register the IDPs in North Kordofan.
### Multi-Cluster

**NEEDS**
- Sudan is a transit and destination country for many people entering through its eastern border, the majority of which are Ethiopians and Eritreans. Trafficking, smuggling and kidnapping of refugees and asylum seekers have been increasing in the past years. The most common scenarios include the movement of refugees outside of camps to Khartoum or other urban centres through illegal transportation offered by smugglers and/or kidnapping as new-arrivals enter the country or are taken by force from the refugee camps.
- In 2012, IOM and UNHCR started to work on a joint identification of needs, government capacity building, as well as support to victims.

**PLANNED RESPONSE**
- In order to continue supporting the Government of Sudan to effectively and independently manage irregular migration in a protection-sensitive manner in 2013, IOM and UNHCR propose to:
  - Continue the IOM/UNHCR partnership in supporting the Government of Sudan to effectively and independently manage irregular migration including addressing the “4Ps” (Prevention, Protection, Prosecution and Partnerships) of combating human trafficking in eastern Sudan.

**RESULTS TO DATE**
- IOM conducted border assessments in Khartoum, Gedaref and Kassala states and a joint IOM/UNHCR strategy has been finalised to address trafficking, kidnapping and smuggling in east Sudan and Khartoum.

### Shelter and Non-Food Items (NFIs)

**NEEDS**
- Due to the lack of implementing partners in the rural areas of Kuma, Umm Kadada and El Fasher in North Darfur and East Jabal Mara in South Darfur, it has become very difficult to respond to vulnerable populations in need of emergency shelter materials and NFIs.

**IOM proposes to:**
- Conduct a registration/verification exercise to identify the most vulnerable people in urgent need of NFI/Emergency shelter in these areas and carry out an assessment of the best routes for delivery and distribute these items accordingly.

### Returns and Reintegration

**NEEDS**
- An estimated 3,500 South Sudanese returnees have been stranded at Kosti railway station for over a year awaiting transportation to South Sudan, as they lack the means to return on their own. There continues to be insecurity along the border.
- An additional 40,000 South Sudanese remain stranded in open areas across Khartoum. There is an urgent need to assist the community at the railway station and Extremely Vulnerable Individuals (EVIs) stranded across Khartoum open areas.
- There are approximately 1.5 million displaced persons in Darfur, 550,000 IDPs or severely affected persons in the Blue Nile state and South Kordofan and 120,000 persons displaced from Abyei in South Sudan. While ad hoc returns are taking place in all these areas, there is a clear need to track returnees (particularly in Darfur) to assist the humanitarian community in supporting spontaneous return and reintegration.
### Water, Sanitation and Hygiene

- **Needs**
  - Lack of adequate water sources to support human and animal consumption, has affected Southern Kordofan, Blue Nile and Abyei.
  - WASH assistance such as hygiene awareness and vector control campaigns are highly needed.
  - The capacity building of government and state authorities will enable the identification of water source availability and maintenance of existing water facilities.

- **Planned Response**
  - Sustain and increase access to safe drinking water, sanitation and hygiene facilities in three rural areas of Southern Kordofan, Blue Nile and Abyei through trainings and campaigns, as well as construction and rehabilitation of water facilities in order to promote durable solutions.
  - Pre-position safe water kits to respond to drought and floods in the Three Areas.
IOM Humanitarian Compendium 2013 – Mid Year Review

RESULTS TO DATE

• In 2013, IOM has been able to provide safe and sustainable water supply to some 80,000 beneficiaries through rehabilitation or construction of boreholes equipped with hand or electrical pumps, and related training for maintenance and management. In the same period some 2,500 children benefited from new sanitation facilities and approximately 60 communities participated in IOM awareness campaigns on hygiene and environment protection.

IOM PROPOSALS FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED AS PER MYR (USD)</th>
<th>FUNDS RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
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<tr>
<td>Coordination and Common Services</td>
<td>Tracking of IDPs in the Protocol Areas</td>
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<td>Village Assessments in Darfur</td>
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<td>Non-Food Items and Emergency Shelter</td>
<td>NFI/Emergency Shelter Assistance to Vulnerable People in Darfur (Newly Displaced, Returnees and Disaster-affected Households)</td>
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<td>Refugees Multi-Sector</td>
<td>Addressing Human Trafficking, Kidnapping and Smuggling of Persons in the East of Sudan and Khartoum - phase II</td>
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<td>Returns and Early Reintegration</td>
<td>Transportation for South Sudanese Stranded in Kosti Railway Station and EVIs stranded in Khartoum Open Areas</td>
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<td>Durable WASH solutions for IDPs, Returnees and Under-served Host Communities in the Three Areas of Southern Kordofan, Blue Nile and Abyei</td>
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TOTAL FUNDS REQUESTED: $ 9,312,271
SYRIA CRISIS

More than two years into the armed conflict in the Syrian Arab Republic, it is estimated that over 6.8 million individuals inside Syria now require humanitarian assistance and over 4.25 million are internally displaced. The crisis has further expanded into most parts of the country, and civilians across Syria are bearing the brunt of the ongoing violence with rising numbers of people killed, injured, displaced or otherwise affected in their living conditions. The protection of civilians trapped in conflict zones remains a priority. Enhancing humanitarian access will be similarly critical to enable partners to conduct needs assessments and profiling activities while further developing the capacities of local humanitarian staff to deliver much needed aid to communities in conflict-affected areas.

The escalation of the crisis is not only taking a serious toll on Syria but is also severely affecting the neighbouring countries in the region. Over 1.7 million Syrians, approximately half of whom are children, have taken refuge in the five neighbouring countries Egypt, Iraq, Jordan, Lebanon and Turkey. Less than 30 per cent are living in camps, while the rest are dispersed in various types of accommodations within host communities, which continues to place an immense pressure on these countries’ infrastructure, limited resources and economy.

In consultation with concerned line ministries and SARC, UN agencies, and INGOs, IOM will further upscale its humanitarian programming across the 14 governorate inside Syria, targeting the most urgent needs and the following affected categories:

- People located in or near areas subject to armed activities
- Internally displaced persons (IDPs)
- Host families and communities
- Destitute people in urban and rural areas suffering from the socio-economic impact of the crisis as well
- Vulnerable and stranded international migrants

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8 According to OHCHR (June 2013), over 93,000 people have been killed since the onset of the crisis.
9 UNHCR, July 2013
In Syria, IOM’s programming will focus on the following activities:

- NFI and Shelter
- Displacement Tracking and Monitoring
- Protection activities (Humanitarian Evacuation, MHPSS - Psychosocial support and training as well as counter-trafficking related activities)
- Life-saving health assistance
- Early-recovery and livelihood support

In the neighbouring countries, and in coordination with UNHCR, IOM plans to prioritize the following activities targeting refugees, host communities, returnees and stranded migrants:

- NFI and Shelter
- Transportation
- Displacement tracking and monitoring
- Healthcare and psychosocial support
- Early-recovery and livelihood support

Coordination and Partnerships

IOM participates as part of the Humanitarian Country Team in each of the six concerned countries (Syria, Lebanon, Turkey, Iraq, Jordan and Egypt) and holds strong bilateral relations with respective state authorities, thus strengthening the targeting and impact of services provided. In Lebanon, IOM is co-leading the inter-agency taskforce for Lebanese returnees fleeing the Syria conflict together with the Higher Relief Commission/Council of Ministers. In Syria, IOM is also co-chairing the IASC MHPSS Technical Reference Group on Mental Health and Psychosocial Support with UNHCR and IMC. IOM participates in the Inter-Agency Syria Regional Response Plan (RRP) led by UNHCR and the Syria Humanitarian Assistance Response Plan (SHARP) coordinated by OCHA.

IOM Operations Management Support & Security

To respond to the protracted nature of this crisis and anticipated scale of the required response, IOM Rapid Response teams have been established in Amman, Jordan and in Headquarters to enhance IOM’s capacity to provide timely, consistent and high quality support to the affected country offices.

IOM maintains its close relationship with the United Nations Department of Staff Safety (UNDSS) and has dedicated security personnel to carefully monitor, track and guide our field activities. Adjustments to the proposed activities below will be adapted according to the changing security conditions in Syria.
I. SYRIA

Syria Humanitarian Assistance Response Plan (SHARP)

**NFIs and Shelter:**
- **NFIs:** IOM assessments based on field visits to more than 160 displacement sites (up to June 2013) revealed that there is dire need for basic relief items such as house cleaning kits, hygiene kits, mattresses, blankets, pillows and quilts, mosquitos nets and medical supplies including for people with special needs. Many of the IDPs left their homes with few belongings and have a high need for basic domestic items.
- **Shelter:** IOM collective shelter needs assessment in Homs, Hama, Latakia, Damascus, and Rural Damascus in 2013 reveal that most of the Collective Centres are overcrowded and unsanitary. As conflict continues, both IDP’s and host communities’ coping mechanisms have become severely overstretched which has led to an increasing number of Syrians living in inadequate public or private shelters. 95% of the displaced populations currently live outside collective shelters and are not receiving assistance.

**Protection:**
- **Humanitarian Evacuation of TCNs:** Home governments and field contacts indicate that thousands of migrant workers remain stranded in precarious circumstances and are attempting to flee the conflict. Specific vulnerabilities of stranded migrant workers include gaps in legal protection mechanisms, confiscation of passports, absence of diplomatic representation in Syria, higher exposure to physical, verbal, sexual abuses; limited access to basic health care. There is a continued need to identify and repatriate extremely vulnerable migrant workers.
- **Psychosocial support:** Negative feelings are widespread among all affected populations and especially the displaced, challenging the individual and group identities of many Syrians. At the same time, no comprehensive psychosocial needs assessment has been conducted in the country so far and current local capacity is limited and uncoordinated.

**Coordination/Displacement tracking:**
- Currently primary data available on displacement are very limited due to restricted access and capacities of international and local partners. More than 2 years after the start of the conflict, main figures about IDPs or people affected by the conflict in Syria are still estimates. There is a need to improve information management capacities inside Syria with the aim to ensure data regarding number of IDPs and assistance provided both in formal and informal sites are regularly collected, verified and shared with all relevant stakeholders.

**Early recovery and livelihoods:**
- Populations displaced inside Syria are suffering from loss of income, loss of productive means and disrupted livelihoods. Recent focus groups organized by IOM and local NGOs indicate that displaced but also populations trapped in the conflict zone, as well as host communities have very little or no more access to personal resources and savings and would require urgent support to restore their livelihoods to cover immediate lifesaving needs. Recent reports also show an increasing number of female-headed households, which require particular attention to avoid resorting to negative coping strategies.

**Health:**
- Several factors prevent the Syrian population from accessing essential health care services, among them the severity of disruption of health care and referral services, partially or fully damaged health facilities, difficulty for health workers to access their workplaces due to the security situation in many affected areas in Syria, as well as increasingly limited availability of essential medicines in the local market, including those needed for continued treatment of chronic diseases.
IOM proposes the following activities for the rest of the year:

**PLANNED RESPONSE**

**NFIs and Shelter**
- NFI distribution: Distribution of NFIs which includes assessments, distribution, post monitoring visits, and capacity building of NGOs.
- Shelter: Technical assessments, rehabilitation of collective centres, distributing of shelter kits and cash subsidies, transitional shelters.

**Protection**
- Humanitarian evacuation assistance for vulnerable stranded migrants
- Psychosocial training of professional and activists and awareness raising
- Awareness raising on counter-trafficking activities in displacement sites

**Coordination**
- Support OCHA, SARC, UNHCR and other local partners to track and monitor displacement within Syria

**Early recovery and livelihoods**
- Support cash for work activities, rental subsidy as well as unconditional cash delivery for vulnerable affected groups

**Life-saving health assistance**
- Rapid community health needs assessments and provision of primary health care services.

**NGO capacity building:**
- Capacity building of relevant national NGOs, community and Council bodies to better track vulnerable persons, determine priority needs and organize appropriate relief services.

**RESULTS TO DATE**

- In Syria, IOM has been able to redirect part of its strong operational resettlement capacities established since 2001 towards emergency operations such as delivery of emergency relief items and shelter assistance, emergency health and psychosocial services, support tracking and profiling of displaced populations and evacuation of stranded migrants, as well as capacity training for partners.
- Since the beginning of the crisis, IOM has:
  - Provided over 230,000 vulnerable displaced people with NFI kits.
  - Rehabilitated three collective shelters hosting 2,000 IDPs and in the process of rehabilitating additional 40.
  - Conducted refugee resettlement operations throughout the crisis. To date, IOM has provided resettlement assistance to over 13,700 non-Syrian refugees.
  - Safely evacuated over 3,600 stranded migrants and their families back home.
  - Supported capacity building of 18 local NGOs in the implementation of humanitarian aid activities
  - Trained over 130 psychosocial professionals and carers across the country, and prepared one booklet and training curriculum on mainstreaming psychosocial protection in collective shelters
- The majority of IOM’s NFI distributions (89%) are carried out directly by IOM with our network of local NGOs. IOM is also very active with the OCHA-led cross line joint convoys. 30% of IOM’s overall distributions thus far were done jointly with OCHA and other agencies participating in joint cross-line operations.
II. REGION

Regional Response Plan (RRP)

IRAQ

- Iraq hosts a significant refugee population, as well as Iraqi returnees. To date, over 160,000 Syrians have registered with UNHCR and an estimated 50,000 Iraqis have returned since June 2012. IOM assistance activities target both groups.

  **NEEDS**
  - Protection: IOM plans to monitor movement at border crossing points and provide transportation service from border crossing points to reception centres or camps and facilitate evacuation/repatriation of TCNs.
  - Basic needs and essential services: IOM will continue with NFI distribution (including NFI needs assessment, and monitoring end-use of NFIs).
  - WASH: IOM proposes to construct and install 50 water tanks in refugee camps and install mobile water filters in public institutions (e.g. schools, hospitals, etc.).
  - Emergency Livelihood: IOM will continue to support income generating initiatives to enhance access to basic services in camps and host communities.

  **PLANNED RESPONSE**
  - Protection: IOM will continue to provide safe transportation and efficient reception services to refugees from border areas to refugee camps in Jordan (Za’atri camp and Emirates Jordanian camp). In addition, IOM will provide accurate daily data on arrivals of refugees to camp service providers and other relevant stakeholders and keep record of all health screenings upon arrival.
  - Urban refugees and host communities: based on its Mafraq pilot project, IOM will enhance its outreach to urban refugees and host communities in Jordan.

JORDAN

- There are currently over 434,000 Syrian refugees registered with UNHCR in Jordan. They are living in two main camps - Za’atri and the Emirates Jordanian Camp (EJC) – with preparations underway to develop a third camp.

  **NEEDS**
  - Protection: IOM will continue to provide safe transportation and efficient reception services to refugees from borders areas to refugee camps in Jordan (Za’atri camp and Emirates Jordanian camp). In addition, IOM will provide accurate daily data on arrivals of refugees to camp service providers and other relevant stakeholders and keep record of all health screenings upon arrival.

  **PLANNED RESPONSE**
  - Urban refugees and host communities: based on its Mafraq pilot project, IOM will enhance its outreach to urban refugees and host communities in Jordan.
LEBANON

NEEDS
• Currently, there are over 510,000 Syrian refugees registered in Lebanon. UNHCR anticipates that one additional million will arrive to Lebanon by the end of the year (almost 25% of the total population of Lebanon).
• IOM estimates that up to 130,000 Lebanese will return to Lebanon by December.

PLANNED RESPONSE
• **NFIs & shelter:** IOM proposes to cover upcoming NFI and shelter needs of refugees, Lebanese returnees and host community families.
• **Protection:** IOM will continue to conduct the mapping and profiling of Lebanese returnees, as well as repatriation assistance to migrants affected by the Syria conflict and in need of evacuation.
• **Health:** IOM plans to provide training on TB detection, directly observe TB treatment and provide TB awareness-raising for Syrian refugees and host community.
• **Social cohesion and livelihoods:** IOM plans to provide livelihood support for Lebanese returnees by providing in-kind grants assistance and other type of emergency livelihood assistance.
• **MHPSS:** IOM will continue to provide technical support to Dari Recreational and Counselling Centre for families in Baal’beck (Bekaa valley).

TURKEY

NEEDS
• In Turkey, there are 20 camps administered by the Government, which house over 200,000 Syrians.
• Another estimated 300,000 are thought to be living in host communities according to AFAD.

PLANNED RESPONSE
• **Basic Needs and Essential Services:** IOM proposes to provide humanitarian assistance for Syrians who fled to camps in Turkey through provision of essential NFIs, as well as livelihood support and vocational trainings for Syrian female headed households and host communities.
• **Protection:** IOM plans to monitor TCN movement at border points and provide transportation to those fleeing Syria from border areas to newly establish camps or from camps to social and health facilities.
• **Health:** IOM plans to provide health, mental health and psychosocial support services and trainings for affected population in south east of Turkey and their service providers.

EGYPT

NEEDS
• In Egypt, number of registered Syrian refugees exceeds 72,000 persons.
• The majority of the refugees reside in greater Cairo, Alexandria and Damietta.

PLANNED RESPONSE
• **Protection:** IOM will assess locations and profile Syrian households in key governorates in Egypt hosting Syrian communities, and provide information on available services to Syrians as well as psychosocial support.
• **Livelihoods:** IOM proposes to conduct a rapid labour market assessment in selected Governorates to develop vocational training courses Syrians and provide career orienting and job placement services.
• **Health:** IOM proposes to provide direct emergency health assistance and capacity building activities for the MOH and partner NGOs to cope with the increased needs of the Syrian and host communities.
RESULTS TO DATE

To date, IOM’s emergency response in the region included, inter alia, provision of transport assistance, humanitarian evacuation, NFI distribution, transportation health care services, referrals, psychosocial support, emergency shelter support and livelihood activities.

To date, IOM has:
- Transported over 330,000 Syrian refugees crossing the border to refugee camps in Jordan
- Assisted over 171,000 beneficiaries with NFIs
- Provided shelter support for over 15,700 beneficiaries
- Provided over 36,000 beneficiaries with Water, Sanitation and Hygiene (WASH) facilities
- Delivered emergency health and psychosocial support to over 410,000 beneficiaries
- Over 3,200 refugees and host community families have received livelihood support (in-kind grants, vocational trainings etc.)

IOM NFI distribution for vulnerable Syrian refugees and Iraqi returnee households. The distributed kits contained hygiene items, plastic food containers, coolers and rechargeable fans to assist refugees to cope with high summer temperatures.

Most families left Syria with a few bags of clothing and some valuables, and so they are in need of basic household items for cooking and cleaning. The basic NFI kit is supplemented with items such as rechargeable fans or blankets depending on the season to assist refugee and returnee household to insulate or cool their shelters. © IOM 2013
## IOM PROPOSALS FOR FUNDING

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDING REQUIREMENTS (USD)</th>
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<tbody>
<tr>
<td>SYRIA</td>
<td>Coordination</td>
<td>Capacity Building of SARC and Syrian charities on Assessments and IDP Profiling</td>
<td>SYR-13/CSS/58298/R</td>
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<td>Early Recovery and Livelihoods</td>
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<td>Health</td>
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**TOTAL FUNDING REQUIREMENTS (USD)**

41,100,000

**TOTAL FUNDING RECEIVED (USD)**

18,685,109

**UNMET FUNDING REQUIREMENTS (USD)**

22,414,891

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>FUNDING REQUIREMENTS (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRAQ</td>
<td>Basic Needs and Essential Services</td>
<td>Emergency NFI assistance to Syrian refugees in camps and in host communities in Iraq</td>
<td>10,500,000</td>
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<tr>
<td></td>
<td>Protection</td>
<td>Life-saving protection activities for most vulnerable populations in Iraq affected by the conflict in Syria</td>
<td>13,125,000</td>
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<tr>
<td></td>
<td>WASH</td>
<td>Increasing access to clean water in the camps and public institutions for Syrian refugee population in Iraq</td>
<td>1,850,000</td>
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**TOTAL FUNDING REQUIREMENTS (USD)**

25,475,000

**TOTAL FUNDING RECEIVED (USD)**

2,545,821

**UNMET FUNDING REQUIREMENTS (USD)**

22,929,179

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>FUNDING REQUIREMENTS (USD)</th>
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</thead>
<tbody>
<tr>
<td>JORDAN</td>
<td>Protection</td>
<td>Transportation of Syrian Refugees from border to the camps in Jordan</td>
<td>2,251,728</td>
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</table>

**TOTAL FUNDING REQUIREMENTS (USD)**

2,251,728

**TOTAL FUNDING RECEIVED (USD)**

Fully funded

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>FUNDING REQUIREMENTS (USD)</th>
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<tbody>
<tr>
<td>LEBANON</td>
<td>Health</td>
<td>Control of epidemics</td>
<td>700,000</td>
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### Total Funding Requirements (USD)

<table>
<thead>
<tr>
<th>Category</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Food Items (NFIs)</td>
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</tr>
<tr>
<td>Protection and Community Empowerment</td>
<td>3,650,000</td>
</tr>
<tr>
<td>Social Cohesion and Livelihoods</td>
<td>3,750,000</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>14,200,000</td>
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### Total Funding Received (USD)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>USD</th>
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</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>897,385</td>
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### Unmet Funding Requirements (USD)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>13,302,615</td>
</tr>
</tbody>
</table>

---

### Turkey

#### Basic Needs & Essential Services
- Humanitarian Assistance for Syrians who fled to camps in Turkey including provision of essential NFIs. Livelihood support and vocational trainings
  - **Requirement**: 6,200,000 USD

#### Health
- Provision of health, mental health and psychosocial support services and trainings for affected population in south east of Turkey and their service providers
  - **Requirement**: 950,000 USD

#### Protection
- Provision of Transportation to Syrian refugees from camps to health and social services and from borders to camps and provision of humanitarian evacuation for Third Country Nationals
  - **Requirement**: 2,180,000 USD

**TOTAL**
- **Requirement**: 9,330,000 USD
- **Received**: 1,145,821 USD
- **Unmet**: 8,184,179 USD

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### Egypt

#### Health
- Provision of emergency health direct assistance, capacity building activities for the MOH and partner NGOs to cope with the increased needs of the Syrian and host communities and relevant information through an health care online platform and an information hotline.
  - **Requirement**: 500,000 USD

#### Protection
- Location assessment and household profiling in selected Egyptian governorates hosting Syrian communities
  - **Requirement**: 825,000 USD

#### Livelihoods
- Awareness raising on the risks of irregular migration towards third countries and provision of information on the services available in Egypt to Syrian communities
- Provision of psychosocial support through counselling activities in Community Centres and psychosocial and clinical training for counsellors, psychologists, psychotherapists.
  - **Requirement**: 500,272 USD

**TOTAL**
- **Requirement**: 1,825,272 USD
- **Received**: 0 USD
- **Unmet**: 1,825,272 USD

---

### Total Syria Crisis Funds Requested

**Requirement**: $68,656,136
YEMEN

<table>
<thead>
<tr>
<th>IOM Yemen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Staff</strong></td>
</tr>
<tr>
<td>322 (19 International Staff, 62 local staff, 241 local consultants)</td>
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<tr>
<td><strong>IOM Field Locations</strong></td>
</tr>
<tr>
<td>Aden, Haradh, Sana’a</td>
</tr>
<tr>
<td><strong>Funding required</strong></td>
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<tr>
<td>$ 34,643,002</td>
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</tbody>
</table>

BACKGROUND & CHALLENGES

Yemen is currently in one of the world’s biggest humanitarian crisis where 13.1 million people are in need of humanitarian aid across the country. The humanitarian community will be targeting 7.7 million of them until the end of the year, including an estimated 300,000 internally displaced persons, 232,025 returnees, 242,000 refugees as well as 106,205 vulnerable stranded migrants.

The main drivers of the crisis are extreme poverty, interrelated with volatile food and commodity prices which has led to a significant reduction in access to food, basic services and livelihoods for millions of Yemenis both in urban and rural areas. The Government has limited capacity to provide basic social services, including safety and security throughout the country. New localised conflicts in the north and the south are predicted to continue throughout 2013.

The situation of vulnerable migrants remains a serious humanitarian problem with thousands of irregular migrants and asylum seekers (especially from Ethiopia and Somalia) undertaking the hazardous journey from the Horn of Africa across the Gulf of Aden to Yemen every month in order to find better life opportunities in the Kingdom of Saudi Arabia (KSA) and beyond. It is estimated that 35,876 migrants from the Horn of Africa have arrived in Yemen since January 2013, including 30,095 Ethiopians. Following a perilous journey across the sea, these migrants land in Yemen without access to protection or essential provisions including food, water, shelter and health care, and are devoid of support networks and coping strategies which are crucial as many migrants become stranded in Yemen, are exploited by traffickers or get detained for violation of Yemeni immigration laws. Additionally, KSA has made efforts to pre-empt irregular migration from Yemen. It has sealed its 1,800 km-long border and brought recent institutional changes to migrant workers legislation which has exacerbated the humanitarian crisis affecting thousands of migrants stranded in Haradh, a small dwelling at the border.

Concurrently, Yemen authorities began cracking down on smugglers camps in Haradh and its surroundings as of 8 April 2013, releasing over 2,000 Ethiopian trafficked migrants, whom are now in urgent need of shelter, food, water and health care. Due to these recent events on the KSA border, IOM has been called to provide further urgent medical and protection assistance to migrants in Aden, Haradh and Sana’a. Many of them are seeking shelter at the IOM Migrant Response Centre in Haradh, or camping on the streets near IOM offices in Aden and around the Yemeni Immigration offices in Sana’a.

IOM was the first UN-affiliated agency to have access to areas within the epicentre of the conflict in Abyan in mid-2011, and began providing relief in Zinjibar, Ja’ar, Lawdar and other areas where families were cut off from humanitarian assistance at the peak of the conflict, providing life-saving health, nutrition, WASH and shelter assistance. In northern Al Jawf, IOM has remained the only UNCT member operating directly on the ground, assisting vulnerable, conflict-affected communities since 2010.
Health

- Irregular migration from the Horn of Africa to Yemen through the Gulf of Aden poses serious health risks to migrants. At the southern shores and in Haradh, migrants are found in dire health conditions including severe dehydration, unconsciousness and severe injuries. High morbidity and mortality among migrants are compounded by Yemen’s overburdened health system, which is further strained by the extensive needs of stranded migrants.
- The health status of Yemeni people is poor due to lack of access to health care and unmet needs for basic social determinants of health. This situation is even worse in conflict-affected areas where health facilities have been destroyed and where there is an absence of health providers and medicine.

IOM proposes to provide:

- A range of life-saving health care and psychosocial services for migrant men, women, boys and girls in Haradh and other parts of Yemen through IOM’s operating health clinic at the Migrant Response Centre and with the assistance of partners throughout the country.
- Life-saving health and psychosocial care to the crisis affected populations in Abyan and Al Jawf including IDPs, returnees and host communities by operating eight mobile units in both areas.

RESULTS TO DATE

- IOM provided life-saving health and psychosocial care to 37,438 cases among conflict-affected communities in Abyan and Al Jawf Governorates where IOM remains the only UN-affiliated agency operating directly on the ground.
- Additionally, IOM provided emergency, basic and referral health care to 16,181 stranded migrants in Haradh, Sana’a, Amran and Aden.

Water, Sanitation and Hygiene (WASH)

- In conflict-affected Al Jawf Governorate, rising political tensions between Houthi rebels, opposition parties and unaligned tribes have increased conflict within communities and threatened safe access to scarce water resources. The lack of safe access to adequate water resources and inadequate hygiene, sanitation facilities and practices are leading to a high incidence of water-borne disease.
- In Abyan, an OCHA-led assessment in which IOM was a participant highlighted the need for immediate water-trucking services in parallel to rehabilitation of damaged or destroyed WASH infrastructure in conflict-affected areas.

In Al Jawf governorate, IOM proposes to:

- Mitigate conflict and enhance water security by rehabilitating damaged water infrastructure and installing essential infrastructure, establish and train local water management committees to ensure effective community water-resource management and the existence of adequate safe access and water quality. IOM also proposes to sensitize rural communities on effective hygiene and sanitation practices and sustainable community sanitation solutions.

In Abyan, IOM proposes to:

- Register and assess target IDP communities, host communities and returnees and provide them with urgent WASH assistance by installing emergency water points, rehabilitating water sites and sewers in conflict-affected areas, distribute essential material aid and promote effective hygiene and sanitation practices.

RESULTS TO DATE

- IOM assisted a total number of 475,754 beneficiaries through WASH activities in the most affected areas of Abyan and Al Jawf.
- In particular, in Abyan, IOM WASH intervention included targeting 327,303 beneficiaries with hygiene promotion, in addition to the rehabilitation of water supply systems/provision of water.
Food and Agriculture

**NEEDS**
- IOM’s conflict impact assessment in northern Al Jawf demonstrated that access to markets, productive inputs, means of transportation and general security have all been negatively impacted by years of conflict between the Government of Yemen and Houthis.
- Due to insecurity in Al Jawf, a population that derives over 50% of its livelihoods from agricultural and pastoralism, access to agricultural resources, pastures and productive inputs have been particularly affected. The region has also witnessed closure of local markets and the destruction and/or obstruction of essential agricultural water resources.

**PLANNED RESPONSE**
IOM aims to establish a foundation for livelihood restoration by re-activating the productive capacities of 2,000 families by:
- Procuring and providing productive inputs and equipment to support agriculture and pastoralism including seeds and fertilizer, livestock and feed;
- Rehabilitating/constructing small-scale livelihood infrastructure for irrigation through cash-for-work activities;
- Training families with technical knowledge and skills to establish small businesses.

Multi-Sector: Refugees, Asylum Seekers & Migrants

**NEEDS**
- An estimated 37,150 migrants are targeted for urgent humanitarian assistance as they become stranded in Yemen with acute humanitarian needs; the growing caseload of irregular migrants are especially vulnerable to abuse and exploitation at the hands of smugglers. Prolonged political instability in Yemen has resulted in increased smuggling activities throughout 2011-2012; this is expected to persist, if not worsen, in 2013.
- Increased rate of expulsion of migrants from KSA to Yemen, compounded with the Government of Yemen’s efforts to crackdown on smuggling activities, has resulted in a rapid surge of freed and expelled migrants requiring urgent assistance in Haradh, Sana’a, Amran and Aden, adding to the crisis. With GoY intention to sustain its crackdown on smuggling, this crisis is foreseen to remain throughout the rest of 2013.

**PLANNED RESPONSE**
IOM proposes a multi-layered approach to migrant protection focusing on life-saving humanitarian assistance as well as broader capacity building and migration data management. More specifically IOM proposes to:
- Provide humanitarian voluntary return assistance to stranded migrants in Haradh including pre-departure assistance, transport assistance and post-arrival re-integration assistance.
- Identify and provide emergency humanitarian assistance to extremely vulnerable migrants at points of arrival and in detention facilities, establish outreach and reporting mechanisms to identify migrants in detention facilities, build the capacity of host communities and local authorities to address migrants’ rights and understand the importance of referring vulnerable migrants.

**RESULTS TO DATE**
- 4,667 stranded migrants were registered by IOM and assisted with food, water and sanitation, personal hygiene, clothing materials, and protection.
- IOM has so far provided voluntary return assistance to 55 stranded migrants in Haradh.
## Shelter/Non-Food Items/Camp Coordination and Camp Management

### Needs
- In June 2012 conflicts in key cities in Abyan governorate have led to mass destruction of private dwellings and the displacement of thousands of families.
- Families are now slowly returning from safe havens in Abyan, Aden and Lahj to points of origin where shelters and critical infrastructure have been destroyed or made inaccessible.

To ensure adequate and timely response for the return of an estimated 1,000 families from safe havens in Aden, Lahj and elsewhere throughout Abyan, IOM proposes to:
- Provide life-saving emergency shelter rehabilitation of partially damaged dwellings in conflict-affected areas of Abyan in order to address the needs of 1,000 displaced families returning to partially damaged, uninhabitable dwellings in three centres of Abyan.
- Provide 3,000 vulnerable women and girls with essential gender-specific clothing and NFIs to ensure their dignity and protection.
- IOM addressed the material needs of 5,116 vulnerable returnee families in Abyan through the provision of 2,215 NFI/Returnee kits and 2,901 dignity kits.

### Protection
- There is a need to respond to the protection concerns of stranded irregular migrants, a majority of which originate from Ethiopia, notably unaccompanied children who are especially prone to abuse and exploitation.

IOM proposes to enhance time-critical protection for migrant children stranded in Haradh and its surroundings by:
- Operating mobile outreach units which will refer migrant women, boys and girls to IOM’s Protection Centre for immediate protection and assistance;
- Operating two shelters in partnership with UNICEF, one in Haradh and one in Sana’a to accommodate stranded migrant women and children;
- Providing appropriate assisted voluntary return for women and children including ensuring reintegration costs are covered.

### Early recovery
- The recent OCHA-led assessment in which IOM participated in Abyan Governorate highlighted the need for early recovery projects in areas most affected by the conflict throughout the Governorate.
- According to findings, over 70% of targeted communities in Khanfir and Zinjibar identified lack of income or livelihood as a serious problem.
- Major loss of income-generating opportunities within traditional sectors such as agriculture and fisheries, combined with a lack of coping strategies for female-headed households, has disproportionately impacted women and children throughout conflict-affected communities.

IOM proposes to:
- Conduct livelihood support activities for returnees, host communities and conflict-affected IDPs throughout 6 of Abyan’s 11 districts including interventions in agriculture, pastoralism, fisheries and female-headed household livelihood empowerment.
## Nutrition

| Needs |  
|-------|---
| The nutritional status of Yemeni boys and girls under five and of pregnant and lactating women in the Abyan and Al Jawf remains critical.  
Due to evolving conflict and subsequent displacement, coupled with very limited access to basic services, the level of Global Acute Malnutrition continues to increase, surpassing the emergency threshold of 15% in most districts of Abyan and Al Jawf. |

| Planned Response |  
|-----------------|---
| IOM proposes to:  
- Boost its emergency nutrition interventions in these two governorates by operating mobile health and mobile Outpatient Treatment Programme units and providing WASH assistance.  
- Support local health system recovery in Abyan and Al Jawf by implementing community-based management of acute malnutrition beyond the humanitarian crisis.  
- Thus far, IOM has identified 2,339 children suffering from Global Acute Malnutrition and enrolled them into treatment in Abyan and Al Jawf.  
- 140 Community Health Volunteers and 20 health care providers were trained on Community-based Management of Acute Malnutrition. |
# IOM PROPOSALS FOR FUNDING:

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED AS PER MYR (USD)</th>
<th>FUNDS RECEIVED</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Recovery</td>
<td>Rebuilding Livelihoods in Abyan Governorate to Support Early Recovery</td>
<td>YEM-13/ER/55100</td>
<td>4,909,495</td>
<td>300,000</td>
<td>6%</td>
<td>4,609,495</td>
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<tr>
<td>Food and Agriculture</td>
<td>Rebuilding Livelihoods in Al-Jawf Governorate to Support Early Recovery</td>
<td>YEM-13/A/55059</td>
<td>3,842,895</td>
<td>0</td>
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<tr>
<td>Health</td>
<td>Provision of Life Saving Health Care to Crisis Affected Populations and Health System Recovery Support in Abyan and Al Jawf Governorates</td>
<td>YEM-13/H/56088</td>
<td>3,927,420</td>
<td>402,320</td>
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<tr>
<td></td>
<td>Providing Life Saving Health and Psychosocial Care Services for Vulnerable Migrants Stranded in Haradh, Hajja</td>
<td>YEM-13/H/56116</td>
<td>1,126,062</td>
<td>500,994</td>
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<tr>
<td>Multi-Sector: Refugees, Asylum Seekers &amp; Migrants</td>
<td>Providing Life Saving Humanitarian and Protection Services for Vulnerable Migrants at Points of Arrival along the Southern and Western Coast of Yemen and in Detention Facilities</td>
<td>YEM-13/MS/56078</td>
<td>3,796,170</td>
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<td></td>
<td>Humanitarian Assistance for Emergency Voluntary Return of Stranded Migrants Ex Yemen</td>
<td>YEM-13/MS/56067</td>
<td>5,485,305</td>
<td>735,528</td>
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<td>4,749,777</td>
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<td>Nutrition</td>
<td>Community-based Management of Acute Malnutrition Among Boys and Girls under Five Years Old, Pregnant and Lactating Women in Abyan and Al-Jawf Governorates</td>
<td>YEM-13/H/54978</td>
<td>1,895,880</td>
<td>148,715</td>
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<td>1,747,165</td>
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<tr>
<td>Protection</td>
<td>Providing Humanitarian Assistance and Protection to Migrant Children Stranded in Haradh</td>
<td>YEM-13/P-HR-RL/55069</td>
<td>1,657,635</td>
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<td>1,657,635</td>
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<tr>
<td>Shelter/NFI/CCCM</td>
<td>Emergency Shelter Rehabilitation for Returnees to Abyan Governorate</td>
<td>YEM-13/S-NF/54932</td>
<td>4,608,985</td>
<td>0</td>
<td>0%</td>
<td>4,608,985</td>
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<tr>
<td>Water, Sanitation and Hygiene</td>
<td>Life-Saving Assistance &amp; Essential WASH Infrastructure Rehabilitation for IDPs and Host Communities in Abyan</td>
<td>YEM-13/WS/54872</td>
<td>4,091,900</td>
<td>406,707</td>
<td>10%</td>
<td>3,685,193</td>
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<td></td>
<td>Enhancing Water Management, Hygiene and Community-Led Sanitation in Al-Jawf Governorate</td>
<td>YEM-13/WS/54895</td>
<td>2,804,550</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>38,146,297</strong></td>
<td><strong>3,503,295</strong></td>
<td><strong>9%</strong></td>
<td><strong>34,643,002</strong></td>
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</table>

**TOTAL FUNDS REQUESTED: $ 34,643,002**
ZIMBABWE

IOM Zimbabwe

<table>
<thead>
<tr>
<th>Number of Staff</th>
<th>86</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOM Field Locations</td>
<td>Harare, Beitbridge, Bulawayo, Mutare, Nyamapanda and Plumtree</td>
</tr>
<tr>
<td>Funding required</td>
<td>$11,240,645</td>
</tr>
</tbody>
</table>

BACKGROUND & CHALLENGES*

Zimbabwe is now on a positive path towards recovery and development, which is reflected by a gradual shift from humanitarian aid programmes to recovery and development programmes. However, humanitarian challenges remain, including food insecurity caused by drought. This mainly impacts the southern parts of the country and sporadic outbreaks of waterborne diseases enhance the risk of malnutrition. In addition, a wide range of highly vulnerable groups such as the chronically ill, returned migrants, asylum seekers and persons in displacement-like situations continue to need humanitarian assistance.

Amidst unpredictable political processes, continued farm takeovers and natural disasters, there is a potential for further disturbances that could result in new displacements and protection concerns. In many of the displaced communities, women and children have been subjected to sexual and gender-based violence, increasing their vulnerability.

A combination of factors that include recent anti-migrant sentiments in neighbouring countries, regional food insecurity and Zimbabwe’s strategic position as transit and destination country for irregular migrants means third-country nationals (TCNs) and forced Zimbabwean returnees need protection and humanitarian assistance. The number of migrants receiving assistance has fluctuated in 2013. It is expected that this trend will change as neighbouring countries embark on changes in immigration policy.

Protection

- A high number of Zimbabweans are forcibly returned from neighbouring countries together with increased mixed migration flows, including TCNs and face urgent humanitarian needs.
- This population arrives without food, money or water and often with life-threatening health conditions that require urgent medical attention. Returnees need shelter, food, health services, water and sanitation, referrals, protection, counselling and transport assistance. There is potential for new natural and socio-economic shocks that may result in further displacement and related humanitarian and protection concerns.
- Members of newly displaced households (including vulnerable men, women and children and the chronically ill) are in need of lifesaving humanitarian assistance (non-food, food, shelter and medical attention) and psychosocial interventions to address emotional distress where needed.
- It is expected that with the proposed changes in South African Immigration Law, more Zimbabweans without valid documentation will be returned home. The political atmosphere in the DRC will necessitate increased flows of TCNs southward as was witnessed in the months of May and June.
IOM proposes to support return migrants (including unaccompanied minors) by:
- Providing return migrants with food, shelter, emergency medical care, transportation and access to referral services;
- Building the capacity of stakeholders, including disaster risk reduction (DRR), in migration management.

IOM proposes to support TCNs and asylum seekers (including unaccompanied minors) by:
- Providing TCNs and asylum seekers with temporary shelter, health checks, food and non-food items and transport assistance to Tongogara refugee camp;
- Establishing a referral mechanism for cases of abuse to health and legal authorities;
- Providing psychosocial and referral services to minors, adults and survivors of sexual abuse.

To address the needs of communities vulnerable to natural and socio-economic shocks, IOM proposes to:
- Conduct profiling of affected households, and; strengthen early warning systems and emergency preparedness.
- Provide emergency assistance by distributing NFIs, food, shelter and cash-transfers and establish referral services for major protection needs.
- Mainstream DRR through community-based planning and those affected by displacement.
- Initiate follow up projects based on community based planning process as long term process to help affected communities stabilise.

RESULTS TO DATE
- IOM provided assistance to 23,746 returnees from Botswana and South Africa.
- Four Cross-border Migration Management Fora were held.
- IOM assisted a total of 1,592 TCNS who were registered and provided with assistance. The majority of them were from Ethiopia and DRC. This included 44 unaccompanied minors.

Health
- There is acute food insecurity in large parts of the country due to the drought in 2012/2013 and high rates of diarrhoeal disease throughout the country, which places the population at risk of malnutrition.
- Nutrition stakeholders predict an increase in rates of acute malnutrition in drought-affected areas; and the capacity to identify trends in malnutrition rates and appropriate treatment is severely constrained.

To build local capacity to prevent excess nutrition-related morbidity and mortality due to drought, IOM proposes to:
- Support and train Food and Nutrition Security Committees in high-risk areas on nutrition analysis and food security data, as well as train health workers to treat acute malnutrition;
- Procure and mobilize equipment and supplies for health facilities in high-risk wards;
- Conduct sensitization sessions to raise awareness on health-related drought response.

Shelter and NFIs
- The households whose property was damaged or destroyed by flooding, hailstorms and wind storms need food, non-food and shelter assistance. They also need WASH support urgently.
- In addition, there is a need for medical care and treatment for injured individuals and treatment of disease induced by hazards conditions.
IOM PROPOSALS FOR FUNDING 2013:

<table>
<thead>
<tr>
<th>SECTOR/CLUSTER</th>
<th>PROJECT TITLE</th>
<th>CAP REFERENCE</th>
<th>FUNDS REQUESTED (USD)</th>
<th>FUNDING RECEIVED (USD)</th>
<th>% COVERED</th>
<th>UNMET REQUIREMENTS (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Nutrition Response to the 2012/2013 Drought</td>
<td>ZIM-13/H/55420</td>
<td>1,990,000</td>
<td>0</td>
<td>0%</td>
<td>1,990,000</td>
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<tr>
<td>Protection</td>
<td>Humanitarian Assistance to Returnees and Stranded Third Country Nationals including Unaccompanied Minors</td>
<td>ZIM-13/P-HR-RL/54473</td>
<td>4,272,500</td>
<td>522,659</td>
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<tr>
<td></td>
<td>Humanitarian Assistance and Strengthening Resilience and DRR for Communities made Vulnerable by the Effects of Natural and Socio-economic Shocks</td>
<td>ZIM-13/P-HR-RL/54470</td>
<td>5,961,429</td>
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<td>Shelter and NFIs</td>
<td>Emergency Response to Flood affected communities in Zimbabwe</td>
<td>ZIM-13/S-NF/58068/R</td>
<td>250,000</td>
<td>250,000</td>
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<tr>
<td>TOTAL</td>
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<td>1,233,284</td>
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<td>11,240,645</td>
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</table>

TOTAL FUNDS REQUESTED: $ 11,240,645

*Mid-Year review is to be finalized in August 2013; the above input may still undergo some changes.*
FOR MORE INFORMATION OR TO MAKE A CONTRIBUTION PLEASE CONTACT THE
DONOR RELATIONS DIVISION
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THANK YOU

We sincerely thank all our donors for their continued support of IOM’s humanitarian action.