

DEVELOPMENT AND PILOTING OF A REGIONAL MONITORING AND EVALUATION FRAMEWORK FOR MIGRANT RESPONSE CENTRES IN EAST AND HORN OF AFRICA

PUBLIC EXECUTIVE SUMMARY

PROJECT OVERVIEW

Under the EU-IOM Joint Initiative for Migrant Protection and Reintegration, IOM commissioned Altai to develop and pilot a regional M&E framework for six Migration Response Centres (MRCs) in Djibouti, Somalia and Sudan, in alignment with the Regional MRC Strategy for East and Horn of Africa and Yemen (2021-2024)¹.

The proposed framework included the development of a regional Theory of Change (TOC), regional and location-specific logical frameworks, monitoring and data collection tools, and analysis and reporting templates. Altai piloted the M&E system in each MRC, including data collection on representative samples within each location. In total 585 respondents were interviewed: 245 men, 270 women, 56 boys, 12 girls and two who preferred not to reveal their gender and age. After the piloting phase, Altai revised the framework as needed, and presented findings to IOM and other relevant stakeholders. Finally, to ensure the sustainability of the framework, Altai conducted training sessions on the implementation of the M&E framework with IOM and MRC teams.

MRCs are situated along key migration routes, where they fill critical gaps by facilitating the identification of migrants in vulnerable situations and ensuring that they receive appropriate and immediate support. Migrants are assisted with shelter, food, non-food items, health and psychosocial assistance, among other types of assistance. Migrants wishing to return to their places of origin are supported with assisted voluntary return and reintegration (AVRR) while returning migrants are provided with direct assistance and information over available services. The assistance is provided either directly at the MRCs, via mobile outreach, or via referral to partners.²

Launched in December 2016 and funded by the European Union Emergency Trust Fund for Africa, the EU-IOM Joint Initiative brings together 26 African countries of the Sahel and Lake Chad region, the Horn of Africa, and North Africa, the EU, and IOM around the goal of ensuring migration is safer, more informed and better governed for both migrants and their communities.

¹ IOM, [Strategy for Migration Response Centres in the East and Horn of Africa and Yemen 2021–2024](#)

² More information under IOM, [Migration Response Centres in East and Horn of Africa and Yemen](#)

MAIN FINDINGS

Service provision

The majority of MRC beneficiaries are satisfied (68%) with the support received at the MRCs. Medical assistance and language support were the services that most beneficiaries benefitted from and were mostly satisfied with. Beneficiary satisfaction was also high for shelter and outreach services. MRC beneficiaries highlighted the need for quicker AVRR services, and for the MRCs to deliver more food and NFIs. At the time of the study, AVRR to Ethiopia had temporarily been restricted in alignment with IOM's Return, Readmission, and Reintegration Policy³, which led to extended duration of stay in transit.

39% of beneficiaries report that the MRCs met all or almost all their needs, with 29% indicating that their needs have been met partially and 28% expressing themselves as neutral. The reasons behind beneficiaries' reports of unmet or partially met needs are multiple: pending AVRR processes, need for more food, more and better NFIs, specialized medical assistance, and job opportunities.

In this context, the gap between women and men is evident: while more than half of male beneficiaries suggests that all or almost all of their needs have been met, only two in ten women report so; the remaining ones mostly indicating that part of their needs was met or expressing a neutral response⁴. Unmet or partially met needs differ across gender: male beneficiaries mainly request for a quicker provision of AVRR services and more food, while women beneficiaries voice a wider array of needs, many of which are related to their need to provide for their families. This also includes more food, but also more NFIs, including homeware, and cash assistance to cover school fees. Interviewed women also highlighted the need for child-friendly spaces and breastfeeding areas for MRCs in which those are not currently available.

Satisfaction is highest for beneficiaries between 11 and 17 years old. Most children (80%) report that the MRCs met their needs, and that the support received has been satisfactory (87%), suggesting that the MRC assistance is appropriate for child beneficiaries. This is evidenced by the fact that nine in ten child beneficiaries report that they feel good at the MRCs as children.

Satisfaction also varies across locations and services. Beneficiaries are most satisfied with the language assistance (94%) and least satisfied with the food provided at the MRC (69%), due to its quantity. The need for quicker AVRR services is most prevalent among beneficiaries in Hargeisa, Khartoum and Obock which, as mentioned above, was impacted by the temporary halt of AVRR to Ethiopia. Complaints on the quantity of food provided were most often mentioned in Gedaref, Khartoum and Obock. In Mogadishu, the MRC mostly caters for returnees and host community members whose needs, in comparison to other MRC locations, are predominantly longer-term. To meet beneficiaries' needs, it is suggested that the MRC strengthens the access to sustainable solutions and longer-term support and improves the communication about the services it offers.

³ IOM, [IOM's Policy on the Full Spectrum of Return, Readmission and Reintegration](#)

⁴ The survey was conducted while the beneficiaries were still at the MRC, which makes it impossible for the MRC to have fulfilled respondents' need of returning to their countries of origin at the time of the study.

Partnerships and government ownership

MRCs collaborate with referral partners for the provision of specific services. MRCs connect beneficiaries to their partners through defined referral processes. Interviewed partners are overall satisfied with the referral systems in place, although many believe that implementing a digitalized referral system, as outlined in the Regional MRC Strategy would allow all case-related data for the referral to be registered by the MRC, significantly shortening the process for the partner, and ensuring the accuracy of the data. The implementation of a digitalized referral system is currently underway as an extension of the existing MRC Information System (MRCIS), the case and information management system for MRCs in the East and Horn of Africa. However, the roll-out of any digitalized referral system will depend on a variety of factors, including partners' IT capacity and equipment and the existence of data sharing agreements.

MRCs also have ties to national and sub-national stakeholders for strategic and political cooperation. Overall, government stakeholders perceive the MRCs as relevant actors in the field of migration management and rely on them to strengthen their knowledge and capacity. In the future, government stakeholders would also want MRCs to support the development of national and sub-national migration policies. There is a strong interest in MRCs conducting more joint activities involving local government stakeholders to share challenges, successes and needs in migration management. This can be achieved by setting up or reinforcing regular coordination meetings or platforms and ensuring strong MRCs' engagement.

Partners want to increase their involvement with the MRCs. Several partners shared their interest to communicate with the MRCs more frequently and receive regular updates about MRCs' activities and initiatives. In locations where MRCs have been recently established or where partnerships are relatively new, partners reportedly want to better understand MRCs' roles and services to identify how partnerships can be strengthened or expanded. The planned local action planning with partners around the implementation of the Regional MRC Strategy will support this process. Another suggestion is to appoint a focal point at the MRC, responsible for all partner-related communication, including referral processes, capacity building for partners and coordination workshops. In addition, MRCs may also consider setting up an instant messaging platform between the MRC and all its partners where, in compliance with relevant data protection requirements, they can provide regular updates on their operations

Close to half of the interviewed partners benefitted from capacity building training provided by MRCs. All the ones who did commended the usefulness of the sessions. Suggestions for improving the capacity building include MRCs increasing the number of sessions delivered to their partners, ensuring that the sessions include in-depth knowledge or skills, and design and deliver such sessions following needs assessments to ensure that the technical support provided is tailored to specific partners' and stakeholders' needs.

CONCLUSION AND RECOMMENDATIONS

Findings suggest that ideally MRCs should provide services more frequently and systematically. Food, water and NFIs should be handed out in more significant quantities and at shorter intervals. It is however worth noting that those are resource intensive activities,

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which are dependent on available resources. **MRCs should strengthen access to sustainable solutions and longer-term support**, such as education, vocational training, and direct livelihood support. **The MRCs should reinforce their women- and child-friendliness**, for example by setting up a child-friendly space and a breastfeeding room, where not already existing.

To strengthen their referral mechanisms, the MRCs should improve the referral system by establishing an electronic case management database shared between the MRC and its partners, which is currently underway as an extension of the MRCIS.

The MRCs should also establish systematic coordination and collaboration with government stakeholders by scheduling monthly coordination workshops involving all local stakeholders and partners active in migration management, while ensuring the non-duplication of existing structures. Where already in place, they should increase engagement in existing national-level coordination mechanisms, to share information and strengthen the collaboration with local actors.

The MRCs should also raise partners' awareness on the MRC's role and services offered, especially in locations in which MRCs have been recently established and vis-à-vis newly established partnerships. **The MRC should appoint a focal point at the MRC, who is responsible for all partner-related communication**; and consider setting up an instant messaging platform between the MRC and their partners, in compliance with data protection requirements.

The MRCs should consider increasing the number and the reach of capacity building training offered to partners and stakeholders, provide more in-depth sessions, and tailor capacity building to partners' and stakeholders' needs.

Because needs diverge across MRCs, each MRC should use the newly developed M&E framework to regularly monitor beneficiary satisfaction and MRC-specific needs and devise appropriate and timely action plans.