

A world map composed of small white dots on a teal background, serving as a backdrop for the title text.

**Independent Evaluation of IOM Project:
Enhancing Protection and Improving Knowledge
on the Risks of Irregular Migration in Sudan**

Phase II

Final Report

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Executive Summary

In recent years, Sudan has experienced increased attention as a country of origin, transit and destination of mixed migration flows from Africa to Europe and the Middle East. Refugees and other migrants from the Horn of Africa, particularly Eritreans and Ethiopians and also Somali, Nigerians and Yemenis, often cross Sudan on the way further north to (1) reach Libya, either as a destination or as an embarkation point for Europe, or (2) on the way east towards the Middle East. The political, economic and security situation in the region remains unpredictable and it is likely that the continuous influx of refugees and other migrants into and through Sudan will persist.¹

The government has limited resources to support and provide basic services to migrants. In 2015, to help address this important gap, IOM established the Migrant Response and Resource Centre (MRRC) in Khartoum, a key city of transit in Sudan for migrants on their way to North Africa and Europe, or the Middle East. The MRRC was set up through the *Enhancing Protection and Improving Knowledge of the Risks of Irregular Migration in Sudan* project. Originally envisaged to run from December 2014 to December 2015, the project was granted a three-month no cost extension by the donor and ended on 31 March 2016.

In January 2016, a second phase of the project was launched, running until December 2016, and overlapping by three months with the first phase. It had a budget of 3,900,000 Norwegian Krone and was funded by the Ministry of Justice of Norway. The second phase of the project aimed to further develop the MRRC by expanding referral networks for specialized assistance and by providing a broader range of services to migrants in Khartoum.

In accordance with Contract Agreement SD1A134 between IOM and the Ministry of Justice of Norway, the project supported an evaluation to "assess to what extent the project has contributed to its overall objective and achieved its results, and to evaluate if the project's approach (design and implementation) was the right strategy." IOM commissioned the Research Communications Group (RCG) to undertake the evaluation through a two-person team. This team had also conducted the evaluation of the project's first phase and was able to draw readily from, and build on, the findings and learning of the previous evaluation.

Data for the evaluation was collected through desk review of key project documentation and direct interviews with key stakeholders in Sudan. The majority of these stakeholders were IOM staff, in line with the evaluation focus on the implementation of MRRC operations and on challenges and lessons learned in the period between the two evaluations.

The TOR for this evaluation emphasized that it should "present a learning opportunity for IOM Sudan in view of the implementation of the expected phase III of the project, and the planning of other similar projects". The evaluation thus took place while phase II of the project was still being implemented and while the project proposal for phase III was still in a draft form. The timing allowed IOM to consider the findings and recommendations from the evaluation in finalising the design for the next phase. It also provided a limitation to the evaluation in that it was not able to capture all project activities and achievements.

In the time available, the evaluator was not able to proceed with plans to interview a cross-section of beneficiaries, instead focusing primarily on a review of written beneficiary feedback. This was not a major limitation in view of the evaluation's primary focus. More

¹ <http://reporting.unhcr.org/node/2535?y=2016#year>

direct input from beneficiaries should, however, be considered for evaluation of the next phase. It is suggested that provision for such feedback is planned in advance with community representatives.

The evaluation yielded eight primary findings across the five DAC criteria (relevance, efficiency, effectiveness/impact, sustainability) and lessons learned from project activities and outcomes.² Overall, the evaluation found that the MRRC continued to play a key role in supplementing very limited national capacity in addressing the needs of populations that are otherwise un-catered for. The location of multiple project activities around one migrant resource centre both facilitated migrant access to a range of services and established a hub (or one-stop shop) for the provision of in-house and external services.

The evaluation found that project staff have successfully drawn on non-project IOM resources to improve the efficiency and effectiveness of project delivery and are continuing to expand collaboration with both complementary in-house services – such as the IOM Sudan Medical Health Unit – and external service providers, such as the Ethiopian Community Association, the Eritrean Safe House and the NGO El-Fanar. Cost-sharing of MRRC running costs and services for this second project phase were also secured from two other projects. These extra resources have funded additional Assisted Voluntary Return and Reintegration (AVRR) packages, as well as language classes for MRRC service users.

Staff investment in community outreach resulted in important unplanned positive consequences for the project, such as interest from migrant communities for MRRC to provide capacity building support to establish and/or strengthen communities' own service provision. This highlights how the value of the MRRC extends beyond its immediate objectives, particularly with regard to fostering the engagement of local communities, something that can contribute to the sustainability of the project efforts.

To strengthen current and future operations, the continued systematization of MRRC operations remains a priority, including the development of Standard Operating Procedures (SOPs) and guidelines for service planning and delivery. In this regard, the appointment in mid-November 2016 of a case manager tasked with overall management of the MRRC and development of procedures and approaches to standardize service provision is very timely. With the case manager in place, establishment and implementation of a clear system for ongoing data collection, recording and analysis should be seen as a priority for phase III.

Findings from this evaluation highlight that the project team has shown considerable initiative and dedication in addressing challenges faced by the project, demonstrating a commitment to learning with a view to improving the quality of activities and services. At the same time, while some of the challenges faced by MRRC in service provision are new to the Khartoum office, they are not necessarily new to IOM as an organization. Institutional learning from IOM's vast experience in areas such as AVRR and medical assistance does not appear to have been readily accessible to staff working on the project.

A feature of the current phase is the strong uptake of, and progress made in implementing, the recommendations from the evaluation of the first phase. Of the ten recommendations, IOM has completed implementation of one, made steady progress in implementing six, and made partial progress in implementing three. In the next phase of the project, IOM is well

² The evaluation, which took place prior to project completion, did not yield a significant amount of data on impact. Further, the limited data collected in response to the questions on impact overlapped with that on effectiveness. These two criteria, effectiveness and impact, have thus been reported on jointly.

placed to continue implementing these recommendations and more generally to continue to strengthen the services provided to migrant communities. A list of revised and updated phase I evaluation recommendations, with proposed priority actions for phase III, is presented in the next section.

Table 1: Evaluation findings

The full findings for the evaluation are presented in Table 1 below, along with the data sources used to generate these findings.

Findings by DAC Criteria	Data Source
RELEVANCE	
Finding 1: The Migrant Resource Response Centre (MRRC) provides an integrated, appropriate and government-endorsed solution to clearly defined and previously unmet needs of vulnerable migrants in Khartoum.	Document review, interview IOM staff and other stakeholders
EFFICIENCY	
Finding 2: IOM has initiated processes to strengthen MRRC management and operations. These include more formalized monitoring and reporting procedures and preliminary efforts to collect feedback from MRRC service users.	Document review, interview with IOM staff
Finding 3: The project has continued to leverage non-project resources by reaching out to IOM in-house resources and expertise.	Document review, interviews with IOM staff
EFFECTIVENESS and IMPACT	
Finding 4: The project has achieved its targets for (1) Assisted Voluntary Return and Reintegration and (2) assistance to migrants. MRRC data indicate underutilization of counseling services.	Document review, interview with IOM staff
Finding 5: MRRC staff successfully expanded the MRRC service user base through proactive strategies to reach out to different communities in Khartoum.	Document review, interview with IOM staff
Finding 6: Project staff devised multiple strategies to address challenges that occurred during project implementation.	Document review, interview with IOM staff
SUSTAINABILITY	
Finding 7: MRRC staff engagement with different migrant communities in Khartoum has the potential to (1) expand service reach and offer to different migrant communities in Khartoum; and (2) promote sustainability through increased involvement of migrant communities in migrant protection activities.	Document review, interview with IOM staff and other stakeholders
LESSONS LEARNED	
Finding 8: Project staff are building on lessons learned during project implementation to promote ongoing improvement in project management and service delivery. The project does not appear to have fully captured IOM organization learning.	Document review, interview with IOM staff

Recommendations

This evaluation does not present a set of new self-standing recommendations. Rather, phase I evaluation recommendations remain largely valid for the next phase. With this in mind, this evaluation team has revised and updated the existing recommendations based on implementation progress to date and new data arising from the current evaluation. The revised and updated set of recommendations is presented below. It includes the

implementation status of each recommendation in italics. Recommendations for further action during the next phase of the project are provided in bold immediately below.

Recommendation from phase I evaluation

Recommendation 1: IOM should consider developing a more formalized management structure for the MRRC. This should include: defining staff roles and responsibilities; staff capacity building; and formalizing decision-making processes and lines of accountability.

Steady progress.

⇒ **IOM should continue work to implement phase I recommendation.**

Recommendation 2: IOM should consider developing a more formal system for service provision and review. This would include Standard Operating Procedures for client management and referrals, and service quality standards.

Partial progress.

⇒ **IOM should continue work to implement phase I recommendation. IOM should consider as a priority, the development of formal systems for service provision, including SOPs.**

Recommendation 3: IOM should establish processes for collecting and managing data relating to client services and ensuring that these data are fed back into programming.

Steady progress.

⇒ **IOM should consider continuing to work on improving the collection and analysis of data – including clarifying the specific purpose of the feedback form and on how the results will be used – and revise the form accordingly.**

Recommendation 4: IOM should explore with donors the possibility of longer-term funding for the MRRC.

Partial progress.

⇒ **IOM should continue to explore with donors the possibility of longer-term funding for the MRRC.**

Recommendation 5: IOM should establish a monitoring and evaluation system for the remainder of the project and beyond.

Steady progress.

⇒ **IOM should work towards ensuring that project reporting processes are integrated with the project results matrix.**

Recommendation 6: Should IOM be planning an evaluation of the next phase, IOM should consider the feasibility of engaging the evaluator as soon as possible to help refine the monitoring and evaluation system and set the parameters for the final evaluation.

Steady progress (with respect to preparations for phase III).

⇒ **IOM should consider identifying the parameters of the phase III evaluation early in the project. This would include terms of reference, primary areas of focus and key respondents.**³

Recommendation 7: IOM should consider developing an overall strategy for its outreach and awareness raising activities, drawing on appropriate expertise.

Steady progress (in modified form).

⇒ **IOM should continue its efforts to promote strengthening of migrant community capacity to support protection efforts, including through 1) encouraging community building efforts and 2) strengthening capacity of community members to provide guidance and assistance.**

Recommendation 8: IOM should carefully consider the adaptations needed to address constraints to introducing the Community Conversations model in Sudan.

Implemented.

⇒ **None.**

Recommendation 9: IOM should review its project design procedures to better reflect accumulated knowledge, lessons learned and the findings and recommendations of previous evaluations.

Partial progress.

⇒ **IOM should review its project design *and implementation* procedures to better reflect accumulated knowledge, lessons learned (*particularly internally*) and the findings and recommendations of previous evaluations.**

Recommendation 10: IOM should continue its measured approach to working with the government on migration management and migrant protection issues, including through supporting capacity development.

Steady progress.

⇒ **IOM should continue with its current approach to working with government.**

³ For example, if the evaluation is to involve more direct participation by beneficiaries, the team would need to ensure project activities take this into account, in terms of (1) generating ongoing feedback within the project's reporting structures and (2) initiating discussions with key stakeholders on how best to seek feedback from beneficiaries during the evaluation process itself.

1. Introduction

1.1 Background

In recent years, Sudan has experienced increased attention as a country of origin, transit and destination of mixed migration flows from Africa to Europe and the Middle East. Refugees and other migrants from the Horn of Africa, particularly Eritreans and Ethiopians and also Somali, Nigerians and Yemenis, often cross Sudan on the way further north to reach Libya – either as a destination or as an embarkation point for Europe – or on the way east towards the Middle East.

Increased regional insecurity and the tightening of European border controls in recent years have resulted in many intended “transit migrants” staying in North African countries, including Sudan, for extensive periods of time. Conflicts in Syria, Yemen the Central African Republic, the Democratic Republic of the Congo and Chad have triggered large population shifts with significant groups seeking refuge in Sudan, Libya and other North African Arab countries.⁴ The political, economic and security situation in the region remains unpredictable and it is likely that the continuous influx of refugees and other migrants into and through Sudan will persist.⁵

People in mixed migration flows in this region may be motivated by a variety of reasons. These include flight from conflict, escape from economic hardship, violence, persecution, breakdowns in public order, famine or drought, the desire to join family members abroad, or the search for better livelihood and lifestyle opportunities. Mixed migration thus encompasses refugees and displaced people, asylum-seekers, economic migrants, unaccompanied minors, stranded migrants, and victims of trafficking. With regard to trafficking, the 2016 US TIP Report on Sudan states that:

Many migrants from East Africa and the Middle East, including Yemenis and Syrians fleeing conflict, who transit Sudan en route to Europe are highly vulnerable to trafficking along this route. Some refugee and asylum-seekers from Eritrea and Ethiopia are abducted from Sudan-based refugee camps, eastern border regions, and Khartoum and transported to other countries, including Libya, for exploitative purposes. Eritrean nationals are abducted from refugee camps or at border crossings, extorted for ransom, and brutalized by smugglers primarily linked to the Rashaida tribe; some of those abducted are forced to perform domestic or manual labour and experience severe physical and sexual abuse, indicative of trafficking.

In 2015, Sudanese security officials reported rescuing 1,296 foreign migrants during security operations. These groups are often characterized by multiple vulnerabilities and un-catered needs, ranging from the need for urgent medical attention to information on the asylum seeking process.

The government of Sudan has limited resources for the provision of support and basic services for migrants. To address this important gap, IOM established the Migrant Response and Resource Centre (MRRC) in Khartoum, a key city of transit in Sudan for migrants to North Africa, Europe, and the Middle East. The MRRC was conceptualized as a one-stop shop for the provision of direct assistance to different migrant groups. It has been endorsed by

⁴ https://sudan.iom.int/sites/default/files/sit_rep_en.pdf

⁵ <http://reporting.unhcr.org/node/2535?y=2016#year>

the Government of Sudan, which has increasingly referred vulnerable migrants to the attention of the MRRRC team.

1.2 Project context

In 2014, IOM began implementing the ‘Enhancing Protection and Improving Knowledge of the Risks of Irregular Migration in Sudan’ project funded by the Ministry of Justice of Norway to strengthen the humane management of mixed migration flows in Sudan. The project was envisaged to run for 12 months from December 2014 to December 2015, eventually ending on 31 March 2016, following, a three-month no cost extension granted by the donor.

In January 2016, a second phase of the project was launched, running until December 2016, and overlapping by three months with the first phase. It had a budget of 3,900,000 Norwegian Krone and was funded by the Ministry of Justice of Norway. The second phase of the project aimed to further develop the MRRRC by expanding referral networks for specialized assistance and by providing a broader range of services to migrants in Khartoum.

There are a number of different migrant groups in Khartoum. Many of these migrants irregularly reside in Sudan and lack access to basic services and legal alternatives to their irregular residence. Through the provision of a range of different services to these groups, the project aimed to continue to assist migrants with protection needs. Through outreach initiatives the project also aimed to enable them to make informed decisions and find alternatives to irregular migration.

1.3 Evaluation objectives and scope

In accordance with Contract Agreement SD1A134 between IOM and the Ministry of Justice of Norway, the project supported an evaluation to “assess to what extent the project has contributed to its overall objective and achieved its results, and to evaluate if the project’s approach (design and implementation) was the right strategy.” IOM commissioned the Research Communications Group (RCG) to undertake the evaluation through a two-person team of Martina Melis, RCG Associate and Phil Marshall, RCG Director. This team also conducted the evaluation of the first phase of the project and was thus able to draw readily from, and build on, the research, findings and learning of the previous evaluation.

The TOR for this evaluation emphasized that the evaluation of the phase II should “present a learning opportunity for IOM Sudan in view of the implementation of the expected phase III of the project, and the planning of other similar projects”. This evaluation thus took place while the phase II of the project was still being implemented and at a time when the project proposal for phase III was still in a draft form. This was done to allow IOM to consider – and possibly address in the project proposal for the next phase – the findings and recommendations from the evaluation of this phase of the project.

With this in mind, the evaluation retrospectively assessed the design, implementation, and results of activities implemented during this second phase of the project while also taking a forward-looking approach to inform future activities, including the design and implementation of the expected phase III of the current project.

The remainder of this evaluation report is organized into three sections. Section 2 describes the evaluation methodology. Section 3 discusses the primary findings of the assessment, organized by the OECD Development Assistance Criteria (DAC) of relevance, efficiency,

effectiveness/impact, sustainability, and an additional criteria on lessons learned. Section 4 provides concluding comments followed by a set of recommendations to inform future MRRC development and activities.

2. Evaluation Methodology

The research team undertook an initial review of project documents to obtain relevant preliminary information about the implementation of planned activities and issues identified and addressed during project implementation. Drawing on this initial review and the evaluation TOR, the evaluation team developed an evaluation matrix to guide the evaluation design, data collection and analysis (Annex II). The matrix included (1) the primary research questions for the study to address, as aligned with the DAC criteria, (2) more detailed data collection questions to inform the primary research questions, and (3) the data sources to be consulted in answering these questions. This matrix guided all evaluation activities.

Using evaluation research questions, the evaluators developed semi-structured interview guides for the evaluation (Annex III). In the course of the interviews, data collection questions were tailored to match respondents' particular profiles and role in the project. The data collection process consisted of multiple components: review and analysis of key project documents; observation of MRRC activities; semi-structured in-person interviews with key stakeholders; and informal discussions with other stakeholders.

The evaluation team reviewed key documents provided by IOM Sudan: (1) the original project proposal; (2) a mid-term project progress report, four MRRC bi-monthly progress reports (January-August 2016) and IOM internal progress and monitoring reports until October; (3) monitoring forms on assistance to beneficiaries of AVRR to Ethiopia and for the collection of MRRC user feedback; (4) the phase I final report and evaluation report; and (5) selected media reports, and several press releases and posts available on the IOM website.

From 30 October to 2 November 2016, one evaluator undertook a field trip to Khartoum to collect and combine comprehensive information from key project stakeholders. Given the timing and nature of the evaluation, meetings were primarily held with IOM staff involved in project management and implementation including: staff members of IOM Mission in Sudan; IOM consultants involved in the project and other project related areas; a walk-in MRRC service user; and a donor representative.

Analysis of documents and stakeholder interviews focused on addressing research questions and determining the extent to which the project's objectives had been met, as well as identifying progress, challenges and lessons learned that could inform the project's next phase. Primary themes that were confirmed across data sources served as the study's findings. These findings are presented individually against the relevant DAC criteria, along with the evidence in support of each finding. The evaluation took place prior to project completion and did not yield significant data on impact. Further, data collected in response to the questions on impact overlapped with that on effectiveness. These two criteria have thus been reported on jointly.

A limitation to the evaluation was that, due to the desire of IOM to have the evaluation findings and recommendations inform the next phase of the project, the evaluation took place prior to the conclusion of the current phase. Thus, it was not able to capture all project activities and achievements. In the time available, the evaluator was also not able to

proceed with plans to interview a cross-section of beneficiaries, focusing primarily on a review of written beneficiary feedback. This was not a major limitation in view of the evaluation's primary focus. More direct input from beneficiaries should, however, be considered for evaluation of the next phase. It is suggested that provision for such feedback is planned in advance with community representatives.

3. Evaluation Findings

This section describes the primary findings from this assessment of the project. The findings discuss, and are organized by the DAC criteria of relevance, efficiency, effectiveness/impact, and sustainability of project activities and outcomes. Findings are also provided on lessons learned. The number of findings and amount of supporting discussion differ by thematic area and finding.⁶ The study findings are sequentially numbered and appear in blue font to indicate their status as a finding. There are a total of 8 primary findings.

3.1 Relevance

Finding 1: The Migrant Resource Response Centre (MRRC) provides an integrated, appropriate and government-endorsed solution to clearly defined and previously unmet needs of vulnerable migrants in Khartoum.

The MRRC in Khartoum was established with the aim of providing information and direct assistance to a broad range of migrants, including stranded migrants, unaccompanied minors (UAM), migrants seeking work and education, and migrants on the move to third countries. The first phase of the project (December 2014 to March 2016) focused primarily on the establishment of the MRRC including infrastructure, staffing, the initiation of services and the building of Government of Sudan understanding and support for MRRC activities. The MRRC was opened in November 2015.

The second phase of the project commenced on 1 January 2016. The overlap of three months with the first phase helped IOM to implement the two phases as a continuum, allowing the MRRC to provide continuous and uninterrupted services to migrants. The design of the second project phase envisaged a continuation of the MRRC's work to provide critical services to migrants in Khartoum. As in phase I, these services comprised: (1) direct services in the form of counseling and medical assistance; (2) assistance with return to country of origin in the form of assisted voluntary return and reintegration (AVRR); (3) external referral to specialized services; and (4) information on the risks of irregular migration through in-house and out-reach sessions in the communities.

The phase I evaluation found that, "Respondents across all stakeholder groups considered that locating project activities around a migrant resource centre was a highly appropriate strategy". The first ten months of the second phase have confirmed the strong demand for the services provided by MRRC. Between January and October 2016, the MRRC (1) provided medical assistance to a total of 423 migrants, (2) provided basic medical check-ups, food and hygiene items to 626 irregular migrants apprehended by the Sudanese authorities, and (3)

⁶ The findings do not cover each question asked or topic raised during data collection. Instead, they focus on the issues (1) most frequently cited by respondents and in documents, (2) to which respondents and documents devoted the most time or space discussing, and (3) that were most often identified as salient across respondent and in project documents.

facilitated the AVRR of a total of 126 migrants.⁷ Additional services were provided to walk-ins, through community outreach and through referrals.

Over this time, the Government of Sudan (GoS) has increasingly recognized the value of the services provided by MRRC, as demonstrated by the growing number of requests for assistance in the provision of services to irregular migrants in detention, both migrants in administrative detention and those apprehended in groups. In response to these requests, MRRC staff have been able to provide detained migrants with emergency food and non-food items and to identify and access migrants with particular vulnerabilities. In some cases, the authorities decided to release a migrant due to specific problems that could not be addressed in detention, and referred the migrant for further assistance at the MRRC.

Overall, the project design continued to address clearly defined needs for services for migrants. Through its approach, the MRRC has been able to supplement very limited national capacity to address the needs of vulnerable migrants, advancing the crucial role of IOM in addressing the needs of populations that are otherwise un-catered for. The location of multiple project activities around one migrant resource centre both facilitated migrant access to a range of services and established a hub for the provision of in-house and external services. The growing engagement of the Government with the MRRC further supports the finding from the previous evaluation that the establishment of the Centre is a highly appropriate project strategy.

3.2 Efficiency

Finding 2: IOM has initiated processes to strengthen MRRC management and operations. These include more formalized monitoring and reporting procedures, and preliminary efforts to collect feedback from MRRC service users.

In the second phase of the project, IOM introduced bi-weekly MRRC staff meetings, which have been held regularly since June 2016. These meetings have provided opportunities for the staff to collectively discuss ongoing operations and challenges as well as to plan ahead. They have also allowed the project officer to monitor project progress, learn and address challenges faced by staff and review internal management issues. Minutes are kept for these staff meetings and have been used as a tool to monitor and record progress. They also provide clear and useful progress reports.

In addition, MRRC bi-monthly reports have been prepared since the beginning of MRRC operations in November 2015. These reports focus specifically on service provision and contain regular updates on the number of assisted users as well as on specific issues related to service delivery. Finally, available Notes for File on meetings of IOM staff involved in projects with a direct assistance component also document efforts to establish complementarities and synergies across different projects. Combined, these reporting and documentation processes provide solid tools for monitoring and review of progress.

One aspect of monitoring which is still underdeveloped is beneficiary feedback. MRRC user feedback forms were developed in September 2016 and have been used since October, with a total of 30 completed forms available at the time of this evaluation. Due to restrictions imposed by the free version of the online tool for survey analysis (survey monkey), however,

⁷ This total includes returns funded through three different projects. Data available at the time of the evaluation showed that phase I of the project provided AVRR to 59 migrants and phase II to 52. Additional AVRR was provided to 15 migrants through another complementary project

the form only contains 10 questions. These include: three demographic questions (nationality, age, sex); three on service provision (service sought, received, satisfaction); one on intention to migrate to a third country; two on counseling on migration risks (received and impact of counseling on intentions); and one final open question for other feedback.

The development of feedback forms is an important initiative and the evaluators identified a number of areas for potential improvement with the current form. In some cases, existing options for responding are narrow – for example, on satisfaction, the respondent can only choose between satisfied/not satisfied. In others, there is no scope for elaboration. Most notably, if a user sought a service not listed in the form and chose to respond ‘other’, there was no space to specify what other service was sought. This appears a lost opportunity for MRRC to collect data on other services viewed as important by migrants.

With just ten questions available, questions have not been asked around issues such as (1) staff attitudes; (2) gaps in service provision and suggestions for improvement or change; (3) most useful services; (4) appropriateness, quality and quantity of services; (5) outcome of service; (6) source of referral to MRRC; (7) prior knowledge about MRRC’s service offer; and (8) expectations. Counseling accounts for two out of the ten questions although available data show that a minimal percentage of users currently access counseling.

Overall, the restriction to 10 questions, and the absence of a clear purpose and framework against which to collect data, limits the value of the form as a monitoring and/or reviewing tool. Clarification of the purpose of feedback form – for example whether aimed at assessing quality of services, and/or as a measure of outcome, and/or to improve service provision – as well as how results would be used, could greatly improve the value of this tool.

It is also worth noting that while feedback forms are low cost to administer and analyse there are limitations in using these forms on a stand-alone basis. MRRC staff reported, for example, that some users were unable to read, and needed support to fill out the feedback form. This is likely to affect the results, and it may discourage some service users from responding at all. Hence, other complementary means of service feedback could be considered, such as individual interviews and group sessions.

In summary, while, as the comments on service user feedback suggest, there is scope for further improvement, a review of documentation and evaluation respondents feedback highlights that staff are progressively taking steps to strengthen MRRC management processes to facilitate ongoing improvement in service efficiency and effectiveness.

Finding 3: The project has continued to leverage non-project resources by reaching out to IOM in-house resources and expertise.

Evaluation data suggest that project staff have effectively drawn on non-project IOM resources to improve the efficiency and effectiveness of project delivery. In the face of an increased workload at the MRRC, staff reached out to the IOM Resettlement Unit to obtain their expert assistance with the administrative and logistical steps related to the pre-departure stage for AVRR beneficiaries. The involvement of this specialized resettlement unit in the activities pertaining to the acquisition of laissez passers, travel documents and escort to the airport has allowed MRRC staff to limit the time invested in these operations and thus to focus their efforts on other core MRRC activities.

In an effort to increase efficiency and effectiveness of service management and delivery,

MRRRC staff are also developing a protocol for cooperation between the MRRRC and the IOM Medical Health Unit Team. This overdue development will allow the MRRRC to capitalize on available in-house expertise, as well as IOM existing network of medical service partners and pre-qualified and tested suppliers. This will reduce some of the earlier inefficiencies in the provision of medical assistance resulting from the MRRRC service operating disjunctively from the Medical Health Unit. MRRRC staff also reached out to another IOM project manager with a background in psychology, co-located on the same premises. This staff member is now available for a consult or to provide a second opinion to MRRRC team on particular cases.

Finally, cost-sharing of MRRRC running costs and services for this second project phase was secured from two other projects. These extra resources have funded activities such as additional AVRR packages and language classes for MRRRC service users. The lesson plans and selection of students were being finalized at the time of this evaluation.

3.3 Effectiveness/Impact

Finding 4: The project has achieved its targets for (1) Assisted Voluntary Return and Reintegration and (2) assistance to migrants. MRRRC data indicate underutilization of counseling services.

This phase of the project envisaged the continuation of phase I activities including direct service provision to migrants in need, community outreach, mobile visits, and implementation of AVRR. It also envisaged new activities such as the expansion of referral networks and staff capacity building.

As discussed in Finding 1, direct service provision at the MRRRC commenced in November 2015. Records show that in the time between its opening and this evaluation (October 2016), 126 migrants were provided with AVRR. In terms of services to migrants, the initial target was to support 500 migrants, either directly or through referral. The specific nature of this support was not specified in the project results matrix. In terms of direct support, IOM has provided basic assistance to 626 irregular migrants between January and the end of October 2016. In the same period, medical services were provided to a total of 423 migrants, including support to complicated cases requiring surgery. Overall records show a continuous increase in assistance. The number of medically assisted migrants, for example, rose from 28 cases in the period of January – February 2016 (daily average 0.85) to 143 cases in July-August 2016 (daily average 3.4).

In contrast with the number of migrants provided with medical and AVRR assistance, MRRRC records since June show a very low number of migrants accessing the counseling service. Psychosocial counseling was established as one of the three core MRRRC services in phase I. From MRRRC inception until June 2016, this service was provided by a trained social worker. All migrants arriving at the MRRRC initially met with the social worker before being referred to other staff. This process provided an opportunity to assess the counseling needs of all service users.

In July 2016, the counselor took extended leave. To address this gap, IOM hired a psychologist on a part-time basis and introduced changes in the overall intake procedure. Since September 2016, a receptionist/security-guard meets the migrant at the entrance, records basic details (name, nationality, date of visit), asks which service is required, and directs the person to that service. As a consequence, counseling (1) has become a more specialized service and (2) is only accessed by people who request it.

In contrast to the previous process, where counseling was the first and mandatory entry point to MRRC services, data from this new process show the number of users requesting counseling has been minimal. The number of MRRC users accessing counseling/psychological treatment is limited to an average under 20 per month since the recruitment of the part-time psychologist. At the time of the evaluation, the MRRC had a part-time psychologist, no counselor and no stand-alone counseling service.

Under the project services were provided to migrants who would not have been able to access this assistance from other sources. This particularly relates to migrants with critical medical conditions, whose medical care was supported through this project. The evaluator did not meet with direct assistance or AVRR beneficiaries. A review of AVRR monitoring forms, however, indicated positive feedback. One returnee to Ethiopia stated that "Since I didn't reach my final destination I wanted to return back to my kids and family and this program was a great opportunity for me. This was a chance for me to reunite back with my family".

Besides medical assistance and AVRR, and in line with the objective of responding to the needs of vulnerable migrants in Khartoum and increasing their access to protection rights, including the right to health, the MRRC distributed blankets and mosquito nets. With guidance from community leaders, these items were distributed to the most vulnerable migrants including elderly people; orphaned children; very poor and disabled migrants; lactating mothers; and children in the Ethiopian Safe House.⁸

In terms of referrals to other organizations, detailed quantitative data is not available due to the generic level of data collection at MRRC. Referrals included medical cases referred to private and public institutions, and Eritreans referred to the Eritrean Safe House clinic and El Fanar – a local NGO that provides psychosocial services to migrants, including asylum seekers and refugees. Based on the information available, IOM staff reported that the referral numbers were quite low.

Project staff see the building of a referral network as a priority. One MRRC staff member noted that this "is very important to maximize the service offer through the provision of basic and specialized assistance as well as for exploring cost-sharing opportunities." With a view to developing this referral network, IOM undertook a mapping exercise of service providers in Khartoum. Through funding from another project, it then organized a workshop with local NGOs and service providers in September 2016. The workshop sought to facilitate reciprocal learning among participants with regard to each organization's expertise, service offer, target group, and possible capacity building needs. The project thus continued to build the basis for the expansion of services to be provided to irregular migrants in Khartoum. A follow-up session funded by this project is planned for December 2016.

In terms of a decreased preference for irregular migration (Outcome 1), IOM has included a question in its MRRC client feedback form on intention to migrate and whether counseling has influenced any intention to migrate irregularly (Finding 2). This form has only been used since September. There is no system in place to collect feedback on this question from those exposed to the 'Boat of Death' theatre play or other educational or outreach activities. It is thus not possible to directly assess progress toward the stated target that "500 migrants

⁸ Through funding from another project, cash assistance was provided to particularly vulnerable cases, including victims of trafficking referred by UNHCR; an elderly man with medical conditions; and an AVRR beneficiary with psychological disorder.

indicate a decreased preference for irregular migration and/or seek information on alternatives.”

It is worth noting, however, that few migrants have the opportunity to continue their migration in a regular manner. Thus, AVRR is generally the sole option for those unable or unwilling to remain in Sudan and who do not wish to continue with irregular migration. The uptake of AVRR services thus represents a minimum estimate of people who have chosen not to migrate irregularly.

One original project design target that will not be met relates to output 2.1 “200 migrants surveyed about the awareness campaigns, disaggregated by age and gender”. Data collection has begun on this activity but not soon enough for the project to reach the target. Overall, however, based on the information available, IOM has made strong progress to achieving its project objectives.

Finding 5: MRRC staff successfully expanded the MRRC’s service user base through proactive strategies to reach out to different communities in Khartoum.

During the second phase of the project, the MRRC staff continued their efforts to inform migrant communities in Khartoum of (1) alternatives to irregular migration and (2) MRRC services. This was done through: (1) information sessions held at the MRRC on risks of, and alternatives to, irregular migration; (2) the staging of public and free theatrical performances of the play ‘Boats of Death’ by the Theatrical Mobile Workshop in eight locations; (3) outreach activities to migrant communities and (4) the provision of services to migrants unable to reach the MRRC.

Combined with the effects of word-of-mouth, these efforts resulted in an increase in the number of service users both from previously represented communities, such as Ethiopians and Nigerians, and among new nationalities, such as migrants from Senegal, Madagascar, Nepal, Cameroon and Tanzania. Representatives of other migrant communities in Khartoum also took steps to contact the MRRC. For example, through referrals from government and nongovernment sources, representatives from the Ugandan and Bangladeshi communities approached the MRRC to learn about available services with a view of reporting options back to their community members.

The nature of support being requested by communities is also evolving. For example, where Ethiopian Community Association representatives initially approached MRRC to provide assistance to individual migrants in need, they have now requested capacity building for community members to provide counseling to their own wider community. Members of the Somali community also requested awareness raising sessions on migration risks and option for their community.

These examples suggest an appreciation of the services offered by MRRC, as well as the added value of such services. They further highlight the potential for a multiplier effect of MRRC services through engagement, cooperation and partnerships with different communities. This is discussed further in finding 8.

There are a number of other ideas in the pipeline for additional initiatives that the MRRC could organize or host. These include: (1) free health checks days for Sudanese nationals and migrants; (2) MRRC open days to publicize the Centre and available services; (3) hosting of intra- and inter-community meetings; and (4) organization of group sessions on particular

topics (such as health, nutrition, hygiene, caring for care-givers; stress management etc.).

Finding 6: Project staff devised multiple strategies to address challenges that occurred during project implementation.

The MRRC is the first initiative of its type in Khartoum. As such, the centre is to some extent operating on a learning-by-doing basis and has faced a number of challenges during implementation. In particular, these challenges related to (1) the provision of AVRR, (2) lack of criteria for prioritization of medical service provision and (3) uncertainty over the level of assistance to be provided to particular migrant groups, particularly relating to the organizational mandates of IOM and UNHCR and questions over which organization should provide assistance to asylum seekers.

With regard to AVRR, in the first six months of the project, there had not been an imperative to prioritize requests for AVRR. The MRRC had sufficient funds to meet the demand of all eligible AVRR migrants who approached the MRRC. Further, screening of all migrants interested in AVRR was directly performed by MRRC staff in Khartoum. This procedure allowed staff to review each case and assess the feasibility of return and associated costs.

In June 2016, however, four AVRR cases were referred by IOM field offices in West Darfur. These cases provided several challenges, involving (1) the disappearance of two AVRR migrants before scheduled departure; (2) a very lengthy process for nationality verification for two AVRR, including one from Tanzania, which does not have an Embassy in Sudan; (3) difficulties in locating the family of one mentally ill Nigerian; which magnified (4) the cost of providing the migrant with comprehensive care since the start of the process. The resultant very high and unplanned care costs well exceeded the allocated budget.⁹

To manage this unforeseen complication, project staff placed budget restrictions on AVRR for the remainder of the project, with a quota of 20 AVRR cases per month.¹⁰ The Nigerian case and the associated need to implement a quota also prompted MRRC staff to discuss and agree prioritization criteria for the allocation of AVRR support. AVRR prioritization criteria, based on an assessment of vulnerability and feasibility of return, are now being applied although they have not yet been formalized in writing. As part of this process, provision of AVRR services to migrants outside Khartoum was put on hold.

With regard to the project's medical assistance component, 90% of the medical budget was spent by August, including in funding a number of costly medical interventions. MRRC staff recognized that criteria for planning and prioritization of medical assistance was an urgent priority and initiated action to address this gap. Combined with establishing linkages with relevant providers to strengthen referral and cost-sharing options, these measures should allow the MRRC to manage its assistance budget more effectively and efficiently.

Another important challenge faced by the MRRC related to the 41 AVRR migrants returned from Sudan to Nigeria in February. These returnees did not contact the IOM office in Nigeria to claim their reintegration assistance. Significant but unsuccessful efforts were undertaken by MRRC staff and IOM Nigeria to locate them. To resolve this issue, the MRRC staff member in charge of AVRR undertook a trip to Nigeria and, together with IOM Nigeria staff and

⁹ The overall cost, shared by three different project, amounted to more than USD 10,000,.

¹⁰ These included 15 AVRR to be funded through another project funded by the Italian Development Cooperation, and 5 to be funded through this project.

Government of Nigeria authorities, was able to locate 24 returnees¹¹. The overall majority of them had not been able to develop the required business plan for accessing the reintegration funds – IOM requires this to be done with the assistance of the IOM staff in the receiving country. Meetings to assist these returnees to develop business plans were arranged during the visit and these returnees are now in the process of receiving their reintegration assistance. During his visit to Nigeria, the MRRC staff member also made progress towards the return of the West Darfur AVRR case with critical medical conditions by locating one of his family members.

One constraint that continues to affect the MRRC ability to provide services to migrant populations in great need relates to the issue of Eritreans. Eritreans are specifically identified as a target group for activities under this project (Outcome 1). UNHCR is the agency with responsibility for assistance to asylum seekers and refugees, while IOM is responsible for assisting other vulnerable migrants. To be eligible for assistance in Khartoum, Eritrean refugees need to have registered in one of the UNHCR camps outside the Sudanese capital. IOM staff however reported that a large proportion of Eritreans in Khartoum have not done so and do not have any official documents (passports, identity cards, birth certificates, etc.) from their country of origin.

For UNHCR, lack of documentation is a major impediment to providing assistance to asylum seekers. Many Eritreans in Khartoum are thus unable to access UNHCR services due to their status, and have approached the MRRC. Unable to cater for this group due to the agreed division of responsibility between IOM and UNHCR globally, the MRRC team has been able only to offer services with no cost implications to this group. Staff have referred more critical cases to other partners, such as the Eritrean Safe House clinic and the NGO El Fanar.

Notwithstanding these interim solutions, this issue continues to negatively affect large numbers of undocumented Eritreans in Khartoum. While IOM and UNHCR continue to discuss how to address this issue, Eritreans fall through gaps in organizational mandates and are often unable to access services provided by either agency.

These issues are outside the control of project staff and overall, evaluation data suggest that the team has shown considerable initiative and dedication in addressing challenges faced by the project. At the same time, it is worth noting that while these challenges are new to the Khartoum office, they are not necessarily new to IOM as an organization. IOM has, for example, provided AVRR assistance since 1979. Institutional learning from these experiences does not appear to have been available to staff working on the project (discussed further in Finding 9).

3.4 Sustainability

Finding 7: MRRC staff engagement with different migrants communities in Khartoum has the potential to (1) expand service reach and offer to different migrant communities in Khartoum; and (2) promote sustainability through increased involvement of migrant communities in migrant protection activities.

Since its inception, MRRC staff have invested considerable effort in outreach activities to inform migrant communities of MRRC services and to identify migrants communities in

¹¹ Anecdotal evidence collected by IOM suggested that some of Nigerian returnees that could not be located had possibly re-migrated to Niger.

Khartoum, learning about their characteristics and building and strengthening relationships. phase I relationship building efforts focused on the Ethiopian Community Association, due to Ethiopians being the largest group of MRRC users and the largest organized migrant community in Khartoum. These efforts continued during the second phase, with reciprocal referrals and support. As mentioned in Finding 5, in this second phase the Ethiopian Community Association approached the MRRC staff to ask for training of their own committee members on counseling for victims of trafficking, and on community outreach.

This unplanned and very positive consequence of the work undertaken by the MRRC team through the two phases of the project highlights appreciation of such work as well as a willingness to contribute to the provision of assistance to irregular migrants through the sharing of responsibility and multiplication of efforts.

As part of other community outreach efforts, the MRRC staff undertook a series of visits to the Somali community in Khartoum, traditionally an unorganized community in the sense that there is no equivalent focal point to the Ethiopian Community Association, either organizationally or in terms of a specific meeting place. Based on insights obtained from his attendance at a training workshop on community engagement, an MRRC staff member encouraged the Somali to establish an association, with a committee comprised of representatives of different groups (students, women, job categories, etc.). This would allow IOM to have one interlocutor for MRRC activities, while individual committee members could speak on behalf of, and report back to their own particular group. At the time of the evaluation, the Somali community was in the process of establishing a more formalized structure to represent them. This increased organization among the Somali community and efforts to increase the capacity of the Ethiopian Community Association to assist its members are examples of activities that are likely to yield ongoing benefits well beyond the life of the current project.

3.5 Lessons learned

Finding 8: Project staff are building on lessons learned during project implementation to promote ongoing improvement in project management and service delivery. The project does not appear to have fully captured IOM organization learning.

As highlighted in Finding 7, staff faced a number of issues with AVRR and medical assistance and developed their own solutions. These are activities with which IOM as an organization has a vast amount of experience, however – almost 40 years in the case of AVRR. Project staff do not appear to have been able to draw on this experience with the result that they have to find their own solutions to problems that have very likely been faced by the organization elsewhere.

Another area repeatedly identified in IOM project evaluations across multiple countries is shortcomings in project logic.¹² The phase I evaluation identified a number of issues with the project design and results matrix. While the result matrix for phase II is an improvement, there remains limited articulation of assumptions underlying linkages between activities,

¹² See, for example, (1) Berman, J. and P. Marshall, Evaluation of the International Organization for Migration and its Efforts to Combat Human Trafficking, Norwegian Agency for Development Cooperation, 2011 <https://www.norad.no/en/toolspublications/publications/2011/evaluation-of-the-international-organization-for-migration-and-its-efforts-to-combat-human-trafficking/> Oslo; and (2) a more recent *Independent Evaluation of IOM Project on 'Ensuring a comprehensive approach to address smuggling and trafficking in Egypt including Egypt's Sinai Peninsula'* (Sept 2016).

indicators and results. For example, the outcome 1 indicator includes “migrants who indicate a decreased preference for irregular migration after outreach sessions and/or seek alternatives such as voluntary return or regularization”. This appears to contain an unstated assumption that regularization alternatives exist and are a feasible course of action for irregular migrants in Khartoum. In reality, as highlighted by an IOM staff member, “Many migrants have overstayed their visa for long period of time. Regularization options for them would be far too expensive. These are not really an option for many people here in Khartoum.”

The design also lacks details on linkages between outputs, indicators and activities. For example, there is no stated activity corresponding to output indicator 2.1 “200 migrants surveyed about the awareness campaigns, disaggregated by age and gender”. There is further a general lack of provision for systematic data collection to monitor progress towards achievement of project targets. As in the case of the phase I project design, while the project sought to address the information and service needs of migrant communities, the design did not include an assessment of these needs, nor provide for such an assessment to be undertaken.

The second phase of the project was designed prior to the completion and submission of the evaluation of the first phase. Additionally, phase II project implementation had already started at the time of the evaluation of phase I. Thus, project staff were unable to draw from the recommendations provided in the phase I evaluation report for the phase II project design and result matrix.

In the course of project implementation IOM staff devised strategies to address some of the shortcomings in project design. With regard to needs-informed awareness raising sessions, for example, at the time of this evaluation the MRRC staff were working with representatives of the Somali community to learn about their needs and to collaboratively design a session on irregular migration risks, realities and opportunities to ensure that the session specifically addresses priority issues for the Somali population in Khartoum. This is in line with recommendations from phase I evaluation on the need to involve target users in the identification of information gaps and in the participatory design and implementation of awareness raising sessions.

Other measures implemented to fill gaps in project design include the collection of data from service users. Although the evaluation identified some issues with this form (Finding 2), it represents an important step in ensuring service user satisfaction and providing information for ongoing service improvement. Further, to avoid similar problems in phase III, IOM has sought the evaluator’s inputs on the draft result matrix prior to its finalization and submission to the donor.

As these examples illustrate, staff have been proactive in identifying and responding to lessons learned within the project. Persisting problems in relation to project logic, and lack of access to lessons on direct assistance suggest, however, that current IOM institutional learning processes may not be capturing institutional experience and lessons learned in a manner that is sufficiently accessible to project staff.

4 Concluding Comments and Recommendations

4.1 Concluding Comments

The second phase of the project on 'Enhancing Protection and Improving Knowledge of the Risks of Irregular Migration in Sudan' focussed on strengthening the operations of the MRRC and expanding its service reach. Evaluation findings confirm that the MRRC continues to serve an expanding range of different migrant populations in Khartoum through the provision of a range of services otherwise unavailable to these groups. IOM has made strong progress in promoting the services offered, and service provision and reach has steadily grown, in line with the objectives of the project and aims of the MRRC.

Staff investment in community outreach, and the immediate application of learning from a training attended by MRRC staff, resulted in important unplanned positive consequences for the project. Interest from the Ethiopian Community Association and the Somali community in MRRC-provided capacity building on support services for migrants, for example, suggests that the value of MRRC extends beyond its immediate objectives. By supporting community building and community empowerment initiatives. MRRC can contribute to better outcomes for vulnerable migrants and promote sustainability of project efforts.

The phase I evaluation noted that IOM staff involved in the project had demonstrated a commitment to learning with a view to improving the quality of activities and services. In the current phase, this commitment was manifested in the uptake of several key recommendations from the evaluation. During implementation, for example, staff made concrete efforts to address shortcomings in project design and monitoring and introduced opportunities for the involvement and participation of target beneficiaries in the design of, and feedback on, particular activities.

Having established that there is demand for MRRC's services, a priority is to strengthen systems for planning, monitoring, reviewing and assessing these services. This includes development and implementation of Standard Operating Procedures (SOPs) for client management with clear intake, follow-up and referral plans, combined with the setting up and implementation of a clear system for ongoing data collection, recording and analysis.

At present there is no consistent, standardized and professionally performed intake procedure to be applied to all first-comers, to allow for a first face-to face introductory conversation about the MRRC service offer and an exploration of service users needs. This has two significant consequences. One is that there is no uniform intake data from each user approaching the MRRC. The other is that the current system provides limited opportunity to intercept users in need for psychological and/or mental health treatment and direct them to these services. Psycho-social support is an important service in view of the traumatic stories of some of the migrant journeys, their aspirations and the harsh realities of their daily lives. The current approach of asking service users themselves to identify the service they need assumes that they (1) are aware of all services available at the MRRC; (2) are aware that they can receive more than one service; (3) understand the different services, particularly counselling and psychological assistance; and (4) can make an informed decisions on these services on their own accord.

IOM staff acknowledge the need to revisit some of the current systems and procedures, as reflected in the recruitment of a full-time case manager. The case manager's tasks will include overall management of the MRRC, incorporating both case management and

development of procedures and approaches to standardize service provision. At the time of the evaluation, the new staff member was completing administrative requirements and was expected to start in November.

In the area of AVRR, the case involving 41 Nigerians highlighted numerous challenges including with regard to recipient understanding of, and /or trust in, the scheme as able to provide concrete assistance. IOM Khartoum staff noted that some form of guidance should be provided by both the sending and receiving IOM offices on how to use the reintegration entitlement and assistance to develop the required business plan. One staff summed it up as, “In the sending countries we know the person. In the receiving countries they know the context”.

As noted in the phase I evaluation, it takes time for centres to be established, procedures to be developed, staff to be trained and mechanisms to be put in place to assure the quality of services provided. In this context, consideration of an exit-strategy whereby Government would take over the MRRC – as raised by IOM staff – appears at this stage to be extremely premature. The Government of Sudan has only very recently started to build its legal framework, institutional capacity and expertise to address mixed migration. It is unlikely that the Government would have the capacity and resources to take on the management and running of the MRRC in the near future. MRRC processes and procedures would also need to be consolidated before any consideration of handing-over should be made.

In the medium term and in view of familiarising the Government of Sudan with the work of the MRRC, IOM may consider exploring options such as secondment of Government staff to the MRRC for capacity building through on-the-job mentoring and/or, as it is currently being considered, the hosting by MRRC of relevant government activities, such as meetings of the family tracing network. In the short-term, Government involvement in MRRC activities could also be pursued through other means, such as through an agreement with the relevant government agency to fast track the issuance of travel documents for beneficiaries of AVRR.

As highlighted in Finding 8, MRRC staff have also started to build the capacity of local providers, such as the Ethiopian Community Association. This has the potential to expand community based services and encourage community specific responses and, in the longer-term, to establish a pool of trained local service providers. At this stage, investing in relationships and capacity building with migrant communities in Khartoum may thus yield positive returns in terms of expansion of services and sustainability of efforts.

4.2 Recommendations

The phase II evaluation has assessed progress in the implementation of phase I evaluation recommendations. These recommendations remain largely valid for the next phase. With this in mind, rather than present a new set of recommendations, the evaluation team has revised and updated the existing recommendations based on implementation progress to date and new data arising from the current evaluation. The revised recommendations are presented below. The results are presented in ‘traffic light’ format. Dark green (one instance) denotes that the recommendation has been fully implemented. Light green (six instances) indicates that project is making steady progress in implementing the recommendation. Orange (three instances) denotes some progress, but with limitations.

Table 2: Progress on phase I recommendations and recommended follow-up

Recommendation from phase I evaluation	Implementation status	Phase two recommendation
<i>Recommendation 1:</i> IOM should consider developing a more formalized management structure for the MRRC. This should include: defining staff roles and responsibilities; staff capacity building; and formalizing decision-making processes and lines of accountability.	Steady progress. IOM has employed a dedicated case manager. The manager is tasked with overall MRRC management, the development of (1) procedures and approaches to standardize service provision and (2) supporting guidelines and criteria.	Continue work to implement phase I recommendation.
<i>Recommendation 2:</i> IOM should consider developing a more formal system for service provision and review. This would include Standard Operating Procedures for client management and referrals, and service quality standards.	Partial progress. IOM has taken steps to develop clearer criteria for service provision, including AVRR and medical support. Action to develop Standard Operating Procedures (SOPs) has been limited.	IOM should consider as a priority, the development of formal systems for service provision, including SOPs.
<i>Recommendation 3:</i> IOM should establish processes for collecting and managing data relating to client services and ensuring that these data are fed back into programming.	Steady progress. IOM has developed an initial client feedback form. This form has a number of limitations, partly due to the restrictions imposed by the software used.	Continue to work on improving the collection and analysis of data, Consider clarifying the specific purpose of the form, as well as how the results will be used. Revise the form accordingly.
<i>Recommendation 4:</i> IOM should explore with donors the possibility of longer-term funding for the MRRC.	Partial progress. IOM has received agreement for funding for a third phase of the project.	IOM should continue to explore with donors possibility of longer-term funding for the MRRC.
<i>Recommendation 5:</i> IOM should establish a monitoring and evaluation system for the remainder of the project and beyond.	Steady progress. IOM has implemented a process of regular staff meetings and activity reporting.	IOM should ensure that project reporting processes are integrated with the project results matrix.
<i>Recommendation 6:</i> Should IOM be planning an evaluation of the second phase, IOM should consider the feasibility of engaging the evaluator as soon as possible to help refine the monitoring and evaluation system and set the parameters for the final evaluation.	Steady progress (with respect to preparations for phase III). IOM has requested the input of the phase two evaluator in designing the results matrix for the third phase.	IOM should consider identifying the parameters of the phase three evaluation early in the project. This would include terms of reference, primary areas of focus and key respondents. ¹³

¹³ For example, if the evaluation is to involve more direct participation by beneficiaries, the team would need to ensure project activities take this into account, in terms of generating ongoing feedback and also potentially discussions with key stakeholders on how best to seek feedback from beneficiaries during the evaluation process itself.

Recommendation from phase I evaluation	Implementation status	Phase two recommendation
<p><i>Recommendation 7:</i> IOM should consider developing an overall strategy for its outreach and awareness raising activities, drawing on appropriate expertise.</p>	<p>Steady progress (in modified form). The project is not currently investing in dedicated awareness raising activities. MRRRC staff are, however, carrying out outreach activities informally as reflected in (1) increase uptake of services by an increased number of nationalities and (2) requests for capacity building.</p>	<p>IOM should continue its efforts to promote strengthening of migrant community capacity to support protection efforts, including through 1) encouraging community building efforts and 2) strengthening capacity of community members to provide guidance and assistance.</p>
<p><i>Recommendation 8:</i> IOM should carefully consider the adaptations needed to address constraints to introducing the Community Conversations model in Sudan.</p>	<p>Implemented. After careful reflection on the constraints to introducing Community Conversations in Sudan, particularly with respect to the need for strong government engagement, IOM has decided not to pursue this for the time being.</p>	<p>None.</p>
<p>Recommendation 9: IOM should review its project design procedures to better reflect accumulated knowledge, lessons learned and the findings and recommendations of previous evaluations.</p>	<p>Partial progress. As highlighted by this table, IOM has made significant progress in implementing the recommendations of the previous evaluation, and adjusting the current project in response to lessons learned. IOM does not appear, however, to have effective procedures in place to ensure that lessons learned from its vast organizational experience in direct assistance are reflected in programming and implementation.</p>	<p>IOM should review its project design <i>and implementation</i> procedures to better reflect accumulated knowledge, lessons learned (<i>particularly internally</i>) and the findings and recommendations of previous evaluations.</p>
<p>Recommendation 10: IOM should continue its measured approach to working with the government on migration management and migrant protection issues, including through supporting capacity development.</p>	<p>Steady progress. MRRRC has successfully secured Government endorsement of its activities as demonstrated by the provision of access for MRRRC staff to migrants in detention. Additional opportunities to further building government engagement with MRRRC are being considered.</p>	<p>IOM should continue with its current approach to working with government. As a useful next step, IOM might consider whether agreement could be reached to fast track the issuance of documents for AVRR beneficiaries. In the medium term, IOM is encouraged to continue discussion on ideas that staff have generated for increased government engagement. These include (1) hosting of relevant government activities, such as meetings of the family tracing network, within the premises of the MRRRC and (2) secondment of Government staff to the MRRRC for capacity building through on-the-job mentoring.</p>