

External Evaluation of IOM Projects:

“Enhancing the protection of Vulnerable migrants in Tunisia through Emergency Assistance and Support to Health Surveillance and Service Providers” (DP.5561)

and

“Enhancing access of stranded migrants in Tunisia to protection and assisted voluntary return and reintegration” (RR.0142)

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Executive Summary

Irregular migration of foreign nationals from Tunisia has increased significantly in recent years. Nationals from a wide variety of countries have been intercepted at different times while attempting to migrate irregularly from Tunisia. These countries include Côte d'Ivoire, Guinea, Cameroon, Bangladesh, Burkina Faso, Mali, Niger, Chad, Sudan, Ghana, Gambia, Somalia, Algeria, Morocco, Syria, and Iraq.¹ Factors driving irregular migration from and through Tunisia are likely to be linked principally to the rising numbers of irregular migrants living in Tunisia under harsh conditions and the risks associated with other transit routes in North Africa.²

The COVID-19 pandemic had significant impacts on the migration dynamics of foreign nationals in Tunisia, as elsewhere. Public health measures implemented by the government during the Covid-19 crisis led to significant job losses among the migrant population. Due to the informal nature of their employment and the type of sectors in which most were employed, which were hit particularly hard during the Covid-19 pandemic, the vulnerabilities of those in precarious conditions increased significantly. These often resulted in their inability to pay for food, housing and to access essential services due to financial problems.

The increased migration pressures in Tunisia in recent years highlighted critical gaps in the Government's assistance and protection system to vulnerable migrants, and the crucial role of international organizations such as IOM in the provision of such services.

To respond to growing need for emergency assistance in this complicated context – especially in Southern Tunisia, which hosted and continues to host, high numbers of vulnerable migrants – IOM implemented the project **“Enhancing protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers”** (project DP.5561), funded by the Italian Ministry of Foreign Affairs and International Cooperation - Directorate General for Italian Citizens Abroad and Migration Policies. The objective of this project was “to enhance the capacity of Tunisian authorities/institutions to provide emergency shelter and the health assistance to vulnerable migrants in southern Tunisia”. This goal was to be achieved through: (i) improved access to emergency shelters, non-food items and food items; (ii) improved access to health and legal services; (iii) improved access of assisted voluntary return and/or reintegration assistance for victims of trafficking and other vulnerable groups, and (iv) reinforcing the Tunisian authorities to better identify and address health related needs of vulnerable migrants. The project initially ran from 1 August 2019 to 31 January 2022 and was extended to 30 June 2022 after the donor agreed to a no-cost extension.

In September 2020, a second project on **“Enhancing access of stranded migrants in Tunisia to protection and assisted voluntary return and reintegration”** (project RR.0142) funded by the same donor was launched. This project initially ran from 1 September 2020 to 28 February

¹ https://globalinitiative.net/wp-content/uploads/2022/01/GI-TOC-Losing-Hope_Tunisia-Report-2021.pdf

² <https://www.infomigrants.net/en/post/36323/migrants-find-themselves-trapped-in-tunisia-a-country-that-can-offer-them-nothing>

2022 and was then extended to 31 May 2022 with a no-cost extension. It aimed to complement the DP.5561 project (above) in the provision of emergency assistance to vulnerable migrants and access to voluntary return assistance. The objective of this second project was to “enhance the access of stranded migrants in Tunisia to emergency assistance and AVRR”. Specifically, the project aimed to add value to a range of other existing projects – in particular project DP.5561 – by increasing the availability of emergency assistance and opportunities for return and reintegration support, making more migrants aware of this possibility, and increasing the number of migrants assisted to return from Tunisia to their countries of origin.

In May 2022, IOM commissioned an external evaluation of the DP.5561 project. The purpose of this evaluation was “to assess how the activities have led to the achievement of the project results and objectives and will also include suggestions for follow up interventions to ensure sustainability of the achievements”. In addition, IOM requested the evaluator to consider complementarity with the second project above, RR.0142. The evaluation thus in effect covers both projects.

Using the OECD Development Assistance Committee (DAC) Criteria to structure the evaluation, the evaluator developed a set of research questions to guide the assessment of the projects, drawing on the draft list of evaluation questions provided in the Terms of Reference as a starting point. The evaluator used these research questions to develop an evaluation matrix, which served as the basis for developing and tailoring interview guides for the primary stakeholder groups. Data was collected through desk review of key project documentation and direct interviews with key stakeholders in Tunisia. The data was analysed and examined relationally to inform the development of the evaluation findings and recommendations and the overall drafting of this evaluation report.

The evaluation faced three main limitations. First, due to the limited timeframe for the evaluation and the mobile nature of the target group, the evaluation methodology agreed by the evaluator and IOM involved the interview of only a small number of beneficiaries of direct assistance, selected by IOM through convenience sampling. The evaluator cannot assume that the perspectives of interviewed beneficiaries represent the perspectives of all IOM direct assistance beneficiaries. The evaluation also did not include beneficiaries of Assisted Voluntary Return and Reintegration (AVRR) who had returned to countries of origin. Second, the reliance on stakeholder views increases the possible effect of social desirability bias, that is the potential for evaluation participants to respond in a way that they believe will be pleasing to others — for example, (i) exaggerating the positive aspects of a project to please project staff or, alternatively (ii) minimizing the positive aspects of a project in the hope of securing additional resources. Third, the evaluator was contracted directly by IOM under the projects that she evaluated, with payment therefore to be approved by the same project team that is being assessed. This process, common within IOM projects and not a comment on the personnel involved, means that the evaluation cannot be considered as fully independent.

Despite these limitations, the evaluation yielded nine robust findings across the DAC criteria of relevance, effectiveness/impact, efficiency, and sustainability. The findings, described below in Table 1, do not cover each question asked or topic raised during data collection.

Instead, the focus was on the issues (i) most frequently cited by respondents and in documents, (ii) to which respondents and documents devoted the most time or space discussing, and (iii) that were most often identified as salient across respondent types and in project and organizational documents.

Table 1: Evaluation findings

Findings by DAC Criteria	Data Source
RELEVANCE	
Finding 1: The two projects responded to clear and pressing needs for health and protection assistance to irregular migrants that would likely not have been met through other avenues	Document review, interview with IOM staff and other stakeholders
Finding 2: In the absence of an effective domestic legal and policy framework governing migration, the projects filled important gaps in the response to assistance and protection needs of vulnerable migrants.	Document review, interview with IOM staff
EFFICIENCY	
Finding 3: IOM implemented almost all planned projects' activities, exceeding targets in most result areas.	Document review, interview with IOM
Finding 4: Donor flexibility and complementarity with other initiatives assisted IOM to extract additional value from project funding.	Document review, interviews with IOM and other stakeholders
EFFECTIVENESS/IMPACT	
Finding 5: The project design documents, while clear and concise, do not articulate a clear theory of change, or make clear distinctions between outputs and outcomes and their corresponding indicators. They also omitted a risk management plan.	Document review, interview with IOM
Finding 6: IOM was able to overcome barriers to capacity building through re-focusing its efforts on key equipment and infrastructure rather than training of individuals.	Document review, interview with IOM
Finding 7: IOM devised prompt, creative and generally effective strategies to address and mitigate the numerous challenges that arose during the project implementation, in particular those related to (1) COVID-19 and (2) relationships with host communities in the face of increasing tension between these communities and irregular migrants.	Document review, interview with IOM and other stakeholders
Finding 8: There was a lack of safeguards for highly dedicated staff facing genuine risks to their security.	Document review, interview with IOM
SUSTAINABILITY	
Finding 9: IOM provided Assisted Voluntary Return to 753 eligible migrants and reintegration support to 162 eligible migrants, including 7 victims of trafficking. Limited information is available on the extent that this led to sustainable reintegration or to which factors are most important for promoting sustainability.	Document review, interview with IOM

Overall, the evaluation found that, notwithstanding a difficult and constantly changing operating environment, IOM staff were extremely effective and efficient in (i) implementing planned activities, (ii) identifying new opportunities, and (iii) finding solutions to barriers and constraints arising in the course of the projects. A noted feature of this work, facilitated by the flexibility of the donor, was IOM's ability to share resources across multiple projects to streamline assistance and address gaps.

These efforts resulted in the provision of much needed assistance directly to large numbers of migrants and also indirectly through support for government capacity to provide services, notably through health equipment. IOM was able to fully utilize the available funds for both projects and available data highlights that many of the project targets were exceeded.

A particular good practice identified by the evaluation is the implementation of a series of measures to foster dialogue with and between communities in the form of, for example, the employment of a cultural mediator in Sfax, regular meetings with migrants' community leaders and local authorities in Zarzis and the "Health for all" days initiatives. These very important initiatives are contributing to bridging gaps between local and migrant communities, promoting reciprocal understanding, reducing mistrust, and removing some barriers to migrant access to information. They have also created new opportunities for migrants to express their needs and voice their opinions, which has the dual benefit of informing services and letting migrants know that their voices are being heard.

Looking forward, the evaluation findings have highlighted three lessons for further consideration. First, there remains scope for improvement in the project design. This includes, the delineation of a clear theory of change or results pathway more clearly linking activities with end objectives, and mandatory inclusion of a risk management plan.

Second, project monitoring and reporting has focussed very heavily on reach and quantity of services provided. There would be clear value in greater attention to service quality and the extent to which available services meet migrant needs, including in relation to sustainability of return and reintegration programmes.

Third, with the number of beneficiaries in need for assistance growing significantly, it might be timely to evolve the current 'emergency-type' approach to one that incorporates a longer-term perspective. As well as improving data on service quality, to help inform ongoing resource allocation, this could include formalizing agreements with the Government of Tunisia on the role and responsibilities of IOM in post-rescue at sea operations. It could also include identifying minimum core competencies required in IOM health teams engaged in assistance to beneficiaries from situation of post-rescue at sea to assistance in the shelters.

Also, within the framework of longer-term planning, there appears a need for greater engagement with the government on legal and policy reforms. This may best be taken forward in collaboration with other external parties with an interest in migration.

Recommendations

The evaluator has developed six primary, cross-cutting recommendations that follow from the findings in Section 3. There are six recommendations in all covering the following topics: the ongoing importance of IOM assistance to stranded migrants; strengthening project design and monitoring; addressing security concerns; and longer-term planning and sustainability. These recommendations, which are not in order of priority, are:

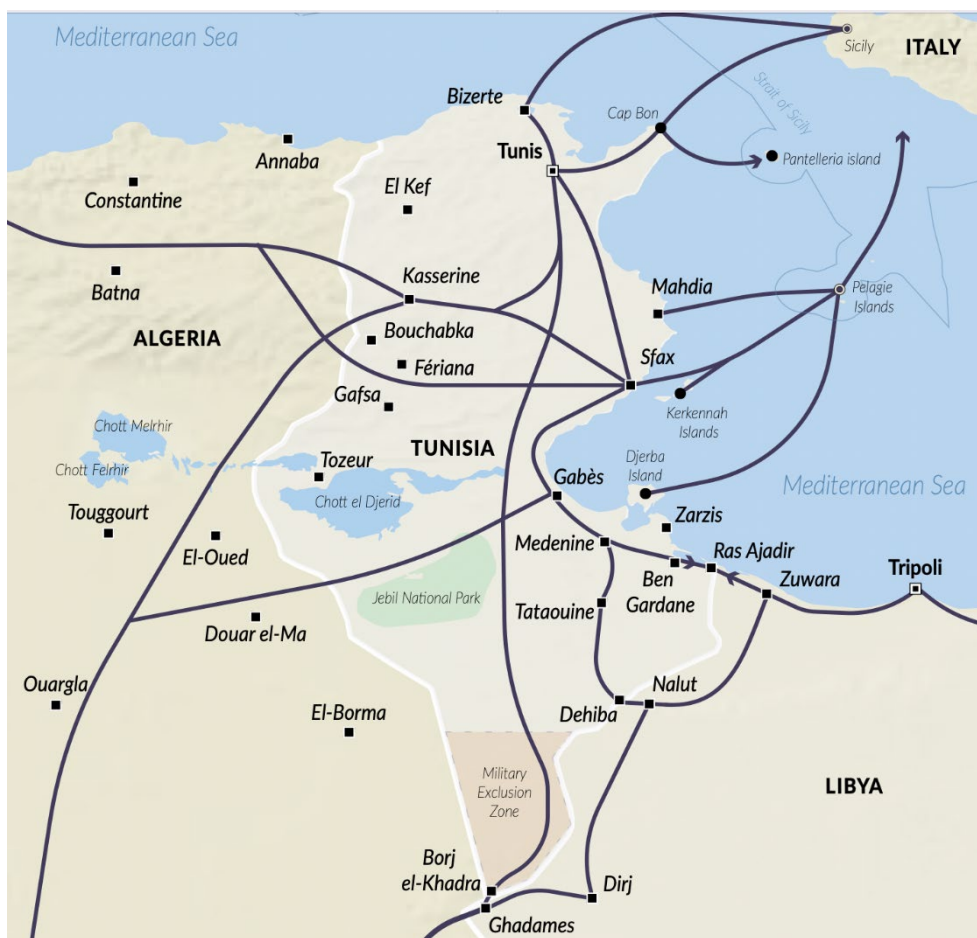
- 1. The extremely important assistance provided through the IOM projects with donor support should be continued (also a recommendation to the donor).**
- 2. IOM Tunisia should strengthen project design through (i) articulation of a theory of change or results pathway, with associated assumptions, (ii) clearer categorizations of, and distinctions between, outputs and outcomes, (iii) strengthening indicators at outcome level; and (iv) mandatory inclusion of a clear detailed risk management plan.**
- 3. IOM should consider including a focus on measuring intervention quality, including systemization of processes to obtain feedback from beneficiaries of both emergency services and AVRR.**
- 4. IOM should develop clear guidelines and regularly implement security procedures for the protection of its staff.**
- 5. IOM should consider linking its work in the area of emergency assistance with more sustainable systems with longer-term planning and clear exit strategies for individual cases.**
- 6. IOM and the Government of Tunisia should agree on IOM role and responsibilities in (i) post-rescue at sea operations and (ii) shelter management and formalize them in written agreements.**

1. Context and purpose of the Evaluation

1.1 Context/ Projects Background

Irregular migration of foreign nationals from Tunisia has increased significantly in recent years.³ As conflict and repression of migrants in Libya has worsened, Tunisia has also experienced an increase in transiting irregular migrants from Sub-Saharan Africa. Many have altered their routes, hoping to make it to Italy or Malta via Tunisian ports located in the country eastern coast such as Zarzis and Sfax (Figure 1).⁴

Figure 1: Key migration routes affecting Tunisia



Source: https://globalinitiative.net/wp-content/uploads/2022/01/GI-TOC-Losing-Hope_Tunisia-Report-2021.pdf

Nationals from a wide variety of countries have been caught at different times while attempting to migrate irregularly from Tunisia. These countries include Côte d'Ivoire, Guinea, Bangladesh, Cameroon, Burkina Faso, Mali, Niger, Chad, Sudan, Ghana, Gambia, Somalia, Algeria, Morocco,

³ <https://globalinitiative.net/analysis/tunisia-migration-europe/>

⁴ The Italian island of Lampedusa is located just 140 kilometres from Tunisia's eastern coast.

Syria, and Iraq.⁵ Factors driving irregular migration by foreigners from and through Tunisia are likely to be linked principally to the rising numbers of irregular migrants living in Tunisia under vulnerable conditions and the risks associated with other transit routes in North Africa.⁶ Changes in regional migration dynamics following the 2017 crackdown on departures from Libya potentially increased the number of sub-Saharan, Middle Eastern, and Asian migrants looking to Tunisia as an alternate transit point in their journeys toward Europe. Many asylum seekers and migrants either entered Tunisia illegally over the Libyan or Algerian border or became irregular after their official residence permits expired (mostly after three months) and found themselves with limited opportunities to earn a living in Tunisia.

The COVID-19 pandemic had significant impacts on the migration dynamics of foreign nationals in Tunisia, as elsewhere. Public health measures implemented by the government during the Covid-19 crisis led to significant job losses among the migrant population. Due to the informal nature of their employment and the type of sectors in which most were employed, which were hit particularly hard during the Covid-19 pandemic, the vulnerabilities of those already in precarious conditions increased significantly. These often resulted in the inability to pay for food, housing, and access to essential services due to financial problems. Within a context of mounting insecurity and instability, many migrants and refugees further saw prejudice increase from Tunisian nationals who often held them responsible for the spread of the disease.

Against this backdrop, Government engagement on migration issues remains limited, particularly around protection. According to multiple stakeholders, legal reforms and policies on migration are not current priorities of the national Government. In a Facebook post of 2022, the Tunisian Ministry of Foreign Affairs, for example, clearly stated that “Tunisia does not want to be an asylum country [...] and not a platform for the transit of irregular migrants”.⁷ Rather, in the view of a stakeholder, the Government’s policy to respond to irregular migration is to “strongly encourage people to ask for AVRR”.

To respond to growing need for emergency assistance in this challenging context –especially in Southern Tunisia, which hosted and continues to host, high numbers of vulnerable migrants – IOM implemented the project **“Enhancing protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers” (project DP.5561)**, funded by the Italian Ministry of Foreign Affairs and International Cooperation. The objective of this project was “to enhance the capacity of Tunisian authorities/institutions to provide emergency shelter and the health assistance to vulnerable migrants in southern Tunisia”.⁸ This goal was to be achieved through: (i) improved access to emergency shelters, NFIs and food items; ii) improved access to health and legal services; iii) improved access of assisted voluntary return and/or reintegration assistance for victims of trafficking and other vulnerable groups, and iv) reinforcing the Tunisian authorities to better identify and address health related needs of vulnerable migrants.

⁵ https://globalinitiative.net/wp-content/uploads/2022/01/GI-TOC-Losing-Hope_Tunisia-Report-2021.pdf

⁶ <https://www.infomigrants.net/en/post/36323/migrants-find-themselves-trapped-in-tunisia-a-country-that-can-offer-them-nothing>

⁷ This was translated from Arabic to French to the evaluator during an interview.

⁸ The term ‘health security’ was changed to ‘health assistance’ in the Interim Report 1 February 2021 – 31 July 2021 and has remained ‘health assistance’ since then.

The project initially ran from 1 August 2019 to 31 January 2022 and was extended to 30 June 2022 after the donor agreed to a no-cost extension.

In September 2020, a second project on **“Enhancing access of stranded migrants in Tunisia to protection and assisted voluntary return and reintegration” (project RR.0142)** was launched funded by the same donor. This project initially ran from 1 September 2020 to 28 February 2022, extended to 31 May 2022 with a no-cost extension. It aimed to complement the DP.5561 project (above) in the provision of emergency assistance to vulnerable migrants and access to voluntary return assistance. The objective of this second project was to “enhance the access of stranded migrants in Tunisia to emergency assistance and AVRR”. Specifically, the project aimed to bring added value to a range of other existing projects – in particular project DP.5561, by increasing the availability of emergency assistance and opportunities for return and reintegration support, making more migrants aware of this possibility, and increasing the number of migrants assisted to return from Tunisia to their countries of origin.

While the DP.5561 project’s objectives were broader in expected outcomes and outputs, the two projects shared a common goal on the provision of emergency assistance and AVRR as indicated in the projects’ envisaged Outcomes 1 and 3 for the DP. 5561 project and Outcomes 1 and 2 (combined) of the RR.0142 project. The projects’ outcomes and outputs are summarized in Table 1 below.

As noted, both projects were funded by the Italian Ministry of Foreign Affairs and International Cooperation. The Italian Government has been supporting IOM projects in Tunisia for a number of years and is currently comfortably its biggest donor. This reflects Tunisia’s strategic importance for European countries and particularly for Italy. Importantly, the donor remains committed to supporting IOM to implement projects strengthening migration management in Tunisia. This includes, among others, recent new projects on border management to strengthen the capacities of Tunisian authorities to search, locate and safely disembark migrants rescued at sea and address document fraud, Youth Empowerment projects, and support to the revision and update of the Migrant Resource and Response Mechanism.

The interest of the Italian Government in supporting migration management responses in Tunisia is part of wider efforts to support urgent socio-economic development in the country, particularly in light of the rapid deterioration of living conditions in Tunisia, including: i) an overall worsening of the national economic situation; ii) a fragile and unstable political landscape; iii) high levels of unemployment or underemployment – which in 2021 stood at over 18% overall, but was estimated between 42% and 47% among young people; iv) a rise in food prices, roughly 6% year-on-year in May 2021; and v) pessimism about the likelihood of future improvements. These factors seem to have prompted a growing number of people – both Tunisian and non-Tunisians - to attempt to make the crossing to Europe from Tunisia as soon as the country eased the Covid-19 related restrictions. In 2021, more than 67,700 migrants were detected on the Central Mediterranean route. This was a 90% increase from the previous year and accounted for 23% of all reported irregular crossings at the EU external borders. This trend is expected to continue.⁹

⁹ <https://www.infomigrants.net/en/post/39265/record-numbers-of-minors-arriving-in-italy-from-tunisia-in-2021>
https://globalinitiative.net/wp-content/uploads/2022/01/GI-TOC-Losing-Hope_Tunisia-Report-2021.pdf

Table 2: Project outcomes and outputs

Enhancing protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers (DP.5561)		Enhancing access of stranded migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration (RR.0142)	
<i>Objective</i>		<i>Objective</i>	
To enhance the capacity of Tunisian authorities/institutions to provide emergency shelter and the health security of vulnerable migrants in southern Tunisia		Enhancing the access of stranded migrants in Tunisia to emergency assistance and AVRR	
Outcome 1	Outputs	Outcome 1	Outputs
Vulnerable migrants in southern Tunisia have access to emergency assistance	1.1: Vulnerable migrants in Tunisia are provided with emergency accommodation	Vulnerable migrants in Tunisia are provided with emergency assistance and information on AVRR	1.1: Vulnerable migrants in Tunisia are provided with emergency assistance and AVRR
	1.2 Vulnerable migrants in Tunisia are provided with food items and NFI kits		
	1.3 Buy-in of host community to emergency accommodation		
Outcome 2	Outputs		
Vulnerable migrants in southern Tunisia have access to health and legal access	2.1 Vulnerable migrants in Tunisia receive legal assistance		
	2.2 Vulnerable migrants in Tunisia receive health assistance		
Outcome 3	Outputs	Outcome 2	Outputs
Victims of trafficking and other vulnerable groups have access to assisted voluntary return and/or reintegration assistance	3.1 Victims of Trafficking and other vulnerable groups are provided with reintegration assistance	Stranded migrants have access to assisted voluntary return and reintegration assistance	Output 2.1: Migrants are provided with return assistance to countries of origin
			Output 2.2 Migrants returning from Tunisia are provided with reintegration assistance in countries of origin
Outcome 4	Outputs		
Tunisia authorities are better able to identify and address health related needs of vulnerable migrants	4.1 Immigration and health offices in Tunisia are better equipped to contribute to health security		
	4.2 Immigration and health officers' capacity of health surveillance at the Tunisia border is improved		

2. Evaluation approach and methodology

2.1 Evaluation background, objectives and scope

In May 2022, IOM commissioned an external evaluation of the project “Enhancing protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers” (DP.5561 project).

The purpose of this evaluation was “to assess how the activities have led to the achievement of the project results and objectives and will also include suggestions for follow up interventions to ensure sustainability of the achievements. The evaluation should provide a clear understanding of whether the project’s objectives have been met”. The Terms of Reference further stated that “In addition to the project being evaluated, the evaluator will also be asked to consider complementarity with a second Italy Migration Fund project implemented by IOM Tunisia, “Enhancing access of Stranded Migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration.” (RR.0142 project). The evaluation thus covered both projects. The Terms of Reference for the evaluation are included as Annex I.

2.2 Evaluation Criteria:

The evaluation criteria used for this evaluation were based on the OECD DAC principles for Evaluation of Development Assistance: Relevance, Effectiveness, Efficiency and Sustainability. As per the Terms of Reference, the evaluation sought to:

- Evaluate the relevance and validity of the choice of strategies and activities for achieving the project objectives,
- Evaluate the project's effectiveness in contributing towards its objective and project purposes, including assessing level of quality the project has achieved.
- Analyse the efficiency in contributing towards the project objective, measuring how economically resources/inputs (funds, expertise, time) are converted into results.
- Analyse the sustainability of the project by looking at whether the results of the project are likely to continue once the support has ended.
- Identify the challenges faced in implementation and assess the relevance of mitigation measures taken.
- Identify lessons learned and best practices across the criteria.

2.3 Methodology Used:

At the outset of the evaluation, the evaluator undertook an initial review of project documents to obtain relevant preliminary information about the structure and focus of the projects, the implementation of planned activities, and issues identified and addressed during the projects.

Drawing on this initial review and the evaluation Terms of Reference, the evaluator developed an evaluation matrix to guide the evaluation design and data collection and analysis activities (Annex II).

The matrix included (1) the primary research questions for the study to address, as aligned with the OECD 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.

Using the evaluation research questions, the evaluator developed semi-structured interview guides for the evaluation (Annex IV). Guides were initially developed to cover three primary stakeholder groups: (1) IOM staff involved in the management and implementation of the project; (2) Officials of government institutions at national and local level; and (3) the donor. An additional guide was subsequently developed for focus group discussions with recipients of direct assistance. In the course of the interviews, data collection questions were further tailored to match respondents' particular profiles and role in the project.

The data collection process consisted of review and analysis of key project documents and semi-structured in-person interviews with key stakeholders. These are described in detail below.

2.4 Stakeholders' participation

The evaluator undertook a field trip to Tunis, Sfax and Zarzis to collect and combine comprehensive information on the operation and results of the two projects. The field visit was conducted from 5 to 11 June 2022 and involved meetings with multiple project stakeholders including: staff of the IOM office in Tunis; staff of the IOM sub-office in Sfax; staff from IOM sub-office in Zarzis; representatives of the Tunisian Ministry of Health and of the Ministry of Social Affairs; donor representatives; and a sample of recipients of direct assistance from the projects (direct beneficiaries). The direct beneficiaries were selected by IOM to cover a range of nationalities.

IOM staff did not participate in the evaluator's interview meetings to ensure evaluation independence, apart from one, where interpretation by an IOM staff member was requested by the evaluator due to the informant preference to speak partly in Arabic (a language not spoken by the evaluator).

2.5 Evaluation norms and standards

The evaluation was conducted according to the following ethical standards:

- *Voluntary Participation:* Participation in the study was fully voluntary for all interviewees. Participants were informed that refusal to participate would not result in any negative consequences. All interviewees in this evaluation were fully informed of the evaluation process and of their right to participate or withdraw from it at any point.
- *Informed Consent Guides and Procedures:* These were designed to inform potential respondents on: (1) the purpose of the data collection and of the evaluation; (2) their role as a participant in discussions; (3) that they could choose to participate or not, and choose to refuse to answer any individual questions of interviews, (4) who they could contact if they wished to have more information; and (5) that all responses would remain confidential and would not be shared or communicated with anyone including colleagues and employers.

- *Privacy and confidentiality:* Participants in interviews and focus group discussion were informed that they would not be identifiable, either directly or indirectly. No names of focus group, key informant, or in-depth interview participants were recorded nor stored in any documentation. Any information used from the interviews has been kept anonymous.
- *Data storage:* All participant records from key informant interviews and focus group discussions was anonymized upon collection. No one apart from the evaluator had access to collected raw data. All data is being used purely for the purposes of this evaluation. Following completion and approval of the evaluation, interview notes will be deleted.
- *Benefits* – No respondent has been offered any financial incentive to participate in the interviews as offering of benefits can distort the information provided by respondents and add to social desirability bias and sponsor bias.

2.6 Analytic Methods and Approach

The evaluator reviewed key documents provided by IOM Tunisia, which included: the original project documents and the no-cost extension revisions to project budgets; the project result matrixes; semi-annual progress reports from August 2019 to June 2022; IOM communication exchanges in the form of emails among staff and letters to the donor on requests and justifications for reprioritization of budget allocations; other IOM documents of relevance to the projects; and media reports and studies available online (Annex III).

The review of documents served to provide the evaluator with an understanding of the structure, activities and objectives of the projects and contributed to informing the development of the research instruments. Desk review data was used to assess projects results and validate, compare or evolve findings emerging from interview data.

Analysis of project 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 lessons learned that could inform future programming. Primary themes that were confirmed across data sources served as the evaluation’s findings. These findings are presented individually against the relevant DAC criteria, along with the evidence in support of each finding. As data collected in response to the questions on impact overlapped with the question on effectiveness, findings under these two criteria are reported on together. The evaluator employed the findings to develop a set of practical, feasible and targeted recommendations to inform future programming and decision-making.

2.7 Limitations to the Evaluation

Evaluation limitations included:

- *Limited representation of direct beneficiaries.* Due to the limited timeframe for the evaluation and the mobile nature of the target group, the evaluation methodology agreed by the evaluator and IOM involved the interview of only a small number of beneficiaries of direct assistance, selected

by IOM through convenience sampling.¹⁰ The evaluator cannot assume that the perspectives of interviewed beneficiaries represent the perspectives of all IOM direct assistance beneficiaries. The evaluation also did not include AVRR beneficiaries who had returned to countries of origin.

- *Social desirability bias.* The reliance on stakeholder views increases the possible effect of social desirability bias, that is the potential for evaluation participants to respond in a way that they believe will be pleasing to others — for example, exaggerating the positive aspects of a project to please project staff. Alternatively, respondents may minimize the positive aspects of a project in the hope of securing additional resources.
- *Limited evaluation independence.* The evaluator did not report to an independent evaluation unit but rather was contracted directly by the projects that she evaluated, with payment therefore to be approved by the same project team that is being assessed. This process, common within IOM projects and in no way a comment on the personnel involved, means that the evaluation cannot be considered as fully independent.

Despite these limitations, the evaluation yielded nine robust findings across the OECD DAC criteria of relevance, effectiveness, efficiency, impact, and sustainability. These findings are discussed in the following section.

¹⁰ Convenience sampling is a type of sampling where the first available primary data source will be used for the research without additional requirements. In other words, this sampling method involves getting participants wherever you can find them and typically wherever is convenient. In convenience sampling no inclusion criteria is identified prior to the selection of subjects. (<http://research-methodology.net/sampling-in-primary-data-collection/convenience-sampling/>)

3. Evaluation Findings

This section describes the primary findings from the assessment of the two projects covered by this evaluation: (1) *Enhancing protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers* (referred to throughout this section as DP.5561); and (2) *Enhancing access of stranded migrants in Tunisia to protection and assisted voluntary return and reintegration* (referred to throughout this section as RR.0142). For the purposes of the evaluation, these projects have been treated as one overall set of activities. Thus, the findings and discussion in this section are generally applicable to both projects, unless otherwise stated.¹¹

The findings are organized by the relevance, effectiveness/impact, efficiency, and sustainability of activities and outcomes. They 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 types and in project documents. The number of findings and amount of supporting discussion thus differ by thematic area and finding. There are a total of nine primary findings.

3.1 Relevance

This section discusses findings related to relevance. DAC defines relevance as the extent to which the aid activity is suited to the priorities and policies of the target group. For this evaluation, relevance was assessed under key research question 1:

1. *To what extent did the projects “Enhancing Protection of vulnerable migrants in Tunisia through Emergency Assistance and Support to Health Surveillance and Service Providers” and “Enhancing Access of Stranded Migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration” (hereinafter “the projects”) address a clearly defined need?*

Finding 1: The two projects responded to clear and pressing needs for health and protection assistance to irregular migrants that would likely not have been met through other avenues.

As noted, this evaluation covers two complementary projects, DP.5561, which aimed to enhance the capacity of Tunisian authorities/institutions to provide emergency shelter and health assistance to vulnerable migrants in southern Tunisia and RR.0142, which sought to enhance the access of stranded migrants in Tunisia to emergency assistance and Assisted Voluntary Return and Reintegration (AVRR). Data collected from both projects through a review of the literature and respondent interviews across all stakeholder groups strongly suggested that the projects responded to extremely pressing needs from a large population in a context where the provision of services from other sources was very limited.

¹¹ As highlighted in Section 1, data collected in response to the questions on impact overlapped with that on effectiveness, and findings under these two criteria have thus been reported on together.

The increased migration pressures in Tunisia in recent years have highlighted important gaps in the country's assistance and protection system. The need for protection support for migrants, refugees and asylum-seekers was essential when the DP.5561 project was launched. This support ranged from immediate assistance in the form of food, accommodation in shelters and health services, to legal assistance and the offer of alternatives to irregular stay in Tunisia to reduce extreme vulnerabilities and risks of exploitation and abuse in Tunisia.

At Government level, there are no established systems to provide assistance to irregular migrants (see Finding 2) and what is provided in different areas of the country appears to be determined by the attitude and good-will of local authorities. In Sfax, for example, IOM has been able to complement the Ministry of Social Affairs efforts to support migrants rescued at sea, including in providing *ad hoc* temporary accommodation for these groups. In other cities, authorities are reportedly less sympathetic to irregular migrants. Those detected as undocumented in these areas often end up in detention for a few weeks and are then released without any further assistance, support or orientation.

When the project started in 2019, IOM was supporting the operation of two emergency shelters for irregular migrants in the Governorate of Medenine, including migrants that had crossed the land border from Libya and others that had departed from Libya and were rescued at sea. One shelter provided emergency accommodation for vulnerable adult men, and the other for women, children and families. In view of the very limited resources available under other IOM ongoing projects and projects in the pipeline to meet the basic needs of the target group and ensure the sustainability of the shelters beyond June 2019, the project DP.5561 was instrumental in maintaining and enhancing existing emergency health and protection services to migrants in the key priority locations of Sfax, Zarzis, and from 2021 Tataouine. The RR.0142 project complemented these efforts by expanding reach and provision of emergency services and AVRR opportunities.

Through the two projects – DP.5561 and RR.0142 – IOM was able to (i) continue the operations of the two shelters in Medenine governorate as well as (ii) strengthen the reach and scope of services by increasing the availability of emergency assistance, including through the opening of a new shelter in Tataouine governorate, and (iii) increase the number of migrants assisted to return and reintegrate to their countries of origin. Furthermore, the projects were able to continue the provision of legal assistance to migrants and support to the National Commission for the Fight Against Trafficking in Persons through the provision of return assistance of foreign victims of trafficking (VoTs) and assistance and reintegration of Tunisian VoTs, these being also areas requiring support from sources outside the Government.

The projects thus addressed clear needs for both the continuation and the strengthening of services for vulnerable migrants. Through its approach, the projects were able to supplement the very limited Government capacity to respond to the needs of vulnerable migrants, advancing the crucial role of IOM in addressing the needs of populations that are otherwise un-catered for.

Further, the geographical focus of the projects' direct assistance activities in the Southern Governorates was fully appropriate given the high concentration of irregular migrants in those regions. In summary, the two projects were extremely relevant to the needs of the target groups concerned.

Finding 2: In the absence of an effective domestic legal and policy framework governing migration, the projects filled important gaps in the response to assistance and protection needs of vulnerable migrants.

There is a clear gap between Tunisia's high-level commitments in relation to migrant protection and the current legal and policy framework. Tunisia is a party to both the 1951 Refugee Convention and the 1969 AU Refugee Convention, and the Tunisian Constitution of 2014 recognizes the right to asylum. Yet, Tunisia does not have a formal national asylum system in place. Comprehensive domestic legislation to establish a national protection system for refugees, stateless individuals and asylum-seekers was drafted in 2014. This strategy reaffirms the right to asylum as guaranteed by the Constitution, and in one of its five objectives, addresses the protection of the rights of foreign migrants, refugees and asylum seekers in Tunisia. The strategy recognizes and guarantees the protection of their rights, regardless of their status, and states that particular attention will be paid to informal labour. However, it is still pending head of government validation. A National Strategy on Migration was also developed at the beginning in 2014 and officially presented in 2017 but this too has yet to be formally adopted and implemented.

Tunisia therefore remains without a comprehensive domestic legal and policy framework regulating migrants, stateless, refugees, and asylum-seekers and consequently lacks associated services for migrants. The role of assisting the most vulnerable migrants has tended to fall heavily on international organizations. IOM leads in providing assistance to stranded migrants while the United Nations High Commission for Refugees (UNHCR) processes asylum claims.

Until their status is clarified, migrants, refugees and asylum-seekers remain in a fragile legal and socio-economic situation. Migrants awaiting a decision on their asylum application cannot be deported but they also cannot become regularized residents or access the right to formally work. In addition, individuals with a negative decision on their asylum application often become undocumented and find themselves in precarious situations.

The labour laws are very restrictive and include a national preference. According to the Tunisian labour code article 258-2, "foreigners may not be recruited when Tunisian skills exist in the specialties concerned by the recruitment." This contributes to 'irregularizing' the work status of many sub-Saharan. Further, one stakeholder reported that rules to obtain the residency permit are not consistently applied, the process is very long, that the outcome is almost always negative, and the process to contest the decision of rejection is long and costly.

Undocumented migrants face imprisonment and monetary fines when apprehended. While Tunisia has visa exemptions (or free short-term visa facilitation) for various sub-Saharan countries, a non-Tunisian overstaying the time set in the visa (including due to delays in the renewal of residence permits) faces significant administrative penalties – up to a maximum of 3000 Tunisian Dinars in

addition to a legal sentence up to one year in prison.¹² The fear of penalties and the inability to cover these penalties on exit often leads to a vicious cycle where migrants further overstay their visas and are thus forced to stay in the country irregularly. These migrants often end up working as day labourers, construction site workers or cleaners in hotels, in situations of informal labour, precarity, and exploitation.

The current political scenario remains volatile and unstable. At national level, recurrent changes in the political landscape including the removal of the Head of Government in July 2021 and the introduction of a state of emergency, have contributed to a situation of fragility and uncertainty. This situation is expected to continue at least until the end of the year, with a constitutional referendum scheduled to be held on 25 July 2022, and parliamentary elections likely to happen at the end of the year. The outcomes – and consequences – of these important political events are however unpredictable. At regional level, frequent changes in leadership, with for example the Governorate of Medenine seeing three different Governors taking office in the course of the DP.5561 project, have resulted in inconsistent political responses towards irregular migration, and a general slowing down of decision-making in public policy areas. At a project level, IOM has needed to devote considerable time to build and re-build relationships with local government.

There is therefore an ever-growing gap between the needs of migrants and the lack of attention and resources being allocated by the government to services to migrants. Stakeholders report that requests for medical assistance to IOM in Sfax in 2022 doubled from the previous year for example. There is also a number of migrants exceeding the IOM principle of 60-day maximum time limited for accommodation and assistance in IOM shelters that remain under IOM's care (295 cases as of May 2022) as they cannot be accommodated and assisted elsewhere. A minority of these cases pose important challenges for IOM, as there are beneficiaries who do not want to return to their countries of origin but have limited prospects for autonomous stay in Tunisia.¹³ The projects did however not include clear indications of exit-strategies for these difficult cases. The result is that are still in the IOM shelters with no clear prospect and no advancement.

The direct assistance to migrants provided by IOM in the form of emergency shelter, food and healthcare has filled some of these gaps and has been hugely important for migrants, refugees and asylum-seekers. The experience from the projects has however also highlighted important gaps in assumptions, the assessment of risks (see Finding 5) and in planning for protection continuum for particularly difficult cases.¹⁴

With no possibility to rely on the Government to provide services to vulnerable migrants, the increased presence of extremely vulnerable groups (e.g., unaccompanied minors, single women) emphasizes the need for continuous external actors' engagement in protection services. However, it also emphasises the need for comprehensive programming that establishes linkages between

¹² Approximately USD 975 as of 30 June 2022.

¹³ Not all cases have no exit prospect. For some cases, the reason for exceeding stay in the shelters is due to delays linked with their AVRR processes.

¹⁴ One of the assumptions of the DP.5561 project in relation to Outcome 1 was "Authorities commit to assist the affected target group." This assumption proved to be inaccurate.

emergency assistance and programmes that provide more medium to longer term solutions to pathways of integration of migrants in Tunisia.

3.2 Efficiency

This section discusses findings related to efficiency. DAC defines efficiency as a measure the outputs – qualitative and quantitative – in relation to the inputs. It addresses questions such as whether the activities were cost-efficient and whether the objectives were achieved on time. For this evaluation, efficiency was assessed under key research question 5 and 6.

5. *What factors contributed to the efficiency /inefficiency of project implementation?*
6. *To what extent did the projects coordinate with other relevant IOM and non-IOM interventions to encourage synergy and avoid duplication?*

Finding 3: IOM implemented almost all projects' planned activities, exceeding targets in most result areas.

Within the assistance provided under the DP.5561 project and according to data from the last IOM Project Interim Report (of 30 June 2022),¹⁵ the IOM team was very efficient in its implementation of activities, enabling the projects to exceed project targets in a number of result areas, particularly in the area of direct assistance. Where the projects were unable to complete planned activities, notably in the area of capacity building, IOM was able to re-direct resources to pursue the same objectives through different means. The main outputs of the project are summarized below under four headings: shelter support; direct assistance; assistance to victims of trafficking; and capacity building.

Shelter support

In partnership with the Tunisian Red Crescent,¹⁶ the project supported the operations of a shelter for women, children, and families in Medenine, and shelters for men in Zarzis and Tunis. The project also supported a shelter for men in Tataouine, opened during the project in response to an increasing need for shelter for migrants rescued at sea.

IOM support to the shelters included rental, refurbishment, equipment, electricity, sanitation and coverage of the costs of Tunisian Red Crescent administration of the shelters, including volunteer payments. Each shelter provides beneficiaries with essential information, vulnerability screening, and response to basic needs. The support to the shelters and associated assistance to migrants rescued at sea was shared between the two projects (DP.5561 and RR.0142) as well as other projects.

Direct assistance (data included in the DP.5561 sixth and last Project Interim Report of 30 June 2022)

- A total of 2,624 vulnerable migrants received assistance in the form of emergency accommodation

¹⁵ The Final Project Report, inclusive of final data, is being prepared at the time of writing of this evaluation report

¹⁶ This partnership ended in March 2022. IOM is currently running the shelters directly and is in the process of identifying a new partner – possibly the NGO Committed to Good (CTG), to be tasked with responsibilities previously held by the Tunisian Red Crescent.

in the project supported shelters (2,313 men, 117 women, 149 boys, 45 girls). The original target was 1000.

- A total of 2,703 vulnerable migrants received assistance in the form of food and non-food items and counselling on the option of AVRR (2,382 men, 122 women, 151 boys, 48 girls). The original target was 1000.
- A total of 86 beneficiaries were provided with legal assistance (35 men, 33 women, 16 boys, two girls). The original target was 200. Services included assistance with residence permit applications in Tunisia, birth registration, mediation with landlords to avoid evictions, and assistance to file a complaint with the police following aggression. IOM guided the migrants through the required processes or referred them to IOM partners such as Terre d'Asile or International Legal Foundation for further assistance. This work also involved provision of information, including on (i) right to seek asylum, (ii) right of association, and (iii) right to education for children.
- A total of 6,133 vulnerable migrants received health assistance (4,099 men, 964 women, 798 boys and 272 girls). The original target was 300.
- Health assistance included access to family planning and sexual and reproductive health and vaccinations for children through referral to government services.
- Within the AVRR assistance, the number of departures under the project was 317 (182 men, 96 women, 20 boys and 19 girls). The original target was 240.
- A total of 28 beneficiaries received reintegration assistance in the countries of origin (19 men, 5 women, 2 boys and 2 girls). The original target was 50.
- A total of seven Tunisian victims of trafficking were assisted to reintegrate in Tunisia (one man, six women). The original target was 20.
- A total of 2703 victims of trafficking and other vulnerable migrants (were counselled on return and / or reintegration assistance (2382 men, 122 women, 151 boys and 48 girls).

Within the assistance provided under the project RR.0142 *“Enhancing access of stranded migrants in Tunisia to protection and assisted voluntary return and reintegration”* and according to the latest IOM Project Interim Report (draft of 31 May 2022):

- A total of 1,999 migrants benefited from emergency assistance and information on AVRR (against an original target of 840)
- A total of 436 migrants returned from Tunisia to their countries of origin (against an original target of 400).
- In complement with other projects, the cumulative number of reintegration assistance beneficiaries at the end of the reporting period was 127 migrants (against an original target of 130).

Assistance to victims of trafficking

With regard to activities to assist victims of trafficking (VoTs), IOM continued to work in close partnership with the National Authority against Trafficking in Persons (NA). During Covid-19, in 2020 IOM signed a two-year agreement with two NGOs – Amal and Caritas - for the provision of accommodation and psychological support to VoTs. Specialized mental health assistance is available to VoTs through the NGO Nebras.

Since the start of the DP.5561 project, a total of 35 beneficiaries have received their reintegration assistance under the project, including seven Tunisian victims of trafficking assisted in Tunisia. IOM reports that it could not complete reintegration assistance of other Tunisian VoTs in accordance with the original target of 20, despite efforts to do so. This was due in large part to high levels of psychological distress and trauma faced by many of the victims, resulting in the need for a long period of recovery, prior to initiating a reintegration focus. In this context, the time needed to accompany, coach and motivate the individuals intended to be assisted under the project, as well as numerous challenges related to obtaining the administrative documentation to proceed with the reintegration plans, exceeded the resources available.

Reintegration assistance provided to VoTs amounts to approximately 3000 Euros per person. While the relationship between IOM and the NA continues to be positive, one stakeholder noted that IOM potential to offer further assistance has not yet been fully realised. Opportunities to do so are being explored, including in relation to options for IOM to follow-up on cases handled by NA.

Capacity building

In terms of capacity building, the projects concentrated on the provision of equipment, as described in detail under the next finding (Finding 4). Training activities were limited although project DP.5561 supported the participation of five representatives of the Ministry of Interior in the World Border Security Congress in Greece, in October 2021. Further, towards the end of project DP.5561, IOM re-directed funds initially allocated to direct legal assistance to support four two-day training workshops for lawyers from across Tunisia (see further details under the next finding).

As the above data shows, the IOM project team managed the implementation of activities in a timely and efficient manner, despite a number of challenges. Both projects ended with a 100% expenditure rate and most targets reached or exceeded.

Finding 4: Donor flexibility and complementarity with other initiatives assisted IOM to extract additional value from project funding.

The projects complemented other on-going programming supporting vulnerable migrants, including: (1) “Strengthening Protection and Assistance to Vulnerable and Stranded Migrants in and Transiting through North Africa” funded by the Netherlands; (2) the “Regional Development and Protection Programme North Africa (RDPP NA)” funded by the EU; and (3) the “EU IOM Joint Initiative for Migrant Protection and Reintegration” North Africa window, funded by the EU. By working strategically in complementarity with these projects, IOM was able to expand its reach and service provision in the areas of direct assistance, capacity building of the Tunisian health sector and AVRR.

In addition, the flexibility offered by the donor to the evaluated projects was instrumental in maximizing the value of the funds provided. IOM was able to capitalize on this flexibility through re-allocation of budget and no-cost extensions to shift resources in response to changed circumstance and emerging needs. For example, realising the needs for legal and reintegration assistance could largely be covered under other programming (RDPP NA 2017 and the EU IOM Joint Initiative), IOM

was able to re-allocate funds from the DP.5561 project to much-needed refurbishment and equipment support to health service providers.

With funds still remaining, IOM then supported the delivery of training package on International Migration Law. The rationale was that this was a more sustainable approach likely to results in more migrants having access to legal assistance in the longer-term. The training strengthened the understanding of the participants on the issues faced by migrants in Tunisia, areas in which migrants may require their assistance, and aimed to enhance the capacity of service providers in Southern Tunisia and Tunis alike to assist migrants in need of legal assistance. The trainings were implemented in partnership with the National Bar Association, and the Arab Institute for Human Rights. Highlighting the great demand for such training was the fact that IOM received almost 400 applicants for 36 training places. IOM is now exploring options to include elements of this training package in relevant academic curricula.

Overall, this reprioritization of resources under the project DP.5561 approved by the donor on two occasions (April and November 2021), allowed IOM to address a critical gap for assistance to vulnerable migrants in Southern Tunisia and support a new capacity building initiative. Beyond this, the continued flexibility offered by the donor helps to ensure that resources can be readily and efficiently allocated to the areas of greatest need and best complement activities supported by other, sometimes more rigid funding sources. In a constantly changing environment, this helps to maximize the value of Italian Government funds without putting a major administrative burden on IOM, allowing the organization to concentrate its efforts on implementation.

3.3 Effectiveness /Impact

This section discusses findings related to effectiveness. DAC defines effectiveness as the extent to which an aid activity attains its objectives. For this evaluation, effectiveness was assessed under key research questions 2-4.

2. *How did the projects' design and the projects' stakeholders conceptualize the link between planned activities and desired outcomes?*
3. *To what extent have the projects' interventions achieved its objectives and results?*
4. *What were key barriers and challenges to implementation of projects activities, including Covid-19? How did these affect project outcomes?*

As data collected in response to the questions on impact overlapped with the question on effectiveness, findings under these two criteria have been reported on together. DAC defines impact as the positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended. For this evaluation, impact was assessed under key research questions 7 and 8:

7. *What do those who participated in the project activities regard as the projects' primary achievements?*
8. *What changes – intended or unintended – can be linked to the projects' interventions?*

Finding 5: The project design documents, while clear and concise, do not articulate a clear theory of change, or make clear distinctions between outputs and outcomes and their corresponding indicators. They also omitted a risk management plan.

The donor has been flexible in their format for the project proposals and IOM has used this flexibility well in writing documents that are clear, easy to follow and of a readable length. This makes the general context and rationale behind the projects, as well as the key activities and their justification, straight-forward to understand.

The projects did not, however, include a theory of change, that clearly articulated the linkages between the planned activities and outputs and the achievement of overall objectives. This may have facilitated the identification of, and response to several shortcomings identified in the project log frame. These include: (1) inconsistency between the stated objectives, outcomes and indicators; (2) a lack of measures to assess quality of service delivery; and (3) limited distinctions between outputs and outcomes, which in some cases are also at the wrong levels. Other issues identified in the project design included the absence of a risk management plan (discuss/ed in more detail under Finding 5) and a lack of attention to longer-term planning (Finding 2), albeit recognizing the constraints provided in the operating environment.

The overall objective of the DP.5561 was to “Enhance the capacity of Tunisian authorities/institutions to provide emergency assistance and health security of vulnerable migrants in southern Tunisia”. This does not appear an accurate portrayal of the project, much of which involved the direct provision of such assistance. The objective of RR.0142 more accurately reflects the nature of the projects “Enhancing the access of stranded migrants in Tunisia to emergency assistance and AVRR”. However, neither project log frame reflects the concept of enhancement, which entails a qualitative element. Project indicators are almost exclusively quantitative in nature.

A system to monitor quality, relevance and effectiveness of services provided and capacity building activities was not clearly included in the projects or reflected in the log frame. For example, indicators on health assistance were only expressed in quantitative terms, with no systems or mechanism to follow up on health outcomes. Further, the projects did not foresee the possibility to assess (i) whether services offered by the IOM health teams responded to priority needs or whether there were unmet healthcare needs – for example in the area of mental health, (ii) whether healthcare provided was effective and (iii) whether the modalities for service provision were able to reduce and/or remove barriers to access, such as the often reported linguistic and cultural barriers.¹⁷

The projects did also not clearly include mechanisms to systematically collect beneficiaries’ feed-back on services received. Stakeholders reported that, within the shelters, there are group sessions where

¹⁷ At Government level, steps have been taken in recent years to improve migrants access to health such as the issuance of the 10/2019 Circulaire by the Ministry of Health (MoH) which clarified that, in cases of emergency, vulnerable migrants can access health care services without documentation. The MoH also invested in information campaigns aiming to inform migrants about free services such as vaccinations, first level of sexual and reproductive health (e.g., screening) and services related to the first trimester of pregnancy. Nevertheless, stakeholders reported that there continue to be barriers to migrants’ access to services, particularly cultural and linguistic ones. Stakeholders also reported that local hospitals and other health services continue to be unclear about the modalities of health assistance provided to migrants by IOM, and often demand advanced payment from migrants for medical services.

the beneficiaries are encouraged to discuss issues related to their staying in the shelter. During the time when the Tunisian Red Crescent was providing day to day running of shelters, IOM staff from Tunis frequently met beneficiaries in the shelters in Medenine and Zarziz to review experiences and assistance provided. This was positive, and one example of action taken further to group discussion was the recruitment of a female nurse and (temporary) psychologist after women at the Medenine shelter expressed their discomfort with a male doctor. However, a systematic mechanism to comprehensively collect, analyse, and record feedback was not fully set up.¹⁸

In terms of outcomes, these were often a re-statement of the outputs, and indicators did not always match. For example, Outcome 1 under RR.0142 was “Vulnerable migrants in Tunisia *have access to* emergency assistance and information on AVRR” while Output 1.1 was “Vulnerable migrants in Tunisia *are provided with* emergency assistance and information on AVRR.” The indicator for the Outcome is number of beneficiaries receiving information on AVRR, which also forms part of the indicator for the output - number of beneficiaries receiving emergency assistance and information on AVRR (which is actually two indicators). Alternatives at outcome level would have been quality of service (as above) or reach of services, for example, the proportion of vulnerable migrants with access to emergency assistance, providing a clearer basis on which to assess the adequacy and scope of access.

In DP.5561, the indicator for Outcome 2 is the number of consultations provided, which is an output indicator, as is the number of people trained, the indicator for Outcome 4. Conversely, Output 1.3 “buy-in of host community to emergency accommodation” is more accurately an outcome – not being within the direct control of IOM as the project implementer.

This finding of gaps in the project logic and monitoring framework is consistent with findings in several other IOM evaluations across different country offices or programmes, which may suggest a systemic issue. It may also suggest the need for more donor attention to this issue, including in relation to the requirement for a risk management plan, which is one of the three key accountability points for results-based management along with quality of outputs and accuracy of assumptions.¹⁹

Finding 6: IOM was able to overcome barriers to capacity building through re-focusing its efforts on key equipment and infrastructure rather than training of individuals.

Outcome 4 of the DP.5561 project was “Tunisian authorities are better able to identify and address health related needs of vulnerable migrants”. This was initially foreseen as a mix of training on health surveillance for immigration and health officers at the Tunisian borders, study visits, and equipment and refurbishment support at selected international borders. Due to COVID-19, the organization of trainings was repeatedly put on hold until IOM was informed that the planned trainings at Points of Entry on international health regulations were no longer a priority for the government counterpart.

¹⁸ Within the context of the Migrant Resource and Response Mechanism (funded by another project), a survey was prepared to assess beneficiaries (including UMC) satisfaction with regard to IOM helpline services; individual counselling; and tailored assistance. The satisfaction rate was around 70% and IOM staff report that some of these beneficiaries were also supported by the DP.5561 project. While this is also positive, the sample size was 50, which is highly un-representative of the beneficiaries of assistance under the projects (more than 6000). Hence, the value of the survey results for the DP.5561 project is extremely limited.

¹⁹ <http://www.tgpg-isb.org/sites/default/files/document/presentations/innovation/resuls-based-mamt.pdf>

This capacity building outcome therefore mainly translated in the strengthening of organizational capacity through the provision of equipment.²⁰

For example, three ambulances (1 type A and 2 type B) and one refrigerated truck for the transportation of sensitive medication and pharmaceutical products were handed over to the Ministry of Health in Tunis. This size of procurement was a first for IOM. It was due to donor's flexibility in the use of the budget that the DP.5561 project was able to provide assistance of such magnitude. In Sfax, the project provided two dialysis machines, five laboratory sterilizers, five heart ultrasound scanners, five trolleys with monitor support, and five syringe pumps to the regional health directorate. Most recently, the DP.5561 project was also able to respond positively to a request from the Ministry of Social Affairs in Sfax and provided 45 desktops with screens. The support to Medenine regional health directorate included a heart ultrasound scanner, an ultrasound scanner for pregnancy monitoring, an electrocardiogram machine, a surgical arch (C-arm) and an intensive photography device.

IOM's important strategy has been to promote the use of public hospitals including referral to public (rather than private) structures, when possible, to reinforce the public health sector as well as establish a relationship between migrant population and public health structures. The assistance provided in the form of equipment was particularly important for the Tunisian public health sector in this regard, as the sector is, according to stakeholders, extremely under-resourced in terms of personnel and equipment. In Medenine there are ten public hospitals, but these are not fully operational. For example, there is only one part-time gynaecologist for three hospitals, and there is no ophthalmologist. Stakeholders highlighted those shortages in the public health sector are due to salaries, as these are better in private practice; and to the fact that many specialists do not want to work in the South.

One dilemma expressed by a key stakeholder, is whether the provision of equipment is a good idea, given limited staff to use this equipment. There is also an issue of some services not being available in public hospitals, and the necessity therefore to use private hospitals. Stakeholders noted that this type of assistance through private hospitals – which has been supported by IOM for some particularly serious medical cases - is often too costly for Tunisian nationals.

The DP.5561 project also supported equipment for border authorities. To support the authorities' search and rescue sea operations, the project provided the Maritime National Guard of Mahdia region with 300 life jackets, 60 life buoys, 50 first aid kits and 40 mortuary bags. The projects also provided personal protective equipment to health structures at Points of Entry, as well as to beneficiaries of assistance and staff.

With changing migration routes and increased border crossings from Algeria, it became clear that points of entry from Algeria to Tunisia had to be strengthened. Most attention had previously been placed on the Tunisian-Libyan borders. Thus, in coordination with the Ministry of Health, which conducted an assessment of needs and identified its priorities, the project provided two prefabricated buildings for health control at two Points of Entry - Sakiyet Sidi Youssef (Kef governorate) and

²⁰ Organizational capacity is commonly understood as "an organization's 'ability to perform work' or the enabling factors that allow an organization to perform its functions and achieve its goals".

Tamaghza (Tozeur governorate). These buildings include isolation units as well as equipment and furniture. A third health control centre with isolation unit is planned to be delivered in July at Babouch, a point of entry at the land border with Algeria, in Jandouba governorate (with donor approval for late delivery). These activities support adherence to International Health Regulations, whereby health authorities need to be on the first line at points of entry, even before immigration.

According to stakeholders, the next steps in this area need to focus on the establishment of transnational cooperation arrangements between health authorities at points of entry with Algeria. Such arrangements already exist with Libyan health counterparts in the form of regular exchanges, joint simulations at airport and land crossings etc. Stakeholders thus suggested that IOM could facilitate health authorities' tripartite meetings to build the foundations for formal cooperation between Tunisian and Algerian health services at points of entry.

Overall, due to the targeted provision of equipment, IOM was able to strengthen national and regional health structures and thus contribute to strengthening national capacity to provide health assistance to vulnerable people – both migrants and Tunisian. An important additional benefit of this support was the positive effect on relationships with local authorities. This manifested itself specifically when the Governor of Tataouine granted authorization to open a new shelter in Tataouine (the first in the Governorate) in record time following the provision of important health equipment.

Finding 7: IOM devised prompt, creative and generally effective strategies to address and mitigate the numerous challenges that arose during the project implementation, in particular those related to (1) COVID-19 and (2) relationships with host communities in the face of increasing tension between these communities and irregular migrants.

The project design for DP.5561 recognized the importance of buy-in by host communities if migrant protection goals were to be achieved. This was reflected in Output 1.3 concerning buy-in of the host community to emergency accommodation for migrants, with planned activities including coordination meetings with the host community and service providers to identify needs and ways to address them. Obtaining this buy-in proved more difficult than anticipated due to the combined effects associated with the COVID-19 pandemic and an increase in migrant flows. In the face of the consequent constraints, IOM staff were able to implement a range of solutions to mitigate the potential greater conflict between migrants and host communities.

As elsewhere, the COVID-19 pandemic posed challenges to the Tunisian authorities at both national and local levels. The preventive and containment measures adopted by the Tunisian authorities in responding to the public health emergency had notably harsh consequences for many, including migrants who relied on daily earnings. Loss of income often led to difficulties in providing for basic needs, and in some cases eviction from homes (a common reason for migrants to seek IOM legal assistance in the pandemic context).

As a consequence, IOM Tunisia frequently received urgent requests for support from central and local authorities and civil society organizations, as well as from individual migrants. In coordination with donors, the IOM team (i) was agile in identifying possibilities to respond to the growing needs within the framework and resources of existing programming, while (ii) also looking for further resources for

a more comprehensive response to the different challenges posed by the COVID-19 pandemic. These included, among others, the adoption of preventive measures in all shelters supported under the project, the reorganization of available spaces to accommodate quarantine and COVID-19 positive cases, and the provision of personal protective equipment to health structures at Points of Entry.

Hostility from local communities added an additional dimension to these challenges, with migrants often perceived as the source of COVID-19. During COVID-19, hostility grew to a point where local residents physically opposed the hosting of migrants in their communities. IOM responded effectively moving groups of migrants from the port during the night and in small groups to avoid being seen by local residents.

There was also a toughening in attitude of local authorities in the Medenine Governorate towards assistance to vulnerable migrants. This resulted in situations where the authorities refused to provide migrants rescued at sea with an appropriate quarantine facility, forcing them to undergo the government-imposed quarantine in the IOM supported shelters instead - on premises of which were not fit for this purpose. In another instance, the Governor of Medenine rejected the transfer to his governorate of five migrants from Burkina Faso released from prison in Gabes – where they had been placed in quarantine for COVID-19 after crossing irregularly from Algeria. IOM responded by accommodating these migrants in a guest house in Gabes for the period of identification of needs and counselling on options available.

Overall, increased migrant arrivals have challenged Tunisia's capacity to host and integrate them. Further, the increased visibility of refugees and migrants in the streets combined with heightened media attention has provoked frustration about the unbalanced inter-governorate distribution of migrants, with some, such as the governorate of Medenine and Sfax hosting large communities and others hosting none. When combined with limited economic options for both migrants and local residents – exacerbated by the negative effects of COVID-19 on local economies – there is rich ground for growing tension with the local communities.

Multiple evaluation respondents highlighted the potential for issues between irregular migrants and the local poor. They emphasized the need for social cohesion and integration programming to reduce community tensions. In particular, more needs to be done to foster community cohesion in the form of assistance to both migrants and local communities.

The pressures faced by migrants have fed frustration with shelter facility personnel and demonstrations to gain attention to the difficult living conditions (see next finding). The ability of IOM staff to continuously manage and diffuse tension between migrant and host communities has been and remains commendable. Beside immediate solutions to *ad hoc* crises, wider strategies included (i) continuous liaison with the local authorities and collaboration with municipalities to distribute emergency assistance to migrants and host communities affected by the preventive and containment measures in place, (ii) responsiveness to assistance requests from local authorities, and (iii) the provision of equipment to local agencies. The possibility of pooling resources across different projects (and beyond those that are evaluated in this report) enhanced the opportunities for IOM to devise creative and effective strategies, often beyond those envisaged in original projects' aims and objectives.

This support to local health authorities in the face of political difficulties paid dividends when, in response to mounting tensions in Medenine, IOM was able to quickly negotiate authorization to open a new shelter in Tataouine, with a capacity to accommodate approximately 300 people. IOM then moved people to the new shelter, reducing the heavy pressure on the existing shelter in Zarzis. In Sfax, in face of mounting frustration among migrants, a community mediator was employed to act as liaison between migrant communities and IOM. Initially employed to clarify the role and services provided by IOM – which were either unknown or misunderstood – this approach has yielded wider benefits in allowing better and clearer communication between staff and beneficiaries, as well as providing an early-warning system in relation to tensions, whether these be between local residents and migrants, different migrants communities or migrants of the same community.

The provision of medical equipment – particularly ambulances, but also PPEs and other equipment – also helped to improve political relations although, as noted by one stakeholder, support to hospitals can be invisible. Recognizing the need for more visible initiatives, IOM organized “Health for all” days through the support of another project, an example of the added value provided through the coordination of several different projects (Finding 4). These days involved health caravans in Medenine and Zarzis, which provided 15 different health screening services to both migrants and Tunisians. IOM reported that these were very successful events which attracted approximately 1400 participants each, offering much-needed services to both Tunisians and migrants, and also providing an opportunity for these communities to meet on a more equal footing.

Evaluation respondents reported the need to further strengthen dialogue within and between migrant and local communities to facilitate diffusion of accurate information, gather insights into communities needs and issues, and allow these communities to be represented in migration dialogue, citing the positive example of the IOM cultural mediator in Sfax. With regard to tensions related to the concentration of shelters in the Southern provinces, stakeholders suggested that transit centres could be established in other provinces with the aim to provide ordinary (vis-à-vis emergency) assistance, and planning for integration, for example, where there is a job market for irregular migrants to allow them to better integrate with local communities. Local authorities also expressed the need for more activities focussing on joint recreational activities for both local and refugee and migrant communities, which could also provide an entry point for cultural sensitization programs.

Overall, efforts invested by the IOM sub-offices in Sfax and Zarzis to strengthen dialogue and cooperation with local authorities helped to advance the aims of the two projects. It is important to note that this work requires ongoing attention. For example, a new Governor of Medenine was appointed in early June 2022, meaning that, for the third time since the beginning of the DP.5561 project, IOM has to re-start the building of relations with a new Governor appointee.

Finding 8: There was a lack of safeguards for highly dedicated staff facing genuine risks to their security.

In the last few years, IOM has been able to provide assistance to irregular migrants on the basis of government’s institutions recognition of its essential role as the lead UN agency working on migration. In terms of shelters, while IOM has the Government’s authorization to run them, there is no formal

agreement or mutual understanding on what this entails, or who is accountable or responsible for different aspects of shelter operation or management. As per assistance post-rescue at sea operations, IOM has operated *ad hoc* and on the basis of informal requests by local authorities.

The traditional work of IOM in the area of provision of direct assistance and protection has expanded in the recent years. As party to the International Convention on Maritime Search and Rescue Convention since 1998, Tunisia is responsible for rescuing people at sea in an area bound by Italy in the north and the Libyan border in the south, an area in which a considerable number of migrants die every year. As rescue at sea operations have increased significantly in the last years, so has IOM involvement in post-rescue assistance.

Since the start of the DP.5561 project, IOM has been increasingly called by local authorities to provide assistance to migrants rescued at sea, which has required front-line IOM staff to mobilize extremely quickly in order to provide immediate assistance at points of disembarkation in a range of different Tunisian locations. Multiple government stakeholders praised the essential work done by IOM in the context of these operations, notably in the sub-offices in Sfax and Zarzis. The sub-office in Sfax, in particular, faced additional challenges as there is no shelter in Sfax, despite being a key point of departure of migrants, and the site of numerous rescue at sea operations (in 2021 alone, the office was involved in 14 rescues at sea operations).

In practice, IOM – together with UNHCR – has taken on the responsibility to provide immediate assistance to stranded migrants including accommodation. In a number of cases (see Finding 2), this responsibility has stretched beyond emergency assistance despite the lack of a specific agreement with the government on roles, responsibilities and accountability of different actors in post-rescue assistance to migrants.²¹ In the words of one stakeholder describing their role at disembarkation post-rescue operations: “the role of IOM is factual, not legal”.²²

In this context, there are clear warning signs with regard to the security of staff. For example, from April to June 2022, about 200 refugees, asylum seekers and other individuals staged a sit-in in front of UNHCR Office in Tunis. This protest followed a similar sit-in in front of UNHCR Office in Zarzis for over two months. These are just the latest example of a number of demonstrations and protests that have targeted UNHCR in the last few years, often originating from expectations and demands that international organizations do not have the authority, capacity or mandate to meet.

While IOM has been spared from such public forms of protest, stakeholders reported that tensions have been mounting outside IOM office premises, particularly in Tunis, with migrants requesting and/or following up on the AVRR, or requesting other assistance, such as accommodation, non-food items or money. There have also been several security incidents in the course of the projects, both inside and outside the shelters, and in front of IOM office in Tunis, between different beneficiaries.

²¹ IOM will shortly sign Standard Operating Procedures at national level with UNHCR to strengthen collaboration between the two agencies on migrant protection.

²² This is a reference specifically on the role of IOM at disembarkation, not about the legitimacy of the general role and mandate of IOM.

In the last reporting period of the RR.0142 project (March – May 2022), IOM reported that:

The situation at the Medenine shelter remained tense, due to behaviour from side of some of the beneficiaries whose period of assistance had ended and who continued to refuse to leave the shelter. In April however, IOM agreed on exit of assistance with the three families. The families left the shelter after finding other options for their accommodation. This helped to calm the situation at the shelter, allowing IOM to resume normal activities in assistance to beneficiaries.”

IOM staff in Tunis reported that security incidents, although normally of minor nature, happen daily. During the visit of the evaluator, four people trespassed onto the IOM office premises in Tunis one afternoon. While this situation was quickly and peacefully resolved by the staff, IOM attempt to reach out to government law enforcement for stable and continuous protection of the premises has not yielded any positive result thus far.

As noted under the previous finding, IOM has taken important measures to alleviate such tensions, such as the employment of a cultural mediator in Sfax and regular meetings with community leaders in Zarzis. While these are very positive steps, the staff remain extremely vulnerable due to the sheer number of migrants, the evident potential for frustration and the lack of on-site security. The tensions seen to date are unlikely to diminish.

It is also important to note that, as well as the security issue itself, IOM remains dependent on the ongoing commitment of local office staff to come to work in the face of such threat. It is unreasonable to expect staff to continue to operate without clear protection guidelines and security procedures. There appears an urgent need for IOM to address this issue. The immediate engagement of dedicated security staff, as was temporarily done in the shelters, and measures to improve the security of premises – which are currently being reviewed - would address this need in the short-term pending the development of longer-term solutions such as an agreement with government agencies to provide protection.

It is also worth highlighting that neither of the design documents for the two projects included a clear risk management plan. This is routinely required by many donors., although not by the Italian Government in this instance. A risk management plan lists the key risks involved in project implementation, together with the estimated likelihood of the risk being realised, the severity of the potential consequences and strategies to mitigate that risk. Such a plan would generally include reference to shelter security as a matter of course, even when security had not been an issue in the past. In the absence of such a plan, IOM as an organization did not take prompt and lasting action to address this issue when it first became apparent.

Overall, there was an apparent lack of attention to staff security concerns in the context of (1) a lack of attention to risk management in project design, and (2) the absence of organizational procedures and safeguards that would see security issues addressed as a matter of routine.

3.4 Sustainability

This section addresses the sustainability of project achievements. DAC defines sustainability as concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. For this evaluation, sustainability was assessed under key research questions 9 and 10:

9. *To what extent are the key outcomes achieved sustainable beyond the project?*
10. *What are the major factors influencing the sustainability or non-sustainability of project's achievements?*

Finding 9: IOM provided Assisted Voluntary Return to 753 eligible migrants and reintegration support to 162 eligible migrants, including 7 victims of trafficking. Limited information is available on the extent that this led to sustainable reintegration or to which factors are most important for promoting sustainability.

According to one IOM stakeholder, the demand for AVRR has increased by 150% since late 2020. There are a number of concomitant factors which are contributing to this increase. These include the loss of income as a consequence of Covid-19 restrictions; the related economic crisis which impacted and continues to impact particularly hard on the informal job market where many irregular migrants work; and the increased tensions with local communities (see Finding 7). Despite this increase in demand, IOM staff reported that, so far, it has until now been able to provide AVRR assistance to all eligible cases.

IOM provides pre-AVRR counselling to identify possible needs and options for the reintegration of the beneficiary in the country of return. It also provides information on the length of the process, which however can vary significantly from case to case due to ease/difficulty of obtaining documents, length of processes related to those cases where an exemption of over-stay penalties due is needed and departure difficulties for particularly vulnerable cases such as those in need of ongoing medical support. The length of the process is often a source of frustration among beneficiaries as their expectation is that AVRR will be quick. However, on average it takes three to four months from the request to the provision of a time of departure. In the process, approximately 15% of applicants are lost, some of whom, according to stakeholders, have even been rescued again on other boats. The drop-out rate is lower once a time of departure is set, with more than 90% of applicants who arrive at this stage completing their return.²³

With regard to the reintegration component, IOM missions in countries of return are tasked to follow up with returnees. IOM missions in countries from which the AVRR beneficiaries depart thus hand over cases to their colleagues. The process of preparation of the reintegration plan is often rather long, due to the high number of returnees. However, once drafted, the plan can be approved within a week. There are some examples of contact before departure between the returnee and case worker in the country of return, which can expedite the reintegration plan process. This is however not the

²³ These figures are approximate. They were provided verbally to the evaluator in the course of one interview.

norm, and it is more common that any meeting between returnee and case worker to develop the reintegration plan happens only upon return.

Most of the beneficiaries who departed through AVRR assistance by the DP.5561 and RR.0142 projects were provided reintegration assistance under EU IOM Joint Initiative programming managed by the missions in countries of origin. For those nationals not covered by this initiative, provision and monitoring of reintegration assistance was done by IOM missions in countries of origin, against a service fee provided under the projects. Under the RR.0142 project, there was no provision for monitoring of reintegration assistance. Under DP.5561, there was a small allocation of EUR 7500 for monitoring of a sample of migrants provided with reintegration assistance under the project, through institutional questionnaires. Overall, however, IOM reports that it was not able to consistently monitor reintegration. IOM staff explained that this was mainly because of a significant increase in the need for AVRR during the project, which led to the decision to “prioritize increasing departures under the project as opposed to spending the resources on monitoring of reintegration.”

The specific challenges encountered by the projects required difficult prioritization of budget allocations in favour of departures over monitoring of reintegration. IOM staff further reported that there are procedures in place to monitoring and assessing the success of reintegration in terms of whether the defined integration plan has been implemented and has been successful. However, they also report that systematic monitoring of cases can be challenging. Resources are limited and some country offices are either under-staffed and unable to follow-up on all cases, or do not have staff specifically in charge of AVRR, such as in the case of the IOM office in DRC.

In general, although IOM’s Reintegration Handbook of 2019 aims to provide guidance on the design, implementation and monitoring of reintegration assistance, the provisions included in the Handbook have not yet fully informed AVRR programmes on the field/at mission level. This gap is not specific to IOM as highlighted by the following quote:

In general, a global consensus is yet to emerge among stakeholders on what constitutes successful reintegration and how to attain it. Policy and programme documents are often vague in how they describe the ultimate objectives of reintegration activities, and different actors have different working definitions for key terms such as ‘sustainable reintegration’.

At a global level, efforts to develop evidence in support of AVRR programmes have been rare, and those that exist have often captured an incomplete picture of migrants’ experiences after return. Most have focused on the economic dimension of reintegration, and some on social or psychosocial aspects, but few studies or evaluations have tried to look at reintegration holistically. Evaluations also tend to focus on reintegration outcomes, with limited attention paid to the process leading to those outcomes.

Finally, most reports and assessments look at the impact of reintegration assistance on individual returnees, leaving its effects on broader communities in countries of return underexplored. Without systematic monitoring, stakeholders are likely to continue to use working definitions and markers of success based on their own views on reintegration and on anecdotal stories

rather robust data and research—a status quo that risks failing to help returnees achieve successful reintegration by not fully understanding how it works.²⁴

As highlighted by this quote, there is a clear need to develop systems to strengthen the evidence base for reintegration programs for a number of different reasons. First, it is important to understand the extent to which reintegration processes are sustainable, and what types of factors contribute to this sustainability. There appears little value in providing AVRR to migrants only to have some set out to migrate again through irregular channels. Second, feedback from returnees will support an efficient allocation of resources for pre- and post-return services towards those services most valued and most determinant of reintegration success. Third, feedback provided by returned migrants to those remaining is likely to affect, positively or negatively the take-up of future AVRR services.

²⁴ https://www.migrationpolicy.org/sites/default/files/publications/mpie-reintegration-monitoring-report-2022_final.pdf

4. Conclusions and recommendations

4.1 Concluding comments

The two IOM evaluated projects – DP.5561 and RR.0142 – aimed to provide emergency and AVRR assistance to vulnerable migrants stranded in Tunisia. The projects took place in a challenging and ever-changing migrant context characterized by (i) a rapidly increasing irregular migrant population in Tunisia²⁵, (ii) clear and growing needs for assistance, exacerbated by the COVID-19 pandemic and its effects on the already deteriorating economic situation, (iii) ongoing political turmoil and (iv) increasing tensions and security concerns arising from a combination of the above factors.

Notwithstanding the challenging operating environment, IOM staff were extremely effective and efficient in (i) implementing planned activities, (ii) identifying new opportunities, and (iii) finding solutions to barriers and constraints arising during the course of the projects. A noted feature of this work, facilitated by the flexibility of the donor, was IOM's ability to share resources across multiple projects to streamline assistance and address gaps.

These efforts resulted in the provision of much needed assistance directly to large numbers of migrants and indirectly through support for government capacity to provide services, notably through health equipment. IOM was able to fully utilize the available funds for both projects and available data highlights that many of the project targets were exceeded.

Being at the forefront of activities such as responding to requests from authorities for assistance to migrants rescued at sea and shelter management, IOM sub-offices are further accumulating important experiences and expertise, and clear insights into specific needs and gaps. There appear opportunities to capitalize on this experience in the planning, design and management of future projects.

4.2 Lessons learned and good practice

Looking to the future, the evaluation findings have highlighted three lessons learned for further consideration. First, and consistent with findings on other IOM evaluations, there remain scope for improvement in the project design. These include, in particular, (i) the delineation of a clear theory of change or results pathway more clearly linking activities with end objectives, and (ii) mandatory inclusion of a risk management plan. The absence of the latter in the current projects was highlighted by the limited planning for, and response to, shelter security issues, which one would normally expect to see included in such a risk management plan, even where the risk was seen as low.

Second, project monitoring and reporting has focussed very heavily on reach and quantity of services provided. As has been discussed throughout this report, there would be clear value in greater attention to service quality and the extent to which available services meet migrant needs, including in relation to sustainability of return and reintegration programmes.

²⁵ <https://globalinitiative.net/analysis/tunisia-migration-europe/>

Third, the number of beneficiaries in need for assistance has been growing significantly – and, according to IOM forecasts, such numbers are not expected to decrease. Hence, as suggested by one stakeholder, it might be timely to evolve the current ‘emergency-type’ approach to one that incorporates a longer-term perspective. As well as improving data on service quality, to help inform ongoing resource allocation, this could include formalizing agreements with the Government on the role and responsibilities of IOM in post-rescue at sea operations and design of clear protocols (SOPs) for staff on how to intervene and organize IOM response to post-rescue at sea operations.

It could also include identifying minimum core competencies required in IOM health teams engaged in assistance to beneficiaries from situation of rescue at sea to assistance in the shelters. For example, although recruitment processes have been launched as the time of writing of this report, at present some shelters are reported to be understaffed in terms of medical doctor (one for three shelters) and nurses.²⁶ Psychologist/mental health staff have also not been regularly and continuously included in the health teams, despite mental health being an area of clear need for beneficiaries. One positive step in this regard is the recent contracting of a psychologist in Zarzis albeit that the position is only part-time. The inclusion of permanent mental health specialists in IOM health teams would be particularly important as stakeholders pointed out that there are limited quality mental health services available from government or NGOs, which poses further challenges in this area. In complement to the above option, stakeholders suggested that mental health training could be provided to shelters staff to allow them early detection of beneficiaries in need for psychological assistance to allow quick referral to appropriate services.

Also, within the framework of longer-term planning, there appears a need for greater engagement with the government on legal and policy reforms. This may best be taken forward in collaboration with other external parties with an interest in migration.

In terms of good practice identified by the evaluation, the implementation of a series of measures to foster dialogue with and between communities in the form of, for example, the employment of a cultural mediator in Sfax, regular meetings with migrants’ community leaders and local authorities in Zarzis and the “Health for all” days initiatives, are particularly commendable. These very important initiatives are contributing to bridging gaps between local and migrant communities, promoting reciprocal understanding, reducing mistrust and removing some barriers to migrant access to information. They have also created new opportunities for migrants to express their needs and voice their opinions, which has the dual benefit of informing services and letting migrants know that their voices are being heard.

4.3 Recommendations

This section discusses primary, crosscutting recommendations that follow from the findings in Section 3. There are six recommendations in all covering the following topics: the ongoing importance of IOM

²⁶ IOM reports that the recruitment of staff to work in the South has been difficult for example, the position of caseworker in Zarzis had to be re-advertised four times. These difficulties were attributed to limited and uncompetitive salaries - particularly in relation to what is available in the private sector – and an unwillingness to work in the South. This suggests that better salaries packages could be considered, being a change in the control of IOM.

assistance to stranded migrants; strengthening project design and monitoring; addressing security concerns; and longer-term planning and sustainability.

The recommendations are not in order of priority.

Recommendation 1: The extremely important assistance provided through the IOM projects with donor support should be continued.

The number of migrants in need of assistance in Tunisia has increased significantly over the past years and it is likely that it will continue at least in the short to medium term. It also appears very unlikely that the Government of Tunisia will be able to respond to the diverse needs of such numbers without external assistance. In the absence of such assistance, migrants are likely to find themselves in increasingly precarious situations either within Tunisia or in ever more risky attempts to reach Europe.

It is thus foreseeable that demand for IOM assistance and services will remain significant in the coming years. IOM's ability to provide direct assistance and AVRR is dependent on external funding. Donors, in particular the government of Italy, as the main supporter of IOM operations in Tunisia, play a crucial role in supporting assistance to vulnerable migrants in the country. It is very important that such assistance and support are maintained.

Recommendation 2: IOM Tunisia should strengthen project design through (i) articulation of a theory of change or results pathway, with associated assumptions, (ii) clearer categorizations of, and distinctions between, outputs and outcomes, (iii) strengthening indicators at outcome level; and (iv) mandatory inclusion of a clear detailed risk management plan.

The evaluation identified several issues in project design. The recommendation above is not new as similar recommendations been made on previous IOM project designs in the context of several other evaluations. This evaluation reiterates that IOM as an organization should not only strengthen project design but also better reflect the findings and recommendations of previous evaluations. With respect to indicators, IOM may consider a more standardized approach through which a core set of output and outcome indicators are included in all projects of a similar nature across the organization. This would not only increase efficiency but allow aggregated reporting of results from projects in different countries and regions.

IOM might also consider some standard inclusions in risk management plans for direct assistance programmes. This would enable the organization to take into account situations that IOM has already faced on other projects, reducing the likelihood that projects would be taken by surprise by risks they had not anticipated (see also Recommendation 4).

Recommendation 3: IOM should consider including a focus on measuring intervention quality, including systemization of processes to obtain feedback from beneficiaries of both emergency services and AVRR.

As detailed in the findings section, the monitoring system for the two projects focuses almost exclusively on quantitative information. This is both (i) inconsistent with the stated objectives supporting enhanced services and (ii) a lost opportunity to learn about and improve on:

1. The extent to which reintegration processes are sustainable, and what types of factors contribute to this sustainability.
2. The allocation of resources for pre- and post-return services towards those services most valued and most determinant of reintegration success.
3. The effects that the experiences of returned migrants may have on the demand for take-up of future AVRR services among members of their communities still in Tunisia.

Recommendation 4: IOM should develop clear guidelines and regularly implement security procedures for the regular protection of its staff.

As highlighted by the evaluation, there has been and continue to be tensions among and between beneficiaries of assistance, as well as with local communities. So far, IOM staff has been able to mediate and resolve these tensions pacifically. However, tensions seen to date are unlikely to diminish, and security risks could well escalate. The evaluator considers that the issue of security should have been identified as a risk in the project design documents, given the wealth of experience that IOM has in operation of shelters and migrant assistance in general. Now that this issue has been identified, it is important that IOM addresses this going forward to ensure the ongoing security of its highly dedicated staff. Even if no serious incidents occur, the current situation is placing an unfair burden on its staff.

Recommendation 5: IOM should consider linking its work in the area of emergency assistance with more sustainable systems with longer-term planning and clear exit strategies for individual cases.

As noted throughout this report, the IOM team has done a highly commendable job in fully implementing the two projects in difficult conditions. Much of this work has been necessarily reactive, as the number of stranded migrants increased beyond expectations and the COVID-19 pandemic added unforeseen dimensions to their vulnerability.

With the opportunity now available for longer term planning, and acknowledging the ongoing need for emergency assistance, IOM should consider how to evolve this assistance work onto a more sustainable footing, including through comprehensive programming that establishes linkages between emergency assistance and programmes that provide more medium to longer term solutions to pathways of integration of migrants in Tunisia, particularly for those who do not see AVRR as a viable option for their future.

Recommendation 6: IOM and the Government of Tunisia should agree on IOM role and responsibilities in (i) post-rescue at sea operations and (ii) shelter management and formalize them in written agreements.

While IOM's engagement in emergency service provision in Tunisia has been growing significantly in the last years, its involvement in rescue at sea operations in particular has been based on ad hoc

requests from local authorities. In the current context, IOM's involvement in these operations is likely to continue, as is IOM involvement in shelter management. Evaluation respondents highlighted frequent misconceptions by many irregular migrants on the role and services that international organizations can or should provide. This can lead to frustrations among migrants and consequent difficulties for staff. As past episodes involving UNHCR have highlighted, the situation can escalate to impact directly on daily operations. To reduce the possibility of a similar scenario for IOM, there appears an urgent need to formalize agreements with the government on roles, responsibilities and accountability in i) shelter management and ii) immediate assistance post-rescue at sea operations to ensure that IOM staff can operate safely in such environments.

5. Annexes

5.1: Evaluation Terms of Reference

Final Evaluation of the project
"Enhancing the protection of Vulnerable migrants in Tunisia through Emergency Assistance and Support to Health Surveillance and Service Providers"

TERMS OF REFERENCE

Commissioned by: IOM Country office Tunisia

1. **Nature of the consultancy:** Final evaluation of an IOM Tunisia project.
2. **IOM Project to which the Consultancy is contributing:** Enhancing the Protection of Vulnerable migrants in Tunisia through Emergency Assistance and Support to Health Surveillance and **Service Providers**
3. **Tasks to be performed under this contract:**

The evaluator is tasked with the final evaluation of the above IOM Tunisia project funded by the Ministry of Foreign Affairs of Italy. The evaluation is expected to cover the entire duration of the project, 1st August 2019 – 30th June 2022. The evaluation will present a learning opportunity for IOM in view of other future programming, including but not limited to projects funded by the same donor. The evaluation is expected to produce recommendations which will assist in further planning, implementation, and monitoring of other similar interventions. It will also allow the donor to receive an independent assessment of the project. The evaluation is expected to include a field visit to Tunisia to meet IOM staff, project stakeholders and beneficiaries, and to visit sites where the project is implemented in Southern Tunisia.

Evaluation context

Established in 1951, the International Organization for Migration (IOM) is the UN Migration Agency. IOM is dedicated to promoting awareness and understanding of migration governance framework through trainings, research, and technical assistance to the member of states and other stakeholders.

Globally, as part of its portfolio of work on Migrant Protection and Assistance, the International Organization for Migration (IOM) contributes to promoting and upholding the rights of migrants and their communities, including setting standards and advocacy and to manage migration in line with international legal and other internationally agreed standards and effective practices. IOM's work aims to support individuals and communities to access and exercise their rights. It also offers support to governments in carrying out their duties to respect, protect and fulfil these rights, thus contributing to managing in line with international standards and practices.

This project implemented by IOM Tunisia entitled “Enhancing the Protection of Vulnerable migrants in Tunisia through Emergency Assistance and Support to Health Surveillance and Service Providers” with a duration of the project from is 1st August 2019 – 30th June 2022. The project aims to respond to an ongoing trend of migrants in North Africa making the perilous journey across the desert and the Mediterranean. The drivers of this migration include demographic and socio-economic factors; search for employment opportunities; lack of access to rights such as education, work, health, and housing, as well as conflict. Whether driven by the search for economic opportunities or a search for safety, migrants in North Africa are often exposed to a wide range of risks of abuse and exploitation. In Southern Tunisia migrants, many of whom have departed from Libya seeking to reach Europe find themselves stranded after being rescued by Tunisian coast guards. Without adequate support and protection many migrants, including unaccompanied and separated children, victims of trafficking, migrants awaiting UNHCR registration and asylum seekers whose claims are rejected are at a higher risk of abuse, including by smuggling networks.

Building upon and complementing preceding and ongoing interventions by IOM in Tunisia, the project was set to make a significant contribution to the provision of much needed support to vulnerable migrants in Tunisia as well as the capacity of the authorities to identify and address health related needs of migrants and host community. The project aims to enhance the capacity of Tunisian authorities and institutions to provide emergency shelter and health security to vulnerable migrants in southern Tunisia through: i) improved access to emergency shelter, non-food items (NFIs) and food items; ii) improved access to health and legal services; iii) improved access of reintegration assistance for victims of trafficking and other vulnerable groups; and iv) reinforcing the capacity of Tunisian authorities to better identify and address health related needs of vulnerable migrants.

The project contributes to the operations of three shelters for vulnerable migrants in Southern Tunisia. These include a shelter established in 2018 in the city of Medenine for women and children, a shelter established in 2019 in the city of Zarzis for men and a third shelter established in 2021 in the city of Tataouine, also providing emergency accommodation to men. The beneficiaries include migrants rescued at sea as well as migrants crossing the land border from Libya and referred to IOM by Tunisian authorities. Shelter beneficiaries are also provided with case management services, food, and non-food items during their stay, as well as information on options available, including applying for IOM assisted voluntary return and reintegration (AVRR) or seeking asylum in Tunisia. While enhancing the capacity of national structures to meet the health needs of migrants and referring to these, where feasible, the project provides migrants with health assistance, including direct medical and psychosocial assistance to enhance their well-being and resilience.

In addition to emergency assistance to migrants in Tunisia, IOM works closely with Tunisian Authorities to protect victims of trafficking, both Tunisian and foreign nationals. Since the setting up of the National Commission against Trafficking in Persons in February 2017, the growing awareness and capacity of the government to identify victims of trafficking and has led to a situation where the government lacks resources to address the needs of the victims. Without adequate support, victims of trafficking, including Tunisian victims, are at a higher risk of again being subjected to exploitative conditions and re-trafficking. Hence, the project also supports Tunisian victims to facilitate their reintegration, something that the Government still requires support with to fully ensure.

The project also provides equipment and refurbishment support in line with the needs of immigration and health officials at selected international borders as well as health service providers to strengthen their efforts both of health assessments at the borders and provision of health assistance to migrants and host community.

In addition to the project being evaluated, the evaluator will also be asked to consider complementarity with a second Italy Migration Fund project implemented by IOM Tunisia, “Enhancing access of Stranded Migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration.” The project, with a duration from 1 September 2020 until 30 May 2022 complements the provision of emergency assistance to vulnerable migrants, including to increase the availability of AVRR to those unable or unwilling to remain in Tunisia. The project seeks to bring added value by increasing the provision of shelter, non-food, and food items, and AVRR.

Evaluation criteria

The evaluation will rely on OECD DAC principles for Evaluation of Development Assistance: Relevance, Effectiveness, Efficiency and Sustainability.

The key objective of this final evaluation is 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.

Specific objectives include to:

- Evaluate the relevance and validity of the choice of strategies and activities for achieving the project objectives,
- Evaluate the project's effectiveness in contributing towards its objective and project purposes, including assessing level of quality the project has achieved,
- Analyse the efficiency in contributing towards the project objective, measuring how economically resources/inputs (funds, expertise, time) are converted into results,
- Analyse the sustainability of the project by looking at whether the results of the project are likely to continue once the support has ended.
- Identify the challenges faced in implementation and assess the relevance of mitigation measures taken.
- Identify lessons learned and best practices across the criteria.

Evaluation Scope

The evaluation is expected to cover the entire duration of the project, including all its outcomes. The evaluation is also expected to cover the complementary project funded by the donor “Enhancing access of Stranded Migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration.” In line with the scope of the project, most of the evaluation will focus on activities implemented in Southern Tunisia.

Evaluation questions

The below questions are indicative of the key questions to be addressed in the evaluation under each evaluation criterion:

Relevance

- Are the objectives and strategy of the project relevant to the needs of its target population and institutional beneficiaries (Migrants in Tunisia, stakeholders)?
- Did the project reach the most vulnerable beneficiaries as was expected?
- Did the project respond to the capacity building needs of government and NGO partners to better assist vulnerable migrants?

Effectiveness

- How effective was the project in reaching target populations and institutional beneficiaries, and in implementing activities, to reach its objectives?
- To what extent did the project achieve its outputs and outcomes?
- What observed changes in attitudes, capacities and institutions can be causally linked to the project's interventions?
- What external socio-economic and political factors, if any, affected the implementation of the project?
- What do the beneficiaries and other stakeholders perceive to be the outcomes of the project?
- How did COVID19 affect the implementation of the project?
- Has the project been successful in addressing related obstacles and how? How did they affect the overall effectiveness of the project?
- What are the main obstacles or barriers that the project has encountered during implementation?
- Has the project been successful in addressing these obstacles and how? How did they affect the overall effectiveness of the project?
- How effectively were the project results monitored?

Efficiency

- Would other activities have been more cost-effective for reaching the projects' objectives?
- How well have resources been managed to achieve the results in the context in which it operates?
- How effective were adaptations to project made to accommodate changes during implementation, including due to socio-economic and political factors?
- How successful has the project been in leveraging non-project resources for guaranteeing sustainability of project results, including but not limited to other IOM Tunisia projects?

Sustainability

- What project activities and benefits are likely to continue if funding ceased?
- Is the project supported by local institutions and well-integrated with social and political conditions in Tunisia?
- Can the project's results be replicated or scaled up by IOM or national partners?

- Are the state and non-state actors involved in migrant protection likely to maintain the knowledge gained through the project in their future activities? How?
- What should have been done differently to better guarantee sustainability?

The evaluation may identify additional questions during the process to better respond to the evaluation purpose. The evaluation should identify the most important results, lessons learned, or best practices to be considered while finalizing the project or implementing other similar projects, and what should be avoided to improve relevance, effectiveness, efficacy and sustainability of related programming (a recommendations/next steps section).

Evaluation methodology

A mixed method approach will be used with qualitative and quantitative evaluation techniques. These will be comprised of:

- A documentation review: IOM Tunisia will be responsible for providing the necessary documentation, including activity and project reports, M&E tools, financial data, correspondence, specific agreements and/or sub-agreements, technical documentation reports, and any other documentation that IOM Tunisia considers important for the evaluation,
- A series of interviews with beneficiaries, stakeholders and implementing partners, IOM Tunisia staff involved the implementation of the project, and other persons that IOM Tunisia or the evaluator deem necessary.

The evaluator is expected to develop a more detailed evaluation methodology to respond to the above evaluation criteria.

Evaluation Deliverables

4. Tangible and measurable output of the work assignment.

The outputs of the evaluation will be:

- An inception report that outlines the evaluation approach and tools to be used. The inception report must also include an evaluation matrix and work plan.
- A maximum of 30-page long draft report in English without annexes (including an executive summary and outlining the methodology pursued, indicators, data sources and findings of the evaluation, good practices, lessons learnt, missed opportunities, strengths and failures, gaps and challenges on the design, management, and implementation of the project). The draft of the report will be presented to IOM for comments and inputs, after which the evaluator will finalize the report and submit the final evaluation report to IOM.
- A final evaluation report that reflects comments/feedback from IOM.
- A two-page evaluation brief.
- Management Response to the evaluation recommendations, to be prepared in coordination between IOM and the evaluator.

5. Realistic delivery dates and details as to how the work must be delivered.

The provisional timetable for the evaluation consultant is as follows:

- Desk Review: Reviewing documents, desk research, development of methodology and evaluation matrix, and production of the draft inception report 2-13 May 2022.
- Submitting of Inception report by 20 May 2022.
- Field visit to Tunisia for interviews with IOM staff, implementers, stakeholders and beneficiaries, and debriefing, 23-27 May 2022.
- Submitting of draft report to IOM for feedback by 10 June 2022.
- Submitting the final report to IOM by 24 June 2022.

The consultant is required to submit draft documents in English to IOM for comments. The documents will be assessed for factors such the consistency of the methodology and approach with the overall purpose of the evaluation.

The evaluation documents including technical and financial proposals are to be submitted by the set deadlines on **31 March 2022**. to tvjansa@iom.int, copying_recruitmenttunis@iom.int.

5.2: Evaluation Matrix

**Enhancing Protection of Vulnerable Migrants in Tunisia
through Emergency Assistance and Support to Health Surveillance and Service Providers”
and**

**Enhancing Access of Stranded Migrants in Tunisia
to Protection and Assisted Voluntary Return and Reintegration**

Research Question	Data Collection Questions	Data Source		
		IOM, & Donor Interviews	Government counterparts	Document Review
RELEVANCE				
1.To what extent did the projects “Enhancing Protection of vulnerable migrants in Tunisia through Emergency Assistance and Support to Health Surveillance and Service Providers” and “Enhancing Access of Stranded Migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration” (hereinafter “the projects”) address a clearly defined need?	<ul style="list-style-type: none"> Were there specific problems you felt the projects were designed to address in relation to the: <ul style="list-style-type: none"> - the need for emergency assistance, including health and protection services to vulnerable migrants; and - Assisted Voluntary Return and Reintegration opportunities to those unable or unwilling to remain in Tunisia. 	X	X X	X
	<ul style="list-style-type: none"> How and to what extent do you consider the projects to be consistent with, and supportive of Government priorities? 	X	X	X
	<ul style="list-style-type: none"> What did you hope the projects would achieve? 	X		X

Research Question	Data Collection Questions	Data Source		
		IOM, & Donor Interviews	Government counterparts	Document Review
EFFECTIVENESS				
2. How did the projects' design and the projects' stakeholders conceptualize the link between planned activities and desired outcomes?	<ul style="list-style-type: none"> What were the primary activities implemented as part of the projects? 	X		X
	<ul style="list-style-type: none"> Were there any activities planned, but not implemented? <ul style="list-style-type: none"> If so, what were they? Why were they not implemented? 	X		X
	<ul style="list-style-type: none"> To what extent did the projects have a well-defined intervention logic, demonstrating how the outputs would produce the intended outcomes? How valid were the assumptions and relevant to the context of implementation? 	X		
3. To what extent have the projects' interventions achieved its objectives and results?	<ul style="list-style-type: none"> To what extent and through which means were the needs of the target beneficiaries, especially the most vulnerable, assessed and taken into account throughout the implementation of the projects? To what extent were strategies adjusted throughout implementation to ensure that the projects aligned to (changing) needs of beneficiaries? 	X	X	X
	<ul style="list-style-type: none"> To what extent do you consider projects' outcomes have been met with regard to: <ul style="list-style-type: none"> Access to emergency shelters, NFI and food items Access to health services Access to legal services Access to return and reintegration assistance for victims of trafficking and other vulnerable groups Government authorities capacity to identify and address health related need of vulnerable migrants 	X	X	X
4. What were key barriers and challenges to	<ul style="list-style-type: none"> Did the projects experience any barriers or challenges to implementation of project activities? 	X	X	X

Research Question	Data Collection Questions	Data Source		
		IOM, & Donor Interviews	Government counterparts	Document Review
implementation of projects activities, including Covid-19? How did these affect project outcomes?	<ul style="list-style-type: none"> ○ If so, which challenges/barriers and on which activities? ○ How did they affect the outcome of the activity(ies)? ○ Were you able to overcome them? If so, what measures were taken to cope with the challenges and how did they contribute to overcome them? ● Which factors influenced change/s in strategies (Covid 19; feedback from the field, other?) 			
EFFICIENCY				
5.What factors contributed to the efficiency/inefficiency of projects' implementation?	<ul style="list-style-type: none"> ● To what extent were activities implemented as scheduled? <ul style="list-style-type: none"> ○ If there were delays, how were they addressed? Did they affect the quality of delivered activities? ● What factors, in your view, contributed to the efficiency or inefficiency of project s'implementation? ● What, if any, alternative strategies could have achieved similar results in a more cost-effective manner? 	X	X	X
6.To what extent did the projects coordinate with other relevant IOM and non-IOM interventions to encourage synergy and avoid duplication?	● To what extent did the projects coordinate with other relevant IOM/non-IOM interventions to encourage synergy, avoid duplication and contribute to efficient use of project resources?	X	X	X
	● To what extent were the coordination arrangements clearly defined?	X	X	
IMPACT				
7.What do those who participated in the project activities regard as the projects' primary achievements?	<ul style="list-style-type: none"> ● What, in your opinion, have been the main achievements of the projects? ● In your view, what type of observed changes did the projects contribute to, with regard to knowledge; attitude; capacity (personal/organizational)? ● What processes were in place to capture the views of beneficiaries on 	X	X	X

Research Question	Data Collection Questions	Data Source		
		IOM, & Donor Interviews	Government counterparts	Document Review
	the nature and quality of services provided under the projects?			
8. What changes – intended or unintended – can be linked to the projects’ interventions?	<ul style="list-style-type: none"> What unintended or unexpected positive or negative effects do you think can be linked to the projects’ interventions? 	X	X	X
SUSTAINABILITY				
9. To what extent are the achieved outcomes sustainable beyond the projects?	<ul style="list-style-type: none"> Of the achievements you listed, are there any plans in place to ensure that they continue now that the projects are over? 	X	X	X
10. What are the major factors influencing the sustainability or non-sustainability of projects’ achievements?	<ul style="list-style-type: none"> To what extent are project’s activities supported by local institutions and well-integrated with social, political and cultural conditions in Tunisia? To what extent are government institutions/local authorities sufficiently resourced and trained to respond to health and protection needs of vulnerable migrants in Tunisia? 	X	X	X

5.3: List of documents reviewed

Project Document “*Enhancing the Protection of Vulnerable migrants in Tunisia through Emergency Assistance and Support to Health Surveillance and Service Providers*” and budget, 2019

- IOM Tunisia project “*Enhancing the Protection of Vulnerable migrants in Tunisia through Emergency Assistance and Support to Health Surveillance and Service Providers*” - Request for a No Cost Extension and budget revision – 15 November 2021
- IOM Tunisia project “*Enhancing the Protection of Vulnerable migrants in Tunisia through Emergency Assistance and Support to Health Surveillance and Service Providers*” - Request for a No Cost Extension and budget revision - 30 April 2021
- Interim Report to the Government of Italy “*Enhancing Protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers*” (1 August 2019 – 31 January 2020)
- Interim Report to the Government of Italy “*Enhancing Protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers*” (1 February 2020 – 30 July 2020)
- Interim Report to the Government of Italy “*Enhancing Protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers*” (1 August 2020 – 31 January 2021)
- Interim Report to the Government of Italy “*Enhancing Protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers*” (1 February 2021 - 30 July 2021)
- Interim Report to the Government of Italy “*Enhancing Protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers*” (1 August 2021 – 31 January 2022)
- Interim Report to the Government of Italy “*Enhancing Protection of vulnerable migrants in Tunisia through emergency assistance and support to health surveillance and service providers*” (1 February 2022 - 30 June 2022)

Project Document “*Enhancing access of stranded migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration*” and budget, 18 June 2020

- IOM Tunisia project “*Enhancing access of stranded migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration*” - Request for a No Cost Extension and budget revision – 10 February 2022
- Interim Report to the Government of Italy “*Enhancing access of stranded migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration*” (1 September 2020 – 28 February 2021)

- Interim Report to the Government of Italy “Enhancing access of stranded migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration” (1 March 2021 – 30 August 2021)
- Interim Report to the Government of Italy “Enhancing access of stranded migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration” (1 September 2021 – 28 February 2022)
- Interim Report to the Government of Italy “Enhancing access of stranded migrants in Tunisia to Protection and Assisted Voluntary Return and Reintegration” (1 March 2022 – 30 June 2022)

Reports and articles

Belmonte, M., Sermi, F., Tarchi, D., *How to measure the effectiveness of return? Problem definition and alternative definitions of the return and readmission rates*, EUR 30491 EN, Publications Office of the European Union, Luxembourg, 2021

da Costa Santos, Jonathan, *Nowhere to go? The case of displaced people in Maghreb States during the COVID-19 pandemic*, Dossiê: Migrants, Refugees, and Displaced Persons in the Middle East and North Africa, 2021

Salgado, Lucía, Radu-Mihai Triculescu, Camille Le Coz, and Hanne Beirens. 2022. *Putting Migrant Reintegration Programmes to the Test: A road map to a monitoring system*. Brussels: Migration Policy Institute Europe.

Salgado, Lucía. 2022. *Leveraging Predeparture Counselling to Support Returning Migrants’ Sustainable Reintegration*. Brussels: Migration Policy Institute Europe.

Herbert, M., *Losing Hope*, Global Initiative Against Transnational Crime, Geneva 2022

IOM Global Migration Data Analysis Centre, Quarterly Regional Overview, Middle East and North Africa, 1 July – 30 September 2021
https://missingmigrants.iom.int/sites/g/files/tmzbd1601/files/publication/file/MMP_MENA_Q32021.pdf

IOM Brief, *Deaths on Maritime Migration Routes to Europe Soar in First Half of 2021*, News Global 14 July 2021
<https://www.iom.int/news/deaths-maritime-migration-routes-europe-soar-first-half-2021-iom-brief>

Human Rights Watch, *Tunisia Events of 2021*
<https://www.hrw.org/world-report/2022/country-chapters/tunisia>

Africa News *“African refugees in Tunisia demand evacuation to different countries”*,
<https://www.africanews.com/2022/04/19/african-refugees-in-tunisia-demand-evacuation-to-different-countries//>

Heinrich Boll Stiftung *“How coronavirus has worsened the plight of refugees in Tunisia”*
<https://eu.boell.org/en/2020/06/05/how-coronavirus-has-worsened-plight-refugees-tunisia>

InfoMigrants *“Migrants find themselves 'trapped' in Tunisia, a country that can offer them nothing”*
<https://www.infomigrants.net/en/post/36323/migrants-find-themselves-trapped-in-tunisia-a-country-that-can-offer-them-nothing>

InfoMigrants, *“Bodies of 25 people found on Tunisia coast”*
<https://www.infomigrants.net/en/post/39265/record-numbers-of-minors-arriving-in-italy-from-tunisia-in-2021>

InfoMigrants *“Record numbers of minors arriving in Italy from Tunisia in 2021”*
<https://www.infomigrants.net/en/post/39265/record-numbers-of-minors-arriving-in-italy-from-tunisia-in-2021>

InfoMigrants *“Migrants find themselves trapped in Tunisia, a country that can offer them nothing”*
<https://www.infomigrants.net/en/post/36323/migrants-find-themselves-trapped-in-tunisia-a-country-that-can-offer-them-nothing>

Workshop on Innovation in Government Departments, *“Result-based Management and Assessment of 2013- 2014 RFDs”*
<http://www.tgpg-isb.org/sites/default/files/document/presentations/innovation/resuls-based-mamt.pdf>

5.4 Data collection instruments/tools

Interview Questions – IOM

i. Introduction

1. Could you please give me your official title and a brief description of your work?
2. Could you please describe your work as it relates to the Project?

ii. RELEVANCE

1. What were the specific problems you felt the project was designed to address in relation to the capacity of Tunisian authorities to provide emergency assistance and health security to vulnerable migrants?
2. How and to what extent was the project aligned with Government priorities?
3. Which factors influenced change/s in strategies (Covid 19; feedback from the field, other?) How did you ensure the alignment of changed project strategies with the needs of beneficiaries?

III.EFFECTIVENESS

4. What were the primary activities implemented as part of the project?
5. Were there any activities planned, but not implemented?
 - a. If so, what were they? Why were they not implemented?
6. To what extent and through which means were the needs of the target beneficiaries assessed and taken into account throughout the implementation of the project?
For example:
 - Do you have mechanisms/procedures in place to ensure the relevance of your services for the target group/s? (*for example: are there mechanism/process/tools to gather stakeholders inputs on its service?*)
 - What mechanisms/tools in place to assess your service capacity to respond to the target group priority needs? (*for example: mechanisms to allow feed-back from service users on service relevance, service users satisfaction forms, data collection regarding service requested versus services offered, data on referrals etc.*)
7. To what extent did the project have a well-defined intervention logic, demonstrating how the outputs would produce the intended outcomes?
8. How valid were the assumptions to the context of implementation?
9. To what extent do you consider project outcomes have been met with regard to:
 - a. Access to emergency shelters, NFI and food items
 - b. Access to health and legal services
 - c. Access to return and reintegration assistance for victims of trafficking and other

- vulnerable groups?
- d. Capacity to identify and address health related need of vulnerable migrants?
10. Did the project experience any barriers or challenges to implementation of project activities?
- If so, which challenges/barriers and on which activities?
 - How did they affect the outcome of the activity(ies)?
 - Were you able to overcome them? How?
11. To what extent were activities implemented as scheduled?
12. If there were delays, how were they addressed? Did they affect the quality of delivered activities?
13. What factors, in your view, contributed to the efficiency or inefficiency of project implementation?
14. What, if any, alternative strategies could have achieved similar results in a more cost effective manner?
15. To what extent did the project coordinate with other relevant IOM/non-IOM interventions (particularly the Tunisia Red Crescent and UNHCR) to encourage synergy, avoid duplication and contribute to efficient use of project resources?

IMPACT

16. What, in your opinion, have been the main achievements of the project?
17. In your view, what type of observed changes did the project contribute to with regard to:
- knowledge
 - attitude
 - capacity (personal/organizational)
18. What unintended or unexpected positive or negative effects do you think can be linked to the project's interventions?

SUSTAINABILITY

19. Of the achievements you listed, are there any plans in place to ensure that they continue now that the project is over?
20. To what extent did management arrangements support institutional strengthening and local ownership?
21. To what extent are government institutions/local authorities sufficiently *resourced/trained* to respond to health and protection needs of vulnerable migrants in Tunisia?

Interview Guides – health and protection service providers

- Could you please give me your official title and a brief description of your work?
- Could you please describe your work as it relates to the Projects?

Before Covid-19

1. Can you briefly explain which services were available to migrants before Covid-19?
2. Which services did you provide?
3. What were the conditions for accessing services? (for example, which type of documents were needed (if any)? Did the migrants have to pay for services? How did referral work?)
4. In your view, what barriers did the migrants experience in accessing health services in Tunisia? (language barriers, cultural barriers, status, fear of stigma, discrimination, others?)
5. What was the attitude of host communities to your service before Covid-19?

Covid – 19

6. How did Covid-19 affect/change service provision in your centre/organization?
7. What were the main challenges (including attitudes of host-communities)?
8. Were there any lessons you learned? Anything you would have done differently?
9. Has your service provision changed as a result of Covid-19? If yes, how?

Capacity

10. How many staff work here and in which capacity (medical doctor, nurse, psychologist ..)
11. How do you consider the number of staff in terms of your overall workload?
12. How do you consider the skills of your staff in terms of responding to the needs of the clients?
13. In terms of organizational resources, do you feel you are sufficiently equipped to respond to emergency health and protection needs? How did the project respond to your needs for equipment?
14. Do you have a minimum set of competencies that must be available in your centre?

Standards and Quality

15. What mechanisms/procedures are in place to ensure the relevance of your services for the

target group/s? *(for example: are there mechanism/process/tools to gather stakeholders inputs on service?)*

16. What mechanisms/tools in place to assess your service capacity to respond to the target group priority needs? *(for example: mechanisms to allow feed-back from service users on service relevance, service users satisfaction forms, data collection regarding service requested versus services offered, data on referrals etc.)*
17. Do you have a system to follow up on your clients after referral?
18. What changes if any, have you made during the projects lifetime to better address the existing needs of clients, or meet new needs?

On the project

19. What, in your opinion, have been the main achievements of the projects?
20. In your view, what type of observed changes did the projects contribute to, with regard to knowledge; attitude; capacity (personal/organizational)?
21. What unintended or unexpected positive or negative effects do you think can be linked to the projects' interventions?
22. In your view, which objectives could be built-on further, and which activity/aspect have not been met, yet are still relevant to the needs of the projects' key stakeholders?
23. Are there any projects' activities that should not be continued in future? For what reason?

Interview Guides – AVRR

- Could you please give me your official title and a brief description of your work?
- Could you please describe your work as it relates to the Projects?

General

1. What are the eligibility criteria for AVRR?
2. What are the avenues through which people may learn about AVRR opportunities? What is the application process?
3. What are the prioritization criteria for AVRR?
4. What is the relationship between the number of those applying and the number of AVRR packages available? How has this changed over the life of the project?
5. What realistic alternatives exist for migrants who do not choose AVRR?
6. What options are there for migrants after the 60 days reflection period (in terms of accommodation, employment, status ..). Does IOM follow-up on those cases?

On the AVRR stages:

7. Can you describe your AVRR pre-counselling? What type of information do you provide? What type of information do you collect from beneficiaries?
8. Do all approved beneficiaries receive both return and reintegration assistance?
9. How long on average does it take between the moment an application is filed to when it is approved?
10. How long between approval and departure?
11. How, if at all, did these timeframes change over the lifetime of the project?
12. Where there any significant delays in any of the three AVRR phases? What was the reason for these delays?
13. Did/How did Covid-19 impact on AVRR procedures and time frames?
14. How many people drop-out between the time of submission and approval?
15. How many between approval and departure?
16. How many between arrival at destination and follow-up appointments with IOM?

17. How long does it take – on average, from the arrival of the returnee and the start of the reintegration plan? Do you see ways in which this timeframe could be shortened?
18. Do you liaise with the IOM case worker in the country of return of AVRR beneficiaries before departure? What type of information/data do you exchange?

On AVRR follow-up

19. What systems do you have in place to monitor the reintegration of AVRR beneficiaries? What do you monitor?
20. What relationships, if any, do you have with other service providers in the return countries, through which returnees may be able to access assistance – both government and non-government?
21. What mechanisms/systems are in place to collect feed-back from beneficiaries and at which stages?
22. Are information obtained from AVRR beneficiaries fed-back into information/briefing sessions for prospective AVRR applicants?
23. What changes if any, have you made during the project lifetime to better address the existing needs of clients, or meet new needs?
24. How do you assess quality and effectiveness of AVRR programs? Which indicators do you use?
25. Other than those issues already mentioned, how did Covid-19 impact on the AVRR activities of the projects?

On the project

26. What, in your opinion, have been the main achievements of the projects? And of the AVRR activities?
27. What unintended or unexpected positive or negative effects do you think can be linked to the projects' interventions?
28. In your view, which objectives could be built-on further, and which objectives (or project aspects) have not been met, yet are still relevant to the needs of the project's key stakeholders?