IOM REGIONAL DATA HUB FOR THE EAST AND HORN OF AFRICA

IMPACT Study Report #2

COVID-19, RETURNEES AND IOM IN THE HORN OF AFRICA

A Natural Experiment-Based Evaluation

IOM UN MIGRATION

Funded by the European Union

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ABOUT THE IMPACT STUDY

The IMPACT Study is the impact evaluation of the EU-IOM Joint Initiative programme in the Horn of Africa. Launched in March 2020 and concluded in March 2023, the study focuses on Ethiopia, Somalia and the Sudan: the three countries in the region where the programme has the largest reintegration caseload. All the IMPACT Study reports, as well as additional resources such as technical annexes, datasets, data analysis scripts and dissemination material are accessible from the IMPACT Study webpage: https://eastandhornofafrica.iom.int/impact-study.

ABOUT THE EU-IOM JOINT INITIATIVE FOR MIGRANT PROTECTION AND REINTEGRATION

The EU-IOM Joint Initiative for Migrant Protection and Reintegration was launched in December 2016 and is funded by the European Union Emergency Trust Fund for Africa. The programme brings together 26 African countries of the Sahel and Lake Chad, the Horn of Africa, and North Africa regions, along with the European Union and IOM around the goal of ensuring that migration is safer, more informed and better governed for both migrants and their communities. In the Horn of Africa, the programme is implemented primarily in Djibouti, Ethiopia, Somalia and the Sudan. The programme enables migrants who decide to return to their countries of origin to do so in a safe and dignified way. It provides assistance to returning migrants to help them restart their lives in their countries of origin through an integrated approach to reintegration that supports both migrants and their communities, has the potential to complement local development, and mitigates some of the drivers of irregular migration. Also within the programme's areas of action is building the capacity of governments and other partners; migration data collection and analysis to support fact-based programming; as well as information and awareness-raising. Further information on the programme can be accessed at: www.migrationjointinitiative.org.

ABOUT THE REGIONAL DATA HUB

Established in 2018, the Regional Data Hub (RDH) for the East and Horn of Africa supports evidence-based, strategic and policy-level discussion on migration through a combination of initiatives. In particular, the RDH uses multiple tools and processes to investigate the migration narrative in the region and gain a more in-depth understanding of the actors, dynamics and risks of migration. These initiatives aim to fill existing gaps by strengthening the regional evidence base on migration, which will further improve policymaking and programming. The RDH strategy is in line with the objectives of the IOM Migration Data Strategy (MDS). Publications can be consulted at https://eastandhornofafrica.iom.int/regional-data-hub. The RDH is largely funded through the generous support of the European Union, under the terms of the EU-IOM Joint Initiative for Migrant Protection and Reintegration in the Horn of Africa (EU-IOM JI), the U.S. Department of State Bureau of Population, Refugees and Migration (PRM) and IOM's Migration Resource Allocation Committee (MiRAC).

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C-19 NE	COVID-19 Natural Experiment
COVID-19	Coronavirus disease 2019
CBRP	Community-based reintegration project
CLS	COVID-19-linked shock
CRA	Complementary Reintegration Assistance
ECA	Emergency Cash Advance
FGD	Focus group discussion
GRA	General Reintegration Assistance
HoA	Horn of Africa
IOM	International Organization for Migration
JI-HoA	EU-IOM Joint Initiative in the Horn of Africa
KII	Key informant interview
MoMo	Mobile Money
SIYB	Start and Improve Your Business
SNNPR	Southern Nations, Nationalities, and Peoples' Region

GLOSSARY[1]

Business training

Trainings aimed at enabling returnees start viable businesses, through provision of different interconnected training packages, which at times included also psychosocial support elements to them. Sometimes referred to as "Start and Improve Your Business (SIYB)" training.

Community-based Reintegration Project

Community-level interventions that the programme evaluated undertook alongside individual-level reintegration assistance and structural-level initiatives, in line with IOM's Integrated Approach to Reintegration.[2]

Complementary Reintegration Assistance

Complementary reintegration assistance (CRA) was tailored to the needs of the returnee and constituted the principal form of support provided to them. The tailoring was achieved through a process of Reintegration Counselling, during which a case worker and the returnee defined a reintegration plan. In the context of the programme evaluated, most reintegration plans focused on the establishment of a microbusiness chosen by the returnee, for which IOM provided materials (in kind) or cash to acquire them. In fewer cases, the reintegration plan focused on assistance to further the returnee's education or other specific needs.

COVID-19-linked shock

The COVID-19 pandemic was exacerbated by other extreme events (most notably: desert locust infestations, flooding in parts of Somalia and the Sudan, and conflict, especially in southern Somalia) that affected the East and Horn of Africa region unevenly, at about the same time in 2020. As separating the effects of these co-occurring shocks from the shock caused by the pandemic, including the measures taken by governments to limit the spread of infection, is difficult, these shocks are collectively referred to as COVID-19-linked shock (CLS).

Emergency Cash Advance

The Emergency Cash Advance (ECA) initiative was introduced in Ethiopia in May 2020 to assist returnees who were waiting to receive microbusiness assistance cope with the effects of the pandemic. ECA recipients received a cash lumpsum of 4,500 Ethiopian birr (equivalent to circa 133 USD in May 2020) which was deducted from the budget of the individual (in kind) microbusiness assistance. Returnees who had already received microbusiness assistance, as well as eligible returnees who declared not to need the ECA, received microbusiness assistance fully in kind.

Just before COVID-19 / Now / Worst Point

- *Just before COVID-19*: The month prior to the first COVID-19 control measures being imposed: approximately the beginning of April 2020.
- *Now:* The month prior to the interview (mid-October to early December 2021).
- *Worst Point:* A time when conditions were worse than *now,* or *now* if that was *the worst point.*

Microbusiness Assistance

Form of assistance targeting primarily the economic dimension of reintegration and entailing the establishment of an income-generating microenterprise based on a business plan defined as part of the Reintegration Counselling process, with the support of a trained case worker. IOM provided microbusiness assistance to returnees through different methods, which included:

- "Regular in kind" – IOM would procure business inputs and supply them directly to returnees.
- "Mobile Money (MoMo) in kind" – returnees would obtain quotes for the business inputs directly from merchants who, in turn, received a payment from IOM via mobile money.

1 Unless otherwise indicated, the definitions included in this glossary were derived from the discussions held with IOM staff in Ethiopia, Somalia, the Sudan and at the Regional Office for the East and Horn of Africa.

2 See IOM (2019a: Module 3; 2023a) for a discussion on the role of community-based projects in reintegration and migration management. IOM (2023d, 2023e and 2023f) provide details on the projects implemented by the programme evaluated.

- "Mobile Money (MoMo) cash" – returnees received microbusiness assistance in the form of a cash amount transferred directly to them via mobile money.

In the context of the programme evaluated, the "Regular in kind" modality was the only one available at the beginning of operations. This modality remained the only one available in Ethiopia throughout the implementation period of the programme (in this country, the value of the inputs transferred varied depending on the type of business chosen by the beneficiary and it could range from 1,110 USD for ruminant fattening businesses to 2,650 USD for construction businesses). In Somalia, "MoMo cash" was introduced in September 2020, with programme beneficiaries able to choose between this modality (a lumpsum payment of 2,000 USD) and "Regular in kind" (in kind transfer of inputs of similar value) although the latter became much less common. In the Sudan, "MoMo in kind" was introduced in September 2019 and "MoMo cash" in March 2020; both "Regular in kind" and "MoMo in kind" were discontinued after May 2019 and September 2020 respectively.["We2: please add this footnote: In the Sudan, the programme budgeted circa 1,200 USD per individual microbusiness assistance recipient. However, the actual value (regardless of whether assistance was provided in cash or in kind) was affected by both high inflation and exchange rate regulation measures in force during the course of 2020 and 2021.

Reception Assistance and General Reintegration Assistance

Reception Assistance is provided to all returnees upon arrival and includes meet and greet at the point of entry, temporary shelter, onward transportation to reach the final destination within the country of origin, pocket money, immediate medical and psychosocial assistance and other services.

Differently from Complementary Reintegration Assistance, General Reintegration Assistance (GRA) is not specifically tailored to the needs of returnees, in the sense that all JI-HoA beneficiaries are eligible to receive the reintegration services falling in this category, irrespective of their level of vulnerability or specific needs. Examples of GRA services include the enrolment in national health insurance schemes and the participation in business training (as they often cover also psychosocial aspects of reintegration).

For practical reasons, although they are distinct types of assistance, Reception Assistance and GRA are considered jointly in the context of the IMPACT study.

Reintegration

A process that enables individuals to re-establish the economic, social and psychosocial relationships needed to maintain life, livelihood and dignity and inclusion in civic life.[3]

Remigration

In the context of the IMPACT study, remigration is intended as a further attempt at migration through regular or irregular means, by a migrant who has returned to their country of origin. The term does not imply that remigration is directed towards the same destination of the previous attempt.

Returnee

In the context of the IMPACT study, a returnee is intended as a migrant unable or unwilling to remain in a host or transit country who returned to their country of origin, receiving some form of assistance from IOM (either before or after return, or both). The returnees on which this study focuses were individuals in a situation of vulnerability and should not be considered as representative of the "general" returning migrant populations in any of the countries or regions mentioned in IMPACT study reports.

Sustainable Reintegration

"Reintegration can be considered sustainable when returnees have reached levels of economic self-sufficiency, social stability within their communities, and psychosocial well-being that allow them to cope with (re)migration drivers. Having achieved sustainable reintegration, returnees are able to make further migration decisions a matter of choice, rather than necessity."[4]

3 IOM (2019b).

4 Ibid.

EXECUTIVE SUMMARY

BACKGROUND

In March 2020, IOM commissioned an impact evaluation (IMPACT) of the EU-IOM Joint Initiative for Migrant Protection and Reintegration in the Horn of Africa (HoA) region (hereafter referred to as "JI-HoA"). The IMPACT study focuses on Ethiopia, the Sudan and Somalia – the three countries with the largest returnee reintegration caseload in the programme. This natural experiment-based evaluation (hereafter referred to as C-19 NE) is a component of IMPACT.

THE NATURAL EXPERIMENT-BASED EVALUATION

Natural Experiments (NEs) are research approaches that make use of unplanned changes to test important hypotheses but have not often been used in evaluations.

Whilst the main event informing this NE was the COVID-19 pandemic and associated control measures, important co-occurring shocks – conflict, floods, locusts – were impossible to separate from the effects of the pandemic. Collectively, these shocks, the pandemic and control measures are referred to in the NE as the COVID-19-linked shock (CLS).

The C-19 NE adds value to IMPACT by evaluating the contribution of the JI-HoA's assistance to returnees' resilience to the CLS. Specifically, the NE assesses:

1. The impacts of the CLS on returnees' well-being and how returnees responded to these impacts.
2. Returnees' characteristics and actions that enabled them to better: (a) mitigate the severity of the CLS' impacts on their well-being; and (b) recover from these impacts.
3. The extent to which the JI-HoA's assistance influenced the ability of returnees to mitigate the CLS' impacts on their well-being and to recover from these impacts.

In doing so, the C-19 NE provides valuable research into the effects of a major shock on returnees as well as important evaluative insights and learning about how the JI-HoA programme was, or was not, effective in supporting returnees' resilience – such knowledge provides lessons on adaptation to future shocks.

METHODOLOGY

The target population for the C-19 NE includes returnees in Ethiopia, Somalia and the Sudan who arrived from the beginning of the JI-HoA programme in 2017 until the end of 2019 (that is, four months before the first COVID-19 control measures were imposed) and were at least 18 years of age on arrival.

Data were collected through a questionnaire survey, focus group discussions (FGDs) and key informant interviews (KIIs), providing a mix of quantitative and qualitative data. Through each of these instruments, we asked returnees how their well-being had been affected by the CLS, referring to three time periods:

1. ***Just before COVID-19:*** The month prior to the first COVID-19 control measures being imposed: approximately the beginning of April 2020.
2. ***Now:*** The month prior to the interview (mid-October to early December 2021).
3. ***Worst point:*** A time when conditions were worse than *now* (or now, if that was the worst).

To assess the effects on well-being, we asked respondents about changes in nine well-being domains: (1) income; (2) days without meals; (3) meals per day; (4) days with protein-rich foods; (5) meal size; (6) quality of housing; (7) access to health care; (8) child education; (9) acceptance by family and community. We added a further line of inquiry specifically about their reported likelihood of remigrating at these three time periods.

The reliability of respondents' recall of their situation before COVID-19 was critical to the analysis. To test this reliability, we asked which of the virus-control measures that governments had imposed they could remember unprompted. Doing so allowed us to gauge respondents' recall ability, which was deemed to be good.

In total, we surveyed 1,843 returnees by phone across the three countries. Forty focus group discussions (FGDs) were conducted, four of which were female-only. A total of 39 key informant interviews (KIIs) were completed (13 per country), two of which were with people living with physical and mental disabilities; one KII was with women, and three with well-informed local observers. Interviews and FGDs were conducted in person.

The data collected was analysed using the following methods:

- *Survival analysis* to assess the time from a returnee's arrival until they received the JI-HoA's assistance.
- *Cox proportional hazards regression* allowed for factors influencing delivery to vary over time.
- *Fixed-effect (country and region) multivariate regression models* allowed us to assess the determinants of resilience, including returnee responses and JI-HoA assistance. We used country-specific models to assess the contribution to resilience of factors that affected only one country.

The findings from these analytical models are summarized below.

FINDINGS

CLS effects on returnees

The C-19 NE explored the effects of the CLS on returnees across the different nine well-being domains, with the following results:

Effect on LIVELIHOODS

- Lockdowns and transport restrictions limited access to work and markets, reduced availability of daily goods and created market volatility and inflation.
- Purchasing power dropped more in Ethiopia and the Sudan than in Somalia. Across all countries, businesses closed due to loss of suppliers and clients, and lost salaries and unemployment increased.

Effect on FOOD SECURITY

- Across all countries, food security decreased, with substantial changes to food consumption (in particular, meals per day, size of meals and protein-rich foods).
- Whilst extreme measures were avoided in most cases, the number of days during which no meals were consumed increased for the most vulnerable, along with the limited incidence of begging.

Effect on HEALTH

- Access to health services deteriorated in all countries due to costs of treatment and transport, and reluctant health workers fearful of COVID-19. Although the prevalence of serious illness did not change substantially, many returnees were concerned with the implications of reducing nutrition in diets, especially for children.
- There were also implications for mental health, especially when combined with threat-based exploitation by State and non-State actors. Generally, respondents felt helpless and frustrated at the inability to implement coping strategies that they saw as plausible and effective.
- Some already suffered trauma from their migration experience, which made coping with additional pressures particularly difficult.
- There was much concern for mental health of children who had little to do during the day.

Effect on EDUCATION

- School attendance levels were already low before the pandemic. Only in Amhara, Ethiopia, was there a significant fall in school attendance linked to the CLS.

Effect on HOUSING

- Quality of housing deteriorated in all countries, except in Ethiopia where quality was the worst before the CLS struck.

Effect on FAMILY AND COMMUNITY ACCEPTANCE

- Acceptance of returnees by family and community decreased during the CLS.

RECOVERY *from the effects of the CLS*

- In several well-being domains, recovery at the time of interview had not reached pre-COVID-19 levels. Purchasing power, livelihoods and food security were still affected by the CLS.

Response of returnees to the CLS

The C-19 NE explored how returnees responded to these CLS effects, summarized below:

Adjustments to LIVELIHOODS

- A common response to the CLS by returnees was to make adjustments in their primary or secondary source of livelihood, which varied depending on the country. For example, increased self-employment in Ethiopia was more common than elsewhere; a common response across all countries was increased engagement in agriculture.

Adjustments to HEALTH, EDUCATION, HOUSING

- Opportunities to counter deteriorating health care, education and housing were limited.

Adjustments to FAMILY AND COMMUNITY SUPPORT

- Significant support was provided by family and social networks in the form of loans and short-term support. Returnees who felt that their acceptance from family and community deteriorated responded by adjusting their food consumption or working to increase food production.

Adjustments to REMIGRATION LIKELIHOOD

- The reported likelihood of remigrating declined significantly across all countries after the CLS struck.
- Those who engaged more in agriculture and women reported a higher likelihood of remigrating at the time of interview.

CHARACTERISTICS OF RESILIENCE

The C-19 NE built on the findings above to analyse the characteristics and conditions that influenced how and why returnees responded as they did. This analysis considered two aspects of resilience: (a) mitigating the impact of the CLS on returnee well-being (that is, the change in well-being from *just before COVID-19* to *the worst point*); and (b) increasing recovery of well-being from the CLS (that is, the change in well-being from the *just before COVID-19* to *now*). These findings are summarized as followed.

RESPONDING *to the effects of the CLS*

- Prior to the CLS, casual labourers, people with disabilities and women were the most vulnerable and hence less able to endure the CLS.
- Returnees were able to make changes to limit the deterioration of their well-being, focusing mainly on food and livelihoods, and with much less capability to influence health and education.
- All returnees suffered stress and mental health issues which in some cases impeded returnees' abilities to respond to the CLS.
- Those returnees who had been in the country the longest had more opportunities to develop livelihoods and social networks prior to the CLS, which helped to protect their well-being and limit the effects of the CLS.

EFFECTIVENESS *of the responses*

- Large numbers of returnees made changes to their livelihoods but lack of capital and skills often limited their options.
- Family and community support was key to adapting to the CLS.
- Returnees' actions in several well-being domains significantly reduced the severity of the CLS effects.
- Returnees who engaged more in agriculture were able to mitigate the CLS's impact and had more pronounced rates of recovery in most well-being domains, suggesting agriculture was an important resilience strategy.

ADDED VALUE OF THE JI-HOA ASSISTANCE

The final part of the analysis considers the effectiveness of the JI-HoA assistance and the extent to which it added value to the returnees' abilities to endure the CLS. These findings are summarized below:

The JI-HoA assistance before returnees' return to their countries was highly praised, with many believing that the assistance saved them from significant danger. Since their return, many returnees report having used the JI-HoA economic assistance to create microbusinesses that benefit their well-being. However, some criticize the scale of assistance and its appropriateness to their situation.

JI-HoA assistance that was provided in a timely fashion helped returnees to mitigate the CLS' impact: A clear, positive relationship exists between the length of time that returnees had use of the JI-HoA economic assistance and their ability to mitigate the effects of CLS in six well-being domains. This finding indicates that timely provision of reintegration assistance is crucial.

No evidence was found that JI-HoA assistance influenced recovery from the CLS: Whilst JI-HoA assistance was seen to limit the extent to which well-being deteriorated during the CLS, it did not have a significant effect on recovery in any well-being domain after the worst point of the CLS. This substantiates qualitative evidence that the JI-HoA economic assistance was used for immediate subsistence and was therefore not available to support recovery.

The time to deliver the JI-HoA economic assistance varied across demographic groups and regions: Women in all three countries appeared to receive assistance sooner than men. Significant variations also existed in how quickly assistance was provided overall across the three countries: some returnees were still waiting for agreed assistance when the CLS struck. Waiting times were longest for those returnees with whom the JI-HoA has had difficulty maintaining contact. This affected returnees' ability to endure the CLS as they depleted financial and social capital while waiting for the assistance to arrive.

The modality of economic assistance can significantly influence effectiveness: Cash-based assistance in the Sudan was more effective than in-kind modalities in mitigating the CLS' impact on well-being, although it did not alter the lack of effect on recovery. In Ethiopia, modest and targeted Emergency Cash Advances yielded significant results during the CLS for both mitigation and recovery.

Non-economic assistance had limited benefits during the CLS: A variety of non-economic assistance – psychosocial and social – was provided to returnees. Business training was the most widespread form across the three countries. However, respondents made very little mention of the non-economic assistance, suggesting its value was limited. Quantitative analysis indicated this type of assistance had no significant effect on mitigating the CLS' impacts on well-being or in recovering from them.

Community-based reintegration projects were viewed favourably in principle: Very few returnees had benefited or were aware of community-based reintegration projects, although they were favourable to the idea of having them.

CONCLUSIONS

- Returnees' actions made a difference in mitigating the CLS' impacts on well-being and on recovery from these shocks, two key aspects of resilience. In particular, engagement in agriculture has been an effective strategy. This has implications for the JI-HoA assistance going forward.
- Variation in the time the JI-HoA took to deliver economic assistance to returnees was substantial, ranging from a few months to a few years. This variation is significant, as the longer a returnee had that support, the better returnees were able to mitigate the CLS' impact on their well-being.
- While the JI-HoA's economic assistance was found to have contributed to mitigating the CLS' impact on well-being, it had no apparent effect on recovery from the shock. However, the contribution of the Emergency Cash Advance initiative in Ethiopia to both aspects of resilience demonstrates that modest interventions can have significant effects if provided at the right time and in the right way.
- The methodological approaches applied in this NE have proven to be valuable and feasible, indicating the potential to replicate them elsewhere. The approaches took advantage of a major shock and provided credible insights that can improve the effectiveness of IOM programming.

RECOMMENDATIONS

RECOMMENDATION 1: Regional and programme managers should introduce *pre-distribution* monitoring to complement existing *post-distribution* monitoring of the assistance provided. Survival analysis may be a useful tool to monitor this key aspect of performance and support learning and improvement.

RECOMMENDATION 2: Programme managers should develop mechanisms that draw on returnee networks to improve communication – a two-way flow of information and ideas – with and among returnees. These networks should include those currently difficult to contact and those living with physical and mental disabilities.

RECOMMENDATION 3: Regional and programme managers should prioritize assistance that supports returnees in developing collaborative relationships adaptively, where and when returnees see them to be mutually advantageous.

RECOMMENDATION 4: Regional and programme managers should prioritize assistance that provides tailored and adaptive support, collaboratively developed with returnees. Returnee networks can be vital interlocutors in developing such initiatives, suggesting who is in greatest need of support, where they can be found and how assistance might best be provided.

RECOMMENDATION 5: Programme managers should expand local and community-based reintegration projects to support returnee innovation and durable job creation. Local training programmes can enable returnees and other community members to grasp emerging opportunities. Greater scale in community-based reintegration projects may be achieved through collaboration with other organizations, whether State or non-State.

RECOMMENDATION 6: Regional and programme managers should draw on evidence of the JI-HoA's performance during and following extreme events as tests of its design and management. The C-19 NE evaluation can begin this process. The evaluation's key findings should be shared with returnees in upcoming participatory monitoring and evaluation sessions and their feedback and suggestions sought.

1. INTRODUCTION AND METHODOLOGY

The EU-IOM Joint Initiative for Migrant Protection and Reintegration in the Horn of Africa (henceforth "JI-HoA") is a flagship programme for IOM that supports African migrants who find themselves stranded and choose to return to their countries of origin in a safe and dignified way. The JI-HoA is the first large reintegration programme that attempts a systematic operationalization of the Integrated Approach to Reintegration, and therefore contains several elements of innovation when compared with more "traditional" reintegration programmes. Based on this approach,[5] the JI-HoA not only facilitates the voluntary return of vulnerable migrants, but also provides them with a range of services covering the economic, social and psychosocial dimensions of reintegration. These services are provided over a long period and aim at supporting the returnee during the non-linear process of reintegration. Upon return or shortly after it, JI-HoA beneficiaries receive Reception Assistance and General Reintegration Assistance (GRA) services such as shelter, onward transportation to reach the final destination, pocket money, immediate medical and psychosocial assistance and trainings or group sessions to prepare for reintegration in the country and community of return. GRA services are complemented by Complementary Reintegration Assistance (CRA). CRA is tailored to the needs of the returnee and constitutes the main form of assistance provided by the programme to individual beneficiaries. The tailoring is achieved through a process called Reintegration Counselling, during which a case worker from IOM or from one of its implementing partners and the returnee define a reintegration plan. Reflecting the predominantly economic nature of migration from the East and Horn of Africa region, most reintegration plans focus on the establishment of a "microbusiness" chosen by the returnee (henceforth "microbusiness assistance") for which IOM provides materials (in kind) or cash to acquire them. In fewer cases, the reintegration plan focuses on assistance to further the returnee's education.

The JI-HoA programme was officially launched in 2017 but IOM Regional Office informants indicate that it had minimal personnel until early 2018 and no inception period during which to develop procedures and gain familiarity with them: IOM and its implementing partners very much learned by doing. They confronted challenges in each of the three countries, among which rampant inflation, currency devaluation and the revolution in the Sudan, which disrupted their operations. These factors contributed to increased waiting times for returnees to receive CRA (microbusiness assistance, in particular), which became a frequent source of contention. The JI-HoA responded with several measures, including new ways of working between IOM and its implementing partners and cash-based modalities of delivering assistance.

In **the Sudan,** in-kind assistance, under which IOM procures the materials and supplies them to returnees, was proving increasingly difficult to implement in the unstable macroeconomic situation and due to logistical challenges it created. "MoMo in kind" was introduced in September 2019 to reduce waiting times for microbusiness assistance. Through this approach, returnees obtain quotes for material from merchants who, in turn, receive payment via mobile money. "MoMo cash" (returnees receive microbusiness assistance in the form of cash transferred directly to them via mobile money) was introduced in March 2020. This modality initially targeted only very vulnerable returnees who may not have been able to manage a microbusiness, but the measure was later expanded to replace both "Regular in kind" and "MoMo in kind" given the challenging socioeconomic conditions, which the COVID-linked shock (CLS) compounded.[6] "MoMo cash" was introduced in **Somalia** in September 2020.

In **Ethiopia,** the Emergency Cash Advance (ECA) initiative was introduced to help returnees cope with the CLS. From May 2020, the returnees requesting it received a lump sum payment of 4,500 Ethiopian birr (equivalent to circa 133 USD in May 2020). This was to be deducted from the microbusiness assistance, which meant that it was not available to returnees who had already received it, regardless of their need.

5 More information on the Integrated Approach to Reintegration is available in IOM (2019a and 2023a).

6 In the Sudan, both "Regular in kind" and "MoMo in kind" were discontinued after May 2019 and September 2020 respectively.

In March 2020, the International Organization for Migration (IOM) commissioned Itad to undertake an impact evaluation (hereafter referred to as "IMPACT") of the JI-HoA programme.

The IMPACT study focuses on Ethiopia, the Sudan and Somalia: the three countries with the largest reintegration caseload in the JI-HoA programme.

The objectives of IMPACT are as follows:

1. To deepen understanding of the net effect of reintegration assistance on individual reintegration outcomes,
2. To expand understanding of the concept and the measurement of sustainable reintegration,
3. To generate lessons to inform future methodological standards for impact evaluations in the context of reintegration.

IMPACT began in 2019 and ran until spring 2023. The study is composed of several components; one of them is this natural experiment-based evaluation.

1.1. ADDED VALUE OF THE NATURAL EXPERIMENT AND COMPLEMENTARINESS WITH IMPACT

1.1.1. Added value

This natural experiment-based evaluation (hereafter C-19 NE) is a component of IMPACT and hence feeds into the three broad objectives of IMPACT. The added value of using a natural experiment in this context is that it provides an approach to IMPACT that would not normally be considered under an evaluation, making use of unplanned events to test hypotheses that can provide additional insights and evidence.

In this instance, we had three opportunities for applying natural experiments: (1) the impact of varying waiting times to receive assistance from IOM; (2) the impact of the change in assistance modality;[7] (3) the impact of the COVID-19 pandemic. The first two options were already built into the IMPACT design but when the COVID-19 pandemic broke out, these elements were subsumed into a larger natural experiment that used COVID-19 as the major unplanned event.

The value of these three natural experiments combined is that they allow us to use one extreme event,[8] the COVID-19 pandemic, to deepen our understanding of the resilience of returnees to shocks. These natural experiments also use the different modalities of assistance provided by JI-HoA – and variations in the waiting time to receive that support – to assess the extent to which JI-HoA added value or not to returnee resilience.

A further motivation for using natural experiments is to achieve IMPACT's third objective – learning lessons to inform future impact evaluations. The C-19 NE provides a valuable testing ground for methodologies and approaches that could be useful for future impact evaluations.

In particular, the C-19 NE is novel in two respects:

- First, with a few exceptions, natural experiments are not commonly used in programme evaluations. They are widely perceived as less rigorous than randomized controlled trials, which has limited their use in many scientific disciplines. However, they provide opportunities to test hypotheses in realistic conditions, on spatial and temporal scales not accessible – practically or ethically – to such trials.[9] Natural experiments can use cross-cutting quantitative and qualitative data to enhance internal validity, with wide spatial and temporal scales enhancing external validity.
- Second, this C-19 NE is novel because it makes use of the extreme event itself as the uncontrolled intervention in the natural experiment, which is

7 This option applies to the Sudan only and refers to shifts from A: "Regular in kind", to B: "MoMo in kind" (cash sent to merchants by mobile money who provide material to returnees), to C: "MoMo cash" (returnees receive cash by mobile money directly to purchase material).

8 An extreme event is "a dynamic occurrence within a limited time frame that impedes the normal functioning of a system or systems" (Broska et al., 2020).

9 Loevinsohn (2013) and Leatherdale (2019).

unusual across scientific disciplines.[10] The pandemic and the mitigation measures that the governments imposed, demarcate the "before" and "after" periods and represent a point in time that people who endured them should be able to easily recall – an aspect which we assess in this report. Using such clearly defined demarcation periods should allow returnees to recall aspects of their well-being more accurately at that time and compare them to, for example, their current situation. The effects of the pandemic also varied in intensity across the three countries due to differences in the severity of the COVID-19 spread, co-occurring extreme events, and the strictness with which government measures to mitigate the pandemic were enforced.

1.1.2. Complementariness with IMPACT

The C-19 NE aims to document how the well-being of the returnees supported by the JI-HoA was affected by COVID-19, and to test the effectiveness of efforts made by the returnees and IOM to mitigate and recover from these impacts. The C-19 NE focuses not just on the direct effects of the pandemic (such as mortality, morbidity and the diversion of people's time to care for those affected), but also on the effects of the measures that governments imposed to limit the spread of the virus (such as lockdowns, school closures and restrictions on gatherings and movement) in March–April 2020.

By understanding how returnees were affected by the CLS, how they responded, and how they were constrained from feasible and possibly efficacious actions, we are better able to evaluate the JI-HoA assistance with respect to returnees' resilience to the CLS. In particular, by incorporating the other two natural experiments (time to receive assistance and delivery modality), we have learned lessons that can inform adaptations to the JI-HoA programme design and implementation. For example, we find that returnees who had use of JI-HoA assistance longer were better able to mitigate the CLS' impacts. That finding, together with the finding that the time to receive assistance was significantly shorter for some groups of returnees and in certain places and periods of the JI-HoA programme, point to ways in which the JI-HoA can more effectively support returnees' resilience.

1.2. AIM OF THE STUDY

This natural experiment-based evaluation, therefore, seeks to use the CLS to understand the extent of returnees' resilience to a major shock and how far IOM assistance through the JI-HoA has contributed to that resilience. At the same time, the C-19 NE hopes to learn lessons from this innovative approach that can be applied to research and evaluations elsewhere, especially as climate and environmental crises are likely to increase the frequency and intensity of large-scale shocks.

This natural experiment seeks to test two key hypotheses, through evidence from integrated, mixed-method research across the three countries (Ethiopia, Somalia and the Sudan) that have the majority of returnees in the JI-HoA programme.

HYPOTHESIS 1: The impact of the CLS on returnees and their families varies by country and region. This variation is related to differences in the severity of COVID-19 restrictions, the co-occurring shocks, and morbidity and mortality.

HYPOTHESIS 2: The impact of the CLS also varies according to individual characteristics of returnees, including income, age, sex and disability. This impact also varies according to the provided JI-HoA assistance, the modality of its delivery, and the length of time since it was received. Innovation by returnees, individually, jointly or collectively, can mitigate the impact of the CLS.

In testing these hypotheses, we address seven evaluation questions developed in collaboration with IOM's regional and country offices. These can be found in the Methodological notes (Section 8.1).

10 Epidemiology is one discipline that has a history of treating extreme events as the intervention in natural experiments. A well-known example is a series of studies that assessed the consequences of the Dutch Hunger Winter (1944–1945), when food supplies were cut off to western Holland, on the subsequent development of people who were in gestation at the time. Comparisons with people in other areas or with siblings born before or after the Hunger Winter have shown impacts on child and adult health, including obesity and type-2 diabetes (Lumey et al., 2011). Other natural experiments have examined the impact of famine on HIV dynamics in Malawi, in part due to distress-provoked migration (Loevinsohn, 2015) and climatic warming, accelerated by an El Niño event, on malaria incidence in Rwanda (Loevinsohn, 1994).

1.2.1. Structure of the report

Following on from the current chapter, which described the methodology of the C-19 NE and the analytical tools adopted, Chapter 2: The effects of the CLS on returnees explores the implications of the CLS on returnee populations, considering the effects of the CLS and subsequent rates of recovery. Chapter 3: Assessing resilience and effectiveness of responses considers the effectiveness of responses adopted by the returnees to respond to the CLS and what returnee characteristics influenced those responses. Chapter 4: Added value of the JI-HoA assistance considers the importance of JI-HoA assistance for resilience, assessing whether the assistance had any effect on the severity of impact and/or the rate of recovery. Chapter 5: Conclusions summarizes the overall conclusions of the findings of the C-19 NE, which then inform Chapter 6: Recommendations, outlining the key recommendations for the JI-HoA programme going forward. Finally, Chapter 7: Lessons draws out the lessons that may be relevant to other stakeholders beyond the JI-HoA programme.

For ease of reading, details of the methodology and tables and figures that are not essential to the findings have been placed in the Methodological notes (Chapter 8) and in the separate technical annex of this report, respectively, and referenced with hyperlinks.

1.3. TARGET POPULATION AND AREAS

The eligible population for the C-19 NE comprised JI-HoA-assisted returnees in Ethiopia, Somalia and the Sudan, who were at least 18 years of age on arrival and who arrived at least four months before the first COVID-19 control measures were imposed in April 2020.[11] We made use of the JI-HoA's programme data in each country to identify and locate these returnees.

Within Ethiopia and the Sudan, we selected first-administrative-level areas (Ethiopia: regions; the Sudan: states) that together contained more than 85 per cent of the eligible returnee population. In Somalia, a similar result was achieved by drawing two distinct research areas (A and B) with no correspondence with existing administrative-level areas. We excluded areas that were inaccessible: Tigray, in Ethiopia, due to the ongoing conflict; and Al Jazirah, in the Sudan, due to flooding in June 2021.

Table 1. Survey sample and completion rate

		TARGET SAMPLE POPULATION	COMPLETED SURVEYS	PERCENTAGE ACHIEVED
Ethiopia	Amhara	213	127	59.6
	Oromia	501	548	109.4[12]
	SNNPR	327	360	110.16
	Total	1041	1035	99.4
Somalia	Research area A	233	109	46.8
	Research area B	182	120	65.9
	Total	415	229	55.2
Sudan (the)	Darfur (Central, North, South, and West Darfur states)	412	278	67.5
	Khartoum	382	301	78.8
	Total	794	579	72.9
Grand Total		2250	1843	81.9

11 That is, returnees who arrived between 2017 (when the JI-HoA programme began) and end of 2019 (4 months before COVID-19).

12 SNNPR and Oromia were oversampled to compensate for undersampling in Amhara due to Tigray conflict spillover.

1.3.1. Geographical variations in CLS intensity

The regions selected were also ones for which earlier and independent evidence suggested substantial variations in the magnitude of the CLS, allowing us to understand the extent to which the severity of COVID-19 restrictions affected returnee populations. For this purpose, we drew on the answers to three questions in a COVID-19 needs assessment carried out by the three IOM Country Offices in July–August 2020:

1. What are the prices for food and other basic goods like *now*, compared to in February?
2. What is your ability to purchase food and other basic goods like *now*, compared to in January and February?
3. How is your financial situation *now*, compared to in February (*before COVID-19*)?

The answers to these questions informed comparisons of the severity of the COVID-19 restrictions across different regions (Table 2) which in turn informed our sampling approach.

Table 2. Reported impacts of the CLS among returnees by area

LOCATION	SEVERITY OF CLS
Ethiopia	
Amhara (n=47)	Severe
Oromia (n=70)	Moderately severe
SNNPR (n=177)	Moderately severe to severe
Somalia	
Research area A (n=33)	Moderately severe
Research area B (n=35)	Moderately severe
Sudan (the)	
Khartoum (n=99)	Severe
Darfur (n=92)	Severe

N = 624 returnees.
Source: IOM needs assessment survey July–August 2020.

The results indicate that:

- **In Ethiopia:** Amhara was severely affected, more so than Oromia; SNNPR was intermediate.
- **In the Sudan:** The Sudan was severely affected across all the states we considered. Additional reports provide more specific evidence indicating that the initial lockdown was imposed earlier and for longer in Khartoum than in the rest of the country, though there may be a reporting bias.[13] When using this information for analysis, we assume that there was a greater impact in Khartoum.
- **In Somalia:** Somalia was the least severely affected of the three countries, with Research area B less affected than Research area A. However, the number surveyed in Somalia was relatively small which may affect the results.

1.4. DATA COLLECTION

1.4.1. Quantitative tools

The main data collection instrument was a quantitative survey to assess the CLS' impacts on returnees' well-being, their sources of support and income and their actions in response to the CLS. The survey was conducted by phone.

1.4.2. Qualitative tools

FGDs and KIIs, conducted in person, served to deepen insights from the survey. Forty FGDs were carried out with survey respondents, 15 in Ethiopia and the Sudan each, and 10 in Somalia.

The FGDs were divided in two groups, which took up specific themes. Group 1 explored the CLS and its impact; adaptation and innovation, and JI-HoA assistance. Group 2 discussed community-based reintegration projects, JI-HoA assistance and timing of receiving it.

Two FGDs in Ethiopia and one each in Somalia and the Sudan were organized as women-only groups.

Eight KIIs were held with survey respondents in each country. Candidates were identified from their answers to open-ended questions in the survey as

13 Reuters COVID-19 Tracker (last updated 5 July 2022).

having something interesting to say on one of the following areas:

- Having made changes in response to the CLS – beyond coping.
- Having strong views on JI-HoA assistance – positive or negative.
- Being personally involved in a CBRP – in contributing to it and/or in benefiting from it.

Three of these interviews were conducted with women and with people living with physical or mental disabilities. Women were a relatively small portion of the returnee sample (Table 8), especially in Somalia (5.7%) and the Sudan (2.2%), which made identifying female candidates for interviews and women-only FGDs difficult. In each country, five KIIs were also conducted with well-informed local observers.

We used the Dedoose software to code and analyse qualitative transcripts according to pre-identified as well as emerging themes.

1.4.3. Time periods

To assess how returnees had been affected during and after the CLS, each of the data collection tools asked returnees how their well-being had been affected by the CLS at three time periods:

1. ***Just before COVID-19:*** The month prior to the first COVID-19 control measures being imposed, approximately the beginning of April 2020.
2. ***Now:*** The month prior to the interview (mid-October to early December 2021).
3. ***The Worst Point:*** A time when conditions were worse than *now*, or *now* if that was *the worst point*. This was subjectively assessed and specific to each well-being domain.

These periods were discussed with respondents at the beginning of interviews and brought up during the interview as reminders. When asking about *the worst point*, we focused on the condition at that point or the change from *just before COVID-19* but not its date. We employ these terms throughout this report.

When we refer to a period "since COVID-19" this means the time since the governments' virus-control measures were imposed around the beginning of April 2020.

1.4.4. Recall and recognition of COVID-19 control measures

The C-19 NE relied on respondents accurately remembering their situation *just before COVID-19*. We assessed this accuracy indirectly by testing the returnees' recall (the ability to remember something unprompted) and their recognition (the ability to remember something with prompts) of the control measures that the governments had imposed or strongly recommended at the beginning of the CLS around the beginning of April 2020. This assessment found that returnees were able to accurately remember the measures imposed 18–20 months earlier. For details, see the Methodological notes (Section 8.2).

1.5. ASSESSING AND ADAPTING TO BIAS

We relied on the JI-HoA's programme data to select respondents to the survey, which was conducted by phone. The large majority of returnees had at least one telephone number listed but when trying to contact them, many were unreachable despite repeated attempts, and we were obliged to seek an alternate for the sample. This meant that the unsampled part of the returnee population had a greater proportion without phones or phone numbers known to the JI-HoA than the part that we were able to sample.

Statistical analysis showed that, across the three countries, sampled and unsampled returnees did not differ significantly in terms of gender, age and time since arrival in their country. However, the proportion who had not received microbusiness assistance was significantly larger among returnees we did not sample than among those we did.

A concentration of unsampled returnees, whom we were unable to reach by phone, was evident in several villages in East Hararghe zone in Oromia. We conducted an additional KII and an FGD in person with some of these returnees, located through the efforts of returnees in the area that we had surveyed who drew on their network of contacts. This provided a minimal means to compare the views of these unsampled returnees with those of the sampled population. For details, see the Methodological notes (Section 8.3).

1.6. QUANTITATIVE METHODS

1.6.1. Control and calibration

We did not include a formal control group of returnees in the C-19 NE. The central element of the natural experiment was, as described earlier, the CLS – an uncontrolled intervention – which we sought to take account of at every step in our design and analysis. As mentioned above, we assessed the impacts of and responses to the CLS across areas that appear to have differed in CLS severity; this made forming a control group impossible. Nowhere in the region could one have expected to escape the CLS.

1.6.2. Well-being and responses to the CLS

We asked survey respondents about their well-being in the three time periods discussed above: *just before COVID-19, worst point,* and *now* with respect to nine domains:

- Food insecurity was assessed in four domains, using questions adapted from the Reduced Coping Strategies Index (rCSI):[14] (1) going days without meals; (2) reducing meals per day; (3) reducing size of meals; (4) reducing consumption of protein-rich foods. Studies in the HoA region have found that people perceive the order of those actions to reflect food insecurity situations of decreasing severity. For details, see the Methodological notes (Section 8.4).
- Income was assessed as purchasing power, using the most common local grain as the reference (teff in Ethiopia, sorghum in Somalia and wheat in the Sudan).
- Other well-being domains were quality of housing, school attendance, health and access to health services, and acceptance by family and community.
- We also asked survey respondents about the likelihood of them remigrating, which is not a domain of well-being.

Analysis was at the individual level for all domains except school attendance and prevalence of serious illness: in these cases, the variation in both the numerator (children not attending or members seriously ill) and denominator (total number of children or of household members) was too great to meaningfully assess change to *the worst point* and to *now*.

In these two domains, we analysed aggregate levels and change, that is, the proportion of all children supported by returnees not attending school and the proportion of all household members seriously ill. We were thus able to report the CLS impact on returnees in these two domains. However, we could not include these domains in the multivariate analyses which assess change at the individual level.

We asked survey respondents about their main and any secondary means of support *just before COVID-19*: the economic and material sources that they relied on to maintain themselves and their households, including employment or self-employment, casual labour, farming, support from family and community, remittances and relief.

We asked whether they had made any changes to these means of support to counter the CLS' impact and, in particular, whether they engaged more in agriculture.

We also asked survey respondents whether they had made any changes in their housing, children's schooling, access to health services and acceptance by family and community. In each case, we asked what these changes were and who, if anyone, had supported in making them.

14 See WFP (2019); see also Maxwell and Caldwell (2008) for the initial Coping Strategies Index.

1.6.3. Disability and mental health

Approaching these issues with sensitivity and making clear they could refuse to answer, we asked survey respondents about their experience of disability and mental health, using multi-item tools that had been developed and tested in related field situations. Respondents who agreed to answer were then asked whether any of these disabilities or conditions had made enduring and responding to the CLS more difficult.

Selected returnees who responded to this section were interviewed in depth, in KIIs. Disability and mental health were among the topics taken up in FGDs. For details, see the Methodological notes (Section 8.4).

1.6.4. Community-based Reintegration Projects (CBRPs)

The Integrated Approach to Reintegration that informs the JI-HoA envisages that community-based approaches and structural interventions should complement individual level assistance. Approximately 40 CBRPs had been implemented by the JI-HoA by the time of interview in 2021. Evaluating them was not part of the C-19 NE's remit, but through the survey, FGDs and KIIs we sought to ascertain to what extent returnees were aware of and had participated in JI-HoA-sponsored CBRPs in their vicinity. We also asked whether CBRPs – not only JI-HoA-sponsored ones – had helped them to endure the CLS's impacts and to make changes to improve their situation or prevent it from getting even worse. For details, see the Methodological notes (Section 8.4).

1.7. ANALYTICAL METHODS

1.7.1. Survival analysis

The time it took for returnees to receive JI-HoA's microbusiness assistance was critical to evaluate its contribution to resilience. We used survival analysis, a branch of statistics for analysing the time to an event, to assess this time and the individual factors (gender, disability status, age), location (country and region) and year that might affect it. The JI-HoA's programme data provided the information for this analysis. For details, see the Methodological notes (Section 8.5).

1.7.2. Multivariate regressions

To understand what use the returnees were able to make of the JI-HoA's assistance once received in mitigating the impact of the CLS on well-being and in recovering from those impacts by the time of interview, and how the returnees' own actions and individual factors (gender, disability status, age) contributed, we conducted fixed-effect (country and region) multivariate regressions in two sets of models:

- Determinants of change in well-being domains from *just before COVID-19* to *the worst point.*
- Determinants of change in well-being domains from *just before COVID-19* to *now.*

We also used fixed-effect multivariate regressions with those same independent variables but without returnees' actions in two other sets of models to understand:

- Determinants of actions taken by the returnees in response to the CLS.
- Determinants of the level of well-being domains *just before COVID-19.*

Country-specific multivariate regressions with only region as the fixed effect were used to understand how interventions in one country affected change in well-being. For details, see the Methodological notes (Section 8.5).

1.7.3. Analysing impact of JI-HoA assistance

To assess the contribution of the JI-HoA's microbusiness assistance in these multivariate models, we included the length of time a returnee had use of the JI-HoA's microbusiness assistance together with the time since the returnee's arrival in their country of origin as independent variables. Statistical tests showed that the best fits were obtained when these two terms were included. For details, see the Methodological notes (Section 8.5).

2. THE EFFECTS OF THE COVID-19-LINKED SHOCK ON RETURNEES

To understand the importance of JI-HoA's assistance to the resilience of returnees, we first need to understand how the CLS affected returnees. We do this by exploring different domains of well-being to identify where the CLS had the largest effect. This chapter, therefore, considers two key aspects of the CLS impact: (1) the severity of the effects of the CLS on returnees (that is, the change in well-being from *just before COVID-19* to *the worst point*), and (2) the extent of recovery (that is, the change in well-being from *the worst point* to *now*). These two aspects then inform Chapter 3, where we explore the relative effectiveness of the returnees' responses, and hence their resilience.

FINDING 1: In all three countries, the CLS had a substantial effect on livelihoods due to the effects of control measures and associated market volatility and inflation.[15] This had knock-on effects for purchasing power, which was still depressed at the time of interview.

COVID-19 affected the livelihoods of returnees. Lockdowns and restrictions on movement and transport, inflation and supply shortages, as well as co-occurring shocks (desert locusts, flooding and conflict) all affected livelihoods. The extent to which returnees were affected in part depended on how they supported themselves before the CLS, which varied among the three countries (Table 3).

Table 3. Sources of support *just before COVID-19*, by country[16]

SOURCE OF INCOME, PRE-COVID-19	ETHIOPIA %	SOMALIA %	SUDAN (THE) %	TOTAL %
Employment (salaried)	4.4	11.2	2.3	4.6
Self-employment (non-farming)	16.3	35.9	74.1	36.3
Family	4.7	9.9	1.8	4.4
Remittances	0.2	9.4	0.5	1.4
Farming	43.8	2.2	5.2	27.0
Employment (casual)	1.7	26.0	0.4	4.3
Programmes of government or other organizations	0.0	0.9	0.0	0.1
Other[17]	17.7	0.4	9.7	13.2
None	10.6	3.6	5.6	8.2
Refused to answer	0.3	0.4	0.2	0.3
Don't know	0.3	0.0	0.2	0.2
n	1 045	223	555	1 823

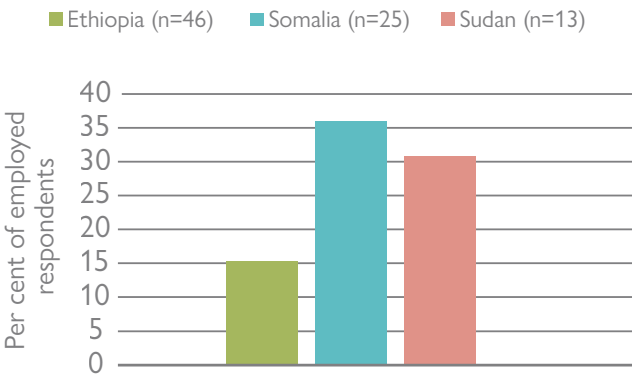
15 Inflation rates from the start of 2020 to the end of 2021 were 52.7 per cent in Ethiopia, 9.1 per cent in Somalia, and 1,567.9 per cent in the Sudan. Data from the IMF, average consumer prices index, available from www.imf.org/external/datamapper.

16 The table provides an overview of how returnees supported themselves before the pandemic. In Ethiopia, 44 per cent relied on farming, over 20 per cent were employed or self-employed, and over 10 per cent declared no means of support. Employment, self-employment, and casual employment were more common in Somalia and the Sudan. Almost three quarters of the Sudan's returnees were self-employed; only in central and West Darfur were more than 15 per cent reliant on agriculture.

17 Other responses include day labourers, shop/market stall owners, students and informal traders.

Figure 1. COVID-19's effect on returnees' businesses (n=646)

Figure 2. Changes to salary



When the CLS struck, more than 60 per cent of self-employed returnees had to close their businesses during lockdowns (Figure 1) and many employed returnees had their salaries reduced or stopped, with around 30 per cent of employees in the Sudan and Somalia affected (Figure 2).[18] The proportion was less in Ethiopia where relatively few returnees are employed.

Purchasing power was also assessed using commonly used local grains[19] as an indicator of how much respondents could purchase *just before COVID-19* at *the worst point* and *now* (Figure 3). The largest effects are seen in Ethiopia and the Sudan, where the loss in purchasing power was about 42 kg (48%) and 24 kg (38%) from *just before COVID-19* to *the worst point* respectively, and 30 kg (34%) and 18 kg (27%) to *now*. The decline in purchasing power was notably less in Somalia: 16 kg (17%) to *the worst point* and 7 kg (7%) to *now*. Research area B was less affected than Research area A.[20]

Findings from the qualitative work provide insight into the related issues of income and purchasing power. Returnees in Ethiopia and Somalia described how sharp inflation during the CLS caused by the shortage of staple items, exacerbated the impact of the pandemic, as essential goods more than doubled in price.[21] Inflation and market volatility made it even harder to have a stable life and earn money in the community.[22] Those relying on crop farming experienced a significant rise in the price of inputs, such as fertilizer.[23] Respondents made clear that most returnees – the self-employed as well as casual workers – rely on a daily income which made them particularly vulnerable to lockdown conditions.[24]

18 Returnees' evidence from the survey is complemented by what they and local observers reported in FGD and KIIs.

19 Teff in Ethiopia, sorghum in Somalia and wheat in the Sudan.

20 Note that this analysis involves only 41 per cent of the returnees surveyed. Many relied on sources of support that did not provide what they considered an income or one they could readily estimate such as farming, on which 44 per cent of Ethiopian returnees primarily relied and casual labour on which 26 per cent of Somali returnees depended *just before COVID-19*. Returnees' evidence from FGD and key informant interviews provides a fuller view on how returnees' economic and material support was affected by the CLS, whatever the source.

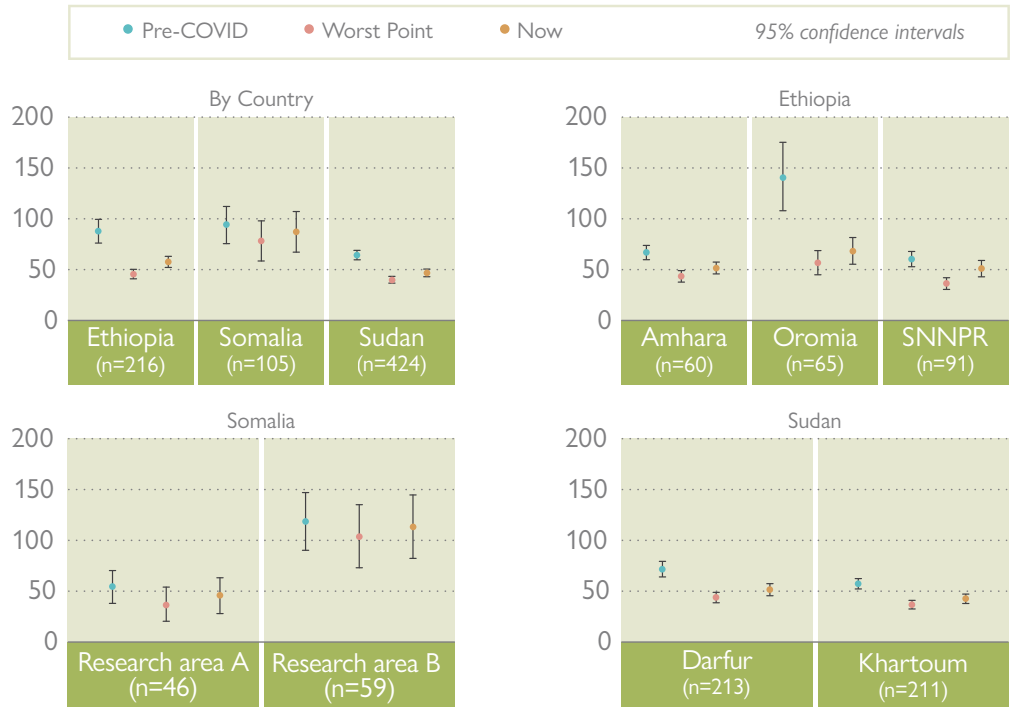
21 FGD – Group 1, female, Research area A, Somalia; FGD – Group 1, CLS #2, Arsi, Oromia, Ethiopia; FGD – Group 1, CLS, East Hararghe, Oromia, Ethiopia.

22 FGD – Group 2, CBRP #1, Hadiya, SNNPR, Ethiopia.

23 FGD – Group 1, CLS #1, Arsi, Oromia, Ethiopia.

24 For example: FGD – Group 1, female, Umdurman, Khartoum, the Sudan; FGD – Group 1, male, Research area A, Somalia; KII – CBRP, female, Umdurman, Khartoum, the Sudan; KII – local observer – Sharg Al-Nil, Khartoum, the Sudan.

Figure 3. Returnees' monthly income in kilograms of local grain[25]



Many returnees spoke of encountering major challenges when roads closed and transport fees for the few available vehicles significantly increased. This price hike prevented travel to town for work or supplies and disproportionately affected poorer people, as they did not have the financial resources to pay for the increased cost of transport.[26] Those located in rural areas felt they were particularly affected, as challenges with transport meant they could not travel to towns to buy supplies and they were not able to afford much of what was available locally.[27]

FGD participants in Somalia and the Sudan described how the closure of borders reduced supplies and drove prices up, including those of fruits and vegetables. Merchants who relied on a mobile clientele lost business.[28,29] These restrictions on movement, trade and supplies meant that work may have been impossible for many months, which further added to the stress and hardships experienced by returnees during the CLS.[30]

25 The charts below show the relative changes in purchasing power based on common grains (teff in Ethiopia, sorghum in Somalia, wheat in the Sudan). The data is presented by country and region at three time intervals: *just before COVID-19, worst point, now.*

26 FGD – Group 2, CBRP #1, East Hararghe, Oromia, Ethiopia; FGD – Group 1, Research area B (I1), Somalia.

27 FGD – Group 2, CBRP #1, East Hararghe, Oromia, Ethiopia; FGD – Group 1, female, Umdurman, Khartoum, the Sudan.

28 FGD – Group 2, Research area B (I1), Somalia.

29 FGD – Group 2, Nyala, South Darfur, the Sudan.

30 FGD – Group 2, CBRP #1, Hadiya, SNNPR, Ethiopia.

FINDING 2: Across all countries, food security decreased as a result of the CLS with substantial reductions in food consumption, although in the majority of cases the most extreme coping measures were avoided. Recovery to pre-CLS levels was mixed, with marked regional variation.

Across all countries, food security decreased and led to substantial changes in food consumption. In particular, the size of meals and consumption of protein-rich foods were reduced. Whilst extreme measures were avoided in most cases, the number of days during which no meals were consumed increased for the most vulnerable, along with limited incidence of begging.[31] Significant price rises and supply shortages of daily survival items were all cited as contributing to this effect.[32] Whilst there has been recovery to pre-COVID-19 levels for *days without meals,* the results are less encouraging for the other three food security domains.

The most extreme food insecurity is indicated by whether returnees went a whole day without eating any meals and the frequency with which they did that. Figure 4 shows that going a whole day without meals was not uncommon *just before COVID-19:* In the Sudan and Ethiopia, more than 20 per cent and in Somalia more than 10 per cent of the returnees resorted to this coping measure; it was most common in Amhara (36%) and least common in Research area B (5%). There was no significant change to *the worst point* and to *now* in any country or region. The frequency – the number of days in a week – that returnees had to resort to this action is shown in Appendix Figure 3 in the separate technical annex of this report. Only in Amhara, Ethiopia, did frequency significantly increase to *the worst point,* amounting to 0.4 days/week more relative to the other two Ethiopian regions, Oromia and SNNPR. In other words, in Amhara, where the largest proportion of returnees already resorted to this most extreme of measures, the impact of the CLS was not to make this measure more common but to lengthen the time without food for those already going without it. By *now* (that is, the time of survey), returnees in all regions were eating on as many days as they were *just before COVID-19.*

A second indicator of food security is the number of meals returnees ate within a day (Figure 5). This indicator suggests more substantial, widespread and, in some areas, more sustained impacts on this dimension of food insecurity, than with respect to days without meals. *Just before COVID-19,* the returnees ate, on average, 2.4–2.5 meals per day in the three countries. At *the worst point*, returnees ate 0.66 meals per day less in Somalia, 0.5 meals per day less in the Sudan and 0.2 meals per day less in Ethiopia. The decline was greatest in Research area A (0.70 meals per day) and least in Oromia (0.13 meals per day). The situation had returned to pre-COVID-19 levels in Oromia by the time of interview; however, substantial differences remained in Khartoum, Darfur and Research area B.

A third indicator used to assess food security was that of meal size. In all countries and regions, returnees ate significantly less per meal *now* relative to *just before COVID-19,* and at *the worst point* than *just before COVID-19.* The largest relative declines were in Somalia and the smallest in Ethiopia.

31 In a study in Garissa (Kenya) people judged begging to be an even more extreme coping strategy than going a whole day without food (Maxwell and Caldwell, 2008).

32 This is based on survey results and also confirmed by qualitative findings from key informants and focus group participants across the three countries.

Figure 4. Going a day without meals (proportion)[33]

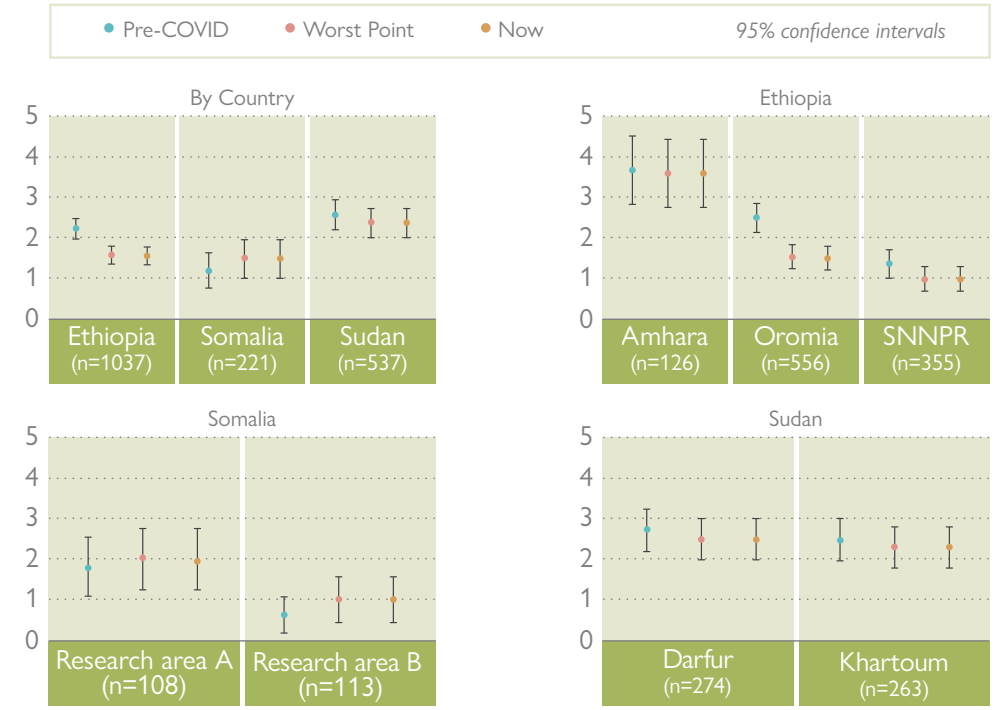
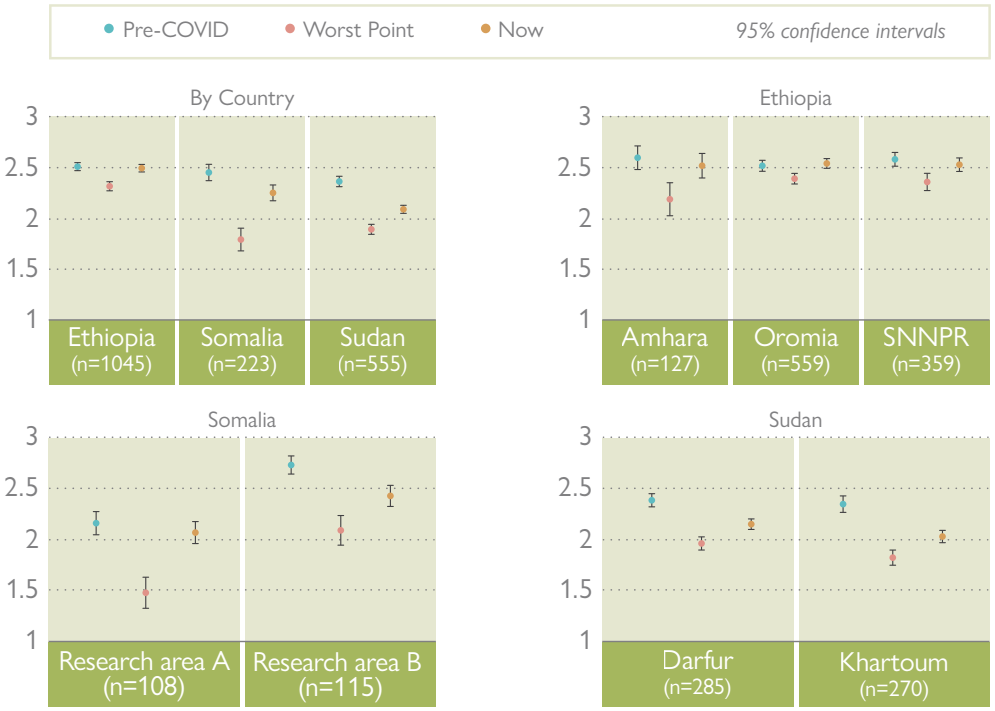


Figure 5. Meals eaten per day[34]



33 Figure 4 shows the prevalence of this extreme coping action across the three countries at three time intervals: *just before COVID-19, worst point, now.*

34 Figure 5 illustrates the change in number of meals eaten per day across the three countries at three time intervals: *just before COVID-19, worst point, now.*

Our results also showed that there were significant reductions in the fourth and final indicator of food security – the number of days that returnees ate protein-rich foods – both at *the worst point* and *now* (see Appendix Figure 4 in the separate technical annex of this report).[35]

This series of questions suggests that the returnees we surveyed were not in a widespread food crisis situation in the period after COVID-19 struck: only in Amhara was there evidence of increase in the most severe coping action – going a day or more without meals. However, evidence exists that the CLS may have provoked a focused food crisis among the most vulnerable and had long-term effects for all returnees in some of the food security domains.[36]

Without more detailed information, drawing conclusions about the nutritional impact of these reductions is difficult. For example, even small reductions in protein-rich foods in Ethiopia may have been particularly harmful given the low initial levels of consumption, a concern reflected in focus group discussions (see Finding 3 on health).

FINDING 3: Access to health services worsened in all three countries but has subsequently recovered. Despite the deterioration during the CLS, there were no significant changes in the numbers of seriously ill but there were health concerns associated with reduced nutrition and mental stress, especially for children.

In all three countries, access to health care decreased (Figure 6) largely due to health workers' reluctance to see patients, fearing infection, and the costs of transport[37] and medical bills.[38] Ethiopians typically reported having the best access to health care *just before COVID-19.* Generally, health-care access had returned to close to pre-COVID-19 levels by *now*, the time of interview.

Survey respondents were also asked about serious illnesses within their households. Findings showed little change in the number seriously ill across the three periods in Ethiopia and the Sudan, remaining at or below 10 per cent (Figure 7). Only in Research area A is there significant increase, to 24 per cent seriously ill at *the worst point*. In Research area B, the proportion of seriously ill declines from 16 per cent *just before COVID-19* to 13 per cent at *the worst point* and 11 per cent *now*.

In the survey, many returnees did not respond to questions about their mental health, likely due to the stigma and discrimination that typically surround this issue (see Finding 13).

35 Further analysis shows that in Somalia and the Sudan *just before COVID-19*, the average was just under two days/week eating protein-rich food but only 0.37 days/week in Ethiopia, slightly higher in Amhara than in Oromia and SNNPR. This large difference does not appear to be an artefact: recent studies have documented the Ethiopian diet's continuing high reliance on grains and pulses and low use of animal foods (Sheehy et al., 2019). At *the worst point*, returnees in the Sudan and in Research area A ate protein-rich foods almost one day/week less than *just before COVID-19*; the decline was 0.44 days/week in Research area B and 0.17 in Amhara. Consumption of these foods was still significantly less *now* than *just before COVID-19* everywhere but in Oromia and SNNPR.

36 With the help of returnee networks, we were able to contact and interview a group of returnees who were without phones or known phone numbers (see Section 1.5). One woman described how at a low point during the CLS, the family's only recourse was to beg (see Finding 10 for more details).

37 FGD – Group 2, CBRP #3, East Hararghe, Oromia, Ethiopia: some participants commented that they had to travel long distances at high cost to obtain the accepted test result. One participant mentioned that even pregnant women were refused medical attention if the health professional heard so much as a small cough.

38 FGD – Group 2, Somalia (reference 01: some participants described how they struggled to access health services during the pandemic as doctors were afraid to care properly for sick people in clinics and hospitals. As a result, many were left without proper medical attention, even if they had tested negative for COVID-19.

Figure 6. Access to health care (relative scale)[39]

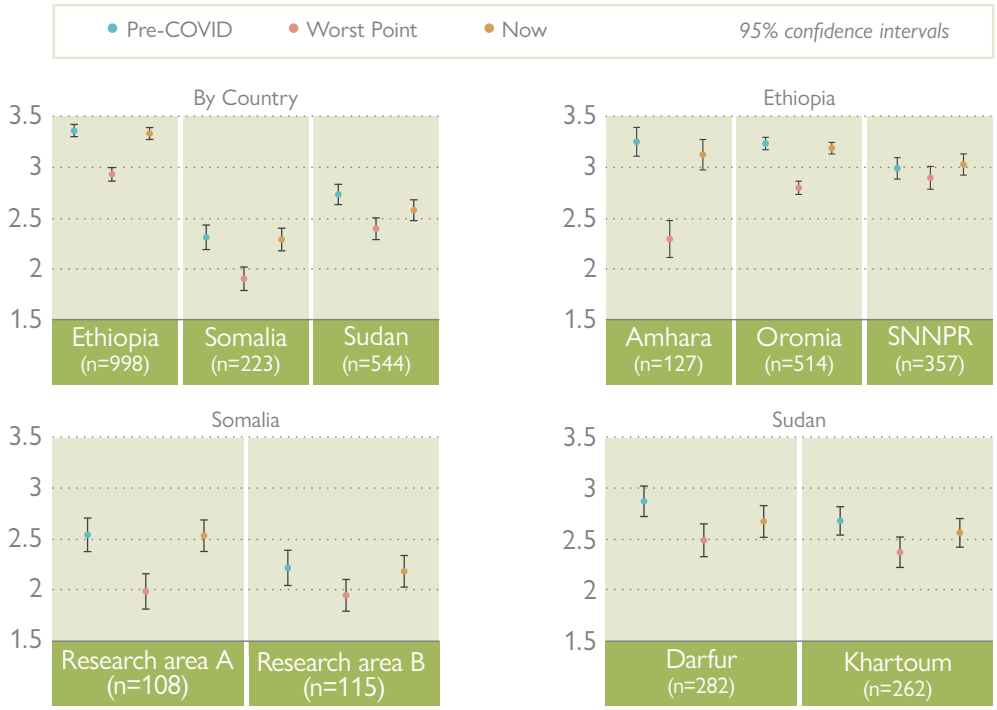
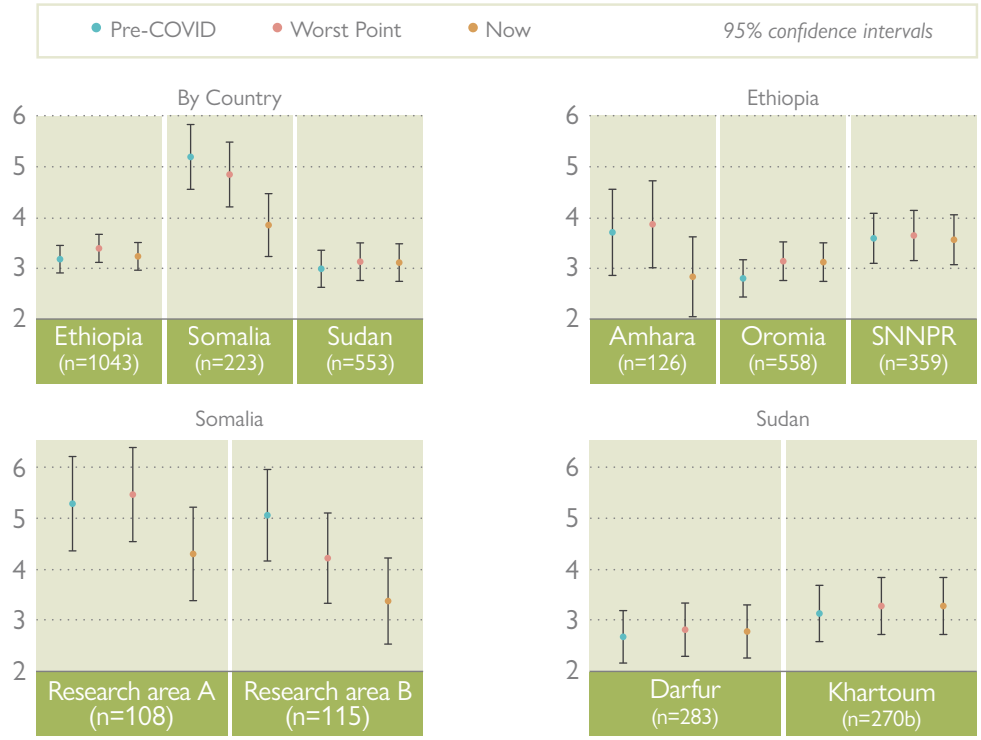


Figure 7. Households with a serious illness (proportion)[40]



39 The chart illustrates returnees' reported access to health care (1-very poor, 2-poor, 3-fair, 4-good, 5-very good) at three time intervals: *just before COVID-19, worst point, now.*

40 The chart illustrates the proportion of returnee households with at least one person with a serious illness at three time intervals: *just before COVID-19, worst point, now.*

FINDING 4: Housing deteriorated for almost half of the respondents in Somalia and the Sudan with limited rates of recovery.

Quality of housing deteriorated after the CLS struck for 16 per cent of respondents in Ethiopia, 45 per cent in Somalia and 47 per cent in the Sudan at *the worst point*. Substantially fewer returnees reported that they lived in good quality housing *just before COVID-19* in Ethiopia than in Somalia and the Sudan, suggesting that the lower decline in Ethiopia may be due to housing quality starting from a lower point. These figures suggest that a significant proportion of returnees were unable to maintain the quality of their housing as a result of the CLS. Furthermore, housing quality continued to suffer with 9 per cent of respondents in Ethiopia, 36 per cent in Somalia, and 38 per cent in the Sudan, feeling that their housing situation *now* was worse than it had been *just before COVID-19*.

FINDING 5: School attendance levels were already low before the pandemic. Only in Amhara, Ethiopia, was there a significant fall in school attendance linked to the CLS.

FGD and KII respondents across all three countries described how the CLS had disrupted their children's education. Many returnees spoke about children in their communities having little to do at home when the schools closed during the lockdown. Although some schools provided online classes, respondents noted that many households did not have the resources to enable their children to join classes remotely. Participants also spoke about the reduced quality of online teaching:

> *"Schools were closed but some schools started giving classes online. However, many households cannot afford smartphones for their children. If there are eight children in the household, all eight need smartphones and that is financially not feasible for most households in the country. COVID-19 caused an increase in smartphone and tablet prices. COVID-19 also affected the quality of education because … online classes are never of the same quality as face-to-face, student-teacher interactions.*[41]

Survey respondents were asked whether they were supporting school-aged children and whether any of them were not attending school *just before COVID-19,* whether and how many were not attending *now* or at *the worst point*, and whether they had acted to improve the schooling situation.

Figure 8 indicates that substantial proportions of returnees supported one or more children not in school *just before COVID-19:* 35 per cent in Ethiopia, almost 70 per cent in Somalia and more than 50 per cent in the Sudan. The proportion increased significantly to *the worst point* only in Amhara where it reached 80 per cent; it decreased significantly in Research area B.

However, this result is only a partial indicator of the situation: it ignores the change in the number of children returnees supported who were not attending school. As discussed in Section 1.6.2 we can only track change in this variable at the aggregate rather than household level.

41 FGD – Group 2, Research area B (I1), Somalia.

Figure 8. Returnees supporting children not attending school (proportion)[42]

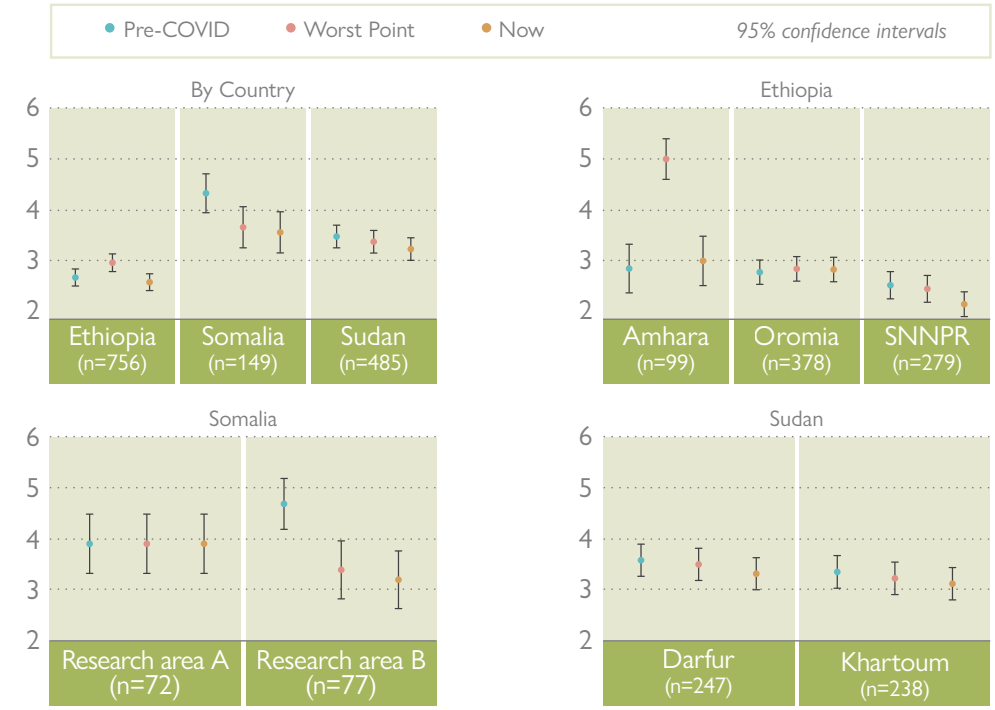
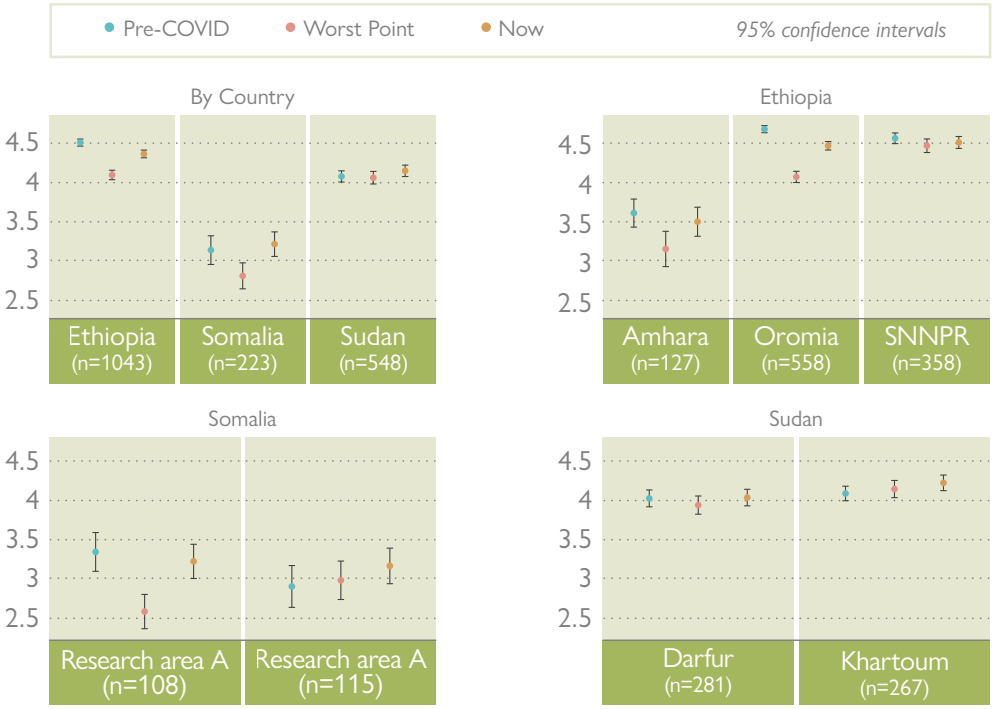


Figure 9. Acceptance by family and community (relative scale)[43]



42 The chart illustrates the proportion of returnees supporting children who were not attending school, by country and region, at the three time intervals: *just before COVID-19, worst point, now.*

43 The chart illustrates returnees' feeling of acceptance by family and community (1-very poorly; 2-poorly; 3-sometimes poorly, sometimes well; 4-well; 5-very well) at the three time intervals: *just before COVID-19, worst point, now.*

FINDING 6: Across all three countries, returnees felt well accepted by their family and communities before the CLS; acceptance deteriorated during the CLS, but subsequently recovered to pre-CLS levels.

As pressures on households increased, returnees reported feeling less accepted by their family and less accepted by their community. This decline was most marked in Research area A. See Finding 16 for more on the consequences of this decline and the importance of the subsequent recovery to *just before COVID-19* levels.

FINDING 7: The severity of restrictions imposed to curb the spread of infection influenced the extent to which returnees were impacted by the CLS.

A JI-HoA-implemented needs assessment conducted in July–August 2020 identified the strictness with which COVID-19 restrictions were imposed in different parts of the three countries, using several indicators (see Section 1.3). This identification enabled the C-19 NE to compare these findings to changes in the well-being domains after the CLS struck (Table 14), finding that, as might be expected, a link existed between the severity of restrictions and the deterioration in well-being.

The Sudan: The JI-HoA needs assessment suggested similar impacts at an early point of the CLS in Darfur and Khartoum. Other reports indicated that the lockdown was imposed for longer and more strictly in Khartoum. Analysis of the detailed multivariate model results indicate that Darfur was less severely impacted by the CLS at *the worst point* in three well-being domains. No significant differences were apparent in the other five domains. These findings are consistent with the lesser impact overall in Darfur than in Khartoum.

Ethiopia: The JI-HoA needs assessment found that impacts in Amhara were greater than in Oromia and were intermediate in SNNPR. The analysis of the multivariate models found that across the eight well-being domains, change was significantly worse in Amhara than in SNNPR. Change was also worse in Amhara than in Oromia; however, the difference between Oromia and SNNPR was not significant. These findings are consistent with the earlier needs assessment with respect to Amhara – it was the most affected. The difference between Oromia and SNNPR found in the needs assessment was not found here.

Somalia: The JI-HoA needs assessment found lesser impacts in Research area B than in Research area A. The analysis of the multivariate models found that same pattern in the three well-being domains where a significant difference was observed.

Overall, there is a general consistency between the needs assessments and the survey results conducted some 16 months apart, suggesting that there is indeed a link between the severity of the COVID-19 restrictions imposed and the deterioration of returnee well-being. The robustness of this analysis is limited by the correlation between well-being in the different domains.

FINDING 8: Co-occurring shocks – both natural and human-induced – aggravated economic hardships.

Desert locusts, droughts, floods and conflict all exacerbated economic hardships caused by COVID-19. So too did exploitative practices, by authorities and non-State actors. These factors added to the pressures on returnees hampering their ability to cope with the COVID-19 restrictions.

Among the co-occurring shocks that contributed to the CLS, returnees in Hadiya, Ethiopia, and Research area B, Somalia, described an invasion of desert locusts – the first they had experienced – which severely damaged their crops.[44] In Arsi, Ethiopia, drought also destroyed crops, leading to higher food prices. In Umdurman and Sharg Al-Nil, the Sudan, FGD participants mentioned the impacts of heavy floods: houses and schools were destroyed, and many people were left without shelter.[45]

In Ethiopia, a number of FGD participants highlighted that increased taxation exacerbated returnees' economic hardships. Respondents spoke of having to close their businesses or operate under lockdown measures but

44 FGD – Group 1, Research area B (I2).

45 FGD – Group 1, female, Umdurman, Khartoum, the Sudan.

still having to pay taxes at a higher rate than in previous years, as highlighted by one respondent:

> *We were told not to open shops and when two people came to our shop to buy things, we were questioned by police officers about why we let two individuals at a time. In such situations we were unable to undertake our business activities properly, but we paid the taxes imposed on us. We paid even more taxes than in previous years. It is not fair to pay 1,000 or 900 Ethiopian birr* [29.6 or 26.6 USD (in May 2020)]*, etc., without working in such situation.*[46]

In Ethiopia, FGD participants spoke of militias becoming even more extortionate during COVID-19, with constant demands for money or goods from local businesses. One incident which involved the requisition of 102 cars for the transport of soldiers added to transport shortages associated with COVID-19.[47] This threat-based exploitation had implications for mental health (discussed in Finding 3).

FINDING 9: Returnees in all countries reported that they were less likely to remigrate after the CLS struck. That likelihood had increased by the time of interview, particularly among women and those who had engaged more in agriculture.

As part of the survey, returnees were asked how likely the possibility of them remigrating was at three points: *just before COVID-19, now* and at any point between when the likelihood was less than *now*. Remigration intention was not considered a domain of well-being in the C-19 NE; no further questions were asked about it in the survey or in the FGDs or KIIs. We report salient results from the survey and suggest some possible interpretations which should be further researched.

Figure 10 shows that on average across the three countries, returnees considered remigration unlikely *just before COVID-19:* the likelihood was the lowest in Ethiopia, no more likely than unlikely in the Sudan, and intermediate in Somalia.

Reported likelihood declined everywhere from *just before COVID-19* to the lowest point, with the largest decline in Ethiopia (Figure 10). This finding is not surprising: borders were closed, making international remigration difficult. Table 6 shows that returnees who increased their engagement in agriculture considered remigration more likely at *the worst point* than those who hadn't. This might reflect greater confidence in their ability to undertake that arduous journey, possibly linked to the lesser declines in well-being associated with their greater engagement in agriculture (Finding 17).

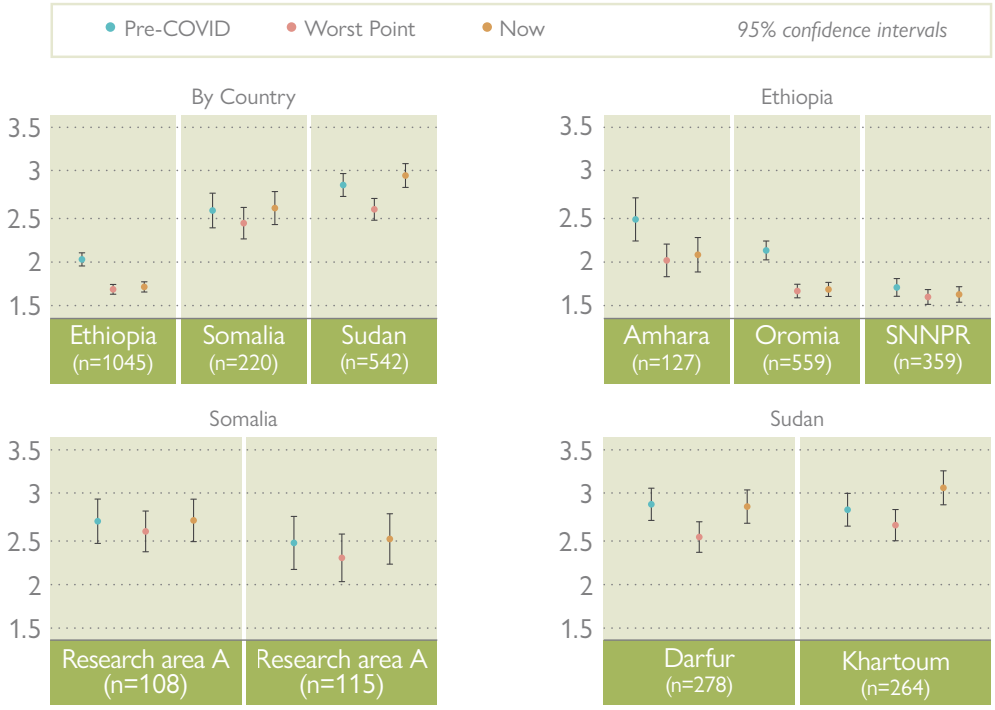
Figure 10 indicates that at the time of interview, *now,* returnees considered remigration as likely or somewhat more so than *just before COVID-19* in Somalia and the Sudan; little increase in likelihood from *the worst point* was reported by Ethiopian returnees. Those who engaged more in agriculture again considered remigration more likely than those who did not, and that engagement was also linked to greater improvement in well-being (Finding 18). Female returnees also considered remigration more likely than did male returnees; both women and those who engaged more in agriculture had greater increases in income.

The role of confidence and income in remigration decisions are among the issues that further research should address.

46 FGD – Group 1, CLS, Hadiya, SNNPR, Ethiopia.

47 KII – local observer #2 – Hadiya, SNNPR, Ethiopia.

Figure 10. Self-reported likelihood of remigration[48]



48 This chart illustrates how likely returnees said they were to remigrate (1-very unlikely; 2-unlikely; 3-sometimes likely, sometimes unlikely; 4-likely; 5-very likely) at the three time intervals, *just before COVID-19, worst point, now.* The results are presented by country and region.

3. ASSESSING RESILIENCE AND EFFECTIVENESS OF RESPONSES

In Chapter 2 above, we have explored how the CLS affected returnees. This chapter explores returnee resilience by looking at what actions returnees took to protect themselves from the CLS, and how effective those responses were. To do so, we use the multivariate models to consider two aspects of resilience: (1) the ability of returnees to mitigate the severity of the CLS effects (that is, changes in well-being from *just before COVID-19* to *the worst point*), and (2) the extent of recovery (that is, changes in well-being from *the worst point* to *now*). This analysis helps us helps us understand the effectiveness of those responses: both in terms of what responses were effective, and of who was able to respond effectively.Informed by this more granular understanding of resilience, Chapter 4 then looks at the added value and importance of JI-HoA assistance. For all tables in this chapter, the full multivariate results and the complete individual regressions can be found in the separate technical annex to this report.

3.1. RETURNEE CHARACTERISTICS THAT INFLUENCED RESPONSES

FINDING 10: Those who were most vulnerable before the pandemic were most susceptible to the CLS. The changes they were able to make to limit the harm were largely of a coping nature.

Pre-existing vulnerabilities meant that the most marginalized were least prepared to endure the CLS' effects. Often, these were people with mental or physical health issues and, to a lesser extent, women. Existing vulnerabilities were compounded when the CLS hit, as those dependent on casual work, who were paid daily wages, were significantly more affected by the CLS than those with fixed salaries.[49] This greater exposure to the effects of the CLS meant that the most vulnerable were more likely to make changes in desperation to mitigate the CLS to limit the damage to their well-being.

Table 4 shows the determinants of this vulnerability. For example, returnees who identified themselves as "affected" by disability or mental health issues, were more marginalized across several domains *just before COVID-19*. These returnees were significantly less likely to eat protein-rich food, more likely to go days without meals, and had lower income and housing quality than returnees who said they did not have disability or mental health issues. As they were more marginalized, those with disabilities or mental health issues saw remigration as less likely than those who did not have disabilities or mental health issues. Similarly, women were marginally more food insecure than men in one domain (consumption of protein-rich foods) *just before COVID-19* and had marginally lower incomes. Also of note, is that the older returnees were, the less likely they viewed the prospect of remigration.

Reliance on casual labour made returnees particularly vulnerable. Lockdown restrictions meant that they could no longer travel to search for work, leaving them to rely on savings which were soon exhausted.[50] Many returnees fall into the category of casual or daily-wage labourers, including men or women who undertake manual and temporary work. One female respondent described her family's progressively narrowing options:

> *"My husband lost his regular labour work loading wooden construction poles into cars because nobody was buying them at the time. He couldn't go from place to place to find any other labour work either. Without his meagre labour wage, we struggled to even feed our two children and ourselves. I had to give the older child sugar dissolved in water for a meal on several occasions... When things got even worse, my husband went begging for leftover food from hotels in town to save me and the children from starving.*[51]

49 FGD – Group 1, Sharg Al-Nil, Khartoum, the Sudan; FGD – Group 1, Elfashir, North Darfur, the Sudan, male; FGD – Group 1, Jabel Awlia, Khartoum, the Sudan; FGD – Group 1, Research area A, Somalia, male.

50 FGD – Group 1, Jabel Awlia, Khartoum, the Sudan.

51 KII – returnee #1 – East Hararghe, Oromia, Ethiopia.

Across the three countries, women were widely perceived to have been among the groups most impacted by the CLS, in particular female-headed-households[52] and those reliant on low-skilled jobs to support their families.[53] As a result, many women were forced into unofficial and illegal work because they had no other way to provide for their families, which exposed them to unsafe conditions.[54] This was highlighted by one local observer in Sudan:

> *The situation was truly severe for both the returnees and the women. A big portion of the women were forced into unofficial and illegal work because they had no other options to provide for their families. They would work illegal jobs to cover the gap that was created as a result of the lockdown. Many women were forced to work while disregarding any health protocols, social distancing guidelines and many other things.*[55]

This vulnerability often led returnees to make changes in response to the CLS across several domains (Table 5). For example, returnees were more likely to modify their secondary sources of support if *just before COVID-19* they went days without meals, ate fewer meals per day, had worse quality housing and had a household member seriously ill. However, women were less likely than men to take action through agriculture. This is particularly significant in light of our findings of the links between resilience and engaging in agriculture (see Finding 17 and Finding 18 below). Returnees were more likely to increase their engagement in agriculture if they were poorly accepted by their family and community, possibly in order to make up for the support that family and community would have provided (Table 5). Similarly, they were more likely to try to improve their acceptance by family and community if they went days without taking meals.

These findings suggest that acting to improve one's situation in the face of the CLS was not restricted to returnees who were relatively better off. This point needs to be understood in relation to the proportion of returnees actually making changes – it was quite small, particularly in relation to housing and schooling (see Finding 3 and Finding 5). This low proportion was explained in FGDs and interviews: returnees were often blocked from making changes they saw as feasible and efficacious by lack of capital and specific skills.

BOX 1. WOMEN AND THE CLS

The qualitative research portrays women as having been among the groups most affected by the CLS, yet the quantitative analysis suggests a more nuanced picture. Table 6 shows that well-being declined less for female returnees than for male returnees in six of the eight domains from *just before COVID-19* to *the worst point*. Two of those domains – income and consumption of protein-rich food – were ones where women had been marginally worse off than men *just before COVID-19,* as noted above, so they may have lost less because they had less to lose. But that was not the case in the other four domains where there was no significant difference between female and male returnees *just before COVID-19.*

One explanation for the apparent contradiction may be that much of the qualitative testimony refers to women in general and female returnees likely differed from the average in significant ways. One distinguishing factor is that they had embarked on and returned from international migration. That arduous journey would probably have honed their survival skills. As well, women who make that journey often have had more schooling and may have fewer dependents than the average, as recent research on Ethiopian migrants suggests.[a] Both factors may have enabled women returnees to make changes during the CLS to protect well-being that others would have found more difficult. Further research is needed to better understand the differences between returnee and non-migrant women. This disparity is one of the issues that should be taken up when this Report is discussed with returnees.

a See IOM (2020).

52 FGD – Group 1, CLS, female, Hadiya, SNNPR, Ethiopia; Group 1, Research area A, Somalia.
53 KII – local observer – Nyala, South Darfur, the Sudan.
54 For example, FGD – Group 1, Research area A, Somalia.
55 KII – local observer – Sharg Al-Nil, Khartoum, the Sudan.

Table 4. Determinants of returnees' well-being *just before COVID-19*[56]

DETERMINANT		DEPENDENT VARIABLES									
		Income	Days without meals	Meals per day	Days with protein-rich food	Housing quality	Child not attending school	Household member seriously ill	Health-care access	Family/ community acceptance	Remigration likelihood
Country:	**Ref:**										
Somalia	Ethiopia	***	***		***	***	***	**	***	***	
Sudan (the)			**		***	***	**		***	***	Increased***
Region:											
Darfur	Khartoum	***				NA					
Oromia	Amhara	***	**		***	NA				***	
SNNPR			***		**	NA			**	***	Reduced***
Research area A	Research area B	***	***	**		NA	*				Increased*
Disability:											
No information	Affected				**			***			Reduced***
Not affected		***	*		**	**					Increased***
Demographics:											
Female	Male	*			*						
Age								*		**	Reduced***
Temporal variables:											
Time in country:											
Time with microbusiness assistance#			***				*				
N		735	1788	1807	1789	1807	1378	1798	1751	1807	

Table 4. Determinants of returnees' well-being *just before COVID-19*[54] (continued)

DETERMINANT		DEPENDENT VARIABLES									
		Income	Days without meals	Meals per day	Days with protein-rich food	Housing quality	Child not attending school	Household member seriously ill	Health-care access	Family/ community acceptance	Remigration likelihood
Pseudo R2		0.138***	0.044***	0.047	0.337***	0.223***	0.045***	0.055***	0.147***	0.273***	0.136***
Type of Model		Linear	Logistic	Poisson	Poisson	Logistic	Logistic	Logistic	Linear	Linear	Linear

* P < 0.10, ** P < 0.05, *** P< 0.01

Time with microbusiness assistance = Interaction of Time in country * Time with microbusiness assistance (%)

= increased/better = reduced/worse

Table 5. Determinants of returnees' actions in response to the CLS[57]

DETERMINANT		DEPENDENT VARIABLES						
		Primary source of support	Secondary source of support	Engagement in agriculture	Housing	Schooling	Health	Family/ community acceptance
Country:	**Ref:**							
Somalia	Ethiopia	*	*	**			**	
Sudan (the)				**	**			*
Region:								
Darfur	Khartoum	**		**	*	*		**
Oromia	Amhara	**	*			**	**	**
SNNPR		**		**		**		**
Research area A	Research area B							*
Disability:								
No information	Affected					**		*
Not affected		*			*	*		

54 The table shows the determinants of returnee well-being *just before COVID-19* from a multivariate regression. Colour codes indicate the direction of influence of the determinant. The table indicates that people stating that they were "affected" by physical or mental health issues, and women, were most vulnerable. The last row also indicates that the length of time a returnee had use of the JI-HoA's microbusiness assistance had a positive influence on "days without meals" that is, reducing the probability that they resorted to this, the most severe of the food security coping actions. The time with microbusiness assistance also had a positive, though less significant effect on the probability of children not attending school.

Table 5. Determinants of returnees' actions in response to the CLS[55] (continued)

DETERMINANT		DEPENDENT VARIABLES						
		Primary source of support	Secondary source of support	Engagement in agriculture	Housing	Schooling	Health	Family/ community acceptance
Demographics:								
Female	Male			**				
Age						*		
Well-being just before COVID-19:								
Days without meals			*					*
Meals per day			**			*		
Days with protein-rich food		*	**		*			
Housing - better quality			*				*	
A child not attending school		N/A	N/A	N/A	N/A	*	N/A	N/A
Household member seriously ill			*			*		
Health-care access					**		*	
Family/community acceptance				**	**			
Temporal variables:								
Time in country		*						
Time with microbusiness assistance[#]		**	*	*		**		
N/Percent acting		1678/50.9%	1693/23.1%	1696/36.6%	1686/8.9%	1296/6.8%	1678/6.2%	1669/13.8%
Pseudo R^2		0.067***	0.071***	0.115***	0.143***	0.122***	0.067***	0.137***
Type of model		Logistic	Logistic	Logistic	Logistic	Logistic	Logistic	Logistic

* P < 0.10, ** P < 0.05, *** P< 0.01

[#] Time with microbusiness assistance = Interaction of Time in country * Time with microbusiness assistance (%)

= increased/better = reduced/worse

The Ref column indicates the reference group where relevant for categorical variables. For example, for Female the reference group is Male: for example, women were less likely than men to increase their engagement in agriculture.

55 The table shows the determinants of returnees' actions in response to the CLS in each well-being domain from their replies to the question "Were you able to make any changes to improve your situation or prevent it from getting worse after COVID-19?" Each of the regressions models the probability of responding "Yes". Colour codes indicate the direction of influence of the determinant.

FINDING 11: The longer a returnee had spent in-country, the better they were able to mitigate the CLS impact as they had more time to develop livelihoods and supportive networks.

Table 6 shows that the length of time a returnee had had to settle back home reduced the CLS impact on five out of the eight well-being domains, although it did also increase the number of days they went without meals. This result is consistent with the qualitative evidence. Returnees identified those who had returned at the beginning of the CLS as one of the groups particularly affected by it: most of them arrived with nothing and had not yet been able to establish businesses,[58] accumulate savings or develop support networks.[59] One FGD participant in the Sudan explained:

> *"The people who returned at the beginning of Corona are the most affected: they were locked down, had no source of income and didn't know what to do or where to work.[60]*

Support networks proved to be vital for many returnees confronting the CLS as Finding 16 discusses in greater detail.

The association between the time that returnees had use of JI-HoA assistance and their resilience – a separate effect from the time that they had been in their country of origin – is explored in Chapter 4.

FINDING 12: Less than 10 per cent of returnees were able to make changes to their health, education or housing.

Beyond adaptations to livelihoods and food consumption, returnees had difficulty responding to threats to other aspects of well-being, such as health, education and housing. For example, just 8.9 per cent of returnees said they had acted to protect housing quality (see Appendix Figure 9 in the separate technical annex of this report), typically moving to a cheaper dwelling or moving in with someone (see Appendix Figure 10 in the separate technical annex of this report).

Similarly, just 6.8 per cent of survey respondents reported that they had acted to improve their children's schooling situation or prevent it getting even worse. Only Darfur and Khartoum saw more than 10 per cent of respondents being able to make positive changes to their children's schooling, which may reflect a particular concern cited within Sudanese FGDs who had already suffered protracted disruption to education following three years of political unrest before COVID-19.[61] The types of changes that survey respondents made to their children's education since the start of the CLS are shown in Figure 11. The most common change in Ethiopia and Somalia was to send children away to family or friends to continue their schooling. This was less frequent in the Sudan, where respondents preferred to switch to home-schooling. No respondent in any of the countries appears to have made the change to online schooling.

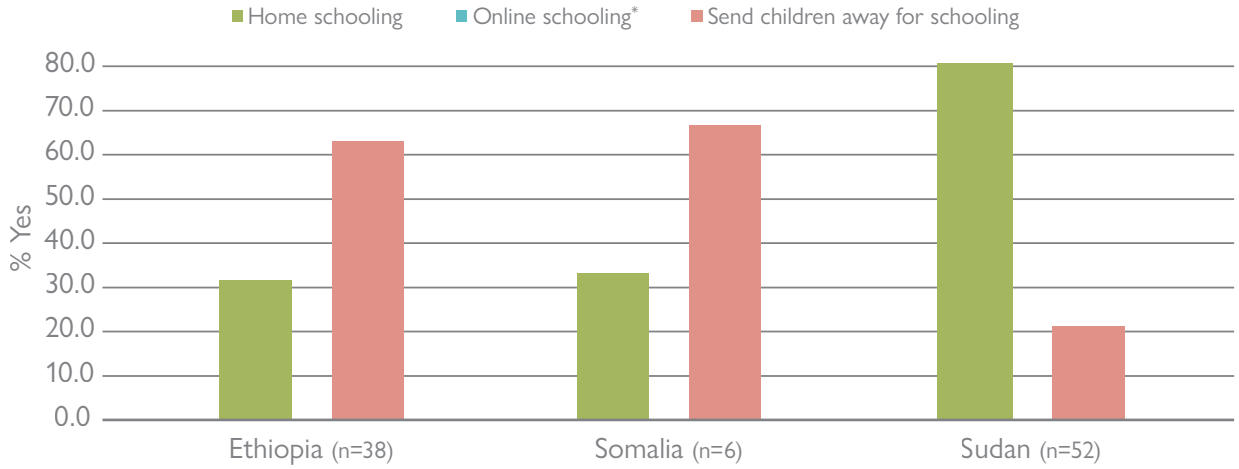
58 FGD – Group 1, CLS #2, Arsi, Oromia, Ethiopia.

59 FGD – Group 1, female, Umdurman, Khartoum, the Sudan; FGD – Group 1, CLS, Hadiya, SNNPR, Ethiopia.

60 FGD – Group 1, female, Umdurman, Khartoum, the Sudan.

61 FGD – Group 2, Sharg Al-Nil, Khartoum, the Sudan.

Figure 11. Changes made to education[62]



* Online schooling was one of the options, but none of the respondents chose it.

Survey respondents were also asked about the changes that they had made to preserve their access to health care or prevent it from getting worse after the CLS struck. Among the less than 10 per cent who reported having made such a change, the most common action was relying on a community health worker, either locally or externally supported (see Appendix Figure 13 in the separate technical annex of this report).

FGD respondents in Somalia (Research area B), described other online responses to the CLS:

> *Online teaching was established, which enabled the children to continue their learning. For health care, the Ministry of Health has established a hotline to report and seek support from the health providers without going to the hospital… Online teaching and food/service delivery are among the things that deserve to be better known.*[63]

However, the level of awareness of such initiatives seems to have been low.

FINDING 13: Returnees across all countries suffered increased stress and mental health issues that limited the ability of some returnees to respond to the CLS.

Returnee respondents to the survey were asked whether they were willing to answer several questions relating to physical disabilities and mental health conditions). Among the 890 (48.8%) who consented, 13.8 per cent said they experienced a great deal of difficulty with one or more of the physical tasks; 64.7 per cent said they experienced one or more of the challenges from the mental health question set. For details, see the Methodological notes, Section 8.4.

Returnees were also asked whether any of these disabilities or conditions had made it more difficult for them to endure the CLS or to make changes that would improve their situation. The proportion answering "yes" varied widely: from a high of 84 per cent in Khartoum, to a low of 29 per cent in Oromia. To better understand what contributes to a returnee's assessment that their physical disabilities and/or mental health conditions left them less able to confront the CLS, we employed fixed-effect logistic models for each country. The results showed (see also Appendix Tables

62 This illustrates how likely returnees were to remigrate at the three time periods of *just before COVID-19* to *worst point* to *now*, using a five-point scale. The results are presented by country and region.

63 FGD – Group 1, Research area B (I1), Somalia.

131-133 in the separate technical annex of this report) that the number of mental health conditions – but not the number of physical disabilities – was significantly and positively related to the difficulty in confronting the CLS in each country.

One female FGD respondent in Somalia described how returnees were not psychologically or physically ready to make changes, as they had endured months of physical and psychological torture in the Sudan and Libya.[64] Another returnee from Ethiopia commented:

> *"This hurt my work and livelihood, but my mind was also traumatized when such people came to take the little money I made with much hardship by both legal and illegal means. We have no option but to comply with their demands because if you refuse, they will politicize, saying you're against the military command and throw you in jail.*[65]

We sought to use the answers to the question linking disability with enduring the CLS as an indicator of how physical disability and mental health status affected returnees' resilience to the CLS – their ability to mitigate its impacts and recover from them. However, drawing conclusions from the results is difficult given the very low response rate. Overall, two thirds of returnees did not answer the question, including all those who had refused to answer the section on physical and mental disability. This proportion ranged from 30.6 per cent refusal in Research area A, to 83.5 per cent in Oromia. Many in this large refusal group may have been living with these issues but were unwilling to discuss them due to the stigma and discrimination associated with them. There was also limited opportunity to adapt and refine our approach, which was further hampered by discussing sensitive issues by phone.

BOX 2. EXPERIENCE OF A RETURNEE WITH DISABILITIES

An interview with an Ethiopian returnee with disabilities, reliant on a wheelchair and living in a rural community, found that the transport restrictions prevented him from reaching the town where he could have sought work and assistance from different agencies and organizations. His family subsisted on the stock of his JI-HoA-assisted shop, the production from his small plot of land and the support of relatives and friends. Unable to spare them from severe food shortages, his mental health was undermined.

He formed a job creation union and requested a small loan and land from woreda authorities. Other local groups had received such support, but his request was turned down. He attributes this to his disability status and to the assistance he receives from IOM: he is ineligible, the village authorities say, because he receives support. For the same reason, they deem him ineligible for the national safety net programme.

64 FGD – Group 1, Research area A, Somalia.

65 FGD – Group 2, CBRP #2, East Hararghe, Oromia, Ethiopia.

FINDING 14: Many returnees increased their involvement in agriculture, especially, but not only, in rural areas.

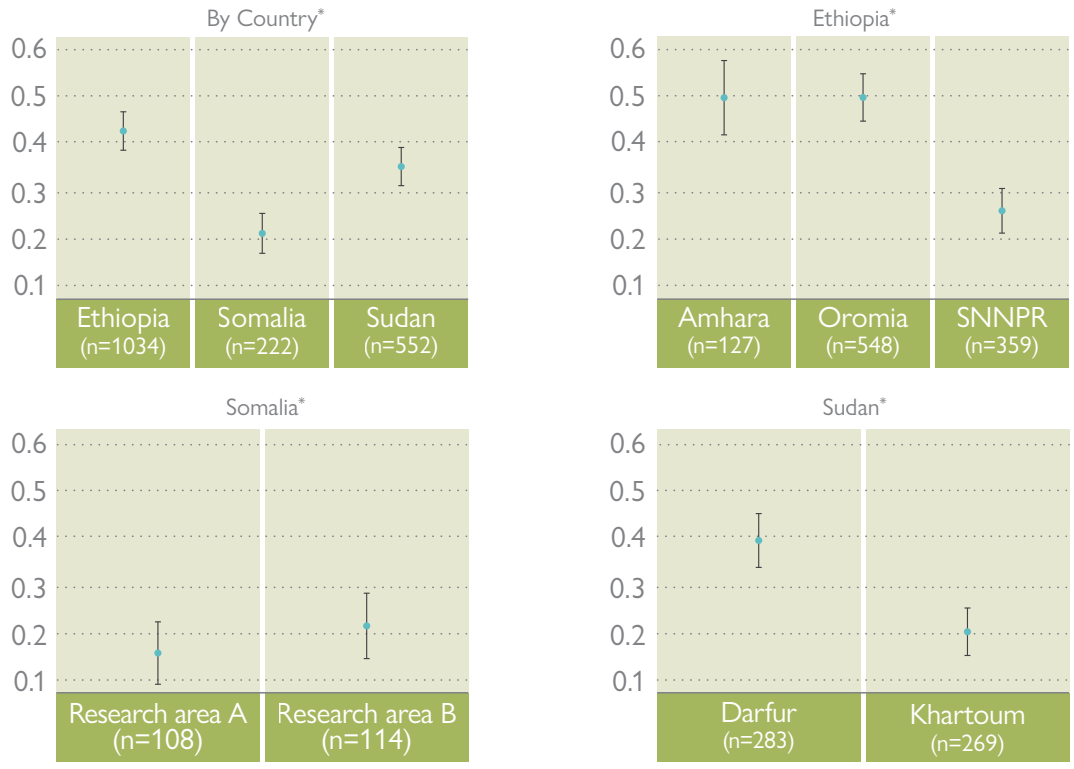
Despite the obstacles returnees encountered in responding to the CLS (see Finding 15), many were able to increase their engagement in agriculture: over a third across the three countries and one half or more in Oromia, SNNPR and Darfur.

Figure 12 shows that the movement towards a greater reliance on agriculture was most marked in Ethiopia, where the proportion engaged in agriculture before COVID-19 was already highest. About half of returnees in largely rural areas such as Oromia, Amhara and Darfur increased their engagement in agriculture, but notably so did more than 20 per cent also in Khartoum.

Looking closer at these responses, how returnees engaged further in agriculture is seen to vary regionally. The responses in largely rural Ethiopia are as expected: returnees grew more crops and raised more livestock on land in rural areas. In largely urbanized Somalia, returnees engaging more in agriculture used land in or on the edges of cities or towns more often than in rural areas and a larger proportion than in Ethiopia and the Sudan found opportunities in processing or marketing agricultural products and in working with others (Figure 13; see also Appendix Figure 28 in the separate technical annex of this report).

Women were less likely than men to take action through agriculture (Table 5). Returnees were more likely to increase their engagement in agriculture if they were poorly accepted by their family and community, possibly in order to make up for the support that family and community would have provided. Similarly, they were more likely to try to improve their acceptance by family and community if they went days without taking meals.

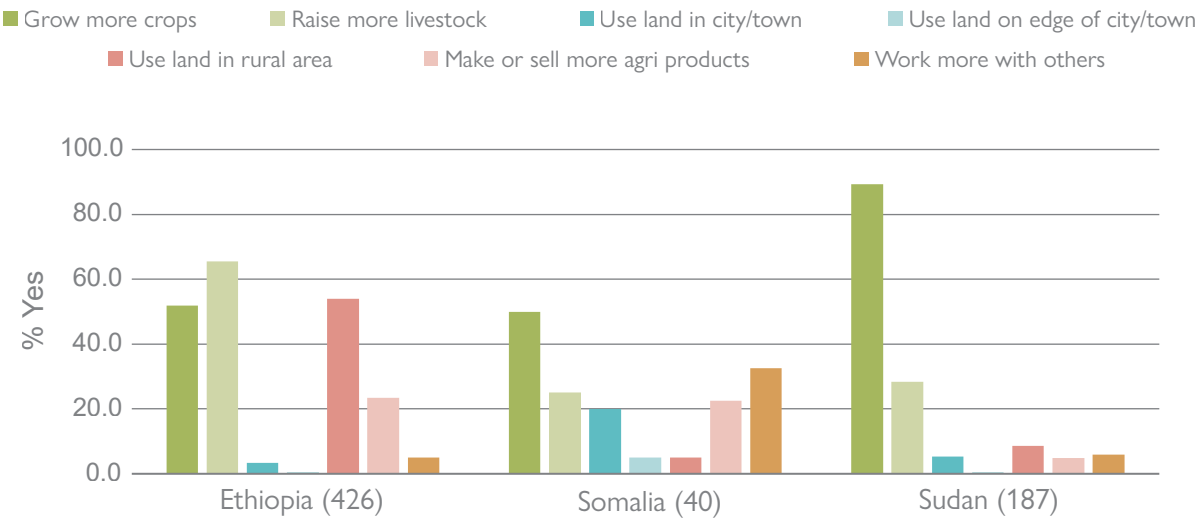
Figure 12. Increased engagement in agriculture (proportion)[66]



* *95% confidence intervals*

66 This figure illustrates the prevalence of returnees shifting their livelihoods towards agriculture in response to the CLS.

Figure 13. Changes in engagement with agriculture[67]



3.2. EFFECTIVENESS OF RESPONSES

FINDING 15: Significant numbers of returnees made adjustments in their primary or secondary source of livelihood, which varied depending on the country. However, lack of capital and key skills often limited the extent of their responses.

Across all three countries, significant numbers (37%) of returnees changed their main source of livelihood as a result of the CLS (Figure 14). However, while alternative livelihood options could often be seen, a lack of skills and capital restricted respondents' ability to seize these opportunities. In almost all instances across the three countries, when asked about the changes made in response to the CLS, returnees described their feelings of frustration at their inability to make changes they saw as plausible and effective.

The responses varied across the countries, with Ethiopian returnees more likely to increase self-employment, whereas Somalia and the Sudan saw a fall. Shifts to agriculture were also a common coping strategy to improve food security and to also find some employment such as food processing.

For those who could do so, growing their own food was often a helpful change in response to the CLS,[68] with all countries and areas seeing a significant proportion of people engaging more in agriculture (see Finding 14).

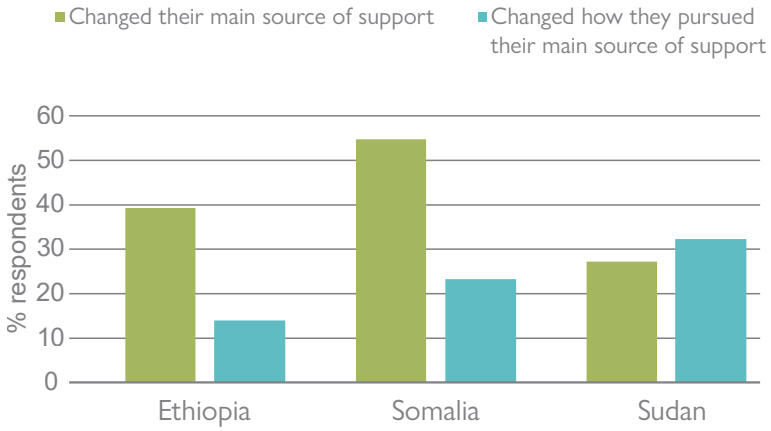
Of course, not all returnees were able to make changes in the ways that they would have liked and many expressed frustration at not being able to make changes that they felt would help them cope (see Finding 10). Lack of opportunity and skill were most commonly cited obstacles to innovation. Across many KIIs and FGDs in the three countries, respondents described their skills, among them cooking, construction, cleaning, accountancy, carpentry and livestock rearing. However, overwhelmingly, respondents recounted their difficulty in using these skills or in adding to a limited set. For instance, in Ethiopia, returnees described their difficulties in improving their situation because of their limited skills.[69] Moreover, without formal registration, their opportunities to find work were restricted.

67 The chart illustrates in more detail how people have shifted towards agriculture, showing their response to the question, "how are you engaging more in farming?"

68 FGD – Group 1, CLS, Hadiya, SNNPR, Ethiopia: one FGD participant described going to stay with family and growing vegetables to make a living during lockdown.

69 KII – returnees without phones – Haramaya, East Hararghe, Oromia, Ethiopia.

Figure 14. Changes in livelihoods[70]



Many of the changes that returnees were able to make amounted essentially to coping – taking up whatever was at hand, sometimes at a cost to health. A respondent in Omdurman, the Sudan explained how returnees did not have a choice in how they responded to the CLS: *"You have to work in anything, whether in building or lifting, whatever is available because I have to support my family, pay for my food, keep my youngest siblings, and pay the rent."*[71]

Taking on temporary work or a change in working style were the most common responses to the CLS. Some were straightforward, such as tuk-tuk drivers raising their fares. Other changes responded to the new situation. One FGD participant in East Hararghe, Ethiopia, described how contracting a vehicle was expensive at the time so a few shop owners attempted to collaborate so that they could cover the cost as a group.[72]

FGD participants in Research area B, Somalia, described how some people saw opportunities in the pandemic:[73] some started selling facemasks and hand sanitizer, while others moved businesses online to avoid coming into contact with people. Some of these changes were more positive than coping and might, in some form, be continued post-CLS. For example, a KII respondent in Research area B, Somalia, described the changes he and other shop owners made:

> *"In order to retain customers, we have emphasized customer care and come up with an online business initiative to survive COVID-19. We took pictures of our items and posted them on our Facebook account where the customers can see them and place orders. Literally, this was the only way that we survived during the pandemic.*[74]

Certainly, not all the changes returnees made succeeded. The informant cited above told us that some shop owners who tried moving online failed to maintain the practice. Another described using the JI-HoA's microbusiness assistance to open a shop during the pandemic (see Chapter 4 for discussion on the importance of JI-HoA assistance); however, despite making change after change, as the situation worsened, his business ultimately failed.[75] Finally, high and in some places increased taxation were an obstacle to establishing or making changes to their businesses, as returnees in East Hararghe, Ethiopia, described (Finding 8).[76]

70 Respondents were asked the question "has your main source of support changed since *just before COVID-19*?". The word "support" was used to include returnees who may be primarily dependent on support from government or civil society and there were two elements to the question; (1) whether the type of support has changed and (2) whether the way in which that support is pursued has changed.

71 FGD – Group 2, Umdurman, Khartoum, the Sudan.

72 FGD – Group 1, CLS #5, East Hararghe, Oromia, Ethiopia.

73 FGD – Group 1, Research area B (I1), Somalia.

74 KII – returnee (CLS) – Research area B (I1), Somalia.

75 KII – returnee – Research area B (I1), Somalia.

76 FGD – Group 1, CLS #5, East Hararghe, Oromia, Ethiopia: retailers had to pay 1,105 Ethiopian birr (equivalent to circa 32.7 USD in May 2020; using 0.0296 as the average Ethiopian birr to USD exchange rate for May 2020, as elsewhere in this report) to open a shop and some paid 250 Ethiopian birr (equivalent to circa 7.4 USD in May 2020) in tax on a recurring basis, which FGD participants saw as unreasonable in the context of the pandemic.

FINDING 16: Returnees used family and social networks to see them through hardships. To maintain that support, returnees most commonly worked with family and community members to increase food production.

The level of support received from the family and community varied between countries. Overall, support from family and JI-HoA assistance were the most commonly mentioned by returnees. In Somalia, support from friends was the second most common source of support, after family, while in the Sudan over 40 per cent of respondents made changes on their own.

Clearly, a significant proportion of returnees received support from others in the community but, as Finding 6 indicates, the level of acceptance felt by returnees reduced during the CLS. Some returnees therefore acted to maintain the support of these important groups. The proportion of returnees acting to improve their family or community status was 13.8 per cent overall, generally higher where acceptance was lower and vice versa (see Appendix Figure 14 in the separate technical annex of this report). Across all three countries, the most common action was working with family and community to improve food security (see Appendix Figure 15 in the separate technical annex of this report). In the qualitative data, FGD and KII, civil society was also referenced as a key source of support.

The kind of support that returnees received from family networks was typically just enough to see them through short-term hardships and was sometimes in the form of loans that had to be repaid, adding to the debt that many had already incurred to migrate. This was the concern of an FGD participant in East Hararghe, Ethiopia, whose brother-in-law allowed her family to live in the back room of his food shop rent-free for a while, which significantly reduced their monthly costs.[77]

Family support, including loans, helped some returnees to maintain their businesses. A respondent in Research area A, Somalia, received financial support from his family as the JI-HoA's assistance was not enough to increase the stock in his pharmacy.[78] Another returnee in East Hararghe, Ethiopia, said he received a loan of 4,000 Ethiopian birr (equivalent to circa 118 USD in May 2020) from his uncle that allowed him to purchase three young rams. As well as grazing them in the fields, he received some hay and crop by-products from his father and was eventually able to sell two sheep, using the income to buy three younger rams and a phone. This has allowed him to make some small progress, the respondent said, but he is not yet in a position to return the money he has borrowed.[79]

Social and community networks in Ethiopia also proved to be a lifeline for many where other channels of support had failed. In East Hararghe, Ethiopia, a local observer described how important local institutions had proven in this area during the pandemic.[80] Many people found support from, for instance, "edir" (savings association groups), "debo" (neighbourhood cooperatives providing group labour for farming tasks), churches and mosques. Despite COVID-19 restrictions constraining such institutions, people found ways of working around them.

> *"The reason many more people didn't perish is not due to government or non-governmental organizations support but to such local traditions.*[81]

Another local observer in the area described how the Office for Youth and Social Affairs, in collaboration with churches and mosques, collected donations of food items and second-hand clothes from businesses and better-off people.[82] These donations provided life-saving aid to vulnerable groups and individuals, who might otherwise have perished.

A returnee couple in Ethiopia, without phones, described how the only form of support they were able to access was via begging. The wife described how as, *"things got even worse, my husband went begging for leftover food from hotels in town to save me and the children from starving."*[83] They also described receiving cash assistance from Madda Walabu University in the form of 1,000 Ethiopian birr (equivalent to circa 29.6 USD

77 FGD – Group 1, CLS #3, East Hararghe, Oromia, Ethiopia.
78 KII – returnee – Research area A, Somalia.
79 KII – returnee #4 – East Hararghe, Oromia, Ethiopia.
80 KII – Local observer #1 (female) – East Hararghe, Oromia, Ethiopia.
81 KII – Local observer #1 (female) – East Hararghe, Oromia, Ethiopia.
82 KII – local observer #2 – East Hararghe, Oromia, Ethiopia.
83 KII – returnees without phones – Haramaya, East Hararghe, Oromia, Ethiopia.

in May 2020) for basic needs[84] as they had not yet received microbusiness assistance from the JI-HoA (see Finding 21 for more discussion of JI-HoA assistance timings).

Returnees in all three countries also mentioned how other non-governmental organizations and other agencies had provided relief during the CLS, sometimes in collaboration with IOM. In Ethiopia, returnees described how Save the Children and IOM collaborated to provide emergency relief and food aid to vulnerable children when COVID-19-related restrictions prevented the movement of people and goods. This included the provision of school items such as bags, exercise books, pens, etc., to keep children in education when restrictions eased.[85] In the Sudan, a local observer described United Nations' support to local relief efforts for the most vulnerable[86] and in Somalia, the World Health Organization was recognized as crucial in supporting the pandemic response. A local observer described how they brought vaccines, PCR test kits and self-test kits to the country, as well as improving treatment facilities.[87]

FINDING 17: Returnees' actions in several domains had a significant effect on reducing the impact of CLS at *the worst point*. Greater engagement in agriculture was particularly effective.

Table 6 presents the determinants of the change in well-being from *just before COVID-19* to *the worst point* for eight of the well-being domains to assess one of the two key components of resilience: the mitigation of harm to returnees from the CLS at its *worst point*.[88]

Returnees' actions in several domains had a significant effect on reducing the impact of the CLS at *the worst point*, improving their resilience. Notably, their increased engagement in agriculture reduced impacts in five of the eight well-being domains. That increased engagement was also associated with an increase in returnees' reported likelihood of remigration.

However, returnees who made changes to their primary and secondary means of support saw limited benefit in terms of reduced impact of the CLS on their well-being; indeed, worse changes outnumbered better changes by a ratio of 3 domains to 1. This may reflect the generally positive association seen in Finding 10 with deprivation: people who acted in these areas were generally in greater distress than the average. Their actions were essentially of coping, taking up whatever was to hand, in some cases at the expense of well-being in the longer term. This finding is consistent with returnees' testimony in the qualitative data (see Finding 15).

FINDING 18: Returnees who engaged more in agriculture in response to the CLS had more pronounced rates of recovery in six out of eight well-being domains, adding further evidence that agriculture was an important resilience strategy.

Finding 17 shows that agriculture was important for mitigating the severity of the CLS effects, one of the two key aspects of resilience. Agriculture also played an important role in the subsequent recovery – the second key aspect of resilience.

Table 7 shows that those who engaged more in agriculture were likely to have recovered more by the time of interview in six of the eight well-being domains. They also reported a greater likelihood of remigration relative to *just before COVID-19*.

Another key finding is that those engaging more in agriculture are not more likely to act in other well-being domains such as housing, education and health. No relationship exists between greater engagement in agriculture and returnees changing their primary source of support, and only a weak but significant relationship exists with changing their secondary source of support (see Table 5). This finding suggests that engaging in agriculture did not entail a major change in how returnees secured their livelihood but could be carried out alongside it, potentially increasing its value as a means of coping with the CLS.

84 KII – returnees without phones – Haramaya, East Hararghe, Oromia, Ethiopia.

85 KII – Local observer #2 – East Hararghe, Oromia, Ethiopia.

86 KII – Local observer – Nyala, South Darfur, the Sudan.

87 KII – Local observer – Research area B (I1), Somalia.

88 We assess change in eight well-being domains plus reported likelihood of remigration. As discussed in 1.6.2., we could not model changes in children not attending school and in household members seriously ill at the household level because of the large variation in both numerator and denominator in each case. For details on the multivariate regression, see the Methodological notes (Section 8.5.2).

Table 6. Determinants of change in well-being from *just before COVID-19* to *the worst point*[89]

DETERMINANTS		DEPENDENT VARIABLES								
		Income	Days without meals	Meals per day	Days with protein-rich foods	Meal size	Health-care access	Housing	Family/ community acceptance	Remigration likelihood
Country:	**Ref:**									
Somalia	Ethiopia				**	***	***	***	***	**
Sudan (the)			**		***	***	***	***	***	**
Region:										
Darfur	Khartoum			**	***			**		***
Oromia	Amhara	***	***	***	**		***		***	***
SNNPR			***	**		**	***		***	
Research area A	Research area B				***		**		***	
Disability:										
No information	Affected									**
Not affected				**	**		**	***	**	**
Demographics:										
Female	Male	***		***	**		***	**	***	
Age										
Actions taken in:										
Primary source of support				**						
Secondary source of support							***	**	***	

Table 6. Determinants of change in well-being from *just before COVID-19* to *the worst point*[89] (continued)

DETERMINANTS		DEPENDENT VARIABLES								
		Income	Days without meals	Meals per day	Days with protein-rich foods	Meal size	Health-care access	Housing	Family/ community acceptance	Remigration likelihood
Engagement in agriculture				**	***	***	***		***	**
Housing					**			***	**	
Schooling		**			**	**				**
Health			**	**						
Family/community acceptance									***	
Temporal variables:										
Time in country			***	***		***	***	***	***	
Time with microbusiness assistance[#]		**			***	***	***	***	***	**
N		662	1620	1606	1599	1595	1569	1605	1617	1592
Pseudo R^2		0.181***	0.037***	0.145***	0.198***	0.208***	0.158***	0.195***	0.266***	0.119***
Type of Model		Linear	Linear	Linear	Linear	Linear	Linear	Linear	Linear	Linear

* P < 0.10, ** P < 0.05, *** P< 0.01

[#] # Time with microbusiness assistance = Interaction of Time in country * Time with microbusiness assistance (%)

= increased/better

= reduced/worse

89 The table shows the determinants influencing returnees' ability to mitigate the CLS' impact, one of the two key components of resilience, drawing from a multivariate regression. Colour codes indicate the direction of influence of the determinant. The eight well-being domains are represented in the columns and the determinants are represented in the rows.

Table 7. Determinants of change in well-being from *just before COVID-19* to *now*[90]

DETERMINANTS		DEPENDENT VARIABLES								
		Income	Days without meals	Meals per day	Days with protein-rich foods	Meal size	Health-care access	Housing	Family/ community acceptance	Remigration likelihood
Country:	**Ref:**									
Somalia	Ethiopia			**		***		***	***	***
Sudan (the)		**		***	***	***		***	***	***
Region:										
Darfur	Khartoum	**			**			**	***	***
Oromia	Amhara	***	**				**		***	**
SNNPR					**		**	**		**
Research area A	Research area B								**	
Disability:										
No information	Affected	**			**			***		
Not affected					**			**		***
Demographics:										
Female	Male	***						**		**
Age										
Actions taken in:										
Primary source of support							**			
Secondary source of support				**			**	**		

Table 7. Determinants of change in well-being from *just before COVID-19* to *now*[90] (continued)

DETERMINANTS		DEPENDENT VARIABLES								
		Income	Days without meals	Meals per day	Days with protein-rich foods	Meal size	Health-care access	Housing	Family/ community acceptance	Remigration likelihood
Engagement in agriculture		**		**	***	***	***		***	***
Housing					**				**	
Schooling					**		**	**		
Health						**				
Family/community acceptance										**
Temporal variables:										
Time in country			**							
Time with microbusiness assistance[#]										
N		654	1577	1606	1588	1600	1559	1602	1604	1588
Pseudo R^2		0.176***	0.021***	0.065***	0.123***	0.180***	0.028***	0.117***	0.104***	0.075***
Type of Model		Linear	Linear	Linear	Linear	Linear	Linear	Linear	Linear	Linear

* P < 0.10, ** P < 0.05, *** P< 0.01

[#] Time with microbusiness assistance = Interaction of Time in country * Time with microbusiness assistance (%)

= increased/better

= reduced/worse

90 The table shows the determinants influencing returnees' ability to recover from the CLS' impact, one of the two key components of resilience, drawing from a multivariate regression. Colour codes indicate the direction of influence of the determinant. The eight well-being domains are represented in the columns and the determinants are represented in the rows.

4. ADDED VALUE OF THE JI-HOA ASSISTANCE

The previous chapter examined the contribution of returnees' characteristics and actions to their resilience to the CLS. This chapter looks at the importance of JI-HoA assistance to returnees' resilience: the added value of JI-HoA assistance in the face of the CLS.

We do this by analysing and triangulating evidence from different sources on the assistance that the JI-HoA has provided. The multivariate regression models provide insights to understand how JI-HoA assistance influenced well-being at the three key periods: *just before COVID-19*, *worst point* and *now*. We also draw on the interviews and FGDs to describe returnees' views on the assistance provided before and during the CLS, including their suggestions on how it could be improved. We include evidence from returnees who could not be surveyed because no working phone numbers were known but whom we were able to interview thanks to returnee networks. We make use of the JI-HoA's programme data to assess how long it took for returnees to receive microbusiness assistance and analyse the factors that affected its timing. This analysis allows us to compare the waiting times for microbusiness assistance among returnees we surveyed and those we were not able to survey. Finally, we use the JI-HoA's programme data and the qualitative evidence to describe and analyse the non-economic forms of CRA provided to returnees in the three countries.

Country-specific multivariate models allow us to assess the extent to which several of the JI-HoA's adaptions to national contexts contributed to resilience. These include measures that were initiated to help returnees cope with the CLS, such as the Emergency Cash Advance initiative in Ethiopia and switching to a fully cash-based modality in the Sudan for the delivery of microbusiness assistance ("MoMo cash"). The analysis also looks at other measures that had been initiated before the CLS and that may have affected returnees' ability to cope with these shocks, such as shifting from the "Regular in kind" delivery modality of microbusiness assistance in the Sudan, to "MoMo in kind"[91] (a modality intended to reduce the waiting time by delegating certain steps of the microbusiness material procurement process – such as the collection of quotes – to the beneficiaries themselves, and by paying the selected merchants via mobile money transfer). Finally, the Somalia country model is used to analyse the impact of UNHCR's assistance to returnees returning from Libya, which was additional to the JI-HoA's assistance.

These country-specific models enable us to address several of the evaluation questions with greater precision, as we outline below.

FINDING 19: JI-HoA assistance in returning to their country was considered life-saving by some returnees, but reintegration assistance had limited impact on the well-being of most returnees *just before COVID-19* with one important exception – avoiding severe food insecurity.

The focus of this natural experiment is on the reintegration phase of IOM's assistance, but it is worth noting that there was high praise for IOM's assistance during the return to their country, with returnees expressing gratitude to IOM for having rescued them from often life-threatening situations abroad. They explained that no one else in their families or communities was able to help them escape these situations. Returnees, especially in Ethiopia, recounted the many dangers they had experienced with irregular migration and spoke about the suffering they had witnessed on their journeys. Returnees expressed thanks to IOM for saving them from starvation, illness, dire living conditions and near death, helping them to recover and providing means to improve their lives when they returned.[92]

91 The "MoMo" ("Mobile Money") modalities were introduced after IOM Sudan signed a partnership agreement with MTN, one of the main mobile phone operators in the country.

92 FGD – Group 1, CLS, returnees without phone, East Hararghe, Oromia, Ethiopia.

> *They* [IOM] *brought us back from Libya where the living conditions of immigrants were very bad. When we reached here, they gave us funds to establish businesses. They also gave us seminars on start-ups and how to manage a business. The project was helpful because IOM saved our lives. They also helped us integrate into our communities by creating jobs for us. They gave us funding and business training. I trained as a cook, and I go to our restaurant kitchen when our cook gets ill.*[93]

A number of returnees recognized that the psychosocial assistance they had received had been valuable to them in helping them through the traumatic experiences. In Research area A, Somalia, a female returnee described how she had received useful psychosocial assistance from the IOM Migration Response Centre in Obock (Djibouti).[94]

> *…Even more than the money and material, they healed our minds and showed us that a life could be built after escaping from the jaws of death. Many people have died under suffering in desert and sea. But God brought us this organization and they have never left our side. I have deep gratitude for their care and support even until now, sending you to ask how we are doing.*[95]

Some of those who have received reintegration assistance have used it to improve their livelihood prospects. Where returnees had received microbusiness assistance, they spoke of the benefits this had brought to them, improvements to their livelihoods, and well-being it had contributed to. One respondent in Hadiya, Ethiopia, commented that they had received a dairy cow, for which they were very grateful as there were seven children in their household that could drink the milk whilst the butter extract was sold at the market. This provided an income with which to buy chickens and the returnee was able to start poultry farming. The returnee explained that they planned to increase their business and wealth, and all of this had been made possible because of the initial assistance they had received from JI-HoA.[96]

Some returnees demonstrated entrepreneurial and opportunistic characteristics, maximizing the assistance received from JI-HoA to improve their livelihoods and provide for families, even if this entailed deviating from the reintegration plan discussed with IOM. One returnee commented:

> *IOM provided me with support to engage in a furniture business. Since I was not interested in it, I sold the material. With that money, I bought some metal and other supplies that could help me to start another business. Now I opened my own business and am engaged in metalwork and I'm so happy about it and still working in it.*[97]

Material support from JI-HoA was appreciated and had a direct impact on returnees' livelihoods; regular check-ins to see how the returnees were doing was also appreciated.[98]

Where returnees had had a positive experience of the assistance received, this also impacted their general outlook and engagement with other community members. For example, some returnees appreciated the advice they had received from JI-HoA, which had discouraged them from attempting to migrate again through dangerous pathways and led them to dissuade others from trying the same. Participants of one FGD in Arsi, Ethiopia, commented:

> *Based on their guidance, I have been advising youth in my neighbourhood against considering illegal* [sic] *migration. If it wasn't for their advice, I might have considered remigration.*[99]

93 FGD – Group 2, Research area B (I1), Somalia.

94 KII – returnee, female – Research area A, Somalia.

95 FGD – Group 2, CBRP #2, East Hararghe, Oromia, Ethiopia.

96 FGD – Group 1, Hadiya, SNNPR, Ethiopia.

97 FGD – Group 2, CBRP #1, Hadiya, SNNPR, Ethiopia. IOM states they do not impose business types on returnees, but rather provide support to the returnees' decision-making process.

98 FGD – Group 1, CLS, Arsi, Oromia, Ethiopia.

99 FGD – Group 1, CLS, Arsi, Oromia, Ethiopia.

FINDING 20: The longer a returnee had access to JI-HoA's microbusiness assistance, the greater their ability to mitigate the severity of the CLS' effects in six of the eight well-being domains. However, that assistance did not contribute to recovery from the CLS in any well-being domain.

Returnees saw JI-HoA's assistance as vital to enduring the CLS, lessening the deterioration of their well-being. The results of the multivariate analysis were consistent with the returnees' testimony: the longer returnees had use of JI-HoA's microbusiness assistance, the greater their ability to mitigate the initial fall (that is from *just before COVID-19* to *the worst point*) in six of the eight well-being domains. A more detailed analysis for Ethiopia is provided in Box 3 and Table 8.

Importantly, more time with JI-HoA assistance also increased the likelihood of returnees engaging further in agriculture (see Finding 17 and Finding 18 for more on the significance of this result), and in making changes with respect to their children's schooling.

These results show that the timing of assistance can be critical, and returnees commented that where JI-HoA's support had been received before the CLS hit, this had helped them survive the difficult times brought on by the lockdown, especially for those who had no support from their families or local governments. Returnees explained that they would not have survived without JI-HoA's support,[100] using the assistance provided by JI-HoA to keep their families alive.[101]

For example, in Somalia, returnees who had received assistance before the CLS had been able to establish reasonably successful businesses that helped them to deal with the impact of the pandemic.[102]

> *Without* [JI-HoA] *assistance, we would have been very vulnerable to COVID-19. The businesses they established for us were very useful in enduring the pandemic. In most cases, they are the only source of income for us and for our families. Our businesses might have been affected by COVID-19, but the situation would have been much worse for us without our* [JI-HoA]-supported *businesses/sources of income.*[103]

> *It was very helpful because some of us used the assistance to establish successful businesses. Those businesses were a source of income for us before and during the pandemic. We now know that the biggest impact of COVID-19* [in this location] *was economic. Some of us bought auto rickshaws, which we use to this day.*[104]

Despite the JI-HoA assistance helping them to endure the CLS, many returnees were still left weakened by its effects. The CLS had a continuing effect on returnees across the three countries and many commented that the CLS had undone whatever progress they had made before the pandemic.[105] Many returnees reported depleting the assistance received (for example the goods in their stores), often diverting such assistance to support survival – understandably – but thereby diminishing the value of that assistance in recovery. These accounts help explain the results of the multivariate modelling (Table 14): there was no evidence that the JI-HoA's microbusiness assistance contributed to recovery in any well-being domain.

100 FGD – Group CLS, Arsi, Oromia, Ethiopia.
101 FGD – Group 1 CLS, returnees without phone, East Hararghe, Oromia, Ethiopia.
102 FGD – Group 2, Research area B (I1), Somalia.
103 FGD – Group 1, Research area B (I2), Somalia.
104 FGD – Group 1, Research area B (I3), Somalia.
105 FGD – Group 2, CBRP #2, East Hararghe, Oromia, Ethiopia.

BOX 3. TIME WITH JI-HoA ASSISTANCE AND IMPACT OF THE CLS IN ETHIOPIA

To get a more detailed understanding on the contribution of the JI-HoA's microbusiness assistance to mitigating the CLS' impact on well-being in Ethiopia, we used a country-specific model to answer the following evaluation question:

- How does the experience of returnees who received microbusiness assistance shortly before COVID-19 compare with those who received this same assistance earlier, and who thus had more time to put it to use before the outbreak of the pandemic?

Returnees who received microbusiness assistance in kind more than six months before the CLS struck experienced less reduction in well-being to ***the worst point*** in six well-being domains than those who received such support less than six months before versus one domain where the opposite was the case. No significant difference was seen with respect to change in income and the perceived likelihood of remigrating.

These results are consistent with the expectation and results from the three-country model where time with JI-HoA assistance was treated as a continuous variable: having microbusiness assistance for longer allowed returnees to better endure the CLS.

Table 8. Effect of the length of time with JI-HoA microbusiness assistance on mitigation of the CLS' impact, measured at *the worst point* in Ethiopia[106]

DETERMINANTS	DEPENDENT VARIABLES								
Timing	Income	Days without meals	Meals per day	Days with protein-rich foods	Meal size	Health-care access	Housing	Family/ community acceptance	Remigration likelihood
≤ 6 months before the CLS		***							
> 6 months before the CLS			***	***	***	***	***	***	
N more than / less than 6 months	30/67	142/239	142/239	142/238	142/239	142/239	142/239	142/239	142/239

* P < 0.10, ** P < 0.05, *** P< 0.01

106 The table below uses a country-specific multivariate model to compare the relative benefits of receiving JI-HoA assistance more than six months before the CLS compared to receiving JI-HoA assistance less than six months before the CLS. Blank cells indicate there the difference is not significant.

FINDING 21: The time to receive assistance varies significantly by area and demographic. This has implications for the contribution the JI-HoA assistance can make to the resilience of returnees.

Survival analysis shows that country programmes took very different times to deliver microbusiness assistance. Timings of assistance are important (see Finding 20): long waiting times diminish returnees' ability to increase their resilience to shocks. To better avoid delays, some country programmes shifted from in kind to cash-based modalities. For example, in the Sudan, microbusiness assistance delivery shifted from "Regular in kind" to the "MoMo in kind" modality, and then to a cash-only modality ("MoMo cash").[107]

Figure 15 draws on JI-HoA programme data to show the time it took following the arrival of returnees to receive microbusiness assistance.[108] The shape of the curves varies greatly between the three countries, showing a greater proportion of returnees in Somalia had received microbusiness assistance than in the Sudan and Ethiopia at any point after arrival. The shortest median time was 3.5 months after arrival in Research area A and the longest 17.7 months in SNNPR, with returnees in the Sudan receiving their microbusiness assistance typically six months sooner than those in Ethiopia. The full survival analysis can be found in the separate technical annex of this report, Appendix Table 4 and Appendix Table 6.

These results, based on programme data, are supported by returnees' testimony: an overwhelming proportion of returnees spoke of having had to wait too long to receive microbusiness assistance. The large majority of respondents across the three countries received support later than they expected, with no explanation from IOM for what they perceived as a delay, undermining the potential benefits of microbusiness assistance.[109] Returnees spoke of exhausting the resources they had, including borrowing from others, and wasting significant amounts of money paying for shop rents and license fees while they waited for the support to arrive. They urged IOM or implementing partners to deliver on what they had promised.[110,111] One returnee commented:

> *"We had no other source to turn to in that harsh period, but if we had gotten the inputs and started our work, things might have been much more tolerable.[112]*

The long waiting times meant that many returnees in the sample had not received microbusiness assistance when the CLS occurred: 49.7 per cent overall and 60.3 per cent in Ethiopia (Table 9).[113] Among the eligible returnees whom we were not able to sample, more individuals were still waiting to receive microbusiness assistance, possibly because they did not have a phone or a number known to the JI-HoA (see Finding 22).

107 The survival analysis found that returnees in the Sudan receiving microbusiness assistance by "MoMo cash" (cash amount delivered via mobile money directly to the returnee) had to wait for longer to receive it than those who received it by "MoMo in kind" (funds sent via mobile money to the merchants by provided material for the returnees' microbusinesses). The latter also took longer to be received than microbusiness assistance in kind, through the original modality. The likely explanation for this counter-intuitive finding was that the cash-enabled modalities were employed for returnees who arrived mostly in 2019 when backlog was at its peak, whereas many of those who received microbusiness assistance in kind had arrived earlier and were served in a period when backlog was only building.

108 This information is not available for most of the non-economic forms of CRA.

109 For example, FGD – Group 1, Female, Umdurman, Khartoum, the Sudan.

110 FGD – Group 2 CBRP, East Hararghe, Oromia, Ethiopia.

111 FGD – Group 1, Bahri, Khartoum, the Sudan.

112 FGD – Group 2, CBRP, East Hararghe, Oromia, Ethiopia.

113 The time of microbusiness assistance receipt is taken from the most recent version of the JI-HoA's programme data available for this study (July 2021) shortly before returnees were interviewed in late 2021). Crucially, these statistics do not indicate the number of the non-sampled who had yet to receive microbusiness assistance, which also varies depending on when it is assessed.

Figure 15. Time to receive microbusiness assistance, by country

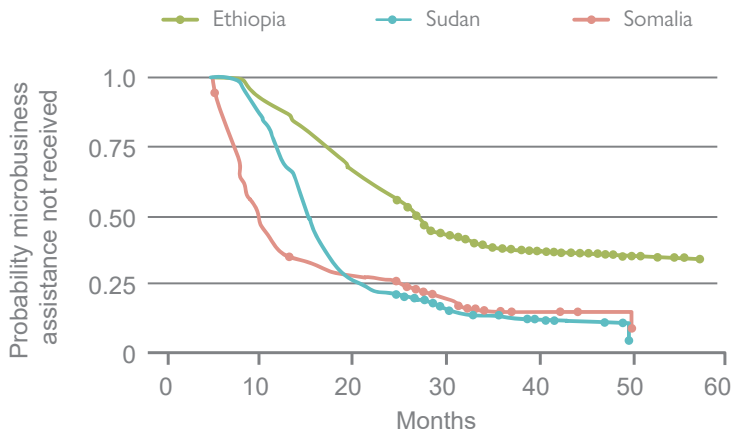
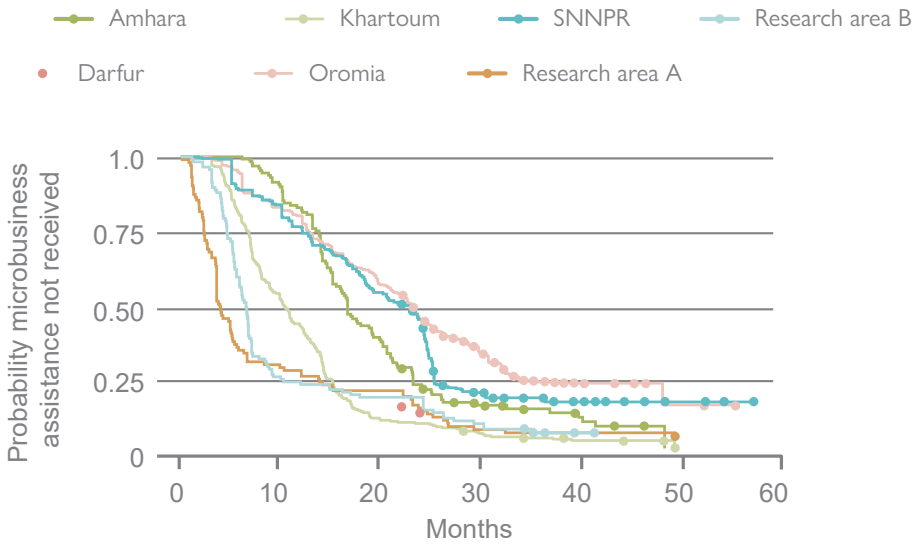


Figure 16. Time to receive microbusiness assistance by region



In addition to returnees having to deplete their microbusiness assistance to endure the CLS (Finding 20), qualitative evidence suggests that the situation may have been particularly challenging in the Sudan. The returnees who received assistance during the CLS in this country may have benefited relatively less than had they been supported before the CLS due to the high inflation experienced during this period.[114] For those arriving during the pandemic, most of the assistance provided may have had to be used on current expenses rather than for the microbusiness.[115] The devaluation of the microbusiness assistance amount due to hyperinflation in the Sudan may also have had a knock-on effect on the ability to pay for rent or medical treatments.[116]

The survival analysis also found that being male or female influenced the timings of assistance. For example, women received microbusiness assistance significantly faster than men in Ethiopia and the Sudan, with the median time to receive microbusiness assistance 6.5 months less for women than for men and 4.8 months less in the Sudan (Figure 17). Similarly, the data show

114 FGD – Group 2, Umdurman, Khartoum, the Sudan.

115 FGD – Group 1, female, Umdurman, Khartoum, the Sudan.

116 FGD – Group 1, Bahri, Khartoum, the Sudan.

that returnees in the Sudan who told us that their physical disabilities or mental health conditions made it harder for them to confront the CLS, received microbusiness assistance faster than those who were not willing to discuss these issues. In Ethiopia and Somalia, the speed of microbusiness assistance delivery increased significantly with the age of the returnee, and those working in a group received assistance faster than individuals. These findings suggest that the JI-HoA was, to some extent, able to prioritize some vulnerable strata of the returnee caseload amidst challenging programme implementation conditions.

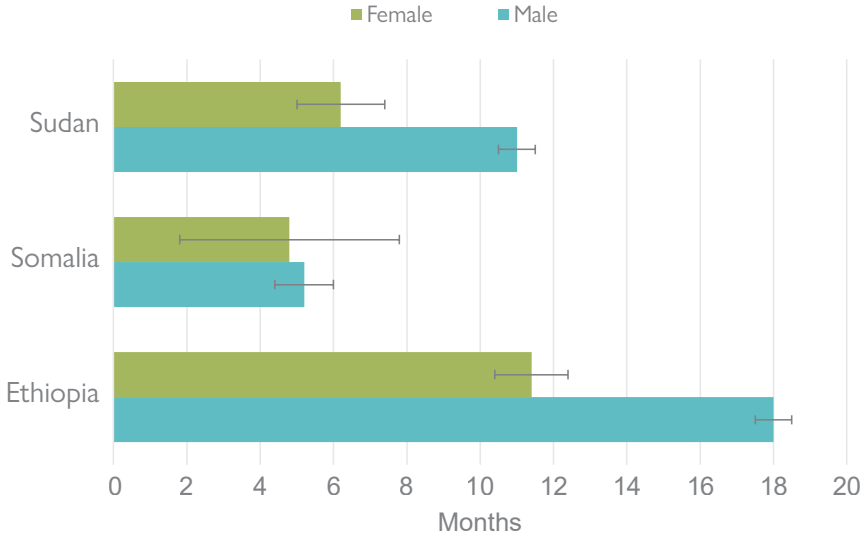
In conclusion, JI-HoA programme data show clearly that some returnees have had to wait many months or even years to receive the microbusiness assistance they had agreed to with the programme. This form of assistance was seen to make a difference to a returnee's ability to endure the CLS (Finding 20) – alongside returnees' adaptations. Therefore, shorter waiting times would have reduced returnees' hardships.

Note: We note that measures the JI-HoA has taken in recent years to improve efficiency in terms of the timeliness of the microbusiness assistance delivery will not have fully benefited the returnees included in the C-19 NE who had arrived before the end of 2019.[117]

Table 9. Non-receipt of microbusiness assistance by returnees by the time of COVID-19 (1 April 2020)[118]

	Ethiopia	Somalia	Sudan (the)	TOTAL
Microbusiness assistance not received by 1 April 2020	627 (60.3%)	41 (19.1%)	231 (41.7%)	899 (49.7%)
Microbusiness assistance received by 1 April 2020	412	174	323	909
Microbusiness assistance not received by July 2021	238 (22.9%)	12 (5.6%)	8 (1.4%)	258 (14.3%)
Microbusiness assistance received by July 2021	801	203	546	1,550

Figure 17. Median time to receive microbusiness assistance for men and women



117 IOM states that average delivery times currently (late 2022) are 57 days in the Sudan, 115 days in Somalia and 352 days in Ethiopia. These average values are not directly comparable with the median values derived from the survival analysis discussed above, as they do not take into account the returnees who have yet to receive microbusiness assistance.

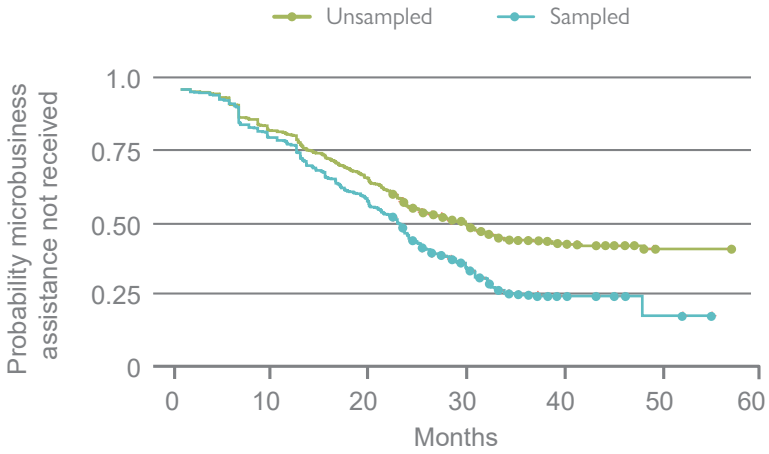
118 The table shows the proportion of returnees who had not yet received microbusiness assistance when the first control measures were imposed and by the time of the most recent JI-HoA programme data. Many returnees were still without that assistance when they were interviewed. If we ignore those who might have received microbusiness assistance between July 2021 and when they were interviewed 3–4 months later, more than 14 per cent overall and almost 23 per cent in Ethiopia had yet to receive that assistance. Given that the returnees included in the C-19 NE had arrived before the end of 2019, they would have been waiting at least 20 months to receive microbusiness assistance.

FINDING 22: Time to receive microbusiness assistance was substantially greater for those returnees (two thirds of the population) difficult to contact by phone with whom the JI-HoA programme has limited contact.

As noted in Section 1.5, the part of the returnee population that we did not survey had a greater proportion of respondents without phones or with phone numbers unknown to the JI-HoA than the part of the population that we were able to survey. However, we were able to include them in some of our analyses that relied on JI-HoA programme data. Survival analysis shows that those we did not sample waited longer to receive assistance than those we did sample. Figure 18 shows the comparison for Oromia, Ethiopia – the largest region in terms of eligible returnee numbers.

The analysis shows that by the time of the interview, the median time spent waiting was 38 months for the unsampled returnees versus 33 months for the sampled returnees. At that point, 45 per cent of the unsampled returnees had not yet received microbusiness assistance, versus 27 per cent of the sampled ones, suggesting that even more of the unsampled returnees were without the JI-HoA's economic support during the CLS.[119]

Figure 18. Time to receive microbusiness assistance among sampled and unsampled returnees in Oromia, Ethiopia



FINDING 23: There was some dissatisfaction with the scale and kind of assistance provided, undermining the effectiveness of JI-HoA assistance.

Whilst there was positive feedback on JI-HoA's assistance in general, there were also numerous examples where improvements could have been made. For instance, in the Sudan returnees described how JI-HoA's economic assistance was insufficient in helping them to maintain businesses or sustain living costs. Many highlighted that the 70,000 Sudanese pounds[120] provided was inadequate, given that both the official exchange rate applied to JI-HoA funds and the high inflation reduced the value of the assistance provided.[121] FGD participants in Jabel Awlia and Sharg Al-Nil described how they were expecting to receive cash in foreign currency, for example 1,000 Euros or 1,200 USD upon their return[122,123] – an amount that could have then

119 As a mitigating measure, IOM started distributing SIM cards and phones to returnees after arrival.

120 Conversions of Sudanese pound amounts into USD are not provided as they would be difficult to interpret: at the time of the study, there were substantial differences in the exchange rates applied by formal and informal channels in the Sudan, with the country also recording very high inflation rates.

121 IOM notes that this finding has been reported in previous monitoring and evaluation exercises and that the amount of support provided is often a key factor impacting sustainable reintegration. However, the support that can be provided is constrained by the programme budget.

122 FGD – Group 1, Jabel Awlia, Khartoum, the Sudan; FGD – Group 1, Sharg Al-Nil, Khartoum, the Sudan.

123 IOM states that no promises were made to returnees about payments in foreign currency.

been converted in local currency at a much more favourable rate using "black market" currency traders. However, at the time of collection, the amount received was closer to the equivalent of 300 USD in Sudanese pounds due to the application of the official exchange rate: the rate that IOM, as well as any other United Nations branch in the country is bound to use in observance of local laws and regulations. This appears to have led to a dispute about whether IOM could or could not provide assistance to returnees in foreign currency. This experience left these Sudanese returnees feeling somewhat let down by IOM. The money that was received was reportedly spent in one or two weeks.[124]

Similarly, a female returnee in Umdurman explained how the 70,000 Sudanese pounds received made a difference during the lockdown period but that it was not enough to start any livelihood projects and instead was used to cover living expenses.[125] In another case, also in Umdurman, living costs could not even be covered due to additional health costs.[126]

There was also some dissatisfaction with the assistance provided in kind, which was not always perceived as appropriate to the context. Across the three countries, many respondents who received microbusiness assistance in kind suggested that returnees should have been consulted better on the materials they were offered in order to suit their existing skill sets, knowledge, interests and experience. Some described not being consulted but had no option than to accept the support that was being given to them, regardless of whether it was relevant to their abilities and appropriate to the local context. For instance, one female returnee in the Sudan commented:

> *"I requested cattle. I am from the east they should have let me choose the cattle I wanted but instead they gave me cattle from the west which does not survive in the east; it's even worth nothing in the east, it's worth 20,000 or 25,000 Sudanese pounds, which is nothing, it had no value, most of them died and I sold the rest at a cheap price. They should have asked me.*[127]

Similarly, in Hadiya, Ethiopia, a respondent explained how they were given inputs that were different from what they had selected and what they were interested in. The returnee was given chickens, but he did not know how to care for them. The number of chickens and the size of their coop were incompatible; as the chickens grew, they started to eat one another. Within a day, five chickens had died.[128]

FINDING 24: The sampled returnees did not apportion high-value to non-economic assistance provided by JI-HoA, and it did not appear to contribute to resilience.

Whilst Finding 19 provides some very positive feedback on the economic and non-economic assistance, the evidence from the survey and qualitative instruments did not indicate the non-economic assistance added particular value to resilience.

In total, 1,090 forms of non-economic general or complementary reintegration assistance were provided by July 2021;[129] 782 (42.0%) returnees received one or more of these different forms of assistance (Table 10).[130] The most widely accessed form was business training (sometimes called Start and Improve Your Business) which was received by 336 (18.0%) returnees across the three countries.

Some forms of assistance, such as registration in the National Health Insurance scheme and emergency food assistance during COVID-19, were available in only one country – in this case the Sudan.[131] Support for the returnee's further education was available in all three countries but was availed of by only one sampled returnee in Somalia.

124 FGD – Group 2, Umdurman, Khartoum, the Sudan.

125 FGD – Group 1, Umdurman, Khartoum, the Sudan: a female returnee described how her mother (who suffered a stroke) took physio and speech therapy in Egypt and wanted to continue this upon returning to the Sudan. Despite receiving cash assistance, the costs of travelling to / from and accessing physiotherapy were too high, so her mother has not received any therapy and instead her daughter massages her at home.

126 KII – CBRP, female – Umdurman, Khartoum, the Sudan.

127 KII – returnee, female – North Khartoum, the Sudan.

128 FGD – Group 1 CLS, Hadiya, SNNPR, Ethiopia.

129 This is the date of the most recent version of the programme data available to us, shortly before returnees were interviewed later in the year.

130 Emergency medical and mental health assistance provided on arrival is not included here.

131 Food assistance was apparently also provided in Somalia but the number receiving it is not available.

Table 10. Number and proportion of returnees in the sample population who had received available forms of non-economic forms of general and/or complementary reintegration assistance

TYPE OF ASSISTANCE	ETHIOPIA (N=1045)		SOMALIA (N=229)		SUDAN (THE) (N=560)		TOTAL* (N=1834)	
	n	%	n	%	n	%	n	%
Psychological and mental health assistance	5	0.5%	14	6.1%	56	10.0%	75	4.1%
Medical treatment	27	2.6%			2	0.3%	29	1.8%
Health insurance registration					252	45.0%	252	45.0%
Housing assistance	50	4.8%	1	0.4%	13	2.3%	64	3.5%
Support for children's education	12	1.1%			2	0.3%	14	1.1%
Business training (Kaizen/SIYB)	60	5.7%	117	51.1%	159	28.4%	336	18.0%
Food assistance during CLS					115	20.5%	115	20.5%
Seed and agricultural materials during COVID-19					29	5.2%	29	5.2%
Technical or vocational training	157	15.0%	16	7.0%			173	13.6%
Education support (returnee)			3	1.3%			3	1.0%
Received any of the above	275	26.2%	127	57.0%	380	68.5%	782	42.0%

Source: JI-HoA programme data.

Blanks indicate that no one in the sample received this form of assistance, usually because it wasn't offered in the country.

* Percentages of the total are calculated only for the countries offering each type of assistance.

As Table 10 shows, these non-economic forms of assistance were provided unevenly across the three countries, reaching 2.6 times as many returnees in the Sudan as in Ethiopia.

In the FGDs and KIIs, we asked returnees open-ended questions about how the JI-HoA assistance had helped them to endure the CLS and make necessary changes, without specifying microbusiness assistance or non-economic forms of reintegration assistance. It is striking that there were no comments on any of the non-economic forms of assistance, although there were positive responses associated with psychosocial support provided at the Migration Resource Centres in Obock (Djibouti), which supported returnees before their return (see Finding 19).

This absence of perceived benefit during the CLS is substantiated by the regression modelling, which found that business training, the most widely provided form of non-economic reintegration assistance, had no significant effect on mitigating the CLS' impacts on well-being or on recovery to the time of interview across the three countries.[132]

Similarly, in the Sudan, provision of National Health Insurance registration had no effect on either mitigating impacts or recovery. The absence of any significant benefit during the CLS may be related to the difficulties returnees encountered in accessing health care, for example the

132 Business training was included as an independent variable in the models of change in well-being from *just before COVID-19* to *the worst point* and change in well-being from *just before COVID-19* to *now* (the time of interview). It did not contribute significantly in any domain in either set of models and is not included in the models presented in Table 11 and Table 12. The complete regression results can be found in the separate technical annex of this report.

reluctance of health workers to treat people for fear of infection (see Finding 3).[133] National Health Registration may well have been of benefit in non-pandemic times.

FINDING 25: Cash-based modalities of providing microbusiness assistance in the Sudan contributed more to mitigating the CLS' impact on well-being than in-kind provision but they did not alter the lack of contribution to recovery. In contrast, the Emergency Cash Advance provided during the CLS in Ethiopia helped returnees to mitigate and recover from the CLS' impact.

Across the region, different modalities of assistance delivery have been used at different times, allowing us to assess the effectiveness of these modalities in these contexts.

"MoMo cash" and *"MoMo in kind"* in the Sudan:

In the Sudan, we used country-specific models to compare the impact of two cash-based microbusiness assistance modalities – "MoMo in kind" and "MoMo cash" – with "Regular in kind" microbusiness assistance.[134] As described in the introduction, "MoMo in kind" (where returnees obtain quotes for material from merchants who, in turn, receive payment via mobile money) was introduced in September 2019 to reduce the waiting time of microbusiness assistance, given that the "Regular in kind" procedure (where IOM would procure the materials and supply them to returnees) was becoming more and more challenging to implement due to the unstable macroeconomic situation in the country and other logistical challenges. "MoMo cash" (returnees receive microbusiness assistance in the form of a cash amount transferred directly to them via mobile money) was introduced in March 2020. It initially targeted only very vulnerable returnees who may not have been able to manage a microbusiness but was later expanded to replace both "Regular in kind" and "MoMo in kind", given the challenging socioeconomic conditions of the country, compounded by the CLS.

In seven of the eight well-being domains that were comparable, both "MoMo cash" and "MoMo in kind" appeared to significantly mitigate the impact of the CLS relative to "Regular in kind" assistance (Table 11). The impact of "MoMo cash" was greater than "MoMo in kind" in each of these seven domains, but the differences were not statistically significant.[135] Note that the one domain where these cash-based modalities worsened well-being relative to in-kind provision was change in the days without eating any meals, indicative of the most severe experience of food insecurity. Uncovering what lies behind this stark difference requires further follow-up with returnees and other stakeholders.

"MoMo cash" and "MoMo in kind" also decreased returnees' reported likelihood of remigration at *the worst point* relative to those receiving assistance through the "Regular in kind" modality. Again, the effect was greater for "MoMo cash" than for "MoMo in kind" but not significantly so.

The impact of these two microbusiness assistance modalities was much less evident with respect to recovery to *now*. "MoMo cash" was associated with a significantly greater improvement in only one domain – meal size – and both modalities were associated with reduced improvement in terms of consumption of protein-rich foods. These results are consistent with the findings from the country models: JI-HoA's assistance had a clear impact on mitigating the CLS' impact on well-being but not on recovery. How assistance was delivered did not alter that pattern.

133 The effect on Sudanese returnees of having received a National Health Insurance card was assessed in country-specific models. In neither model – change in well-being from *just before COVID-19* to *the worst point* or to *now* – did it have a significant effect, positive or negative, on any well-being domain. The complete regression results can be found in the separate technical annex of this report.

134 In Somalia, microbusiness assistance was also offered via a fully cash-based delivery modality. However, this was introduced in September 2020 and, at the time of the study, it had reached too few of the sampled returnees to allow a robust analysis on its effects on returnee well-being vis-à-vis the CLS.

135 Unfortunately, we could not test the significance of this consistent pattern because of the correlation of the domain dependent variables. A full multivariate analysis (see the Methodological notes, Section 8.5) is not possible because returnees' time with the JI-HoA's assistance, one of the independent variables, is not the same across the domains.

Table 11. Influence of "MoMo cash" and "MoMo in kind" on the change in well-being in the Sudan relative to "Regular in kind"[136]

DETERMINANT		DEPENDENT VARIABLE								
	Provision type	Income	Days without meals	Meals per day	Days with protein-rich foods	Meal size	Health care access	Housing	Family/ community acceptance	Remigration likelihood
Worst point	MoMo Cash	***	**	***	***	***	***	***	***	Decrease***
	MoMo in-kind	**	*	***	***	***	***	***	***	Decrease***
Now	MoMo Cash				*	**				
	MoMo in-kind				**					
Worst point/ Now N		362/369	479/476	476/487	467/476	464/484	468/478	476/485	476/485	465/473
Worst point/ Now R^2		0.105/ 0.021	0.012/ 0.010	0.198***/ 0.022*	0.137***/ 0.039***	0.152***/ 0.037**	0.157***/ 0.038**	0.258***/ 0.036**	0.083***/ 0.034*	0.121***/ 0.023*

* P < 0.10, ** P < 0.05, *** P< 0.01

= increased/better

= reduced/worse

136 The table shows how the provision of "MoMo cash" or "MoMo in kind" in the Sudan affected the severity of change in different well-being domains from *just before COVID-19* to *the worst point* and to *now*.

Emergency Cash Advance initiative in Ethiopia

In Ethiopia, the Emergency Cash Advance (ECA) was provided to help returnees cope with the CLS. Based on the JI-HoA monitoring data available at the time of this analysis, between May and December 2020, 188 (18.0%) of the 1,045 sampled returnees received a lump sum payment of 4,500 Ethiopian birr (equivalent to circa 133 USD in May 2020). This sum was to be deducted from the microbusiness assistance, which meant that it was not available to returnees who had already received it, regardless of their need.[137]

Table 12 summarizes the key results from Ethiopia-specific models of change in well-being from *just before COVID-19* to *the worst point* and to *now*. Except for the additional variable for ECA (received or not), all other determinants are the same as in the three-country models. Those receiving ECA experienced significantly less increase in the days per week without meals – indicative of the most severe food insecurity situations – of approximately 0.2 days at *the worst point* and less decline in acceptance by family and community. Though less marked, the effect on days without meals persisted through the recovery to the time of interview. Returnees receiving the ECA also had significantly improved access to health care in the recovery phase. In both phases, receipt of ECA was associated with an increase in the reported likelihood of remigration.

Analysis of the JI-HoA programme data shows that women made up 29.4 per cent of ECA recipients but only 16.3 per cent of the eligible returnee population. The difference is highly significant ($P<0.001$) and suggests that the country programme provided the support preferentially to women. Whether that apparent choice advanced well-being overall is not clear: our models indicated that women were somewhat less well-off than men (at $P<0.1$) in two well-being domains *just before COVID-19* but experienced less reduction than men to *the worst point* in six of the eight domains, and the differences were marked (at $P<0.05$ or 0.01). See also Box 1.

Overall, the results indicate that a relatively modest but timely cash support had a small but significant benefit for the most food insecure.

UNHCR cash assistance for Libya returnees in the Somalia JI-HoA caseload[138]

In Somalia, 75.1 per cent of eligible returnees arrived from Libya where many had suffered severe abuse. These returnees received support from UNHCR which was additional to JI-HoA's assistance and coordinated with it. For the first six months after return, UNHCR provided them with 200 USD per month, food support and education assistance for those with school-going children.

We used country-specific models to assess the impact of UNHCR's assistance to returnees arriving from Libya (more information in the separate technical annex of this report). The analysis finds mixed impacts on change to *the worst point* among returnees who the programme data indicate should have received UNHCR's assistance. In two well-being domains, income and meal size, returnees from Libya experienced worse effects than other returnees; in two other domains, access to health care and acceptance by family and community, they experienced milder impacts than other returnees. Recovery to *now*, the time of interview, was also improved in these latter two domains.

This mixed pattern may be explained by, on one side, the mental and physical injuries returnees suffered during their time in Libya, which made it harder for them to adapt their source of livelihood to the CLS; on the other side, having the support of both UNHCR and IOM may have reduced the CLS' impact on their access to health care and meant they were less of a burden to their families and communities.

137 Returnees had to consent to receive ECA knowing that the sum would have been deducted from the microbusiness assistance.

138 As no specific monitoring data collected by UNHCR was available, this analysis assumes that all returnees from Libya assisted by the JI-HoA in Somalia had received assistance from UNHCR.

Table 12. Influence of ECA on well-being in Ethiopia[139]

DETERMINANT	DEPENDENT VARIABLE								
	Income	Days without meals	Meals per day	Days with protein-rich foods	Meal size	Health-care access	Housing	Family/ community acceptance	Remigration likelihood
Worst point		***						***	Increase***
Now		*				**			Increase***
Worst point/Now N	204/204	933/933	940/942	935/936	936/939	904/904	938/940	941/942	937/939
Worst point/Now R^2	0.178***/ 0.219***	0.046***/ 0.018**	0.099***/ 0.014**	0.025***/ 0.014**	0.09***/ 0.025***	0.242***/ 0.037***	0.018***/ 0.053***	0.286***/ 0.094***	0.10***/ 0.098***

* P < 0.10, ** P < 0.05, *** P< 0.01

= increased/better

139 The table shows how the provision of ECA to returnees in Ethiopia affected change in eight well-being domains from *just before COVID-19* to *the worst point* and to *now*. The colour code indicates the direction of influence relative to those not receiving ECA. Results are from a country-specific multivariate regression.

FINDING 26: Community-based Reintegration Projects (CBRPs) were seen by returnees as valuable in principle but very few had benefited from them.

The IOM's integrated approach to reintegration envisages coordinated action at the level of individual returnees, their communities and institutional structures.[140]

Survey respondents who lived in the vicinity[141] of one or more of the 40 CBRPs described in the version of JI-HoA monitoring data used for this study, were asked about each of them. Almost all of the sampled returnees in Somalia lived in the vicinity of at least one CBRP, compared with 65 per cent in Ethiopia and 57 per cent in the Sudan (see Appendix Figure 2 in the separate technical annex of this report). The Somali returnees were also the most likely to have heard of any of the CBRPs in their vicinity, followed by Ethiopian and then Sudanese returnees.

Among the Ethiopian returnees who had heard of any local CBRPs, only a small percentage (15%) claimed to have directly benefited from one. This was markedly less than in the Sudan (45%) and Somalia (40%). Overall, across all three countries, the proportion of returnees living in the vicinity of a CBRP, who had benefited from it was only 5.7 per cent. In some cases, it became clear that the CBRPs returnees said they had benefited from were not ones supported by IOM.

These findings were corroborated by qualitative evidence: only a few returnee respondents said that they had heard of a CBRP in their vicinity. In some locations (East Hararghe, Hadiya and Arsi) none of the surveyed returnees knew of such a project in their area.

Districts are large, often more than 1,000 km^2, so a returnee could well not have heard about a project on the other side of the district, which in any case is local in its intent. The key point, however, is that relatively few returnees benefit from support beyond the individual level, whether from a CBRP initiated by IOM or another organization.

Many of the qualitative respondents saw the value of CBRPs and suggested that they would have liked to benefit from them had this been possible. For example, an informant in Ethiopia lamented the unnecessary rent and taxes he had to pay because of the delay in receiving microbusiness assistance and that his loss was compounded by the absence of any supportive CBRP. Other Ethiopian returnees reported not knowing of any CBRPs in their area, while noting that support from such a project would have been welcome.

Multiple informants in Somalia stated that the CBRP they had interacted with did not yield the benefits they expected. While noting that the project was targeting the right issues (job creation, skill learning and investment support), what it provided in each of these areas was insufficient to make a real difference.[142]

We emphasize that evaluating the CBRPs that the JI-HoA had implemented in the three countries at the time of our field work is not part of the C-19 NE's remit. IMPACT Study Report #3 (IOM, 2023b) focuses on CBRPs and takes up this matter in greater depth. We also note that a further 12 CBRPs have been initiated since the time of data collection for the C-19 NE.

140 IOM (2019a and 2023a).

141 "Vicinity" was defined as living in the same district as the CBRP. In Ethiopia, districts are called *woredas*.

142 Commenting on the draft of this report, IOM officers noted, among other points, that CBRPs targeted vulnerable community members and non-JI-HoA returnees as well as JI-HoA-supported returnees.

5. CONCLUSIONS

Returnees' actions made a difference in mitigating the CLS' impacts on well-being and recovering from them. In particular, engagement in agriculture has been an effective strategy. This has implications for JI-HoA assistance going forward.

Among the responses of the key actors in the JI-HoA, the most consequential were the changes returnees made, notably their greater engagement in agriculture. This change was associated with both improved mitigation of the CLS' impacts and recovery to the time of interview, including improvement in three of the four dimensions of food security (meals per day, meal size and consumption of protein-rich food). Fifty per cent or more of returnees made this choice in the largely rural regions but so did more than 20 per cent in largely urbanized Khartoum. They found opportunities in food processing and marketing, as well as in crop and livestock production on land in and around towns and cities, in some cases working in groups. Timely training or focused economic support, responding to this emergent option, might have enabled others to similarly increase resilience to the CLS.

Variation in the time the JI-HoA took to deliver economic assistance to returnees was substantial, ranging from a few months to a few years. This variation is significant, as the longer a returnee had that support, the less the CLS' impacted on their well-being.

Long waiting times to receive microbusiness assistance was a major source of dissatisfaction for many returnees confronting the CLS. This finding is significant as a clear link exists between the ability of returnees to endure the CLS and the length of time that they had use of JI-HoA assistance. A quicker provision of support would therefore have increased its overall effectiveness and reduced harm from the CLS. That delivery times have improved for later-arriving cohorts in the Sudan and Somalia and that women have received assistance faster than men in all three countries amid significant implementation challenges suggests that country programmes are able to learn and to prioritize vulnerable returnees, capacities they can draw on to achieve further and wider improvements.

The JI-HoA's economic reintegration assistance was found to have contributed to mitigating the CLS' impact on well-being, a key component of resilience, but had no apparent effect on recovery from the shock. Nevertheless, the introduction of the Emergency Cash Advance initiative in Ethiopia and the switch to cash-based economic reintegration assistance delivery modalities in the Sudan demonstrates that interventions can have significant effects if provided at the right time and in the right way.

Many returnees reported that the JI-HoA's economic support had been critical to enduring the CLS. The analytical findings concur with that evidence: the length of time with microbusiness assistance had a significant effect on mitigating the decline in well-being in six of eight domains. However, time with microbusiness assistance had no effect in any domain on recovery, the second component of resilience. Evidence from returnee interviews and FGD suggests a plausible explanation: microbusiness assistance or the assets it had helped build were monetized to provide subsistence, lessening the CLS' impact but compromising subsequent recovery. Contextual factors, such as the CLS making it hard for businesses to operate, may also have been important.

Cash-based economic assistance in the Sudan accentuated the mitigation benefit relative to in-kind provision but did not alter the lack of impact on recovery.

In Ethiopia, the Emergency Cash Advance, a modest sum deducted from the microbusiness assistance, had a significant effect on mitigating the most severe dimension of food insecurity – going whole days without meals – an effect that carried over to recovery. The JI-HoA apparently provided the assistance preferentially to women. This is an important finding: the largest country programme designed and delivered adaptive, targeted support in the midst of a very difficult period. This is an encouraging result, suggesting that more such support can be developed.

Our understanding of how returnees living with physical and mental disability were affected by and responded to the CLS is poor.

In the qualitative research, returnees often described how the CLS created stresses that undermined mental health. However, we heard relatively little from returnees about how they themselves were affected and in particular, how those with pre-existing disabilities, possibly brought on by their migration experience, were affected by the CLS. Stigma and discrimination likely played a role, especially in the FGDs.

In the survey, two thirds of returnees declined to answer a series of questions on these issues. Confidence in the quantitative findings regarding those who admit to be living with a disability is severely diminished when the comparison group, the large majority, likely included many who also live with disability but are not able or willing to talk about what that has meant for them.

The difficulties we faced in the study are no different than those IOM faces in attempting to assist returnees with disabilities. We take this up in the Recommendations.

The methodological approaches applied through this natural experiment have proven to be valuable and feasible, indicating the potential to replicate them elsewhere. This natural experiment has taken advantage of a shock event and provided credible insights that can improve the effectiveness of JI-HoA programming.

The natural experiment is a novel approach to include in an evaluation like IMPACT. When centred, as here, on a significant shock from an extreme event, it can provide valuable insights from the experiences of individuals who have lived through and responded to it. The success of its application here suggests there is value in it being adapted to future severe shocks, providing opportunities for programmes to gain insights that would not otherwise be available.

6. RECOMMENDATIONS

RECOMMENDATION 1: Regional and programme managers should introduce as soon as possible pre-distribution monitoring to complement existing post-distribution monitoring.

The JI-HoA's current real-time performance-monitoring systems appear to focus on what happens after support reaches returnees. However, the time taken to receive the assistance is critical to improving well-being and ensuring resilience to extreme events like the CLS. Survival analysis may be a useful tool to monitor this key aspect of performance and can help to:

- Make fuller use of the JI-HoA's programme data;
- Track the actual performance of measures introduced to speed delivery, such as new approaches to working with implementing partners;
- Follow the JI-HoA's performance across returnee cohorts, beyond the 2017–2019 cohorts assessed in this study;
- Investigate the source of what may be persistent cross-country and regional differences in delivery times (more than 14 months between Research area A and SNNPR in this study) which can support learning and problem solving in the JI-HoA and possibly other programmes in and beyond the HoA);
- Evaluate efforts to improve the delivery of assistance to returnees without phones or numbers known to the JI-HoA, who were found in this study to experience extremely long waiting times.

While factors internal to the JI-HoA programme appear to be responsible for most of the long waiting times returnees experience, lack of contact between the JI-HoA and this group evidently contributes to these even longer waiting times. The problem may be self-reinforcing: returnees without known phone or other contact details can't be supported and returnees who haven't been supported don't have an opportunity to provide the JI-HoA updated contact details. An expanded role for returnee networks may be one way to restore communication with this large group of returnees.

RECOMMENDATION 2: Programme managers, as part of future programming, should develop mechanisms that draw on returnee networks to improve communication with and among returnees, including those currently "unreachable" and those living with disability.

This research revealed the challenges of contacting returnees who are mobile and often without telephone numbers known to the JI-HoA. Using the informal networks of returnees, as the research did, can help the JI-HoA communicate with and support hard-to-reach returnees. These networks might play a wider role in communication between the JI-HoA and returnees in general and among returnees themselves.

IOM should consider the following steps:

- A concerted effort should be made to identify existing informal networks and to offer them a continuing role in maintaining contact with returnees, both those whose contact details are known and not known to the JI-HoA;
- New returnees should be encouraged to form networks and to make these known to the JI-HoA;
- IOM should consider, possibly through trials in different areas, devolving responsibility for maintaining contact with returnees from their IPs to these networks;
- Beyond maintaining contact, the networks can help improve communication between the JI-HoA and returnees – a two-way flow of information and ideas – and among returnees (see further below);
- Access to ideas is especially important for returnees whom the research revealed as particularly vulnerable to the CLS, for example those dependent on casual labour and whose adaptations appeared for the most part to be of a coping nature;
- For networks to fulfil these functions, financial resources and not just responsibility will have to be devolved from the IPs. Meeting physically and

maintaining virtual contact will have costs, especially but not only where returnees are widely dispersed;

- Similar approaches should be considered with respect to the many returnees living with physical and mental disabilities who avoid acknowledging them and the difficulties they create. Those who are willing to discuss these issues can serve as a bridge to those less willing;
- It may not be unrealistic to envision returnee networks evolving into implementing partners. The trials should help assess the plausibility of that vision.

RECOMMENDATION 3: Regional and programme managers should prioritize assistance that support returnees in developing collaborative relationships.

Returnees may find benefits in working together but the options for doing so are currently limited – for example in Ethiopia and Somalia to jointly starting and managing a single enterprise. This option is not attractive to many returnees. However, the JI-HoA can support returnees to develop collaboration adaptively, where and when the returnees see it to be mutually advantageous.

In our research, Ethiopian returnees with microbusinesses told us about the opportunity they could see, but hadn't been able to realize on their own, to establish a common marketing platform in a trading centre. Other microbusiness owners described coming together to rent a vehicle as the costs rose steeply during the CLS. Relatively small additional support from IOM could have made a big difference in the first case. In the second, timely exposure to the experience of these returnees could have been stimulating for others. Functional returnee networks, facilitated by the JI-HoA, could speed the flow of information and ideas, which is critical to adapting to rapidly changing conditions.

RECOMMENDATION 4: Regional and programme managers should prioritize assistance that provides tailored and adaptive support.

As the Emergency Cash Advance in Ethiopia demonstrates, the JI-HoA's support can be effective when it responds to the experience and skills of returnees as well as their current contexts and needs. Working with returnees to identify the best support for them allows the JI-HoA to adapt its programmes to heterogeneous and varying conditions – essential in the Horn of Africa, where extreme events of different sorts are increasing in frequency and severity.

Returnee networks can be vital interlocutors in developing such adaptive support, suggesting who is in greatest need of support, where they can be found, and how assistance might best be provided.

RECOMMENDATION 5: Programme managers should expand local and Community-based Reintegration projects (CBRPs).

The IOM-supported CBRPs in the three countries are largely unknown to returnees, yet many see local and community level initiatives as vital. Job creation was frequently mentioned in focus groups and interviews. Lack of skills and opportunity were key constraints to the changes that returnees wanted to make in the face of the CLS, including ones that might have protected their food security.

Local training programmes aimed at enabling returnees to respond to opportunities, such as in agricultural value chains and online business practices, could be developed relatively quickly. Returnee networks could play an important role in identifying these opportunities. Timely, focused financial support might be needed as well. IOM should consider whether at least part of the budget for business training could be allocated to such adaptive training.

This training could also be expanded to include other community members, possibly drawing on the JI-HoA's budget for CBRPs.

Programmes at the community and wider levels might be of more durable benefit if conceived and developed in the framework of IOM's Migration, the Environment and Climate Change (MECC) policy, of which there are *now* a dozen in the HoA region (as of May 2022). IOM should also investigate opportunities for partnering with other organizations to expand these efforts to other communities or to expand projects with a similar orientation that those organizations have developed. In

either case, CBRPs should aim to benefit returnees as well as other community members.

Among potential partners are several organizations that are developing projects under Ethiopia's ambitious Climate Resilient Green Economy (CRGE) strategy. A recent study[143] examines the opportunity for CRGE projects to take on a migration lens.

Other potential partners are the organizations involved in the EU-financed, UNEP-led Wadi El Ku project in North Darfur, the Sudan, which has engaged pastoralist and farmer communities in joint water and natural resource management. The approach, described here, has helped to reduce conflict and improve well-being, on both sides. The Sudanese Ministry of Irrigation and Water Resources has committed to adapting the approach country-wide.

These issues are taken up again in IMPACT Study Report #3 on CBRPs (IOM, 2023b).

RECOMMENDATION 6: Regional and programme managers should draw on evidence of the JI-HoA's performance in and following extreme events as tests of its design and management.

Extreme events are becoming increasingly common and severe in the HoA and must be factored into how the JI-HoA and any future iteration are designed and managed. These events are widely shared experiences and also large challenges that returnees, their families and communities and organisations like IOM have had to respond to. The JI-HoA should use and expand existing opportunities for exchange with returnees and other stakeholders to review how effective their respective responses have been and what more could have been done. **The C-19 NE evaluation can begin this process. Its key findings should be shared with returnees in upcoming participatory monitoring and evaluation sessions and their feedback and suggestions sought.** Donors should also consider funding further natural experiment research and evaluations which can provide important insights for entire sectors and not just individual programmes in the HoA and other regions.

143 EU Trust Fund for Africa (Horn of Africa Window) Research and Evidence Facility (2021).

7. LESSONS

Below we summarize some key lessons from adopting natural experiment approaches. IMPACT Study Report #5 (IOM, 2023c) provides an expanded elaboration on the subject.

- The timing of **natural experiment-based approach** within the evaluation is determined by the uncontrolled extreme event, the CLS. This particularity **differs from conventional programme evaluation where timing is fixed by baseline and endline** and has critical implications for what is evaluated, how and at what point.
- **Returnees who experienced the CLS were able to recall and report on their conditions and circumstances more than 18 months prior with apparent accuracy.** This is important because detailed documentary evidence is often not available from unplanned extreme events, meaning that natural experiments drawing on such events can overcome such challenges, **increasing their future applicability.**
- Hence, **the natural experiment approach can be a valuable addition to research and evaluation,** either as a stand-alone piece of research or, as in this case, part of a larger evaluation. As the world can expect more complex emergencies to unfold, not least as we experience the consequences of climate change, **the wider use of natural experiments can provide important empirical data to better understand how and why certain responses may or may not work, informing future policy and programming decisions.**
- **Country-level analysis has been important, allowing for a deeper and more specific analysis of the determinants** that influenced changes in well-being and therefore the characteristics of resilience. This analysis has increased our understanding of what conditions and characteristics can improve resilience as well as what kind of programming can be most effective.
- **The natural experiment made it possible to assess, in a dynamic context, the contribution to resilience of both returnees themselves and the assistance the JI-HoA provided.** This assessment also provided insight into how well the JI-HoA supported returnee innovation in the face of the CLS. Such analysis will be critical in adapting the natural experiment approach to other extreme events.
- **Using integrated quantitative and qualitative methods has increased confidence in the natural experiment conclusions,** including plausible explanations for seemingly counter-intuitive results.

8. METHODOLOGICAL NOTES

8.1. EVALUATION QUESTIONS

The following evaluation questions were developed in collaboration with IOM's regional and country offices:

1. Since the World Health Organization declared COVID-19 a pandemic in March 2020, what have the impacts of the CLS on different aspects of well-being been on income, food security, housing, children's education, health and acceptance by family and community?
2. What kinds of adaptations have returnees made to limit the impacts of the CLS and how has the JI-HoA's assistance contributed?
3. How and to what extent have the cash-based support modalities allowed returnees and their families to limit the impacts of the CLS?
4. What is the comparative experience of returnees who received their assistance shortly before COVID-19 via in-kind contributions, and others who received partial or full cash assistance just after COVID-19 in the same area?[144]
5. How does the experience of returnees who received microbusiness assistance shortly before COVID-19 compare with those who received this same assistance earlier, and who thus had more time to put it to use before the outbreak of the pandemic?
6. What is the comparative experience of returnees in areas where earlier, independent evidence indicated substantial differences in the severity of the CLS?
7. What opportunities do returnees, JI-HoA staff and well-informed observers see to better support resilience to COVID-19 and similar shocks?

8.2. RECALL AND RECOGNITION OF COVID-19 CONTROL MEASURES

We assessed the returnees' recall in two ways, near the beginning of the questionnaire:

1. How many COVID-19 control measures were respondents able to recall unprompted and how many of these were correct, according to contemporary sources?
2. How many of these "correct" measures were respondents able to recognize when prompted (including those they had just recalled unprompted)?

Interviewers were instructed to focus attention on the social and economic measures outlined in Table 13, but some also allowed responses that cited personal protective measures (handwashing, use of face masks and physical distancing), which had also been enforced in that period. Table 14 shows the COVID-19 control measures that the survey respondents freely recalled. On average, returnees recalled 2–3 measures, somewhat more in Somalia and the Sudan than in Ethiopia. All of these were "correct", based on the information in Table 13, except for the state of emergency, mentioned by some Somali respondents. A state of emergency was declared in February 2021 – eight months after the first COVID-19 measures were imposed – with regard to desert locust infestations. The pandemic and the flooding were cited as exacerbating factors.

144 This question could not be addressed because too few returnees met these criteria.

Table 13. Measures imposed or recommended by governments in each country

Social/economic measures, imposed March–April 2020	Ethiopia	Somalia	Sudan (the)
Schools closed	Yes	Yes	
Large gatherings banned	Yes	Yes	
Some businesses closed	Yes	Yes	
Restricted transport and movement	Yes (partial)	Yes	Yes (curfew)
State of emergency declared	Yes	No[145]	Yes
Home confinement	Recommended	Yes	Yes (longer in Khartoum)
Religious/worship sites closed	Yes (voluntary)[146]	Yes – relaxed 18/4/20	Unclear
Personal protective measures (masks, social distancing and handwashing)	Yes	Yes	Yes

The two most frequently recalled control measures were the same in the three countries and in the same order: the banning of large gatherings and school closures. Other than these, the measures returnees recalled most frequently appeared to reflect the strictness with which they were imposed by government and how much the measure would have affected returnees. Business closures and restrictions on transport and movement were most frequently recalled in Somalia where a large proportion of the returnees were engaged in small businesses (Table 9). Home confinement was most frequently brought up in Khartoum, where it was imposed earlier and for longer than in the rest of the country. Sources indicate confinement was less strictly enforced in Ethiopia, where relatively few returnees mentioned it. In Somalia, few returnees mentioned the closure of religious sites, a measure which was only briefly imposed.

When interviewers read out the seven measures that had been imposed nationally, returnees recognized 4–6 measures on average, including those they had freely recalled (Table 11; see also the separate technical annex of this report).

This analysis suggests that returnees were able to remember the measures imposed for longer than 18 months that had particularly affected them. It seems likely that their recall of their own situation at that time – central to the study's methodology – would have been no less accurate.

145 State of emergency declared on 4 February 2021 over desert locusts, exacerbated by COVID-19 and flooding.

146 Seleshi Tessema, AA, Ethiopia: Muslims, Christians join to fight COVID-19, Addis Ababa, 16 April 2020.

Table 14. Respondents recall of the COVID-19 measures imposed in their area (National)

Measure	Ethiopia	Somalia	Sudan (the)
Large gatherings banned	55.4%	79.8%	61.3%
School closures	47.9%	66.4%	56.8%
Restricted transport/movement	29.6%	51.1%	37.8%
Business closures	17.2%	57.4%	16.2%
State of emergency	16.8%	30.0%	19.6%
Home confinement	7.4%	18.8%	39.1%
Religious/worship site closures	22.1%	7.6%	20.4%
Personal protective measures*	20.6%	12.6%	0.0%
Other	0.7%	0.9%	5.0%
Don't know	2.9%	3.1%	8.1%
None	0.6%	0.0%	4.9%
N	946	223	555
Number of measures recalled (mean)	2.2	3.2	2.6

* Includes physical distancing, mask wearing and handwashing.

8.3. BIAS AND ADAPTATION

8.3.1. Assessing bias and adaptive sampling

Our target for the survey was 2,250 returnees, who were divided among the three countries in proportion to the size of the JI-HoA returnee caseload and adjusted by the finite population correction factor so as to achieve estimates of approximately equal variance.

We had intended to conduct the survey in person; however, this was not possible. We found that, given the dispersion of the JI-HoA returnee caseload, meeting the target sample within budget and without excessively concentrating the sample in larger and more accessible population centres was impossible. Flooding and conflict further exacerbated this challenge.

Consequently, we had to carry out the survey by phone in all the three countries. We were aware of two counteracting sources of bias. In contacting the respondents by phone, we were able to reach those in the more inaccessible areas; however, working by phone, we were not able to contact returnees who did not have easy access to phones or those whose phone numbers were not known to the JI-HoA. The majority of the returnees in the IOM's programme data are shown as having one or more phone numbers but many were not working or inactive.

Despite repeated efforts, we were unable to reach some of the returnees and were forced to include in the sample others JI-HoA beneficiaries that were not initially included (the "alternates"). The greatest difficulties that we encountered in achieving our targets were in the Sudan and Somalia, where the target sample was a relatively large proportion of the returnee population, leaving fewer alternates. Being able to reliably contact the returnees is a problem that the JI-HoA also confronts in its monitoring work.[147]

147 IOM states that upon arrival, a SIM card is provided and IOM retains that phone contact, which the returnee might decide to change later on without notifying IOM. IOM also indicates that some returnees provided wrong numbers on arrival: they may not have had their phones with them and couldn't remember the number accurately. As a mitigation measure in 2020, IOM introduced a consent form to be signed post-arrival in which the returnee agrees to contact IOM within three months and communicate any change in phone numbers. However, some returnees switch off their phones to save power or because they haven't been able to charge them. Network problems and lack of connectivity are frequent. Additionally, for security reasons, people in Somalia tend not to respond to calls from unknown numbers. To mitigate this problem, IOM has tried to share in advance the phone number of enumerators with returnees, but this was not possible with returnees who arrived between 2017 and early 2019.

Furthermore, while carrying out the survey in the Amhara region, Ethiopia in October 2021, fighting spilled over from the conflict in Tigray; we had to stop work and reapportion the remaining sample to Oromia and SNNPR pro-rata. Fighting resurged in West Darfur shortly thereafter; even though we had completed the survey by that point, we were obliged to reapportion the FGDs and KIIs to other states. Table 15 presents the distribution of the returnee population and of our intended and actual survey samples.[148]

Table 15. Distribution of JI-HoA returnee caseload by region/state and country in the eligible population and the intended and actual samples

	ETHIOPIA				SOMALIA			SUDAN (THE)			TOTAL
	Amhara	Oromia	SNNPR	Total	Research area A	Research area B	Total	Darfur	Khartoum	Total	
Returnee Population	618	1,525	1,221	3,364	264	264	528	801	738	1,539	5,431
Sample Population - Target	213	501	327	1,041	233	182	415	412	382	794	2,250
Sample Population - Actual	127	548	360	1,035	109	120	229	278	301	579	1,843

The survey was carried out at roughly the same time across the three countries:

Table 16. Survey dates

	START DATE	END DATE
Ethiopia	12 October 2021	6 December 2021
Somalia	23 October 2021	22 November 2021
Sudan (the)	12 October 2021	5 December 2021

We attempted to estimate the bias produced in the survey sample due to our use of phone interviewing and the adjustments due to the conflict in Ethiopia. In doing so, we were limited to the returnee information available in the JI-HoA's programme data. Table 17 and Table 18 illustrate the returnees' characteristics in the actual and intended samples:

148 The eligible population for the COVID-19 NE comprises JI-HoA-assisted returnees in Ethiopia, Somalia and the Sudan, who were at least 18 years old on arrival and who arrived at least four months before the first COVID-19 control measures were imposed in April 2020. We sampled in the 2 (Somalia and the Sudan) or 3 (Ethiopia) regions/states where more than 85 per cent of the eligible population resided.

Table 17. Characteristics of actual sample

	ETHIOPIA				SOMALIA			SUDAN (THE)			TOTAL
	Amhara	Oromia	SNNPR	Total	Research area A	Research area B	Total	Darfur	Khartoum	Total	
Age (mean)	24.3	22.8	24.3	23.5	24.4	21.5	22.9	29.3	29.6	29.4	25.3
Time since returnee in months (mean)	35.1	35.5	38	36.4	38	34.4	36.1	30.0	35.6	32.9	35.2
% Women	13.4	16.2	13.3	14.9	7.3	4.2	5.7	0.4	4.0	2.2	9.8
% Receiving CRA	89.8	73.4	80.6	77.9	95.4	93.3	94.3	98.2	98.7	98.5	86.4

Table 18. Characteristics of unsampled returnee population

	ETHIOPIA				SOMALIA			SUDAN (THE)			TOTAL
	Amhara	Oromia	SNNPR	Total	Research area A	Research area B	Total	Darfur	Khartoum	Total	
Age (mean)	22.9	22.9	24.3	23.4	23.7	21.6	22.7	29.4	28.9	29.2	24.9
Time since returnee in months (mean)	37.6	36.3	40.7	38.2	38.6	32.4	35.6	28.8	36.0	32.1	36.3
% Women	14.9	16.8	14.6	15.6	6.4	4.7	5.6	0.8	6.4	3.3	11.4
% Receiving CRA	64.6	54.7	71.9	63.1	90.4	83.9	84.2	90.7	94.1	92.2	73.0

As regards age on arrival or gender, the analysis found no bias in the actual sample, relative to the returnee population. There was some bias in the time since return (calculated to *now*), but a more substantial bias was evident in the percentage receiving microbusiness assistance (by July 2021), which was higher in the actual sample in all regions. The full analysis can be found in the separate technical annex of this report, Appendix Table 2.

One reason for the bias may be that the phone numbers the JI-HoA has on file are more likely to be up to date for returnees who have received CRA. This reasoning might work the other way as well: returnees without phones or numbers known to the JI-HoA are much more difficult to contact and to assist.

8.3.2. Adaptation

Examining the actual and target samples, we found that there was a concentration of returnees without working phone numbers in several villages in East Hararghe zone in Oromia, Ethiopia. To locate some of these returnees, we asked returnees in the area whom we had been able to survey to help: through their network of contacts, we were able to assemble a sufficient number of returnees without working phone numbers to constitute an additional FGD and one KII. These tools provided a minimal means to compare their views with those of the sampled population.

8.4. QUANTITATIVE METHODS

8.4.1. Assessing food security

To assess the severity of food insecurity that the returnees faced, we adapted the reduced Coping Strategies Index (rCSI),[149] which employs a series of questions about food-related actions. We modified the questions so that they referred to the returnees (predominantly young men, not all of whom had dependents). We also adapted questions for a longer recall than is typical and for the different periods: *now*, *the worst point* and *just before COVID-19*.

However, we did not attempt to create an index from our adapted questions: our interest was in gaining a granular picture of the differences over time for each returnee and for different locations.

Below are the questions we asked about the period *now*, in decreasing order of severity:

- Do you sometimes go a whole day without eating any meals *now*? If yes: How many days per week did you usually go without eating any meals *now*?
- How many meals do you usually eat each day *now*?
- Think back to the time *just before COVID-19* and try to recall how much food you usually ate during each meal. Compared to *just before COVID-19*, are you *now* eating as much food per meal?
- How many days do you usually eat meat, fish or eggs in a week *now*?

The size-of-meal question only allowed an assessment of the change to *now*, or to *the worst point*.

Ideally, we would have assessed the perceived severity of these behaviours in each region to help us understand how the reactions of returnees compared to the norm, before asking the questions adapted from the rCSI. However, we were not able to do this, and instead relied on findings from earlier studies from the HoA. For example, in the Bale zone, Oromia region, a study found that households responding to questions about a protracted drought relied on, in increasing order of frequency: (a) going days without eating, (b) reducing the number of meals, (c) reducing meal sizes and (d) consuming less preferred foods.[150] Recently in the Sudan, among refugees and internally displaced persons, the same relative order was found, although no one reported going a day without eating.[151] In Garissa, Kenya (a county that borders Somalia), going a day without eating was assessed to indicate the most severe food insecurity and eating less preferred foods to indicate the least severe food insecurity.[152] Generally, coping

149 Based on questions used by the reduced Coping Strategies Index in WFP (2019). See also Maxwell and Caldwell (2008).

150 Gebre et al. (2021).

151 WFP (2021).

152 Maxwell and Caldwell (2008).

strategies associated with the most severe food insecurity are the least common.

8.4.2. Disability and mental health

Including disability and mental health questions in the survey, which are often particularly sensitive cultural issues in the three countries, was also important. To mitigate against these sensitivities as much as possible, we introduced this section of the questionnaire by saying that the returnees' difficult journeys have, in some cases, left them with disabilities or other conditions, both physical and mental. Often, it is not easy for returnees to talk about these consequences.

Interviewers then asked whether the respondent would be willing to share their experiences of life with a disability, or other physical and mental conditions. If respondents did not agree to do so, the interviewers skipped these questions.

Those willing to continue were asked the six-item, Washington Group Short Set of disability questions.[153] They were asked how much difficulty they experienced in:

- Seeing, even if wearing glasses;
- Hearing;
- Walking or climbing steps;
- Remembering things or concentrating;
- Self-care (washing or dressing);
- Communicating in their usual language.

We also adapted a seven-item tool that was developed for use by non-mental health practitioners to screen for mental disorders (post-traumatic stress disorder and major depressive disorders) in asylum-seekers and new refugees.[154] Respondents were asked if they had experienced:

- Feeling very restless, like you can't keep still;
- Loss of interest in things;
- Feeling worried about going crazy or "losing your mind";
- Feeling very fearful;
- Feeling trapped or caught;
- Having a lot of pain in your body;
- Feeling worthless.

We then asked them whether any of these disabilities or conditions had made enduring and responding to the CLS more difficult. Selected returnees who responded to this section were interviewed in depth, in KIIs. FGDs were also asked about disability and mental health in general terms.

8.4.3. Community-based Reintegration Projects (CBRPs)

The Integrated Approach to Reintegration that informs the JI-HoA envisages that community-based approaches and structural interventions should complement individual level assistance. The JI-HoA was the first programme to implement the Integrated Approach and has had to work out a number of issues. One of the most important issues has been that of who should benefit from CBRPs. One position within the JI-HoA is that developing CBRPs that benefit returnees who already receive individual assistance risks sharpening disparities with other community members. Therefore, CBRPs should primarily target non-migrants. However, in practice, returnees have been involved in community-based project identification workshops, and project monitoring data routinely include the number or returnee and community members involved in the project.

The issue has not yet been fully resolved. We return to it in our Recommendations and in IMPACT Study Report #3 (IOM, 2023b). In this study, we attempted to ascertain to what extent survey respondents were aware of JI-HoA-sponsored CBRPs. To those living in the same district (woreda in Ethiopia) as a CBRP, we asked a series of questions:

- Have you heard of [CBRP name], being implemented by [Implementing Partner name]?
- Have you contributed to [CBRP name] with your ideas, labour or in other ways?
- Have you benefited from [CBRP name]?

153 InfoNTD. WGQ Washington Group Questions.

154 Hocking et al. (2018).

- How have you benefited from [CBRP name]?
- How has your relationship with [CBRP name] project affected your acceptance by the community?
- Has your relationship with [CBRP name] project affected how you think about remigrating?

We also asked FGD participants in these areas about CBRPs – not restricted to JI-HoA-sponsored ones – and whether any had helped people to endure COVID's impacts or helped them make changes to improve their situation or prevent it from getting even worse.

8.4.4. Assessing reintegration assistance provided through the JI-HoA

We asked respondents about how they valued the JI-HoA's assistance. For example, if they hadn't received it, how would that have affected their and their household's ability to endure COVID-19's impacts and to make the necessary changes? We also asked what impact the timing to receive microbusiness assistance had had in relation to the CLS and how the length of the wait was perceived.

8.5. ANALYTICAL METHODS

8.5.1. Survival analysis

The time it took for returnees to receive JI-HoA's assistance was critical to evaluate its contribution to resilience. Using survival analysis, a branch of statistics for analysing the time to an event, we were able to assess how long it took for JI-HoA to deliver the microbusiness assistance (*Note:* this analysis did not assess all CRA, only the microbusiness assistance component).

We analysed the time elapsed between a returnee's arrival and their receipt of microbusiness assistance employ the Cox proportional hazards regression together with piecewise exponential models,[155] which allowed us to analyse the factors associated with delivery times – country, region, year of arrival and individual characteristics. Some returnees had not yet received microbusiness assistance by the time considered in the analysis, which was either the date of our survey in October 2021 or the start of the CLS (1 April 2020).

8.5.2. Multivariate regressions

To understand what use the returnees were able to make of the JI-HoA's assistance once it was received, and how the returnees' own actions and other factors contributed, we conducted fixed-effect multivariate regressions for four sets of models:

1. Determinants of actions taken by the returnees in well-being domains.
2. Determinants of the level of well-being domains *just before COVID-19*.
3. Determinants of change in well-being domains from *just before COVID-19* to *the worst point*.
4. Determinants of change in well-being domains from *just before COVID-19* to *now*.

Country and region were the fixed effects. Returnees were nested within countries and regions, and described by age, gender, disability status, length of time in country, and length of time with microbusiness assistance.

These were multivariate regressions in the sense that each well-being domain or action domain model employed the same independent variables. We were able to use a full multivariate analysis, which analyses the domain regressions jointly, taking account of the correlation between their dependent variables, employing the Stata[156] packages mvprobit for the logistic regressions in the Determinants of actions taken, set (1); and manova for the linear regressions in the Determinants of change to *now*, set (4). Full multivariate analysis was not possible for Determinants of well-being *just before COVID-19* set (2) because the individual regressions were of different sorts, for instance logistic and linear, and for Determinants of change to *the worst point* set (3) because the values in the time-related independent variables, such as time with microbusiness assistance, varied between the well-being domain models. In these cases, we used separate, univariate regression for each

155 Rodríguez (2022).

156 Stata is an integrated statistical software package used for data manipulation, visualization and analysis.

dependent variable but employed the same set of independent variables.

In presenting the results from the set of models describing well-being *just before COVID-19* (set 2), we indicate the direction of influence – better or worse – and its level of significance. Similarly, for the sets of models describing change in well-being from *just before COVID-19* to *the worst point* (set 3) and to *now* (set 4), we indicate whether it improves or worsens. This way, we avoid filling the tables with the fitted coefficients. This should provide a clearer and also more intuitive picture for the reader. Note that for example, whereas a positive coefficient for "days without meals" has a negative implication for well-being, it has a positive implication for well-being with respect to "number of meals" per day. Blank cells in these tables indicate non-significant effects. The full output with coefficients and p-values is available in the separate technical annex of this report.

We also developed country-specific models of the same form as the three-country models but with Region as the sole fixed-effect to test the contribution of measures affecting only one country:

- The cash-based microbusiness assistance modalities in the Sudan,
- ECA in Ethiopia,
- National Health Insurance registration in the Sudan,
- UNHCR's assistance for returnees arriving from Libya in Somalia.

8.5.3. Analysing impact of JI-HoA assistance

In each of the multivariate models, we employed the same approach to assess the contribution of the JI-HoA's microbusiness assistance. We hypothesized that the longer a returnee has use of the assistance, the more benefit they will be able to derive from it. We also hypothesized that the longer a returnee has been in their country of origin, the more likely they will be to re-establish a livelihood, independent of the JI-HoA assistance. A risk exists, therefore, of collinearity between the length of time a returnee has been in the country and the length of time they have had the benefit of the JI-HoA's microbusiness assistance.

We resolved this risk by including an interaction term in each equation between the time since arrival, and the proportion of that time with the JI-HoA's microbusiness assistance. Statistical tests showed that the best fits were obtained when two terms were included as independent variables: (a) time since arrival and (b) the interaction term, that is, excluding the proportion of time with the JI-HoA's microbusiness assistance. This interaction term was used to test the significance of the JI-HoA's microbusiness assistance. The longer the returnee had use of IOM's assistance, the greater the interaction term.

Multivariate models also tested the contribution of business training (sometimes referred to as Start and Improve Your Business, a common form of assistance, considered part of general reintegration assistance) across the three countries. We employed two independent variables to represent its possible effect: a dummy variable (with/without training) and a three-way interaction term modifying the interaction term (b) described above.

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