



ADDRESSING MIXED MIGRATION FLOWS IN EASTERN AFRICA – EXECUTIVE SUMMARY

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DISCLAIMER

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¹ Communication and Visibility Manual for EU External Actions; see: <http://bit.ly/2bkMMrU>

TABLE OF CONTENTS

ABBREVIATIONS	4
1. INTRODUCTION	5
1.1. Addressing Mixed Migration Flows in Eastern Africa	5
1.2. Objectives of the Research	6
1.3. Methodology	6
Research Modules	7
2. NEEDS AND INFORMATION AVAILABLE ALONG THE MIGRATION ROUTES	8
2.1. Factors of Departure.....	8
2.2. Vulnerabilities and Protection Issues along the Routes	9
Challenges on the Northern Route	9
Challenges on the Eastern Route	9
2.3. Access to Information along the Migration Routes	10
3. MIGRANT RESPONSE CENTERS IN EAST AFRICA.....	11
3.1. Khartoum MRRC, Sudan	11
3.2. Metema & Semera EMRCs, Ethiopia	11
3.3. Obock MRC, Djibouti	12
3.4. Hargeisa MRC, Somaliland	13
3.5. Bosaso MRC, Puntland	13
3.6. Gap Analysis, at the MRC Level.....	13
4. OTHER SERVICES AVAILABLE ALONG THE ROUTES.....	14
4.1. Sudan	14
4.2. Ethiopia.....	14
4.3. Djibouti.....	15
4.4. Somaliland.....	16
4.5. Puntland	16
5. GAP ANALYSIS.....	17
6. RECOMMENDATIONS FOR FUTURE INTERVENTIONS AT THE MRC'S LEVEL	18

TABLE OF TABLES

Table 1: Research Questions	6
Table 2: Gap analysis per country	17

TABLE OF PICTURES

Picture 1: Outside view of the Khartoum MRRC	11
Picture 2: Volleyball court in the Obock MRC	12
Picture 3: Entrance of the Hargeisa MRC	13

TABLE OF FIGURES

Figure 1: Northern route map	9
Figure 2: Eastern route map	9
Figure 3: Gap analysis, Sudan	14
Figure 4: Gap analysis, Ethiopia	15
Figure 5: Gap analysis, Djibouti	15
Figure 6: Gap analysis, Somaliland	16
Figure 7: Gap analysis, Puntland	16

ABBREVIATIONS

AMMi	Addressing Mixed Migration Flows in Eastern Africa Programme
AVR	Assisted Voluntary Return
AVRR	Assisted Voluntary Return and Reintegration
AWSAD	Association for Women's Sanctuary and Development
CMH/MCH (Djibouti)	Centre Médical Hospitalier/Medical Centre Hospital
CCBRs	Comprehensive Community-Based Rehabilitation in Somaliland
CSO	Civil Society Organisation
DRC	Danish Refugee Council
EU	European Union
EF	Expertise France
EMRC	Emergency Migration Reception Centre
GCC	Gulf Cooperation Countries
HoA	Horn of Africa
IDP	Internally Displaced Person
IOM	International Organisation for Migration
KII	Key Informant Interview
MCH (Somaliland/Puntland)	Maternal and Child Health Centre
MRC	Migrant Response Centre/Migration Response Centre
MRRC	Migrant Resources and Response Centre
MRRM	Migration Response and Resource Mechanism
NFI	Non-Food Item
NGO	Non-Governmental Organisation
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedures
SDG	Sudanese Pounds
UAM	Unaccompanied Minor
UNHCR	United Nations High Commissioner for Refugees
VoT	Victim of Trafficking
WAAPO	Women Action for Advocacy and Progress Organisation
WFP	World Food Programme

1. INTRODUCTION

1.1. ADDRESSING MIXED MIGRATION FLOWS IN EASTERN AFRICA

Migrants across the Horn of Africa (HoA) choose to leave their countries for a variety of reasons, including security, political, social and economic factors. Many travel without papers and rely on smuggling networks for their journeys, putting themselves at risk of being abused or trafficked. These movements create mixed migration flows which in turn produce a series of challenges to ensure the protection of migrants, asylum seekers and refugees while honoring the sovereignty of the countries of transit and destination.

Given the scale of these mixed migration flows, the difficulties experienced by local populations and governments' capacity to tackle them, there has been mounting pressure to address the flows in a way which respects human rights. In 2014, the European Union (EU) initiated the Khartoum Process, a regional migration initiative to enhance cooperation between countries along the Eastern African migration route. It aims to establish a long-standing dialogue on migration to pursue the identification and implementation of concrete projects that improve the management of migration originating from the HoA.

Within the Khartoum Process, the European Commission (EC) decided to fund a programme supporting countries in Eastern Africa/Horn of Africa to address mixed migration flows under the Special Measures of the Development and Cooperation Instrument - Global Public Goods and Challenges Migration and Asylum component. The contract with Expertise France (EF) to implement the programme *Addressing Mixed Migration Flows in Eastern Africa* (AMMi) was signed at the end of December 2015.

The overall objective of the programme is to support countries in East Africa and the Horn of Africa to address mixed migration flows and to pave the way for strengthening the link between refugees, forced displacement and development.²

AMMi aims to achieve three sub-objectives:³

- 1) To assist national authorities in setting-up or strengthening safe and humane reception centers for migrants and asylum seekers;
- 2) To support and facilitate the fight against criminal networks through capacity building and assistance to partner countries in developing evidence-based policies and conducting criminal investigations, notably by collecting and analysing information in criminal networks along the migration routes;
- 3) To support local authorities and NGOs in the provision of livelihood opportunities for displaced persons and host communities in the neighboring host countries and, if relevant and feasible, in South Sudan.

This regional initiative is implemented by EF in partnership with international and non-governmental organizations, including the International Organization for Migration (IOM), the Danish Refugee Council

² 'Addressing Mixed Migration Flows in Eastern Africa', Project document, Expertise France.

³ 'Addressing Mixed Migration Flows in Eastern Africa', Project document, Expertise France.

(DRC) and the Regional Mixed Migration Secretariat (RMMS). It also mobilises technical assistance in public sector governance from EU member states. AMMi covers 10 countries: Djibouti, Egypt, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan, Uganda and Yemen.

As part of the inception phase of the programme, EF selected Altai Consulting to design and conduct a preliminary assessment field study. This document summarises key findings from this research.

1.2. OBJECTIVES OF THE RESEARCH

Altai's research intends to directly support the first component of the programme, which aims at setting-up or strengthening the Migrant Response Centers (MRCs) along the routes between Eastern Africa and Europe/or the Gulf countries. MRCs have been established across the HoA to provide assistance to vulnerable migrants. The objective is to help design the programme activities and to develop concrete recommendations for the improvement of services delivered to migrants along their journey through the MRCs and other relevant channels.

Specific objectives include:

- 1) Identifying the main needs of migrants for services and information;
- 2) Assessing the current offer of services at the MRCs;
- 3) Providing an overview of the landscape of other actors providing services to migrants;
- 4) Provide EF with action-oriented recommendations for the programme implementation, notably with regards to the improvement of the MRCs which will be supported by the program.

By extension, this study intends to provide guidance for EF's future programming in the region by providing information useful to determine the most effective ways to enhance migrants, returnees, refugees and asylum-seekers' access to quality services and information along their journey and to protect their safety and dignity. The recommendations primarily target the MRCs but also identify avenues for collaboration with the host governments and local organisations to improve service delivery to migrants and increase their access to relevant and reliable information.

1.3. METHODOLOGY

The research is articulated around three main research questions, presented in Table 1 below.

Table 1: Research questions

Research Questions
1. What are the most pressing needs of migrants and recent returnees (men and women) during the journey and in target locations, as expressed by migrants themselves and reported by relevant organisations/stakeholders?
2. What structures and services are currently in place to support migrants (men and women), and how can their access to quality services be improved, especially for migrants with protection needs?
3. What information circulates amongst migrants (men and women), what information do they lack and how could these gaps be addressed?

Altai selected five locations for the fieldwork (Sudan, Ethiopia, Djibouti, Somaliland and Puntland) in order view to cover the HoA to Europe migration route through Ethiopia and Sudan (northern route), and the HoA to the Gulf countries migration route through Djibouti, Somaliland and Puntland (eastern route). Altai aimed to provide first-hand data on the MRCs which have been established in these five areas and analyse their service and information delivery, to identify opportunities for improvement. The study also integrated background information from other countries such as Yemen.

The research is based on interviews with migrants in transit, migrants who have settled in a location and plan on leaving again, migrants who have moved to a location and are stranded or plan on staying and recent returnees from Europe or the Gulf countries. The research team specifically examined the situation of female migrants by including a gender lens throughout the research.

RESEARCH MODULES

The study is based on four research modules (or activities): 1) literature review; 2) field visits to the MRCs; 3) interviews with migrants in the MRCs and out of the centers; and 4) interviews with stakeholders, such as international or local organisations/NGOs, government departments involved in the management of the MRCs, embassies of countries of origin or migrants established in target locations for a long time.

209 migrants were interviewed during the research. Owing to the realities of the fieldwork, Altai did not try to set a fixed number of interviews for each population of interest (irregular migrants, refugees, returnees) within each country/region. Instead, the team met with a panel of irregular migrants, refugees, asylum seekers and returnees that reflects, to the extent possible, the variety and diversity of migrants' experiences and their specific needs. Altai also interviewed over 140 stakeholders across the six locations, representatives of aid organisations, government officials and the MRC teams.

2. NEEDS AND INFORMATION AVAILABLE ALONG THE MIGRATION ROUTES

Every month in the HoA, tens of thousands of migrants leave their home countries of Eritrea, Somalia, Ethiopia, Sudan and Kenya. People move for a variety of reasons, and aim to find better conditions in the Gulf countries or in Europe. These journeys are dangerous and put vulnerable men and women at an even higher risk.

Along the route, migrants seek to address their basic needs: access to food, water and a shelter. They face serious issues in doing so, often linked to the climatic conditions and the geographic isolation of the regions they cross. Health constitutes another serious challenge, and migrants do not have access to healthcare facilities apart from a limited number of NGOs and community institutions. These challenges are worsened by the lack of livelihood opportunities, resulting from tense labour markets in the countries of transit and stringent laws regarding employment of foreigners.

Protection issues are common on the road, directly linked to trafficking networks and the treatment of undocumented workers by police forces in some locations. Women are particularly at risk of sexual and gender based violence (SGBV), although these attacks are rarely reported and even more rarely investigated. Assaults and abuses are not easily prevented in the absence of systematic protection mechanisms for migrants crossing borders irregularly.

Access to comprehensive and reliable information is a third main issue for undocumented workers in the HoA. Migrants have limited information about the routes, and their understanding of the environment in the countries of transit and destination is limited. Information gaps persist on the risks associated with smuggling and trafficking.

2.1. FACTORS OF DEPARTURE

Various push and pull factors, including economic, political, security and social reasons encourage people in Eastern Africa to migrate to safeguard their lives and improve their economic situation. They work together to explain the large numbers of people traveling outside of their country irregularly. Motivations are intertwined and narrow categories or labels like “economic migrants” often hide complex decision-making processes.

Most of the migrants interviewed mentioned economic factors (poverty, unemployment, lack of livelihood opportunities) as the primary reason to leave their home. Deteriorating environmental conditions in Ethiopia are another critical push factor, especially for farmers living in the areas affected by the drought. Political considerations also motivate people to depart, especially for Eritreans and to a lesser extent, Ethiopians. In war-torn areas, such as Yemen, South Sudan or South-Central Somalia, enduring violence drives families towards neighbouring countries. Finally, in some cases, social pressure leads migrants to seek a better life elsewhere, especially women fleeing patriarchal rules, forced marriage and abuses.

2.2. VULNERABILITIES AND PROTECTION ISSUES ALONG THE ROUTES

CHALLENGES ON THE NORTHERN ROUTE

At the start of the journey from Ethiopia or Eritrea, migrants on their way to Khartoum rarely face difficulties to find food, water and accommodation. They usually travel with some money and via public transportation. The route is more challenging for South Sudanese, who leave with nearly nothing and walk all the way from their region of origin.

Once in Khartoum, migrants rely on solidarity networks at the community level, especially Ethiopians and Eritreans. Migrants sometimes receive money from family abroad or live off small jobs. Employment is the most pressing issue for undocumented workers as they need to save money to continue their journey. Foreigners without papers are not authorised to work and migrants can only find jobs in the informal sector, where competition is tough.

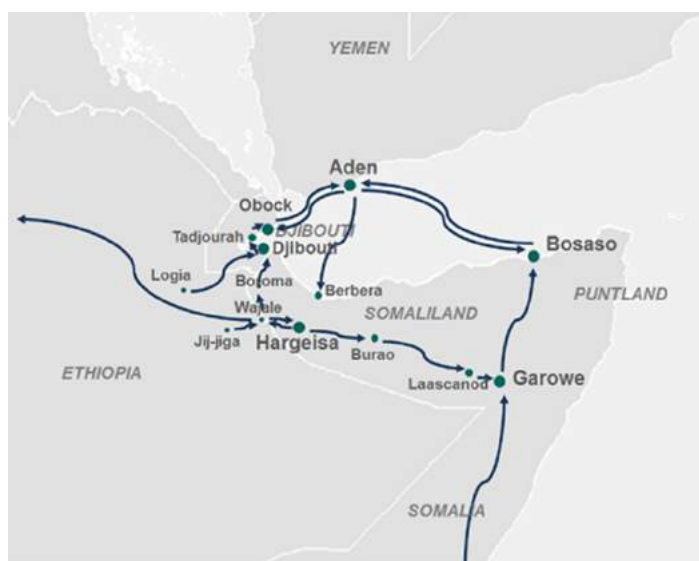
Access to medical services is another challenge and most migrants do not go to the doctor. They cannot afford medical fees and worry the police monitors public hospitals, looking for undocumented patients. VoTs and victims of SGBV are particularly vulnerable and they have limited access to assistance. In fact, trafficking is widespread throughout the northern route, notably near the border with Eritrea and Ethiopia and on the way to Libya. Abductions and forced labour are frequent and kidnapped women are often raped or forced into prostitution.

Figure 1: Northern route map



CHALLENGES ON THE EASTERN ROUTE

Figure 2: Eastern route map



Conditions on the eastern route are dangerous in a slightly different way. Many migrants cannot afford transportation, and walk for days without food and water, mainly from Ethiopia to Obock or Bosaso. When they cannot find a village to host them, they sleep outside – which puts them at risk, especially women travelling alone. In the urban centres, migrants who wish to temporarily settle move to an IDP camp, or look for a job as a guard or a maid.

Only a few of the migrants interviewed along this route had a regular occupation. Most of the male

respondents relied on informal daily (or hourly) jobs. The rare women who worked had secured a position as maids; and most female interviewees did not have a job because they could not find one or had to take care of their children. Migrants complained that they worked long hours for low wages. Many insisted that their decision to migrate further towards the Gulf countries, or return, would depend on whether they could achieve a satisfying position where they were.

In Djibouti and Puntland, the authorities are not perceived as a primary source of concern for migrants; they rarely arrest workers and hardly ever deport them (except in Djibouti City). The governments lack resources and are overwhelmed by the large numbers of migrants in transit. In Somaliland, the situation is changing with a new regulation on irregular migration, even though the authorities do not have the capacity to enforce it (at the time of the research).

2.3. ACCESS TO INFORMATION ALONG THE MIGRATION ROUTES

As documented by previous research on information channels along migration routes, people do not leave their home with a planned journey in mind. At the beginning, the primary sources of information are family members, friends and people who have returned or are living in the desired destination, as well as smugglers, often contacted through social media.

The understanding of the environment and the risks is built along the route, especially in locations like Khartoum and Obock, where migrants meet other returning or stranded migrants. They also access information through conversations with local communities, who give directions or advice on where to access basic services (e.g. healthcare). Migrants on the eastern route were found to be less knowledgeable than their counterparts in Ethiopia and Sudan, mainly because these workers are often less educated and less informed than the ones heading to Europe.

Across the five locations visited, most of the migrants interviewed were not aware of the legal options to travel regularly, and what they risked if the police arrested them. They had limited knowledge and understanding of durable solutions, also because these ones are limited. On the northern route (Sudan, Ethiopia⁴), refugees are subject to an encampment policy, which does not make applying for asylum appealing. On the eastern route, most of the migrants encountered did not know what asylum meant. Ethiopians met in Djibouti, Puntland and Somaliland had never heard of the concept, including the provision of protection that comes from obtaining the refugee status.

These information gaps indicate that a large share of migrants do not make an informed decision about leaving, and improving the dissemination of information should help them decide what is their best option. However, this does not mean that fewer people would move if they had a better understanding of the conditions of the journey and the available legal options. In fact, interviews conducted across the region showed that even migrants who understood the dangers were willing to depart, because they still considered it was the best opportunity available to them.

⁴ Except for Eritreans

3. MIGRANT RESPONSE CENTERS IN EAST AFRICA

Over the last decade, IOM has established a network of Migrant Response Centers (MRCs) aiming to assist vulnerable migrants and offer them the option to return to their home country. Due to the diversity of migration flows, various levels of cooperation with the governments in the five countries/regions, project-based funding and differences in approaches by donors, the MRCs have emerged as entities with their own agenda, sometimes aligned with the priorities of the local authorities, but rather independent from one another.

3.1. KHARTOUM MRRC, SUDAN

Thanks to its location on the northern route, suitable infrastructure and the capacity of the staff, the Khartoum Migrant Resources and Response Centre (MRRC) stands out among the MRCs visited. It was established in October 2015 by IOM, which manages it with international funding. The staff provides information and counselling to migrants, and assists them if they wish to voluntarily return to their home country. Unlike the MRC in Obock, the MRRC does not offer food and accommodation to visitors. It does not conduct outreach activities either (at the time of the research). The MRRC has already identified an array of potential partners to expand its service offering, but no Memorandum of Understanding (MoU) had been signed to formalise these collaborations. Provided with additional budget, the services at the center could be expanded with outreach campaigns, partnerships with local NGOs and mobile teams to assist more migrants in need. Psychosocial counselling would also need to be strengthened because the capacity of the team does not fully meet the needs at the MRRC. If funding is not guaranteed and these weaknesses not addressed, the quality of the services could be impacted, especially if the number of visitors increases.

Picture 1: Outside view of the Khartoum MRRC



3.2. METEMA & SEMERA EMRCs, ETHIOPIA

The two centers in Ethiopia were recently established and they differ from the other MRCs because the Federal Police directly manage them. The Metema EMRC was created in March 2014 and benefits from a strategic location at the border between Ethiopia and Sudan. It is funded by IOM but the staff belongs to the police. In this set-up, only Ethiopian migrants benefit from EMRC's services and non-Ethiopians do not have access to the facility. The center delivers basic services (food, accommodation, first aid for minor injuries) and voluntary assistance to return (AVR) for Ethiopians stopped by the authorities at the

border.⁵ Referral mechanisms are informal, and could be systematised and expanded to open the center to non-Ethiopians (especially Somali and Eritrean migrants).

Overall, the EMRC's infrastructure is poor, accommodation is not separated for male and female migrants, and the staff is not equipped to offer psychosocial counselling. The lack of internal treasury makes it difficult to address sudden influxes of migrants, even though the EMRC only hosted 32 people between February and March 2016. In the future, the center could leverage its status as a government entity as well as its relationship with IOM to increase its outreach and capacity, including through partnerships with local civil society organisations (CSOs) specialised in protection (albeit rare in the area).

The Semera EMRC has the same structure and assets as the Metema center, with an ideal location on the eastern migration route and a direct relation with the authorities. It receives international funding through IOM but had not opened yet at the time of the research. It plans to deliver basic services and AVR to vulnerable migrants, and its infrastructure is more developed than the Metema center. No referral mechanisms had been established at the EMRC, even though this could be an opportunity to open services to more migrants, including non-Ethiopians. As for the Metema EMRC, the association of the center with the Ethiopian government is likely to make migrants reluctant to visit the facility spontaneously. A follow up assessment will need to be carried out once the EMRC opens and hosts migrants.

3.3. OBOCK MRC, DJIBOUTI

The Obock MRC was established by IOM in 2011, with the objective to assist migrants heading to the Gulf countries through the Red Sea. Thanks to international funding, the center managed to establish a permanent presence in Djibouti. It hosts vulnerable migrants and provides them with counselling, food, accommodation (not formally separated for men and women), non-food items (NFIs) for female migrants (at the time of the research), healthcare and AVR. Over the last years, the center developed good relationships with WFP, the Obock Hospital and local maternal and health centers (although not formalised in a MoU). Given the widespread vulnerability issues around Obock, opportunities to expand services abound, mobile response teams being a way to provide more assistance to migrants along the roads. The MRC would also need to improve its psychosocial counselling capacity and protection services, notably with unaccompanied minors (UAMs). These improvements could go hand in hand with strong local and international partnerships and an upgrading of the facility.

Picture 2: Volleyball court in the Obock MRC



⁵ Only the police can refer migrants to the EMRC, but these ones can leave the facility if they do not wish to be assisted.

3.4. HARGEISA MRC, SOMALILAND

The Hargeisa MRC was created in July 2009 and is managed by the government of Somaliland (Ministry of Resettlement, Rehabilitation and Reconstruction). The center is funded by international donors through IOM, in charge of regularly training the staff. It benefits from a good physical infrastructure with a clinic, and it provides migrants with information and counselling, basic medical assistance, NFIs and referral to a local charity hospital. The center could build on these strengths by developing sound protection mechanisms and stronger referral procedures, as well as outreach activities and mobile response teams. This would require to strengthen the capacity of the staff on case management and basic psychosocial counselling. However, given the recent regulation issued by the government against irregular migration, access to the centre might become more challenging for migrants – and even put them at risk of being arrested.

Picture 3: Entrance of the Hargeisa MRC



3.5. BOSASO MRC, PUNTLAND

The Bosaso MRC started its activities in 2009 and is run by IOM. The Puntland government is not involved in its management, but it supported the establishment of the facility. This one benefits from a good reputation among beneficiaries and delivers basic medical assistance and counselling to migrants, especially on the option to seek asylum in Somalia. The MRC works with local mother and child health centres and several local NGOs on protection issues, although these relations are not formalised in a MoU or consistent funding. Still, more could be done on protection, to ensure vulnerable migrants receive the assistance they require in time. The centre could also increase its outreach, and attempt to be more visible in Bosaso.

3.6. GAP ANALYSIS, AT THE MRC LEVEL

Across Eastern Africa, the MRCs deliver very useful services and play a unique role in assisting migrants in need. The centers are well positioned on the routes to Europe and the Gulf countries, and provide critical support to migrants who are very vulnerable and/or wish to return to their home country.

It remains that the centers are not in a position to systematically address the three main needs of migrants: i) access to food, water, a shelter, ii) protection mechanisms for the most vulnerable; iii) access to comprehensive and reliable information about the journey and legal options. Gaps are also critical regarding information sharing/counselling; and not enough partnerships are formalised with local NGOs, hospitals, shelters and CSOs (while many exist informally).

Given the limited funding available and the presence of local organisations already delivering quality services on the ground (not necessarily to migrants, but to other vulnerable populations), there is an opportunity to turn the MRCs into emergency assistance and information centres with strong referral and partnership systems.

4. OTHER SERVICES AVAILABLE ALONG THE ROUTES

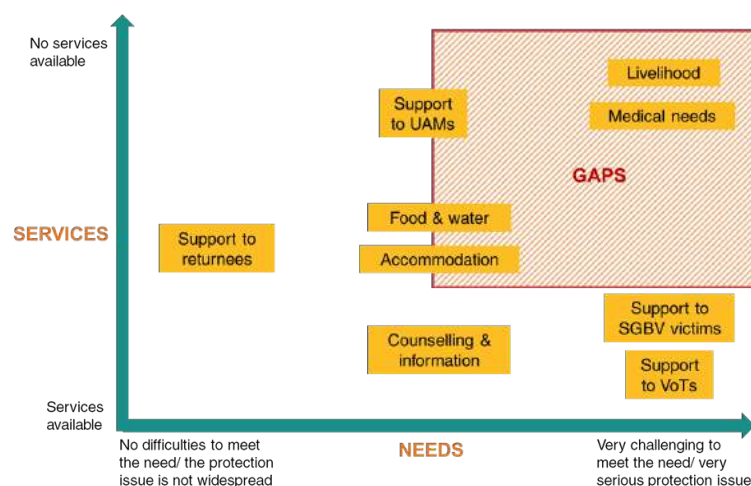
On top of the aid provided by the MRCs, the research mapped other services available to migrants along the routes. In general, assistance does not target irregular migrants and focuses on refugees. Programmes targeting refugees are mainly implemented in camps in Sudan and Ethiopia and they do not benefit to individuals who do not fit into this category. Local development initiatives may improve the situation of undocumented workers (providing livelihood opportunities and healthcare) but they do not address the specific threats affecting them (cases of trafficking for instance).

Among the countries/regions visited, Sudan, Somaliland and Puntland stood out as hosting CSOs providing protection and counselling services to migrants, notably community organisations. On the contrary, Ethiopia and Djibouti have a very limited number of local actors in the field, except for a few Ethiopian NGOs providing support to returnees from Saudi Arabia.

4.1. SUDAN

Despite their vulnerabilities, undocumented workers are rarely targeted by specific initiatives from NGOs, because they lack a legal status. CSOs and community organisations such as the Ethiopian Community Association are the main service providers, but their services are basic and selective (per nationality). A few initiatives (like the efforts deployed by the Legal Aid Association) also aim to provide legal counselling services to irregular migrants. By comparison, NGOs have proved very active in refugee camps, to deliver basic services to Eritreans, Ethiopians and South Sudanese. The figure below sums up the support available to undocumented migrants:

Figure 3: Gap analysis, Sudan



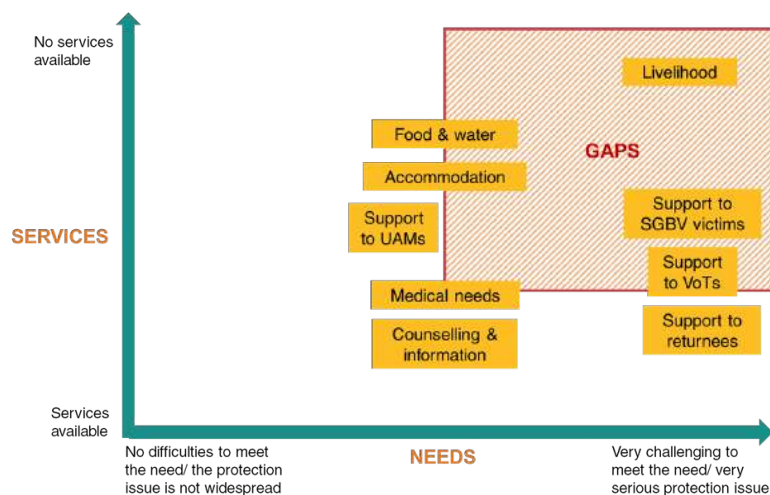
4.2. ETHIOPIA

Like in Sudan, few services are available to migrants. Most of the assistance focuses on refugees and returnees, even more since the deportation of over 160,000 Ethiopians from Saudi Arabia after 2013.⁶

⁶ See: <http://bit.ly/2dL4Krn>

Refugees in Ethiopia have benefited from assistance for years, even though camps often serve as transit points prior to secondary migration toward Europe (especially for Eritreans).⁷ Local NGOs active in supporting returnees (e.g. Agar Ethiopia, AWSAD) could play a critical role in enhancing assistance to vulnerable migrants/returnees, should the scope of the AMMi be expanded to migrants in Ethiopia.

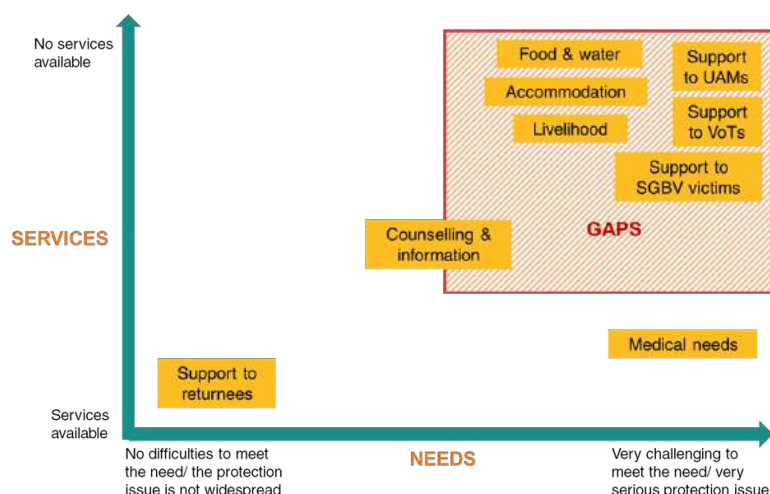
Figure 4: Gap analysis, Ethiopia



4.3. DJIBOUTI

Djibouti is the country with the smallest number of organisations assisting irregular migrants, for lack of capacity and budget.

Figure 5: Gap analysis, Djibouti



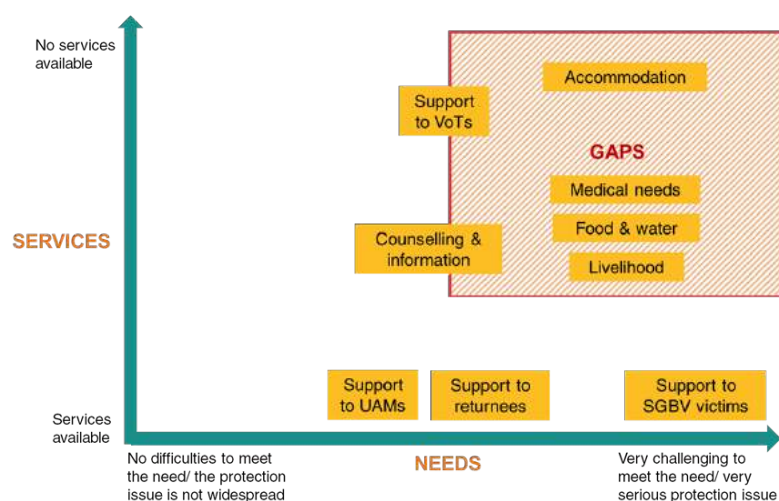
Several NGOs (DRC, NRC) have been present in the refugee camps (Ali Addeh, Holl Holl and the newly established Markazi camp) for years; but protection mechanisms are narrow and funding is reportedly decreasing. Because assistance is so limited, irregular migrants tend to ask host communities for emergency assistance, even though these ones already suffer from scarce resources and a narrow access to public services.

⁷ Key informant interviews with Eritrean urban refugees in Addis Ababa, Ethiopia

4.4. SOMALILAND

International organisations and NGOs are very active in Somaliland, building on a growing civil society. Most NGOs and CSOs focus on assistance to internally displaced persons (IDPs) and/or refugees and asylum seekers, and they do not directly target irregular migrants. Undocumented workers still manage to access aid by settling in IDP settlements (where they benefit from food distributions and healthcare) and reach out to specialised organisations in terms of legal assistance (Legal Aid Clinic in Hargeisa), psychosocial counselling (CCBRS), protection of victims of SGBV (Baahikop Centre, WAAPO).

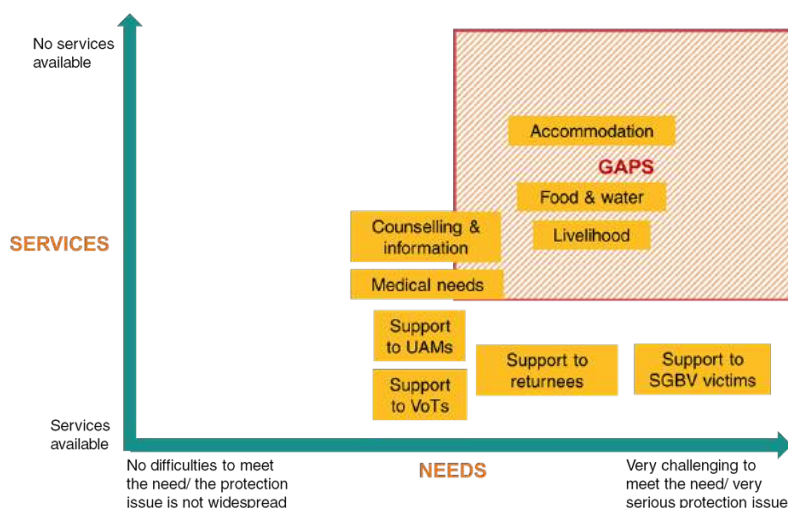
Figure 6: Gap analysis, Somaliland



4.5. PUNTLAND

Aid in Puntland tends to focus on IDPs living in camps, and most interventions consist in the delivery of humanitarian assistance in areas where Ethiopian migrants live as well. Migrants can visit institutions open to all (such as mother and child health centres) and sometimes benefit from projects in the IDP settlements (e.g. food distribution, construction of wells). Ethiopians are also assisted by migrants who have lived in Puntland for a long time and often generously host them. A few organisations (KAALO, TASS) support victims of SGBV. They received training from UNICEF or other specialized international NGOs in the past, but lack resources to adequately assist vulnerable migrants.

Figure 7: Gap analysis, Puntland



5. GAP ANALYSIS

Based on the mapping of the needs and services available to migrants, the research has identified main gaps in assistance. The table below presents the gaps per country, with the ones in bold being the most critical. The lack of livelihood opportunities is obviously an issue expressed by nearly all of the migrants interviewed, but it is not included in the table as this issue would first need to be addressed at the political level (legal status for foreign workers) before the MRCs and their partners promote access to the local job market for undocumented migrants.

Table 2: Gap analysis per country

Research country/region	Main gaps identified	Other gaps
Sudan	Medical needs	Support to UAMs Food & water Accommodation
Ethiopia	Support to SGBV victims Support to VoTs	Food & water Accommodation
Djibouti	Support to UAMs Support to VoTs Support to SGBV victims Food & water Accommodation	Counselling and information
Somaliland	Accommodation Medical needs Food & water	Support to VoTs Counselling and information
Puntland	Accommodation Food & water	Counselling and information Medical needs

In the case of Djibouti and Somaliland, seasonal patterns also emerge and make a case for expanding services during the dry seasons (e.g. with mobile response teams). Service delivery in these two countries would need periodic capacity enhancement to support migrants at these times.

6. RECOMMENDATIONS FOR FUTURE INTERVENTIONS AT THE MRC'S LEVEL

The MRCs in the HoA have emerged as strategic sources of assistance for irregular migrants. Owing to the specificities of the migration flows in the five countries/regions, different forms of collaboration with the host governments, various and often limited sources of funding, the centers have established themselves as independent entities. The absence of coordination at the MRC and donor levels have further reinforced this split; and it would be detrimental, and probably ineffective, to design and enforce a strict model of what a migrant response centre should look like.

Still, regional programmes such as AMMi are an opportunity to develop **a regional vision for the MRCs**, refine their mandate and enforce strategic priorities. Interventions should also strengthen national capacities to better manage mixed migration flows.

Based on the analysis of the needs of migrants in Sudan, Ethiopia, Djibouti, Somaliland and Puntland, along with the assessment of the services currently delivered, the six MRCs could be strengthened with the following action points:

- **Become a hub of services**, at the core of a referral system with NGOs, public institutions and other relevant CSOs responding to the needs of migrants:
 - Identify vulnerabilities and protection issues;
 - Quickly refer UAMs, VoTs and other vulnerable migrants to partners for adequate services;
 - Follow-up on referrals to ensure migrants have benefited from the assistance they needed (relevant and effective).
- **Become a resource centre:**
 - Provide information and counselling to migrants, about their legal status, social and economic conditions in the countries of origin, transit and destination, options and services available to them;
 - Ensure that the information delivered is regularly updated and sensitive to the profiles of the migrants (gender, age, ethnicity, region of origin, family status), as identified during the profiling.
- **Provide emergency services for migrants in urgent needs:**
 - Deliver minimum assistance to emergency cases, such as emergency food, housing, NFIs, health services (in a shelter).
- **Provide assistance to voluntary return and other durable solutions** (either directly, when the centre is an IOM sub-office, or through referral to the IOM office):
 - Advertise AVR/AVRR services to migrants at the MRCs/outside;
 - Deliver comprehensive information about AVR/AVRR and other durable options to candidates;

- Organise safe return whenever possible, assist migrants prior to their return and strengthen referrals to reintegration programmes.
- **Ensure minimum standards are respected:**
 - Respect of migrants’ rights (freedom, private life, protection of information);
 - Staff trained on protection issues and gender considerations.
- **Enhance collaboration between MRCs:**
 - Ensure consistency in the approach to strengthen the outreach strategy toward migrants (common understanding of what services MRCs in the region offer) and the cooperation with governments (as part of an effort to develop a regional MRC policy).

The seven priorities below outline a picture of what the MRCs could become across the five locations.

1. Registration, Profiling and Identification of Vulnerabilities

The formalisation of the data collection process, along with training on how to conduct registration and screening for vulnerabilities and protection needs, is a top action point under AMMi. This would allow social workers to be in a better position to **identify specific vulnerabilities, deliver initial counselling, conduct the referrals effectively, and assess which durable solutions could be offered.**

Coordination between IOM and DRC in Sudan, Djibouti, Somaliland and Puntland is key to ensure they develop common registration mechanisms under AMMi.

2. Services Provided by the MRCs

The centres do not have the resource to provide comprehensive services themselves, but they would need a core definition of what they offer and which organisations they can refer migrants to.

Food and accommodation

It is recommended that the MRCs do not offer food, water and accommodation, but instead **refer the most vulnerable migrants to a safe house** operated by a local NGO or by national or local institutions. In each location, the MRC could select a partner and train, fund and equip its shelter infrastructure. Ideally, the MRCs would select local NGOs which already manage a safe house (with UNHCR funding, for instance) and extend the services delivered to migrants by contributing to the running costs and delivering specific training.

Information sharing

The MRCs should primarily share information with migrants, but it is often a gap in staff’s capacity as they do not have enough time to update their in-depth knowledge of the situation in the transit countries and desired destinations. Consequently, information sharing is limited, especially on legal options available to migrants.

To fill this gap, the MRC teams could systematically subscribe to the RMMS Monthly Summaries,⁸ and be trained to use the RMMS 4mi tool.⁹ RMMS could also work with the centres to develop “MRC alerts”

⁸ See: <http://bit.ly/2cmWgZS>

⁹ See: <http://bit.ly/1RQTcz5>

in order to share information about the latest changes in the legislation or conditions in the target countries (e.g. legislation just passed in Somaliland, fighting in Yemen).

Social workers in the MRCs could also benefit from additional training on how to effectively disseminate information (as part of the protection training already planned under AMMi). This requires to share information in a way that is neutral and comprehensible by migrants.

Health services

The capacity of the MRCs to deliver medical assistance should be strengthened with the provision of basic medical equipment and regular distribution of medicines and vitamins. The objective is not to turn the MRCs into full-fledged clinics, but to fund small improvements so that the centres have a **functional infirmary** and provide **basic emergency assistance**. This study already identified gaps in the MRC clinics and this discussion could be complemented with a consultation with the MRC staff and coordination with other projects funded at the centres (if other donors already plan to contribute).

Each MRC could also develop a **formal partnership with one hospital or MCH**, which would cover serious medical cases against a contribution to its running budget (or a service fee). This financial support would lead to a general improvement of health services, benefiting to migrants and host communities. It would still need to be clarified and budgeted, and the MRCs would need to develop clear guidelines on which population qualifies for this assistance.

Counselling

It is recommended that the MRCs shift the focus of their activities on basic counselling, instead of developing comprehensive psychosocial services, which require more investment and capacity. The centers could establish robust referral mechanisms with specialised local NGOs, which would receive funding under AMMi. As already planned, MRC staff would still be trained on how to deliver preliminary counselling, e.g. in a gender sensitive way.

Distribution of NFIs

Given constraints in terms of budget and questioning around the sustainability of the initiative, the MRCs should not systematically aim to distribute NFIs to migrants and host communities but, instead, develop **clear vulnerability criteria** to select beneficiaries and provide emergency assistance (only accessible to UAMs for instance).

Communications

Many migrants have no way to communicate with their family, and they consistently reported it was a major concern. **A cell phone**, pre-loaded with airtime (or a social media account with credit), could be available in all the MRCs, to enable visitors to make one phone call to a relative. Such assistance would be an easy win and a critical moral support.

Durable solutions – AVR/AVRR

The centres currently organise AVR/AVRR themselves, or through referral to an IOM office. This service works well and should be maintained. Emergency support and shelter could be provided to very vulnerable migrants who visit the MRCs to ask for AVR before they return to their country of origin.

Durable solutions – Access to the labor market

Finding a job is a critical issue for migrants but interventions in this field would expand the scope of the MRCs to a very different field, which is problematic when irregular migrants, asylum seekers and refugees are **not allowed to work** in Sudan, Ethiopia, Djibouti (except for refugees), Somaliland and Puntland. Therefore, in the short term, the MRCs should refrain from engaging in this field, and maintain their focus on protection and AVR.

If interested in moving forward in the future, the first step would be political: to negotiate with host governments that they deliver work permits to irregular migrants, asylum seekers and refugees. Future initiatives could include linking migrants to existing local development initiatives and identify niche sectors for foreign workers (e.g. sectors with a need for unskilled labour, or sectors in need of workers speaking a foreign language).

These initiatives are highly sensitive and political in nature and could only work as a long-term strategy across the region, building on existing cooperation mechanisms such as IGAD.

3. Coordination, Partnerships and Referral Mechanisms

Coordination

The MRCs already have partners but they do not have MoUs and SOPs with them. Hence, coordination is not systematic, and it relies on relationships between individuals instead of institutions. It also means that the centres cannot fund local partners and demand services in exchange. As already planned by IOM and DRC, **a priority is to strengthen and expand the coordination and collaboration mechanisms with international, national and local partners.**

MoUs and SOPs should be developed and formalized through a **consultative process** engaging all stakeholders to ensure that they are informed of their role and feel committed to the process.

Partnerships

Synergies with local NGOs should be strengthened through a comprehensive referral mechanism and funding of selected partners.¹⁰ The objective would be for the MRCs to act as a hub and to delegate services that require expertise (for VoTs, UAMS, victims of SGBV) to organisations with extensive experience. Funding would need to be secured to ensure that local NGOs can expand the scope of their activities.

4. Data Management

A regional strategy for data management should be developed so that a **common database is established** and the **data management process is harmonised** across the centres. This process could be managed by the same team across the centers, which would also need to develop strict guidelines safeguarding the **confidentiality** of the data.

5. Outreach

The MRCs could develop additional outreach mechanisms to inform migrants about the services available at the centers and increase the number of visitors. It is important that the MRC teams have ownership over these activities, especially to develop relations with local actors. A part-time position

¹⁰ Although it may not be possible under AMMF-EA

could be opened in each centre to answer this agenda, and support the development of three main outreach mechanisms:

- 1) Engage further with local actors;
- 2) Media strategy;
- 3) Mobile Response Teams (MRTs).

6. Sustainability and Government Ownership

The level of involvement of the governments in the MRCs depends on the location, based on the legal framework and position of the authorities on migration matters. **It remains that, in the long run, these facilities need to be managed by the host governments.**

In the countries where this is not a case, a plan could be developed with IOM, the government and other partners to plan how the transition should take place, and under which conditions. This implies that the authorities commit to fulfil their responsibilities toward migrants and respect their rights. It would also require to think of the best ways to transition activities to new teams – whereas, in Khartoum, Obock and Bosaso, the IOM staff have developed a strong understanding of the MRC mechanisms.

The MRCs also need to be **integrated into a national response to manage mixed migration flows**. Additional efforts should be dedicated to building the capacity of the relevant government and local authorities to take ownership of the MRCs and develop complementary initiatives in collaboration with relevant partners.

7. Rehabilitation at the Obock MRC and the Metema EMRC

As part of AMMi activities, **rehabilitation of the Obock MRC** should be a priority. If the programme expands its activities to Ethiopia, the Metema EMRC also needs **urgent rehabilitation work**.