



Independent Social Performance

Final Report:

Study of Case Management Practice in the context of the EU-IOM Joint Initiative for Migrant Protection and Reintegration

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List of Abbreviations

AVRR	Assisted Voluntary Return and Reintegration
CSP	Local Monitoring Committees “Comités de Suivi de Proximité” in Guinea
IM	Information Management
IMAP	IOM Migrant Assistance Platform
JI	EU-IOM Joint Initiative for Migrant Protection and Reintegration
MHPSS	Mental Health and Psychosocial Support
MiMOSA	Migrant Management Operational System Application
MRC	Migrant Resource Centre
NASW	National Association of Social Workers United States
NGO	Non-Governmental Organizations
M&E	Monitoring and Evaluation
RIMS	Returnees Information Management system
RSI	Reintegration Sustainability Index
RSS	Reintegration Sustainability Survey
SOPs	Standard Operating Procedures
UASC	Unaccompanied and Separated Children
VHR	Voluntary Humanitarian Returns

Definitions¹

Assisted Voluntary Return and Reintegration	Administrative, logistical or financial support, including reintegration assistance, to migrants unable or unwilling to remain in the host country or country of transit and who decide to return to their country of origin. (IOM, 2019)
Case conference/review	A more formal and comprehensive mechanism for considering progress that goes beyond the ongoing checking involved in monitoring. A review involves a meeting of all interested parties (IOM, forthcoming, Adapted from Harris and White (2013)).
Case Management	A person-centred process for providing protection and assistance to individuals with complex needs over the medium to long term. Case management involves the coordination of both formal and informal services with a wide range of stakeholders, including national authorities, NGOs, international organizations, family and community members (IOM, forthcoming, Adapted from Harris and White (2013)).
Caseworker	An individual worker who has the primary responsibility for a case that has been assigned to them by a case manager (IOM, forthcoming, from Child Protection Working Group, 2014).
Beneficiary	The targeted and primary recipient of case management services.
Collaborative needs assessment (case management)	Active participation from and wider consideration of clients' feedback in determining the approach and aid provided.
Generalist case management	Utilizes commonly accepted functions of case management (Vanderplasschen et al., 2007).
Intensive case management	Intensive and extensive contact between the case manager and client (Vanderplasschen et al., 2007).
Pre-departure assistance	All services provided to migrants to facilitate their voluntary return as well as services provided to ensure their dignity and well-being while the return is being organized (IOM, 2019).

¹ Definitions are taken from the Glossary on Migration, 2019, by IOM unless otherwise indicated.

Pre-Return	Within the context of this study pre-return is considered as all activities and case management support prior to the physical return of the migrant to the country of origin.
Protection	All activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. Human Rights law, International Humanitarian Law, Refugee law).
Post-Return	Within the context of this study, post-return is considered as all case management and related services provided to beneficiaries after their physical arrival in the country of return.
Referral Mechanisms	Referral pathways that serve to link individuals with the protection and assistance services and support they require (IOM, forthcoming).
Return	In a general sense, the act or process of going back or being taken back to the point of departure. This could be within the territorial boundaries of a country, as in the case of returning internally displaced persons (IDPs) and demobilized combatants; or between a country of destination or transit and a country of origin, as in the case of migrant workers, refugees or asylum seekers.
Reintegration	A process which enables individuals to re-establish the economic, social and psychosocial relationships needed to maintain life, livelihood and dignity and inclusion in civic life.
Service Effectiveness	Focuses on the achievement of case management objectives. This can be measured in terms of case closure, client satisfaction, and reaching a certain quality of life (Salazar & Graham, 1999).
Service Efficiency	The quality of service received by the clients. Smooth flow in the coordination of services and in delivery improves overall service efficiency (Salazar & Graham, 1999).
Standard Operating Procedures	Detailed, written instructions to achieve uniformity of the performance of a specific function.
Stranded Migrant	Migrants who are unable to return to their country of origin, cannot regularize their status in the country where they reside, and do not have access to legal migration opportunities that would enable them to move on to another state. The term may also refer to migrants who are stranded because of humanitarian or security reasons in the country of destination, transit or origin preventing them to return home while they are also unable to go elsewhere.

Supervision	In general terms, the overseeing of one person's work (or other activities) by another person. In social work, it has a particular connotation as an ongoing supervisory relationship between a social work student and practice assessor during training and between a social worker and their line manager after qualification. It involves setting time aside to discuss work without interruption. Kadushin's (1992) identification of the three functions of supervision has been widely used to describe the content of such supervision sessions: administrative – the promotion of good standards of work, coordination of practice with agency policies, maintaining an efficient work setting; educational – the professional development of each social worker; supportive – the provision of personal support and the maintenance of harmonious working relationships (IOM, forthcoming, Adapted from Harris and White (2013)).
Sustainable Reintegration	In the context of international return migration, 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 possible (re)migration drivers.
Voluntary Humanitarian Returns	the application of assisted voluntary return and reintegration principles in humanitarian settings and “often represents a life-saving measure for migrants who are stranded or in detention” (IOM, 2020)
Vulnerability	<p>“a limited capability to avoid, resist, cope with or recover from violence, exploitation, and abuse” (IOM, 2019)</p> <p>Note: The EU-IOM Joint Initiative form Migrant protection and reintegration, targeted beneficiaries that were considered to be vulnerable to violence, exploitation and abuse. Some beneficiaries have specific needs such as migrant children, victims of trafficking, migrants with medical needs, migrants with MHPSS needs.</p>

Executive Summary

Case Management is an important component of implementing the integrated approach to return and reintegration. It is an established practice from medical and social work professions that has been adopted by IOM to provide comprehensive return and reintegration assistance to beneficiaries. This is the first study on case management at IOM. This report examines the implementation of case management in the EU-IOM Joint Initiative for Migrant Protection and Reintegration (JI), which operates across 26 countries in Africa. A central focus of the JI is to provide voluntary, safe and dignified return to migrants and most commonly to stranded migrants.

The objectives of this study are to:

- Define and identify best practices in case management and assess how these relate to IOM's current practices.
- Conduct a mapping of case management practices in the JI programme in nine IOM missions.
- Evaluate the current state of case management in return and reintegration practices in the JI and provide recommendations for improvement.
- Develop practical resources for the setting up of case management structures and processes.

Original research for this study was conducted in nine countries: Djibouti, Ethiopia, Guinea, Libya, Niger, Nigeria, Somalia, Sudan, and the Gambia. An initial rapid review was conducted on case management that framed the research. Original interviews and focus group discussions were held with 233 respondents that included IOM staff and caseworkers, beneficiaries, government officials and service delivery partners. In addition, an online survey was conducted with 72 caseworkers at IOM. The findings and recommendations are summarized below.

Finding 1: Challenges exist in providing continuity of assistance during case transfer between pre-return and post-return missions. The results show that continuity of assistance for beneficiaries in the case transfer process is not always achieved. There are challenges in communication pathways and information transfer.

Finding 2: Beneficiaries report mixed satisfaction with case management pre-return and frustration with waiting for return. Many of the beneficiaries involved in the focus group discussions had returned from Libya and were frustrated by the lack of information regarding return provided in Libya and wait times for return. Pre-return processes could be improved through further information sharing and expectation management that is important to manage expectations, prevent misinformation, and manage beneficiaries stress regarding uncertainties.

Finding 3: Beneficiaries were satisfied with modes of communication and frequency of communication with caseworkers' post-return in most instances. With the exception of post-case closure, beneficiaries were satisfied with communication with the caseworkers' post-return. The hotlines were appreciated and worked effectively for communication.

Finding 4: Beneficiaries express some dissatisfaction regarding reintegration assistance modalities. Although beneficiaries were positive regarding their satisfaction with their caseworkers (see Finding 3), they frequently expressed dissatisfaction regarding their reintegration assistance, delays in reintegration assistance, the type of microbusiness they were able to start, and the amount of the reintegration assistance.

Finding 5: Beneficiaries' dissatisfaction regarding the reintegration package creates stress for caseworkers. As caseworkers are on the front line of managing beneficiaries' expectations and vulnerable situations, reintegration assistance delays and other challenges creates additional stress for caseworkers. This additional stress can be difficult to manage and influences caseworker wellbeing.

Finding 6: Caseworkers have received some training in the JI Programme, however, most caseworkers interviewed request further training and capacity building. Caseworkers consistently request more training on case management and in subject matters such as: counselling skills and psychological first aid, MHPSS, assistance to victims of trafficking, gender-based violence and specific approaches for male victims of gender-based violence, and on workload management and stress management. There is a specific request from Francophone countries to have trainings delivered in French.

Finding 7: Caseworkers complete a variety of tasks regularly in their roles. Role clarity is an important component of workplace satisfaction and stress management. It is important for both managers and caseworkers to have a clear understanding of caseworkers' tasks in order to be able to prioritize workflow and time management. Caseworkers reported completing a variety of essential tasks for case management demonstrating the complexity of their roles.

Finding 8: Caseworkers feel that they work collaboratively with beneficiaries and have good communication with beneficiaries. Caseworkers identify that they work collaboratively with beneficiaries to assist the returnees in making decisions regarding their reintegration plan. Caseworkers use a variety of methods to develop trust and rapport with the returnees.

Finding 9: Caseworkers report satisfaction regarding their decision power and supervision. Decision power refers to the extent to which caseworkers feel they have the power to make decisions regarding beneficiaries' care, how they manage challenging situations and make decisions in the provision of case management (Lietaert, 2019). Frequently, caseworkers expressed being satisfied with the amount of decision power they had to manage cases and make decisions; however, this was not always the case. In the Gambia, caseworkers expressed that they did not feel they had the power to make sensitive or important decisions in their roles. These decisions were escalated to their supervisors.

Finding 10: Caseworkers struggle with their own wellbeing and experience stress from their work. In the pre-return countries, caseworkers identified different challenges such as: managing the significant caseload in sub-offices, dealing with conflicts between communities in the transit centres, long working hours, the suspension of AVR for certain countries, the lack of communication during cross-border case management between IOM pre-return and post-return missions and, long waiting periods before migrants' departure. In post-return countries, caseworkers identified similar and unique situations that can cause increased workplace stress. Similar situations causing added stress for caseworkers were delays in beneficiaries' reintegration packages. This led to regular phone calls from the beneficiaries and an increased workload and strain on the caseworkers (see Finding 4).

Finding 11: Caseworkers do not conduct evaluations. As intended by design and monitoring and evaluation best practices, it was found that there is a strong separation between caseworkers' activities and evaluation. In none of the missions were caseworkers found to be actively conducting evaluation tasks. This was important as it allows for confidentiality in the evaluation process with beneficiaries.

Finding 12: Some missions have strong feedback mechanisms between Monitoring and Evaluation and caseworkers, others have weak feedback mechanisms. In almost all cases when a M&E officer identifies that a beneficiary is in an increased condition of vulnerability this is communicated to the caseworker. In such instances, caseworkers' follow-up with the returnee to make a plan for additional support. The frequency and form of feedback between teams differs across the missions, but this is a promising practice. The forms of feedback mechanisms differ in terms of frequency and approach between missions and in some cases could be enhanced.

Finding 13: Case Management is not currently integrated into programme logframes. A review of the JI logframes shows that ‘case management’ is currently excluded within the logframes and that the indicators do not align with case management best practices, and thus nor do they incentivise robust case management. For example, the indicators primarily focus on output numbers, whereas case management as a practice is focused on process and quality assessment. The indicators do suggest the need for a robust case management system, but this is not detailed in the current indicators.

Finding 14: Different models of case management are administered in the JI. Due to the different needs of beneficiaries and the differing pre-return and post-return contexts, case management in the JI includes: a generalist model occurs in the JI with beneficiaries post-return that have a case wherein their reintegration assistance can be delivered in 2-3 sessions and then closed-; and an intensive model that occurs in more complex reintegration cases and with migrants in particularly vulnerable situations pre-return. The different models of case management in place are a reflection on the needs, resources, and capacities in different contexts of the JI.

Finding 15: Service Efficiency for case management is affected by delays and referral availability. Service efficiency refers to the quality of service received by the beneficiary (Salazar & Graham, 1999). Smooth flow in the coordination of services and in delivery improves overall service efficiency. Several countries identified delays in the provision of reintegration assistance and challenges in being able to efficiently refer beneficiaries due to procurement delays and a lack of available opportunities. These challenges were generally beyond the control of the caseworker.

Finding 16: Service Effectiveness is demonstrated through beneficiary satisfaction with caseworkers, however, there are uncertainties regarding case closure. Service effectiveness focuses on the achievement of case management objectives (Salazar & Graham, 1999). This can be measured in terms of case closure, beneficiary satisfaction, and reaching a certain quality of life. Cases are closed by caseworkers at the end of the reintegration process. However, it was clear from some beneficiaries in the focus group discussions that they were not ready for case closure. These beneficiaries continued to call their caseworkers, creating frustration for both beneficiaries and caseworkers who did not have the time to continue the cases.

Finding 17: In individual returns there is limited involvement in the role of the family in case management. Families are essential for successful reintegration and can be further integrated into the reintegration planning.

Finding 18: Caseworkers report little community involvement in reintegration. Communities are essential for sustainable reintegration. Caseworkers rarely directly engage with

communities of return and cohesion between communities of return and caseworkers' activities was unclear.

Recommendation 1: Establish a cross-regional Standard Operating Procedure for case transfer in order to improve continuity of assistance. Establishing a Standard Operating Procedure for case transfer within the region will create a clearer process for case transfer that will avoid challenges of communication and ensure continuity of assistance for beneficiaries.

Recommendation 2: Regularize meetings/ feedback sessions between pre-return and post-return missions. Improved communication is necessary to improve continuity of assistance at case transfer. Regular regional or cross-regional meetings are necessary to facilitate information flows regarding case transfer and improve cohesion.

Recommendation 3: Pre-return missions to provide further information and communication to beneficiaries regarding the return process and waiting times. Having accurate information reduces stress and uncertainty and prevents unrealistic expectations or misinformation. Information that should be provided to returnees includes details of the return programme and procedure, the possibilities of reintegration assistance, conditions in the country of return, and as part of the voluntary process of AVR and VHR any other options available to the individual that are within the law of the current context (recognizing, however, that in most countries of the JI there are no legal alternatives).

Recommendation 4: Create clarity in separation in reporting and monitoring and evaluation between beneficiaries' satisfaction with caseworkers and satisfaction with reintegration assistance. Separating between beneficiaries' satisfaction with their caseworker and beneficiaries' satisfaction with their reintegration assistance will allow for increased understandings of how to improve case management from beneficiaries' perspectives. This can be achieved by establishing indicators for the monitoring and evaluation of case management.

Recommendation 5: Hold drop-in sessions or information sessions for beneficiaries, even after case-closure. Providing timeslots for further drop-in sessions or information post case closure would be beneficial to assist caseworkers in managing beneficiaries who contact them for further support. This would provide a dedicated time and space for managing post case-closure beneficiaries and creating a strategy for what to do with these cases.

Recommendation 6: Increase Training for Caseworkers on Case management and related topics. Within the JI programme a specific case management training was not included. It is recommended to: mandate case management training for all caseworkers, establish a working group for case management to further promote internal training, conduct an assessment with caseworkers in each mission to determine which topic specific training is most desired on

topics such as gender-based violence, counter trafficking, workload management, or stress reduction and then deliver selected trainings.

Recommendation 7: Monitor Caseworkers Wellbeing at a Programme and Mission Level. It is recommended to develop programme monitoring that can be implemented at the mission level for caseworker wellbeing. This could be in the form of staff surveys or ensuring more communication regarding staff wellbeing and access to options for support.

Recommendation 8: Improve communication and feedback processes between caseworkers and Monitoring and Evaluation Teams. Some missions have identified good practices for collaboration between caseworkers and monitoring and evaluation teams including regular communication and regular feedback presentations from monitoring and evaluation teams to caseworkers. These types of practices should be expanded to all missions to ensure regular communication between these teams.

Recommendation 9: Inclusion of case management within the programme log frames and development of specific case management indicators for programme evaluation and reporting. There is a need to develop case management indicators to be included in the programme logframes and regular monitoring and evaluation and reporting processes. Questions regarding case management should be included in the regular monitoring and evaluation processes with beneficiaries.

Recommendation 10: Recognize different models of case management and their application in different contexts. It is important to recognize and differentiate the different models of case management in practice in the JI. Creating such differentiation allows for acknowledging different expectations of caseworkers and for beneficiaries in different approaches to case management.

Recommendation 11: Streamline between different IOM projects and roles to ensure communities are sensitized to returnees' experiences and clarify roles within reintegration processes. Caseworkers themselves do not need to necessarily take on community involved tasks, but it is recommended to have strong coordination and identification between actors (internal and external to IOM) to involve communities in reintegration processes.

Recommendation 12: Families should be considered as a central actor in reintegration processes. Given the importance of family in reintegration processes, they should be considered as a central component in the reintegration plan. This can be incorporated under the psychosocial component of the reintegration planning process.

1. Introduction

The EU-IOM Joint Initiative for Migrant Protection and Reintegration² (hereafter referred to as JI) is a leading programme of IOM that has implemented a new model for return and reintegration through the integrated approach to reintegration with diverse capacity building and community development components. The JI operates across 26 countries in Africa. A central focus of the JI is to provide voluntary, safe and dignified return to migrants and most commonly to stranded migrants. This includes the provision of Voluntary Humanitarian Returns (VHR) in Libya and Assisted Voluntary Return and Reintegration (AVRR) in the other pre-return³ countries. Returnees frequently experience challenges and abuse in their migration including trafficking, kidnapping, extortion, time in prisons or detention, starvation, dehydration, sexual and gender-based violence and witnessing death or other traumatizing events. Upon return, beneficiaries have different levels of needs and may have struggles reintegrating within their families and/or communities. The level of need is often high and caseworkers at IOM are responsible to provide comprehensive assistance to facilitate beneficiaries' reintegration process.

This study focuses on case management in the JI. It is the first study to explore the provision of case management services delivery within the JI, and more generally within return and reintegration assistance within IOM. In 2017, IOM adopted the integrated approach to return and reintegration, and the JI was the first programme to implement the integrated approach. The integrated approach to sustainable reintegration (IOM, 2017) incorporates individual assistance, community-based support and structural interventions aimed at improving the provision of services. On the individual component, the integrated approach “supports the provision of comprehensive reintegration assistance for all returnees across the economic, social, and psychosocial dimensions” (IOM, 2017, p.9). In order to deliver comprehensive reintegration assistance across the dimensions, several processes needed to be implemented internally, one of which being a case management approach to reintegration.

Case management is a practice from the medical field that is now well established in social work. IOM's approach to case management has significantly evolved over the past five years. The forthcoming IOM Case Management Guidelines (developed under the COMPASS

² <https://www.migrationjointinitiative.org/>

³ In this report, pre-return is considered as the host country or country of migration, and post-return is considered as the country of origin.

initiative funded by the Ministry of Foreign Affairs of the Netherlands⁴) provide a comprehensive position on case management that refers to the IOM Principles of Assistance and the NASW Standards for Social Work Case Management. Case management is defined as: “A person-centred process for providing protection and assistance to individuals with complex needs over the medium to long term. Case management involves the coordination of both formal and informal services with a wide range of stakeholders, including national authorities, NGOs, international organizations, family and community members” (IOM, forthcoming; adapted from Harris and White, 2013).

Case management in return and reintegration thus includes both pre-return and post-return contexts. For the purpose of this study, pre-return is considered as all activities related to case management for beneficiaries in the country in which they are stranded prior to the physical return. Post-return is considered as all services related to case management after the physical return.

1.1 Overview of this study

The objectives of this study are to:

- Define and identify best practices in case management and assess how these relate to IOM’s current practices.
- Conduct a mapping of case management practices in the JI programme in nine IOM missions.
- Evaluate the current state of case management in return and reintegration practices in the JI and provide recommendations for improvement.
- Develop practical resources for the setting up of case management structures and processes.

This report provides an analysis of the current state of case management in return and reintegration practices in the JI and provides recommendations for improvement. This study incorporates original research in Djibouti, Ethiopia, Guinea, Libya, Niger, Nigeria, Somalia, Sudan and the Gambia.

⁴ <https://www.iom.int/compass>

1.2 Key questions

This study was framed by 1) High level guiding questions; and 2) questions from the Terms of Reference for this study.

High Level Guiding Questions:

1. What are best practices in case management? (See project Rapid Review)
2. What are promising practices for delivering case management in African countries? (See project Rapid Review)
3. How is case management defined for assessment in this study? (See project Rapid Review)
4. How has case management been implemented in the JI programme? (Section 2 and 3 of this report)
5. What is the quality performance of case management in the JI programme? (Section 6)
6. What are the similarities and differences in case management implementation in the JI programme across the case countries? (Section 2 -8)
7. What are the lessons learned and recommendations? (Highlighted throughout)

The Terms of Reference included the following evaluation questions:

1. How can communications between pre-return and post-return IOM missions be enhanced to increase the efficiency/effectiveness of service provision and its related case management processes? (See Recommendations 3-5)
2. What were the challenges with remaining in touch with beneficiaries faced in the context of the JI programme? What solutions worked and what didn't? (See Finding 7)

3. How can communications with beneficiaries be enhanced to increase the efficiency/effectiveness of service provision and its related case management processes? (See Finding 3 and 7)
4. How best to transfer over the phone or online certain services and case management processes in a context where security, literacy and vulnerability can severely limit access to technology and communications? (See Finding 7)
5. To what extent were M&E activities synergetic with case management in the context of the JI programme? (See Finding 12)
6. What have we learned on how M&E activities can or should be better coordinated with case management events to improve the timeliness of data collection and data quality, while also reducing non-response, attrition and data collection costs? On the other side, how can M&E activities support and improve case follow-up? (See Finding 12)
7. To what extent did the indicators included in the logical framework of the JI programme and their related reporting mechanisms and practice incentivise robust case management? (See Finding 16)
8. What are the lessons for the construction of logical frameworks for future reintegration programmes? (See Recommendation 11)
9. How should the existing data collection monitoring tools used by IOM in the context of the JI programme be expanded or modified to effectively feed improved case management indicators? (See Recommendation 9)

Over the course of this study additional topics were identified of importance to the study including caseworkers' experiences, caseworkers' wellbeing, the efficiency and effectiveness of service delivery, the role of government partners, and the role of Standard Operating Procedures. These topics are also addressed in this report.

1.3 Methodology

The inception stage of this project began with a rapid review of the academic literature, grey literature, and IOM documents and reports on case management with a focus on case management in return migration, remote areas, and in the African context. The results of the rapid review were used to inform the framework of analysis in this study. During the inception phase, interviews were held with IOM staff (14) and with external experts working on case management in other organizations ⁵(3).

In person research was conducted in six IOM missions: Djibouti, Ethiopia, Guinea, Nigeria, Sudan, the Gambia and virtual research was conducted in three IOM missions: Libya, Niger and Somalia. In pre-return missions (Djibouti, Libya, Niger, Sudan, and Somalia) interviews were held with IOM protection, reintegration, medical, information management, and evaluation teams (where applicable). In Djibouti additional interviews were conducted with partner organizations and the beneficiaries' representatives committee. In post-return missions (Ethiopia, Guinea, Nigeria, Sudan, Somalia, the Gambia) interviews were held with IOM staff including reintegration and protection officers and assistants (caseworkers), project managers, information management officers, monitoring and evaluation team members, and medical staff (where relevant). Referral organizations, and government partners were interviewed where relevant and between 1-2 focus group discussions were held with beneficiaries in each post-return mission to understand returnees' experiences of case management and how the case management processes impacted their return and reintegration experiences.

Table 1 provides an overview of the number of interviews and focus groups conducted in each mission. In total, 216 people (with an average of 6-8 individuals per focus group) were consulted in the missions, combined with the inception phase, a total of 233 people have been consulted for this study in interviews or focus group discussions. In the first stage of analysis, descriptive country reports were written to summarize the findings from each country related mission. This report provides a consolidation and comparative analysis from the descriptive findings provided in the country reports.

⁵ The following organizations were interviewed: Chab Dai in Cambodia, EverFree in Nigeria and the Philippines, and UNICEF.

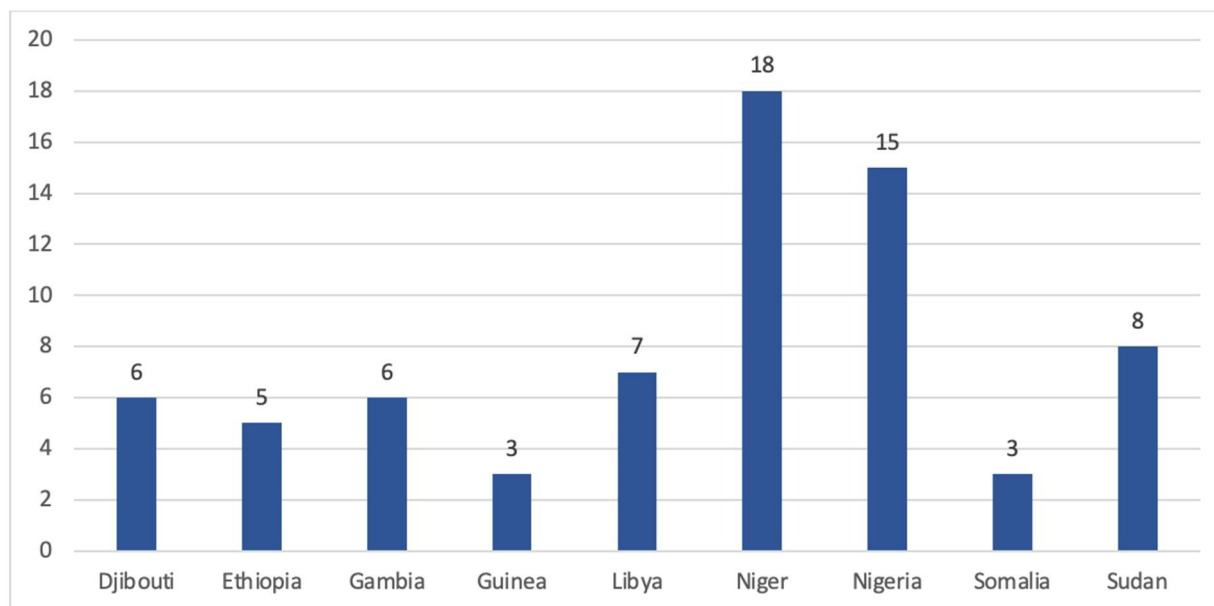
Table 1: Overview of the interviews and focus groups conducted in each mission

Role	Djibouti	Ethiopia	Guinea	Libya	Niger	Nigeria	Somalia	Sudan	the Gambia	Total
Project Manager	1		1	1	1			1	1	6
Reintegration or Protection staff/ Case Managers (HO)	3	6	13	8	7	5	3	4	3	52
Reintegration staff/ Case Managers (sub-offices)	3	5	3		3	8	5		2	29
Monitoring and Evaluation Officer		2	2	1	1	3	2	2	1	14
Information Management Officer	1	1	2			1	1	1	1	8
Referral Organizations	5	5				5		1	3	19
Government Case Management System Representatives and/or case workers (if relevant)		3	3							6
Focus Group Discussion/1:1 with Returnees	1	3	1			2		2	1	10
Other staff (Medical, MHPSS, Operations)	5		1	2	1			1		10
Total	19	25	26	12	13	24	11	12	12	154

An online survey was developed in KoBo Toolbox and distributed to IOM caseworker staff in the nine target missions of the research. The objective of the survey was to gather further perspectives and experiences anonymously from caseworkers. The online survey resulted in a total of 76 responses. Four observations were dropped from the analysis of respondents that both indicated they did not consider themselves to be a caseworker and their job title did not reflect a caseworker role. The resulting analysis used in this report is from 72 respondents. The results are used descriptively.

Figure 1 provides an overview of the country compilation of respondents in the survey. The highest number of responses were from Niger, followed by Nigeria.

Figure 1: Survey respondents' country of employment (n=72)



Thirty respondents were based in the IOM country head office in each country location and 36 were based in sub-offices within their respective countries. Sixty-five percent of respondents were male and 35 percent female. The majority (83%) had a Bachelors (40%) or Masters (43%) degree, however only 25 percent of respondents had studied social work, psychology, counselling, or a related field. At the same time, 60 percent of respondents had worked as a counsellor, social worker, in child protection or case management work prior to starting their current position with IOM.

1.4 Outline of Report

This report is organized into the eight following sections. Section 2 provides an overview of the implementation of the JI in pre-return missions and Section 3 provides an overview of the implementation of the JI in post-return missions. Both sections detail the organizational structure of case management, role of government and referral partners, and high-level challenges in case management in the respective pre-return and post-return missions.

The findings start from Section 4 that first examines case transfer and the continuity of assistance between pre-return and post-return missions. Section 5 details findings from beneficiaries' experiences of case management in the JI and Section 6 provides an overview of

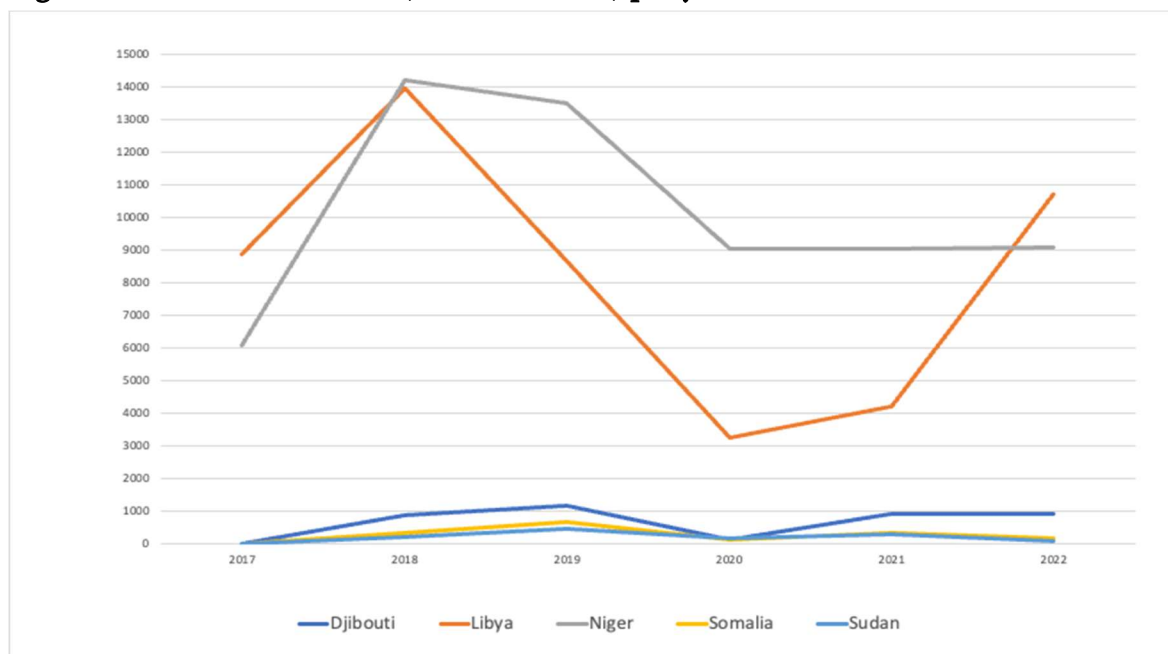
findings related to caseworkers' experiences of delivering case management in the JI. Section 7 assesses findings related to monitoring, evaluation, and log frames in the JI. Section 8 provides the final findings related to case management in the JI overall incorporating assessment from the analytical framework guiding the research. Section 9 offers a short conclusion and a summary of key findings and recommendations presented throughout Sections 4-8.

2. Implementation of pre-return case management in the JI programme

This section provides an overview of pre-return case management in the JI programme focussing on Djibouti, Libya, Niger, Somalia and Sudan. In Djibouti, Niger, Somalia and Sudan the JI implements AVRR. In Libya, the JI implements Voluntary Humanitarian Returns (VHR). Unlike AVRR programmes, VHRs are characterized by its humanitarian setting, often employed as a life-saving measure for those stranded or in detention (IOM, 2020).

The scale of returns also differs quite significantly between these country contexts. Figure 2 shows that the number of returns from Libya and Niger are in the thousands compared to returns in the low hundreds in the other country contexts. In all five countries IOM operates multiple sub-offices to provide outreach support to migrants throughout the country.

Figure 2: Number of Returns (VHR or AVRR) per year



Further, there are several contextual challenges in each country. All five countries are considered as politically unstable (World Bank, 2022) and all have experienced inflation and economic crisis in recent years. The context for providing operational support and meeting the needs of vulnerable migrants thus presents several challenges.

This section discusses the implementation of case management in the pre-return country across these five case studies.

2.1. Organization of case management, tasks and responsibilities

Pre-return missions have a clear structure of outreach officers, protection teams, medical teams, and return and reintegration teams. Potential returnees generally first encounter outreach officers, present themselves to the IOM transit centres/ Migration Response Centres and offices, are identified during search and rescue operations or are referred to IOM by partner organisations. An initial screening is conducted and if necessary, migrants are referred to the protection team where they will receive case management until return, or any other durable solution is implemented. Protection staff are responsible for conducting vulnerability screening and assessments and providing protection services to migrants in vulnerable situations. Protection assistants also conduct cross-border case management with the IOM post-return mission to address the protection and assistance needs during and after return. For cases that are not assessed as particularly vulnerable and needing protection, the return process can be completed quickly, however, the documentation process may still take time.

The situation in Libya is unique to the other countries wherein the assistance provided by IOM is VHR, which is primarily delivered in detention centres. The primary focus is on ensuring that migrants have met the necessary criteria outlined in the 'checklists' before their return. Unless required (judged on a case-by-case basis), the case worker and the beneficiary meet only once prior to the return to make all necessary arrangements. Thereafter, the migrants are referred to the IOM Libya hotline to ask for updates regarding their VHR processing status. Contact between the VHR case worker and the beneficiary is generally limited.

Similarly, in Djibouti and Niger, protection assistants conduct an initial screening and if no indicator of heightened vulnerability is identified, they are referred to operation teams and their return is swiftly organized. Migrants identified to have heightened vulnerabilities are therefore the ones that require further support.

Protection assistants are the primary implementers of case management in the pre-return missions. Protection assistants are responsible for following beneficiaries' cases and facilitating their referral and services to other teams and partners (medical, psychosocial and return and reintegration) and they also conduct cross-border case management with the IOM post-return

mission to address the protection and assistance needs during and after return. In Niger and Djibouti each protection assistant has a specific focus such as: child protection, families, victims of trafficking, and gender-based violence - and therefore caseloads are divided according to focus. A central part of protection assistant's role is counselling and sensitization, which occur daily in the transit centres/ Migration Response Centres. Caseworkers meet daily with the beneficiaries during formal meetings in the protection office and informal meetings in the shelters or the common areas, which are perceived as less intimidating by the beneficiaries. Niger has a significantly higher caseload of beneficiaries than Djibouti and has several sub-offices in the country. Protection assistants in sub-offices refer cases to Agadez and Niamey, which host the larger MRCs.

In general, the case management process pre-return is intended to be short term and reintegration planning is not conducted in the pre-return stage. Return counselling and sensitization occurs to work with the migrant to process their return, but the reintegration planning is left to the post-return country context. The focus is to provide for basic needs and vulnerabilities and to support return, after which the longer reintegration process begins.

The organizational structure for pre-return case management is currently organized based on operational units. Operational units report to a head of the unit. The main team completing case management is the protection team and this occurs only for cases assessed as particularly vulnerable and referred to the protection team. In Libya, caseworkers interviewed reported that they had weekly team meetings and received fast support from their supervisors when they had questions regarding cases or needed assistance.

2.2. Standard Operating Procedures

Within the framework of the JI, the SOPs developed in pre-return contexts aim to create a common understanding and ensure a coherent approach in the activities of protection and return assistance for returning migrants. The SOPs are tailored to the specific context of each country, which occurred through a consultation process in each country. As both host and transit countries, the SOPs describe the assistance provided to AVR beneficiaries before and during return. The SOPs also specify the existing agreements between IOM and the identified national and local authorities, the scope and functioning of this cooperation, and clarify the respective roles and responsibilities of each party.

All countries have Standard Operating Procedures (SOPs) and, with the exception of Niger, specific SOPs for Unaccompanied Migrant Children (UASCs). All SOPs describe IOM procedures and processes for providing assistance and protection for migrants in transit, as well as the roles and missions of partner organisations in the JI programme. The SOPs describe the process for intake and registration, provision of services (including protection, medical needs and reintegration assistance), predeparture and return, monitoring and evaluation and case closure.

Both Djibouti and Sudan have clear SOPs for UASCs. The SOPs for UASCs describe the processes for Best Interests Assessment, family tracing, family mediation, travel escort and handover procedures. In both Djibouti and Sudan, other partners are involved in the Best Interests Assessment and Best Interests Determination in an effort to find the best solutions for the child.

Fifty-three percent of respondents to the survey from Djibouti, Libya and Niger stated that there were clear SOPs in their country. The remaining respondents stated that there were no SOPs or that they did not know. Of the respondents that reported their mission does have SOPs, 76 percent stated that they found the SOPs very useful in providing case management support to returnees.

2.3. Coordination with Government authorities

Government authorities can play an important role in pre-return procedures. In Sudan, IOM works with the Aliens Unit of the Passport Corporation and Civil Registration of the Ministry of Interior which operates a facility for migrants in administrative detention. Migrants without a legal right to stay in Sudan are deported. When detainees are willing to voluntarily return to their countries of origin, the Aliens Unit coordinates with the IOM Migrant Resource and Response Center (MRRC) for screening and assessments, and the outreach team visits the facility during emergencies. The MRRC provides medical and psychosocial support as well as food and non-food items. When interviewed, the management of Aliens Unit was positive about the partnership with IOM, especially when they were faced with complicated cases for irregular migrants with no identity. IOM helps coordinate with other countries to verify the migrants' identity and facilitate the necessary documents. Once all documents are in place, the Aliens Unit will facilitate an exit visa and the individual can return via AVRR.

In Niger, IOM has established several SOPs and MoUs for data sharing and referrals with national organizations, UN partner agencies and Non-Governmental Organizations (NGOs). The government agencies provide support in granting mobility to IOM teams within the country. They also provide IOM with departure and landing permits for AVR operations, and support search and rescue operations and medical transportation.

2.4.Role of Referral Partners in Pre-Return Missions

Referral partners in the pre-return context primarily include other organizations offering support to migrants. Referral partners identify potential recipients of AVRR and refer them to IOM. In Djibouti, IOM has a close collaboration with Caritas, who operates a drop-in centre for local and migrant families and a night shelter for UASCs registered for AVR. Caritas refers cases for AVRR to IOM and then the case management process is started collaboratively. Children who are registered for AVR are accommodated in the Caritas shelter and do not transfer to the MRC. Once ready for return, they proceed with transfer at the airport for departure. Caritas is both a referral organisation and an implementing partner (for the shelter part) and their activities for AVRR are covered by JI funding.

IOM also works with referral partners to refer migrants in need of assistance, such as medical assistance. This is a challenge in several contexts, such as Djibouti, and especially in the Obock region where local health care capacity is low. In Niger, IOM works with The Ministry of Public Health, of the Population and Social Affairs, Doctors of the World, Agenzia Italiana per la Cooperazione allo Sviluppo, and Doctors Without Borders to refer migrants in need of medical care.

2.5.Challenges in the implementation of pre-return case management

Pre-return missions face common challenges including high caseloads, lack of physical and mental health referral partners, and a lack of information on post-return reintegration assistance. In Libya, findings show that due to the large number of cases managed, capacity constraints and the difficult operational context, it is not possible for the team to conduct in-depth case management tailored to the needs of every migrant. In Djibouti, access to the MRC was granted to all migrants in the past but now access is only granted to migrants who register for AVR and cases in need of medical assistance.

In Niger and in Djibouti, there is a lack of available health professionals to assist with complex physical and mental conditions. In both contexts it was suggested that there is a need to strengthen the capacities of the national authorities to conduct protection and return assistance with protection cases.

In Djibouti, Libya and Niger according to caseworkers limited information is provided to migrants regarding the details of reintegration assistance. In Libya, pre-departure counselling was provided for every returning migrant in the past, but interviewees explained that this practice has stopped due to large return numbers and the operational context, which made it unfeasible to deliver that level of counselling. In addition, diverse origin countries of migrants received in Libya and constantly evolving reintegration policies and programmes available in the origin countries poses a major challenge for IOM Libya to conduct individual pre-departure counselling tailored to each migrant's post-return mission and local context. In Niger and in Djibouti, as in Libya, pre-departure counselling is not an in-depth process, with further counselling taking place in the migrants' respective countries of origin.

2.6.Summary

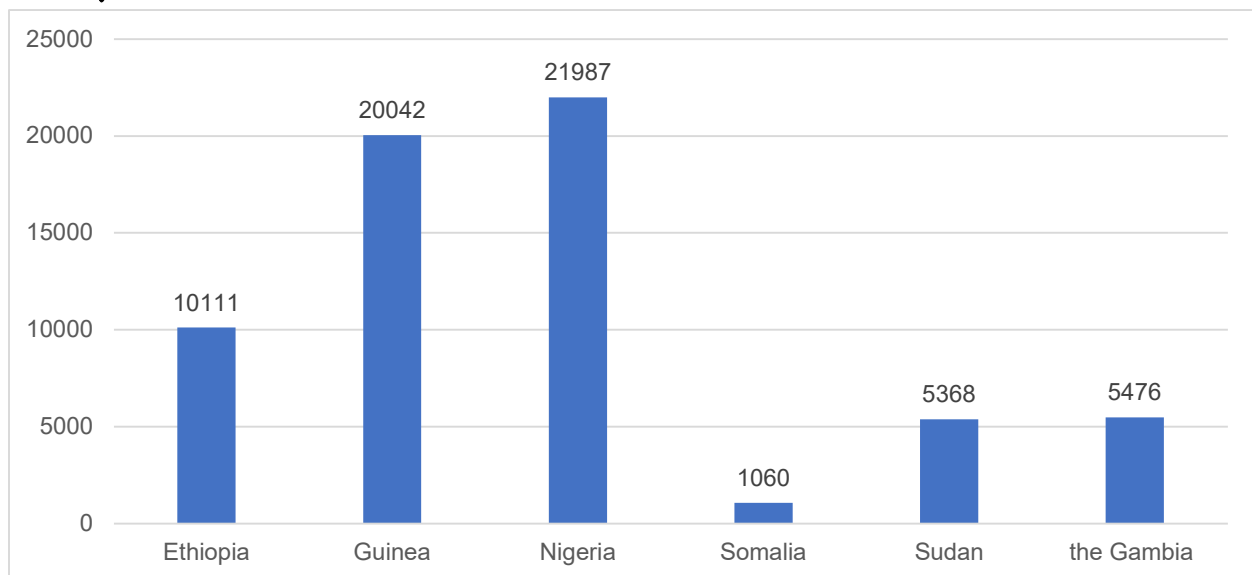
Pre-return case management encompasses several models of service delivery including outreach service delivery, mobile units service delivery, virtual case management, service delivery in detention centres, service delivery in migrant centres and partnerships to provide pre-return services to migrants in other centres. These are intended as short-term service delivery to provide immediate protection to migrants and to facilitate their safe voluntary return to their country of origin. This is discussed further in Finding 18 of this report.

3. Implementation of post-return case management in the JI programme

This section provides an overview of the implementation for case management in the post-return and reintegration context in the cases of Ethiopia, Guinea, Nigeria, Somalia, Sudan and the Gambia.

The scale of return differs across these country contexts as shown in Figure 3. Nigeria and Guinea have received substantially higher caseloads at over 20,000 individuals each, compared to half this figure in Ethiopia (10,111) and roughly one quarter in Sudan (5368) and the Gambia respectively (5478). Somalia has received the smallest number of individuals (1060).

Figure 3: Number of individuals starting reintegration assistance in the JI programme per country⁶



Resultantly, each mission has a different size team to assist returnees' post-return. Nigeria has the largest mission and as is discussed in the next section, a slightly different organizational structure.

⁶ Note that the size of the reintegration caseload is not entirely tied to the returns as some reintegration beneficiaries assisted under the JI may have been returned under different programmes or by the government or spontaneously.

Further, the missions have different context specific challenges that impact reintegration service delivery. For example, in Sudan protests and unrest have created challenges for service delivery. In all missions, the global COVID-19 pandemic and resulting manufacturing delays and inflation have impacted service delivery.

3.1. Organization of case management, tasks and responsibilities

The organizational structure for case management was similar across the post-return contexts. In each mission there was a program manager responsible for senior protection or reintegration officers, and under the senior officer was a team of protection or reintegration assistants – or caseworkers. Effectively from the caseworker perspective they all had a clear supervisor. The role of supervisors differs according to the size of the mission. For example, in Nigeria, there are currently 47 reintegration assistants and four reintegration supervisors, whose main task is to support the reintegration assistants. In Nigeria, supervisor approval is required for specific steps in the reintegration process. This organizational structure for case management is different from missions with smaller teams such as Somalia where there are seven staff members working in case management functions.

Reintegration staff and protection staff have different roles, but both work in case management functions. Reintegration staff are responsible for conducting the first meetings with the beneficiary, assessing their needs, developing, and implementing the reintegration plan with the returnee, which may require referrals or other actors for implementation. Reintegration staff conduct follow-ups with beneficiaries to assess their progress and ensure the delivery of their reintegration support.

Protection staff are responsible for providing case management to beneficiaries in need of protection assistance, such as: child protection, victims of trafficking, and victims of gender-based violence. They conduct reception for protection beneficiaries meeting them at the airport upon arrival. Protection staff conduct case management regarding protection needs. They work collaboratively with the reintegration team to coordinate for the reintegration case management, which is delivered by the reintegration assistant.

The delivery of reintegration support can be arranged differently across the missions. In Sudan, reintegration staff are divided into two units: the social unit and the economic unit. Caseworkers in each unit deliver the specified assistance to beneficiaries for their unit.

Therefore, beneficiaries may be in contact with two caseworkers: one for their social reintegration assistance and one for their economic reintegration assistance. In most of the other missions, reintegration assistance is not divided by unit and one caseworker facilitates all forms of reintegration assistance.

Guinea also has reintegration mentors, who report to the protection staff. This program was not operational in the other country missions.

Promising Practice: Mentorship Programme Guinea⁷

The mentorship programme offers intensified case management to a limited group of returnees with complex protection needs (combining several vulnerabilities). It started as a pilot project in 2020 and since 2021 is integrated as part of the JI. The beneficiaries are selected based on the list of protection or medical cases provided by the IOM Protection unit (e.g., types of vulnerabilities). Upon arrival in Guinea, the beneficiaries listed as vulnerable undertake the Reintegration Sustainability Survey (RSS) and are selected by the mentorship programme based on their Reintegration Sustainability Index (RSI) scores at arrival. The threshold for participation in the “mentorship programme” is a total RSI score below 0.5. The mentors are former IOM beneficiaries who have reintegrated and now work for IOM. Each mentor follows 24 beneficiaries and at the time of the study, the mentors followed 192 beneficiaries in total. Service delivery involves that mentors contact their beneficiaries at least once per week by phone and conduct a minimum of one in-person meeting per month, and more if possible. The main tasks of the mentors are to provide reintegration assistance, including referrals to medical and psycho-social support to the most vulnerable returnees (e.g., medical cases, single mothers) in an effort to adopt a holistic approach tailored to returnees’ specific needs. The mentors work in close collaboration with other IOM units and make internal referrals by email through their supervisor, who then refers the case to the National Reintegration Officer, National Protection Officer or the National Health Officer if needed. Beneficiaries may leave the programme when the three overall dimension RSI scores (that is: economic, social, and psychosocial) and composite RSI score are all above the 0.5 threshold.

Case managers work in collaboration with other teams including Monitoring and Evaluation, Information Management, and the medical team. However, the majority of the daily case management duties lie with caseworkers.

⁷ An evaluation of the mentorship programme was conducted in 2020. See Samuel Hall / University of Sussex, 2020.

3.2. Standard Operating Procedures

Within the framework of the JI, the SOPs developed in post-return contexts aim to create a common understanding and ensure a coherent approach in the activities of protection and reintegration assistance for returning migrants. The SOPs are tailored to the specific context of each country for reintegration assistance.

All missions had clear SOPs that followed the steps of registration and arrival, vulnerability assessment, delivery of reintegration assistance, and monitoring and evaluation. In each country, the SOPs were developed in consultation with local stakeholders. Where applicable, the SOPs specify the existing agreements between IOM and the identified national and local authorities, the scope and functioning of this cooperation, and clarify the respective roles and responsibilities of each party. In Guinea, the SOPs provide a detailed overview of the collaboration between IOM and the government in the implementation of reintegration assistance including specified roles of the local authorities and Regional Technical Unit in reintegration assistance, monitoring and evaluation. The SOPs reflect two essential components for case management which are a person-centred/individual focused approach and sustainable assistance/support provision over a medium to long-term period.

Specific IOM SOPs for Unaccompanied and Separated Children (UASC) are in place in Ethiopia, Guinea, the Gambia, Nigeria and Sudan. Sudan has a UNICEF-IOM SOP for UASC. The SOPs describe processes to obtain consent from both the child and his/her legal guardian, reception and needs assessment, family tracing and family assessment, the best interest of the child determination (BID), escort processes upon return, the handover procedure with the legal guardian or a foster care organisation and case management of reintegration assistance for children in return contexts.

Of the respondents in the survey from the Ethiopia, Guinea, Nigeria, Somalia, Sudan and The Gambia missions, 88 percent reported having clear SOPs. Of the respondents that reported their mission does have SOPs, 88 percent stated that they found the SOPs very useful in providing case management support to returnees. Compared to the pre-return missions, the caseworkers have a strong awareness and usefulness of the SOPs.

Child-specific SOPs are also identified in each mission.

3.3. Government case management systems

Ethiopia, Guinea, Nigeria, and The Gambia all have government case management systems in place. In developing IOM's SOPs for reintegration in the JI, the government stakeholders were all consulted and the SOPs for each of these countries have been adapted to the country context. The organization in each country is slightly different, but all countries have strong collaboration between IOM and the government and between the national and regional levels—most commonly this is administered through working groups or technical units. In all countries case management is administered by both IOM caseworkers and government caseworkers. In some instances, both IOM and government caseworkers work alongside each other such as in the returnee transit centre in Ethiopia. In other instances, IOM transfers case files to government caseworkers; for example, when beneficiaries return to certain communities in Ethiopia their case is transferred to the local government caseworker.

In all countries, IOM staff reflected that the collaborations with government are very important and provide beneficiaries with technical expertise tailored to their needs and projects and offers a referral network to ensure the continuity of case management assistance beyond the care provided by IOM.

Promising Practice: Local Monitoring Committees in Guinea

The Local Monitoring Committees “Comités de Suivi de Proximité” (CSP) in French are in the regions and in Conakry and are located at the level of a “prefecture” of each commune. In total, there are 33 Local Monitoring Committees in the country, and they are grouped by region and under the coordination of the Regional Technical Units “Unités Techniques Régionales” (UTR) of the relevant region. The CSPs members include representatives of the community such as the chief of village and religious leaders (both Muslim and Christian leaders). Therefore, the CSPs play a significant role in ensuring smooth social reintegration of the returnees through mediation with the local suppliers, the community and the returnee's family. The CSPs are involved in different aspects of case management at the local level such as awareness raising of the community, family mediation, contact with the beneficiary upon return, orientation on local opportunities for training, awareness raising and mediations with the suppliers, validation of the reintegration plans, attendance of the delivery of the reintegration kit and monitoring of the micro-business projects after the closure of IOM assistance. The CSPs monitor the reintegration projects through field visits and send weekly or monthly reports to the IOM office and the UTRs. In reports, they include data on the

evolution of the reintegration project, key indicators, and recommendations (e.g., a report of the invoices and the monthly profits). Challenges regarding the capacities of the CSP were mentioned by both IOM and CSP respondents. CSP members in the sub-regions, in particular, lack the necessary equipment to conduct field visits to beneficiaries' microbusinesses (for example, a lack of motorbikes, IT equipment, and work phones) as well as the skills to complete monitoring surveys.

3.4. Role of Referral Partners in Post-Return Missions

In implementing the integrated approach to reintegration, referral partners are essential for providing specific services to returnees that are typically not offered by IOM. Within the JI there are two types of referral partners: first, there are referral partners funded by the JI. These referral partners typically provide a service not offered by IOM. For each beneficiary they receive payment for the service. In these cases, IOM has contractual leverage to obtain detailed reporting on the services provided. However, the quality and timeliness of this reporting can vary. Second, there are referral partners that are not funded by the JI. It is more difficult for IOM to receive updated, reporting and evaluation from non-funded partners regarding the beneficiaries' progress.

Several different types of referral organizations were identified in this study including organizations that provide:

- Emergency shelter to returnees
- Mental health and psychosocial support and medical healthcare
- Child specific support
- Economic empowerment and training

In general, referral partners reflected that they had strong collaboration with IOM. In Nigeria, referral partners requested further collaboration with IOM and further communication so that referral partners receive updates on beneficiaries' progress as well.

IOM staff reflected that several referral partners were vital to the successful delivery of their work and that many successful partnerships have been developed, however two core challenges remained regarding availability of partners in some countries and ensuring quality of service delivery by partners in other countries. For example, in Sudan, a scarcity of potential referral partners was identified. This was in contrast to missions such as in Ethiopia, wherein

partnerships with over 40 organizations were established. However, despite the number and availability of partners, there were concerns regarding the capacity of some referral partners and the quality of care that they were able to provide on a consistent basis and ensuring the continued standards of the partner. Thus, challenges also exist regarding referrals. It is important to monitor and evaluate beneficiaries' experiences at referrals and keep track of beneficiaries' progress in referral organizations (see Finding 13 with promising practice IMAP in The Gambia).

3.5.Challenges in implementing case management in post-return missions

Several challenges were identified regarding case management in the post-return context. These challenges can be categorized as involving beneficiaries, caseworker challenges, and structural issues. These challenges are discussed further in this report in Section 5 on beneficiaries' experiences and Section 6 on caseworkers' experiences.

Regarding the organization of case management, a common challenge reflected from the caseworkers in the missions was that it is difficult to have supervisors in a different office. This is the case mostly for caseworkers in sub-offices, whose manager is in the head office. Although understandable, it is arguably difficult to have local managers in each sub-office, in particular for smaller mission teams.

3.6.Summary

Post-return case management involves multiple components for implementing the integrated approach to reintegration. Caseworkers have clear understandings of their roles and tasks in service delivery and there are fairly standardized structures in place for delivering case management. Several productive and innovative partnerships have been developed with government and other partners in the missions. However, in some cases, such as Guinea, these partnerships are heavily reliant on funding from the capacity development component of the JI. Without this continued funding, there will likely be a reduction in capacity of the government partners.

4. Coordination of pre-return and post-return case management

The coordination of the case transfer between pre-return and post-return case managers is an essential component of transnational service delivery and creating a continuity of assistance for beneficiaries. The case transfer process includes the operational elements of facilitating the movement, the transfer of the beneficiaries' data, and the case management process of continuity of assistance.

Finding 1: Challenges exist in providing continuity of assistance during case transfer between pre-return and post-return missions.

Continuity of assistance in transnational movements is a challenging component of case management. This is particularly emphasized in the return and reintegration context operating between politically unstable countries with returnees in vulnerable situations. Therefore, providing continuity of assistance in this phase of movement is highly sensitive and important for beneficiaries' care.

It is clear that communication pathways and information transfer can be improved in order to enhance the continuity of assistance provided to beneficiaries. Arguably, it is quite problematic that in Libya pre-return assistance provides only basic information on the type and form of reintegration assistance to be provided post-return. Understandably this is done to prevent miscommunication as the Libya mission prepares returnees for many different post-return contexts, but at the same time, it creates risk as incorrect information might be obtained informally. This ambiguity may lead to returnees creating their own expectations that cannot be met in the return context.

4.1.Recommendations

Recommendation 1: Establish a cross-regional Standard Operating Procedures for case transfer in order to improve continuity of assistance.

The findings show that pre-return and post-return missions are often unaware of each other's SOPs and that may create misunderstandings in how one mission interprets the actions of the other. This includes pre-return missions providing the necessary information regarding returnees to post-return missions before the returnees arrive in their countries of origin. Clear

communication pathways and accessibility to staff members are necessary so that if one person is unavailable, the information can still be accessed.

Establishing Standard Operating Procedures for case transfer within the region will create a clearer process for case transfer. This will help to avoid challenges of communication and ensure continuity of assistance for beneficiaries.

Recommendation 2: Regularize meetings/ feedback sessions between pre-return and post-return missions.

Increased communication between missions would likely improve continuity of assistance and case transfer. Pre-return missions could provide regular updates/feedback to the post-return missions on trends observed in the host countries. This will in turn allow the post-return mission to better prepare for changing dynamics. Post-return missions could send regular updates /feedback to the pre-return missions on trends observed when returnees are back home: e.g., the types of businesses they go into, the challenges they face upon return, etc. This would in turn, enable the pre-return mission to better prepare the migrants for return to their country of origin and more detailed information on what to expect upon return.

By holding regular meetings between the pre-return and post-return missions to discuss how they can be more efficient and increase collaboration. This could include:

- Meetings between the post-return and pre-return missions' programme managers to discuss aspects where their roles intersect and how they can collaborate better.
- Meetings between the post-return and pre-return missions' caseworkers to learn from each other as well as discuss how they can work together. This will foster better cohesion and promote exchange of ideas between peers in different missions.
- Regional and/or cross-regional IM & M&E teams- this would allow the teams to learn from each other and possibly collaborate on the development of, and use of tools for information management, and monitoring and evaluation.
- Ensuring that the lines of communication between the missions are clearly defined.

5. Beneficiaries' Experiences regarding Case Management in the JI Programme

The findings in this section discuss beneficiaries' experiences of case management in the JI programme. The findings are based on focus group discussions with beneficiaries in each of the post-return missions and supplemented by information from the other interviews. The findings aim to highlight the perspectives of the beneficiaries themselves as communicated to the research team.

Finding 2: Beneficiaries report mixed satisfaction with case management pre-return and frustration with waiting for return.

Many of the beneficiaries involved in the focus group discussions had returned from Libya. Respondents spoke of multiple challenges they experienced in Libya. Most respondents were in detention centres in Libya when IOM came to the detention centres and informed them about the possibility of returning. Returnees in The Gambia expressed frustration that they accepted return right away and wanted to leave but that it took three months or longer to receive return after they met with IOM in the detention centres. The conditions in centres were poor and respondents reported that they were only fed on the days that IOM brought them food. There were many difficulties in detention.

There was consensus from beneficiaries that the return process from Libya was not clear. They were not aware of what support they would or would not receive and the focus was on leaving Libya. One respondent in Nigeria stated: *"I didn't really understand what [returning] is all about. So till we get to Nigeria again, Oh, till we got here, you didn't even really understand."* Respondents from Libya reported that they only met with IOM once and then one day were taken to the airport and returned to their countries. At arrival they were told to wait for a phone call and were not aware of support until IOM called them.

In Djibouti, the beneficiaries in Obock were satisfied with the services in the MRC, but frustrated with how long the wait was for returning. The conflict in Ethiopia had placed return on hold for certain regions, meaning that wait times were longer. In the regular context return wait time from Djibouti to Ethiopia were approximately one month, but due to the context this was now longer. One beneficiary in Obock stated:

"We came here (to the MRC) to return to Ethiopia, but we didn't know that we would have to wait for such a long time here in Obock. For Amhara migrants there are no return to Ethiopia and we need to wait here. Going back home is our main priority" (Ethiopian migrant, Djibouti).

From the perspective of beneficiaries, in particular those returning from Libya, there is a lack of clarity in terms of what to expect for return. Understandably, returnees would also prefer to have faster return processes once they accept return. However, the timeliness of the procedure is influenced by several contextual variables such as the issuing of travel documents from the country-of-origin authorities and these processes can increase wait times beyond IOM's control.

Finding 3: Beneficiaries were satisfied with modes of communication and frequency of communication with caseworkers' post-return in most instances.

Beneficiaries were satisfied with the modes of communication with IOM and frequency of communication with caseworkers in most cases. Table 2 provides an overview of the main mode of communication between caseworkers and beneficiaries in each mission. Table 2 shows that beneficiaries frequently use the hotline and roaming units to be in touch with caseworkers. In Sudan, WhatsApp was also used. Caseworkers then follow-up with beneficiaries primarily using phone-calls and when possible in-person meetings.

There was no set frequency of contact in all missions, as contact was made by caseworkers where needed or necessary. The beneficiaries can also reach out to the caseworker as needed. In most cases beneficiaries reported being able to access IOM (primarily through the hot lines) post-return and receive a reply from their caseworker in a respectable amount of time.

Beneficiaries reported that they felt listened to and supported by their caseworkers. The beneficiaries are contacted by caseworkers as needed and the beneficiaries can contact their caseworkers when they have questions or concerns about the reintegration process. Beneficiaries had positive experiences using the IOM hotlines to connect with IOM and stated their caseworkers followed up with them in a timely manner.

Table 2: Main mode of communication between beneficiaries and caseworkers in pre-return and post-return contexts (as described by caseworkers)⁸

Country	How beneficiaries contact caseworkers	How caseworkers' follow-up with beneficiaries
Djibouti (pre-return)	In person meetings	Usually completed in person at the MRC until departure towards the IOM post-return mission.
Ethiopia (post-return)	Hotline, in person meetings at the office	Phone calls and in-person visits.
Guinea (post-return)	Caseworkers' (work) mobile numbers, hotline, in person meetings	In Conakry the follow ups are done through a combination of phone calls for quick updates, and in person visits from IOM staff and local government agencies. In the regions: follow up are through a combination of phone calls for quick updates and in person visits from local government agencies and IOM staff.
Libya (pre-return)	Roaming units, hotline	Combination of phone calls and in-person visits. Due to the large number of returns and enquiries, beneficiaries may not always meet the same staff member during follow up. Follow up ends once the beneficiaries arrive in their countries of origin.
Niger (pre-return)	Roaming units, in person meetings	In person at the centers until departure towards the IOM post-return mission.
Nigeria (post-return)	Hotline, caseworkers' (work) mobile numbers, in person meetings at the office	In Lagos, follow up is done via phone calls while in Benin and Abuja, it is done through a combination of phone calls and in-person visits
Somalia (pre-return)	In person meetings	Contact is normally at MRC.
Somalia (post-return)	Hotline	Usually done through phone calls
Sudan (pre-return)	Outreach team, referrals	Combination of phone calls and in-person visits
Sudan (post-return)	Group chat with beneficiaries (Whats App) and hotline	Combination of phone calls and in-person visits
The Gambia (post-return)	Hotline (operated by a caseworker), caseworkers' (work) mobile numbers, and	Combination of phone calls and in-person visits

⁸ This table is not exhaustive of all communication methods and summarizes the main methods of communication reported by respondents.

	in person meetings at the office	
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In addition, beneficiaries highly valued the support and motivation they received from their caseworkers. One respondent stated:

“For me, the support of IOM has been a great relief because, after my medical treatment, without the support of IOM, if it were me who was supporting myself, with the family, it would not have been easy. Thanks to IOM, I was able to follow my treatment until the end. Afterwards, the (reintegration) project that they set up relieved me a lot because, after the treatment, imagine you had six months of medical treatment and then you stayed abroad for a while, in a country but returned empty-handed. Even before starting our reintegration project, for the (transportation) motorcycle project we were sent to a training center to learn the rules of the road and to avoid accidents, overloading, and other dangers. They showed us everything, and the project works very well. Every time the IOM agent calls and asks us how it is going. Other IOM staff come to the field to really see how the reintegration was delivered, and they give advice on how to manage the project well and not go bankrupt.” (Male returnee, FGD Guinea)

Respondents frequently reported their appreciation that IOM caseworkers called them and followed-up with them regarding their reintegration support and progress.

Finding 4: Beneficiaries express some dissatisfaction regarding reintegration assistance modalities.

Findings regarding beneficiaries’ satisfaction are not the focus of this study; however, they are important for consideration for two reasons: 1) There is a need to separate beneficiaries’ satisfaction with caseworkers from beneficiaries’ satisfaction with their reintegration assistance, and 2) Beneficiaries’ dissatisfaction with their reintegration assistance creates additional stress for the caseworkers (See next finding).

Although beneficiaries were positive regarding their satisfaction with their caseworkers (see Finding 1), they frequently expressed dissatisfaction regarding their reintegration assistance,

delays in reintegration assistance, the type of microbusiness they were able to start, and the amount of the reintegration assistance. One respondent from Sudan stated:

“The only problem during the training was that the IOM staff did not give us enough information on the market and cost of starting a business in Sudan” (FGD Sudan).

Some beneficiaries in Nigeria indicated that they did not feel they felt that they were urged into businesses they didn’t want. One respondent stated:

“Although it's not really working. It's not enough and it's not what you want...But I will say they tried because its not easy to give someone money to start off life” (FGD, Nigeria).

Further, beneficiaries also identified challenges with delays in their reintegration support. In Ethiopia, beneficiaries stated they were waiting for one year for their microbusiness assistance, straining their family resources. As a result of the delay, caseworkers were overwhelmed with phone calls from returnees with no exact answers to give to the returnees.

Finding 5: Beneficiaries’ dissatisfaction regarding the reintegration assistance creates stress for caseworkers.

Beneficiaries’ dissatisfaction with their reintegration package creates additional stress for caseworkers. Caseworkers reported that when there are delays with the reintegration package, they receive daily calls from the beneficiary. Although the case workers felt this was understandable, it was difficult for them as they often did not have further information and were unable to expedite assistance. Delays were often caused by procurement issues or other issues beyond the control of the caseworker.

In some cases, beneficiaries have threatened caseworkers when they do not receive their assistance. In Ethiopia one caseworker recounted an experience wherein a delay in the reintegration package led to a beneficiary threatening the caseworker stating that they had stolen their reintegration money. This situation caused stress and anxiety for the caseworker who was fearful of the returnee. In such situations, the beneficiary is often assigned to another caseworker.

A second challenging situation is when the reintegration process has officially ended, and the case is considered closed. After case closure, some returnees may still be in situations of vulnerability. Several missions try to extend support in such cases. Some missions may be unable to continue support given the lack of funding. Caseworkers in Nigeria identified that post case-closure beneficiaries were very challenging to manage as the beneficiaries would call them repeatedly in situations of vulnerability. The caseworker felt that there was nothing they could do for them, and this causes stress for the caseworker.

It is recognized that delays and challenges with reintegration packages may be unavoidable in several cases. At the same time, it is important to highlight that as caseworkers are on the front line of managing delays with beneficiaries' expectations and their vulnerable situations, reintegration package delays and other challenges create additional stress from their work. This additional stress can be difficult to manage.

5.1.Recommendations

Recommendation 3: Pre-return missions to provide further information and communication to beneficiaries regarding the return process and waiting times.

Providing more information to beneficiaries during the pre-return process would likely increase their satisfaction and assist in providing clarity for their expectations. Having accurate information reduces stress and uncertainty and prevents unrealistic expectations or misinformation. Information that should be provided to returnees includes details of the return programme and procedure, the possibilities of reintegration assistance, conditions in the country of return, and as part of the voluntary process of AVR and VHR any other options available to the individual that are within the law of the current context (recognizing, however, that in most countries of the JI there are no legal alternatives).

Recommendation 4: Create clarity in separation in reporting and monitoring and evaluation between beneficiaries' satisfaction with caseworkers and satisfaction with reintegration assistance.

Separating between beneficiaries' satisfaction with their caseworker and beneficiaries' satisfaction with their reintegration assistance will allow for increased understandings of how to improve case management from beneficiaries' perspectives. This can be achieved by

establishing indicators for the monitoring and evaluation of case management. For example, distinct questions should be posed in the monitoring and evaluation process with beneficiaries (for instance the RSS completed with beneficiaries) that separate between caseworker satisfaction and reintegration assistance satisfaction.

Recommendation 5: Hold drop-in sessions or information sessions for beneficiaries, even after case-closure.

Case closure appears to be a difficult process for some beneficiaries and becomes a point of communication challenge between beneficiaries and caseworkers. Holding information sessions regarding case closure to current beneficiaries may assist beneficiaries further in preparing for case closure. While caseworkers confirmed that these steps are explained to the returnees while discussing their individual reintegration plan, some returnees do not seem to remember or fully understand what this means in the moment. Therefore, having scheduled times during which this information is communicated again, could be beneficial.

Providing timeslots for further drop-in sessions or information post case closure would also be beneficial to assist caseworkers in dealing with beneficiaries that are regularly calling them for further support. This would provide a dedicated time and space for managing post case-closure beneficiaries and creating a strategy for what to do with these cases.

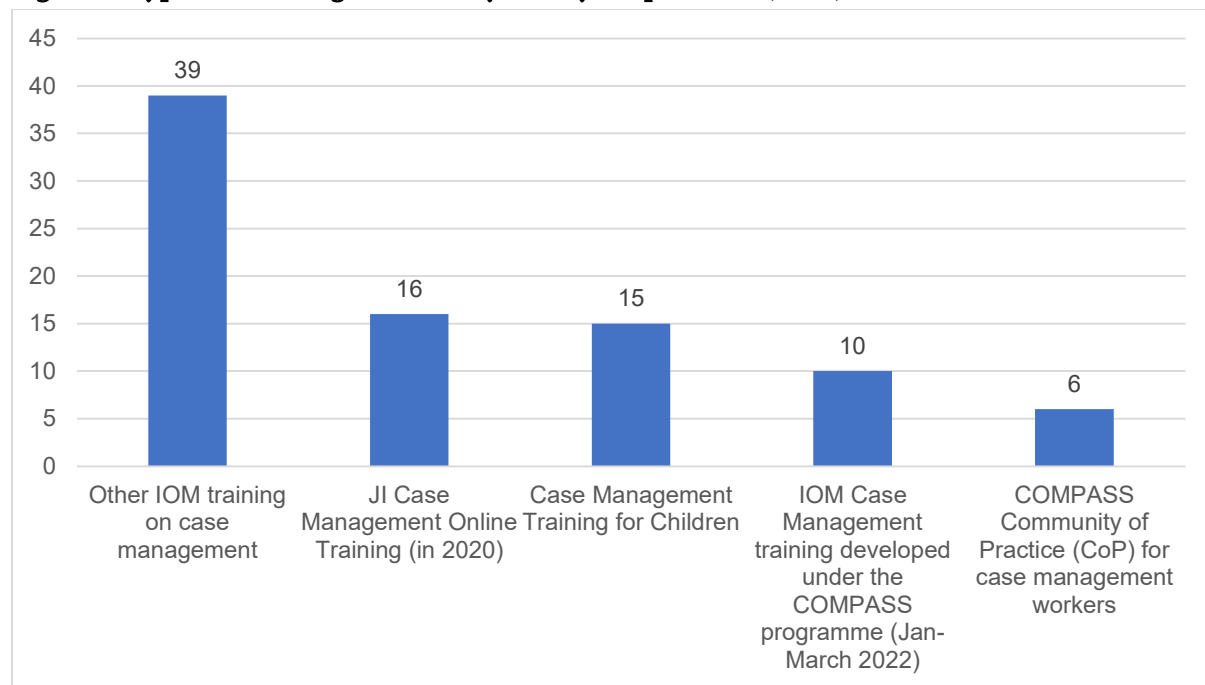
6. Caseworkers' Experiences in the JI Programme

This section presents findings regarding caseworkers' experiences in the JI Programme.

Finding 6: Caseworkers have received some training in the JI Programme, however, most caseworkers interviewed request further training and capacity building.

Seventy-nine percent of respondents in the survey reported having received training since starting their position with IOM. Figure 4 shows the different forms of training respondents received.

Figure 4: Types of Training Received by Survey Respondents (n=55)



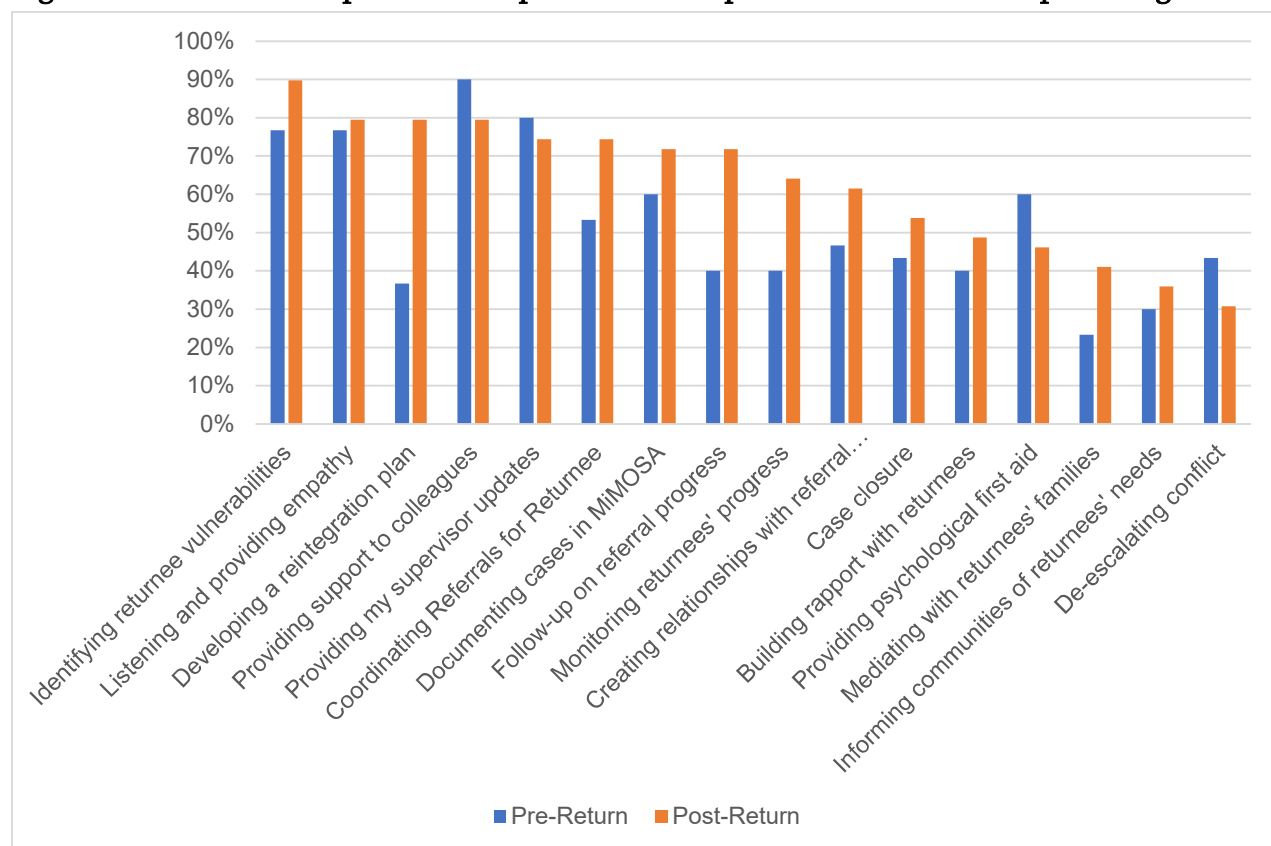
For respondents that stated they had received case management training, 71 percent reported that they felt the training significantly improved their ability to deliver case management to return migrants and 24 percent reported the training improved their ability a bit. The majority of respondents that had taken a case management training reported hearing about the training from their manager (67%), followed by online (17%) or through another colleague (15%).

Given the positive experiences of trainings on case management, several caseworkers expressed in the interviews the request for further training. In most countries caseworkers requested further training on case management, counselling skills and psychological first aid, MHPSS, and assistance to victims of trafficking. In Niger, there was an additional request for workload management, in Ethiopia for stress management, and in Djibouti for training on gender-based violence and specific approaches for male victims of gender-based violence. Further, there is a specific request from Francophone countries to have trainings delivered in French.

Finding 7: Caseworkers complete a variety of tasks regularly in their roles.

In both pre-return and post-return contexts caseworkers identify that they completed a number of tasks in their roles. Figure 5 shows an overview of survey respondents' reported tasks presented by pre-return and post-return missions (multiple responses were allowed).

Figure 5: Caseworkers reported tasks, pre-return and post-return contexts in percentage



In both contexts, caseworkers report their most frequent tasks with returnees as ‘identifying returnee vulnerabilities’, ‘listening and providing empathy’ and institutionally as ‘providing support to colleagues’ and ‘providing my supervisor updates’.

Less frequently cited tasks include ‘mediating with returnees’ families’, ‘informing communities of returnees’ needs’, and ‘de-escalating conflict’. This is logical as these tasks are only necessary on an as needed basis. Caseworkers in pre-return contexts were likely to report ‘providing psychological first aid’ than caseworkers in post-return contexts.

Role clarity is an important component of workplace satisfaction and stress management. It is important for both managers and caseworkers to have a clear understanding of caseworkers’ tasks in order to be able to prioritize workflow and time management.

Finding 8: Caseworkers feel that they work collaboratively with beneficiaries and have good communication with beneficiaries.

Caseworkers identify that they work collaboratively with beneficiaries to assist the returnees in making decisions regarding their reintegration plan. Caseworkers use a variety of methods to develop trust and rapport with the returnees. In Djibouti good practices were identified of using a relational proximity approach to build trust with returnees.

Promising Practice: Obock MRC, Djibouti

During case management, caseworkers in the MRC build a relational proximity with the beneficiaries. They explained that a central part of their role is counselling and sensitization, which occurs daily in Obock. This is done through regular in person formal meetings at the office and informal meetings in the dormitories or the common areas as they are perceived as less intimidating by the beneficiaries. Psychosocial activities (e.g., sewing activities, coffee ceremony) are used as part of the case management process to bond with the beneficiaries. Sensitizing practices were identified as essential to creating trust with the beneficiaries and helping to prepare them for their return.

Practices that were identified that worked well in communicating with beneficiaries were:

- *Phone calls and in person meetings:* In the survey with caseworkers, 62 percent of respondents confirmed that they carry out case management with beneficiaries using a combination of phone/internet and face to face communication.

- *Reach beneficiaries through other beneficiaries:* When a beneficiary cannot be traced by the caseworker, often other beneficiaries are asked to help find the individual. This practice was utilized by caseworkers in Nigeria, Sudan, and the Gambia. When they are unable to reach a beneficiary, they reach out to other beneficiaries who live in the same area, who returned on the same flight, or who participated in the same training session- to see if they have a way of reaching them. According to caseworkers, this has been quite helpful in reaching beneficiaries whom they have lost touch with and/or in contexts where security and vulnerability may limit access to technology and communications. In Sudan, caseworkers have WhatsApp groups for beneficiaries, and through the group, they provide information and requests for assistance in reaching missing beneficiaries.

A common challenge faced by caseworkers is the ability to reach beneficiaries who: live in remote locations where phone connection is unreliable, are mobile and constantly on the move and thus hard to track down and have changed their mobile numbers or no longer have a mobile phone. Regrettably, no suggestions were found for transferring over the phone or online services to beneficiaries in contexts where there was limited access to technology and communications (referring to Terms of Reference Question No.7).

Finding 9: Caseworkers report satisfaction regarding their decision power and supervision.

Decision power refers to the extent to which caseworkers feel they have the power to make decisions regarding beneficiaries' care, how they manage challenging situations and make decisions in the provision of case management (Lietaert, 2019). Frequently, caseworkers expressed being satisfied with the amount of decision power they had to manage cases and make decisions; however, this was not always the case. In the Gambia, caseworkers expressed that they did not feel they had the power to make sensitive or important decisions in their roles. These decisions were escalated to their supervisors.

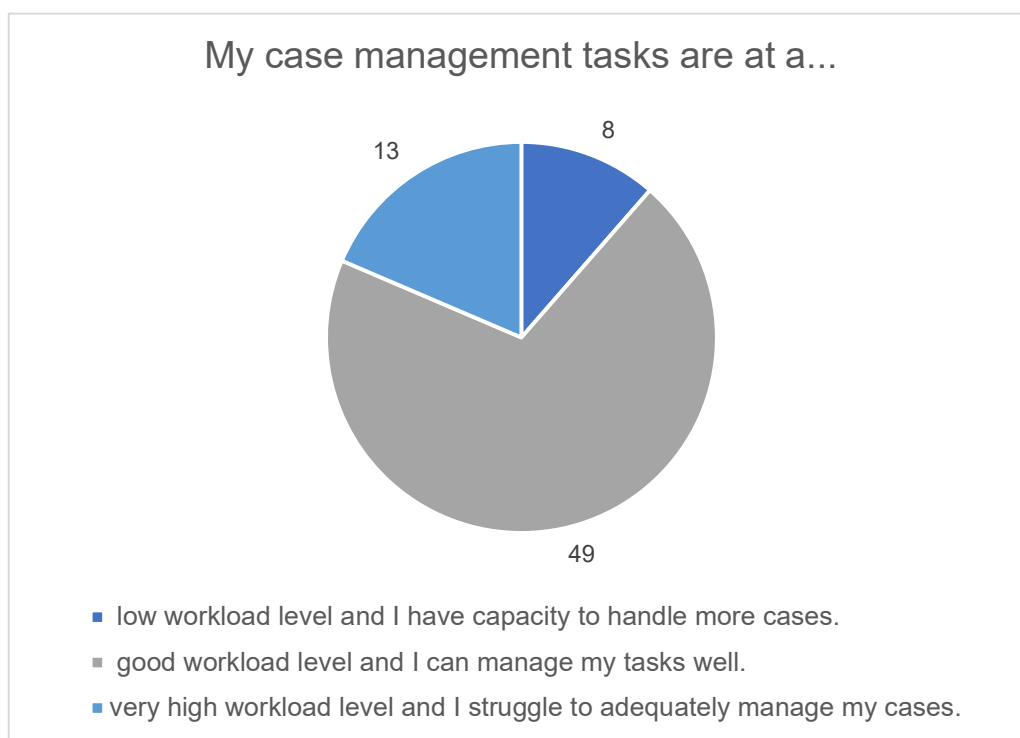
Caseworkers were satisfied with the support they received from the supervisors in managing challenging cases. Survey respondents reported that if they had a problem managing a case 84 percent would go to their supervisor for support, 12 percent would go to a colleague and 4 percent would find another solution. This was supported in the qualitative interviews that when caseworkers were unsure of how to handle a case, they would ask their supervisors or wait until the next team meeting to raise the case and get support. Ninety-five percent of

respondents in the survey stated that if they had a challenge in providing case management to a returnee, they felt comfortable to discuss with their supervisor.

Finding 10: Caseworkers struggle with their own wellbeing and experience stress from their work.

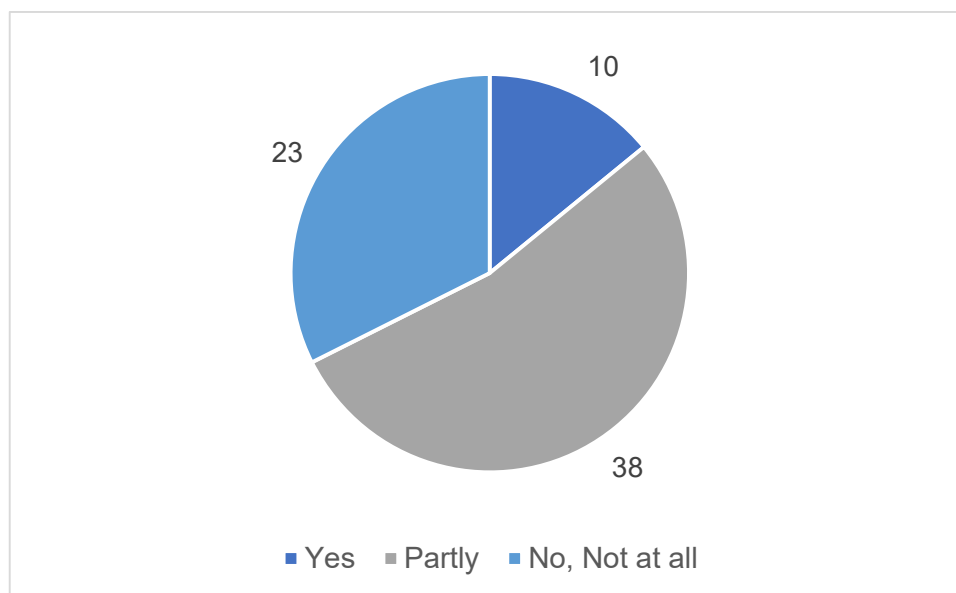
The majority of survey respondents (70%) reported that their tasks were at a good workload level and that they can handle their tasks well (Figure 6). However, close to one fifth of respondents (19%) reported that they have a very high workload and struggle to adequately manage their cases. Respondents reporting a high workload level were evenly distributed between pre-return and post-return country contexts.

Figure 6: Survey respondents' assessment of their case management tasks (n=70)



Although the workload was good for the majority of respondents, at the same time Figure 7 shows that the majority of survey respondents reported finding it hard to sleep because work occupied their mind (68% replied yes or partly). In looking at the survey responses further, the majority of respondents that stated “yes” were located in Libya, Niger and Djibouti (9 out of 10) indicating a difference between the pre-return and post-return environment.

Figure 7: Responses to: Do you find it hard to sleep because your mind is occupied with work? in percentages (n=71)



In the pre-return countries, caseworkers identified different challenges such as: managing the significant caseload in sub-offices, dealing with conflicts between communities in the transit centres, long working hours, the suspension of AVR for certain regions, the lack of communication during cross-border case management between IOM pre-return and post-return missions and, long waiting periods before migrants' departure. Caseworkers felt frustrated as they fail to plan and achieve their daily tasks due to structural constraints beyond their control. One respondent in Niger explained that people have many needs and requests every day, which makes it hard to plan efficiently. Caseworkers in Djibouti explained that they manage returnees' impatience and anxieties regarding their reintegration options, but often they cannot provide updated information regarding the status of the return process or the reintegration opportunities available upon return. Caseworkers in the Niger pre-return mission explained not being able to execute their tasks effectively and therefore questioned the efficiency and overall purpose of their work.

In post-return countries, caseworkers identified similar and unique situations that can cause increased workplace stress. Similar situations causing added stress for caseworkers were delays in beneficiaries' reintegration packages. This led to regular phone calls from the beneficiaries and an increased workload and strain on the caseworkers (see Finding 4).

One respondent in Guinea stated: “*we come to the office, but we have no idea in which physical condition we will leave it at the end of the day*”. Another reintegration assistant explains in Guinea:

“We encounter problems with the beneficiaries. We are often threatened. Last month it was really intense, they came to the office to threaten us, throwing stones or with knives, etc. Even outside of work, when we are in our neighbourhood, we are afraid to show that we work with IOM. When a migrant sees that we work with IOM and asks me, I say “no” because I am afraid for my safety”.

At the time of interview migrants were protesting outside the IOM office in Guinea and safety concerns were expressed by the IOM staff who reported experiences of physical attacks in IOM offices and/or transit centres.

6.1.Recommendations

Recommendation 6: Increase Training for Caseworkers on Case management and related topics.

Within the JI programme a specific case management training was not included. Few caseworkers involved in this study have participated in the case management training developed under the COMPASS initiative⁹ (which is logical as only 5 of the 9 countries in this study are COMPASS countries (Ethiopia, Libya, Niger, Nigeria, and Sudan).

It is recommended to:

- Mandate case management training for all caseworkers
- Establish a working group for case management to further promote internal training
- Conduct an assessment with caseworkers in each mission to determine which topic specific training is most desired on topics such as gender-based violence, counter trafficking, workload management, or stress reduction. Create a training plan for each mission.

⁹ Cooperation on Migration and Partnerships to Achieve Sustainable Solutions (COMPASS) initiative funded by the Netherlands.

Recommendation 7: Monitor Caseworkers Wellbeing at a Programme and Mission Level.

It is recommended to develop a programme monitoring that can be implemented at the mission level for caseworker wellbeing. This could be in the form of staff surveys or ensuring more communication regarding staff wellbeing and access to options for support.

7. Monitoring and Evaluation Activities, Log Frames and Case Management

This section discusses case management in monitoring and evaluation in the JI and within the JI log frames.

Finding 11: Caseworkers do not conduct evaluations.

As intended by design, it was found that there is a strong separation between caseworkers' activities and evaluation. In none of the missions were caseworkers found to be actively conducting evaluation tasks. This was important as it allows for confidentiality in the evaluation process with beneficiaries.

Finding 12: Some missions have strong feedback mechanisms between Monitoring and Evaluation and caseworkers, others have weak feedback mechanisms.

Given that caseworkers are rightly not involved in the collection of monitoring and evaluation surveys with beneficiaries, there is a need for strong feedback mechanisms between M&E officers and caseworkers. This is primarily the case in post-return missions where reintegration monitoring occurs at several moments in time. The information gathered by M&E officers regarding beneficiaries is important for caseworkers to integrate into their work.

In almost all cases when a M&E officer identifies that a beneficiary is in an increased condition of vulnerability this is communicated to the caseworker. In such instances, caseworkers' follow-up with the returnee to make a plan for additional support. This is a good practice to provide support to returnees post case closure.

Finding 13: Case Management is not currently integrated into programme log frames.

A review of the JI log frames shows that 'case management' is currently excluded within the log frameworks and that the indicators do not align with case management best practices, and thus nor do they incentivise robust case management. For example, the indicators primarily focus on output numbers, whereas case management as a practice is focused on process and quality assessment. The indicators do suggest the need for a robust case management system, but this is not detailed in the current indicators.

7.1.Recommendations

Recommendation 8: Improve communication and feedback processes between caseworkers and Monitoring and Evaluation Teams.

Some missions have identified good practices for collaboration between caseworkers and monitoring and evaluation teams including regular communication and regular feedback presentations from monitoring and evaluation teams to caseworkers. For example, Sudan has strong communication and regular feedback sessions between monitoring and evaluation teams and caseworkers. Caseworkers should also have input themselves into monitoring and evaluation. As information sources, caseworkers can provide information to monitoring and evaluation teams on topics such as: business successes and beneficiaries vulnerabilities identified in caseworker monitoring. These types of practices should be expanded to all missions to ensure regular communication between these teams.

Recommendation 9: Inclusion of case management within the programme log frames and development of specific case management indicators for programme evaluation and reporting.

There is a need to develop case management indicators to be included in the programme log frames and regular monitoring and evaluation and reporting processes. Annex 2 provides a preliminary starting point for the consideration of case management indicators. Questions regarding case management should be included in the regular monitoring and evaluation processes with beneficiaries. Finally, there is a need for monitoring and evaluation of case management processes including indicators such as: duration of assistance, average number of interactions/ follow-ups per case, types of interactions/ follow-ups, caseload variations, referrals and types of referrals, feedback from referral organizations and caseworker wellbeing.

8. Case Management in the JI programme

This section reflects on key findings integrating the analytical framework of the study with overall conclusions.

Finding 14: Different models of case management are administered in the JI.

The forthcoming IOM Case Management Guidelines state “Given that countries face different challenges when it comes to migrant protection and assistance and have various capacities and service delivery models, it would be impossible to come up with a one-size-fits-all solution”. As stated in the inception report to this study, there are multiple models of case management with varying degrees of breadth and contact between caseworker and beneficiary. As a result, the understanding of case management may be instinctive, but its actual processes vary widely.

An essential element of case management is to first identify if case management is necessary. The forthcoming IOM Case Management Guidelines consider case management as a process “composed of several steps, including identification, assessment, case planning, case implementation, follow-up and review, and case closure. Following from the forthcoming IOM Case Management Guidelines, two questions should inform the identification of the need for case management:

- ✓ Does the beneficiary require medium to long-term services?
- ✓ Is the beneficiary at medium to high risk of violence, exploitation or risk?

If the answer is no to the above, that is the beneficiary does not have complex vulnerabilities and the case can be resolved in a number of days, then the beneficiary should not be considered for case management.

Therefore, it is important to not confuse case management with a one-off provision of services. The above highlights the importance of identifying if case management services are required or not. If a case can be resolved in 1-2 meetings and within a few days, it should not be considered as case management.

Within the case management approach, IOM promotes a strengths-based approach that promotes the strengths of the individual in the case management process. This approach can work in conjunction with the different models of case management currently occurring in practice in the JI.

The findings from this study illustrate that there are two core models of case management occurring in the return and reintegration process:

- **Generalist** case management utilizes commonly accepted functions of case management. Generalist case management occurs in the JI with beneficiaries post-return that have a case wherein their reintegration assistance can be delivered in 2-3 sessions and then closed.
- **Intensive** case management meaning intensive and extensive contact between the case worker and beneficiary, occurs in more complex reintegration cases and with migrants in particularly vulnerable situations pre-return. These cases are significantly more time intensive and require more resources from the caseworkers.

The different models of case management in place are a reflection on the needs, resources and capacities in different contexts of the JI.

Finding 15: Service Efficiency for case management is affected by delays and referral availability.

Service efficiency refers to the quality of service received by the beneficiary (Salazar & Graham, 1999). Smooth flow in the coordination of services and in delivery improves overall service efficiency. Several countries identified delays in the provision of reintegration assistance and challenges in being able to efficiently refer beneficiaries. These challenges were generally beyond the control of the caseworker.

Finding 16: Service Effectiveness is demonstrated through beneficiary satisfaction with caseworkers, however, there are uncertainties regarding case closure.

Service effectiveness focuses on the achievement of case management objectives (Salazar & Graham, 1999). This can be measured in terms of case closure, beneficiary satisfaction, and reaching a certain quality of life. The findings indicate clear beneficiary satisfaction with caseworkers (see Finding 3), but challenges with reintegration support (see Finding 4).

In terms of case closure there are mixed findings. Cases are closed by caseworkers at the end of the reintegration process. However, it was clear from some beneficiaries in the focus group discussions that they were not ready for case closure. These beneficiaries continued to call to

their caseworkers, who in some cases no longer took their calls, creating frustration for both beneficiaries and caseworkers who did not have the time to continue the cases.

A good practice identified in several missions is that when monitoring and evaluation officers identify a beneficiary as vulnerable post case closure this is communicated to the case managers and caseworkers (see Finding 16). Cases are then re-opened for up to three more appointments.

Finally, this study is unable to ascertain if beneficiaries reach a certain quality of life, however, other research conducted by IOM indicates that on average the final reintegration sustainability survey (RSS) indicates an improvement in quality-of-life post-return (see IMPACT evaluation results in Ethiopia and Somalia¹⁰).

Finding 17: In individual returns there is limited involvement in the role of the family in case management.

In social work practice, a responsibility of caseworkers is to the family (Forchuk, Ouwerkerk, Yamashita, & Martin, 2002). Previous research on reintegration has demonstrated that individuals' reintegration processes tend to be more successful when their family is welcoming and supportive (Koser and Kuschminder, 2015).

The survey findings show that 41 percent of caseworkers in post-return countries considered 'mediating with returnees families' as part of their tasks. This was supported in the qualitative interviews where few caseworkers identified completing home visits and conducting reintegration support with the families of returnees. Findings from the forthcoming IMPACT assessment¹¹ as well as from previous studies of the JI in the Sahel and Lake Chad region highlight the importance of families in the reintegration process. In the IMPACT assessment, family members in Ethiopia reported not knowing their family member had returned until they arrived in the village. This could create conflict in the family, particularly in cases where large family debt had accrued due to the returnee's migration.

As identified in Section 3.3, local committees in Guinea play a formidable role in involving family members and the community in reintegration processes. This is a promising practice

¹⁰ <https://eastandhornofafrica.iom.int/impact-study>

¹¹ Ibid.

for providing community support to assist in mediating family relationships upon return and integrating family members into the reintegration plan.

Finding 18: Caseworkers report little community involvement in reintegration.

The role of the community is also considered as highly important in social work practice and in reintegration. The forthcoming IOM Case Management Guidelines consider community members as important actors in the case management process. In the post-return context, 36 percent of survey respondents identified ‘informing communities of returnees’ needs as part of their tasks. The qualitative interviews supported this finding that caseworkers did not focus their tasks on community members.

The JI has had other parallel initiatives to case management such as community-based projects and IOM has active community conversations and sensitization programmes to migration running in other projects in several country missions. Therefore, it is not necessarily that it should be role the of reintegration caseworkers to involve the community in reintegration, but there are uncertainties as to how communities are or are not involved in the process in most of the missions. As noted above, the local committees in Guinea described in Section 3.3 provide a promising practice for communities involved in reintegration that could be replicated in other countries.

8.1.Recommendations

Recommendation 10: Recognize different models of case management and their application in different contexts.

It is important to recognize and differentiate the different models of case management in practice in the JI. Creating such differentiation allows for acknowledging different expectations of caseworkers and for beneficiaries in different approaches to case management. Annex 3 provides a preliminary tool for planning case workers beneficiary engagements.

Recommendation 11: Streamline between different IOM projects and roles to ensure communities are sensitized to returnees’ experiences and clarify roles within reintegration processes.

Caseworkers themselves do not need to necessarily take on community involved tasks, but it is recommended to have strong coordination and identification between actors (internal and external to IOM) to involve communities in reintegration processes. For example, community conversations programme could be streamlined with JI activities to provide information on return and reintegration to communities (particularly communities identified of high return) that identifies how communities can support returnees' reintegration. This could contribute to increasing community's sensitization to returnees' experiences and facilitating returnees' reintegration with the community. In a second example, the organization of local committees in Guinea serves as a promising model for replication.

Recommendation 12: Families should be considered as a central actor in reintegration processes.

Given the importance of family in reintegration processes, they should be considered as a central component in the reintegration plan. This can be incorporated under the psychosocial component of the reintegration planning process and better coordination could be implemented between caseworkers and Mental Health and Psychosocial Support (MHPSS) teams. Caseworkers should offer to contact families of returnees to explain their arrival and reintegration plans. Returnees may be ashamed and may not communicate the details to their families. The caseworker can advocate for the family's acceptance of the returnee and support the family to help the returnee navigate their way back into community life.

10 Conclusion

The JI has been the first IOM programme to implement the integrated approach to reintegration requiring a strengthened case management approach to coordinate efficient and effective service delivery to beneficiaries across the economic, social, and psychosocial domains. This has required continuity of assistance from pre-return to post-return and integration and coordination with government partners, other international organizations, and several different types of referral organizations in both pre-return and post-return contexts.

The increased complexity has required new approaches and ways of working, which have been mapped in this study. The findings show that at a high level there are similar structures and processes in place, but the details reveal different types of case management being implemented at different stages of return and for different beneficiaries' needs. Case management may be organized differently in different missions.

The structural conditions in the countries also impact case management. The findings illustrate different levels and models of government collaboration within case management. Guinea has developed a promising example of integrating case management into reintegration assistance collaboratively between the government and IOM. The capacity development component of the JI has arguably then also been important in case management service delivery. However, with the discontinuation of this funding component it is possible these gains will recede. Further research would be necessary to understand the integration of case management within the full spectrum of the integrated approach to reintegration- including the family, community, and country level dynamics. More understanding is necessary of the feedback mechanisms and impacts of the structural conditions in the country context on case management processes.

The forthcoming IOM Case Management Guidelines will be useful to assist in further defining the roles and expectations of caseworkers. Ideally, this report assists to create a baseline for the implementation of the IOM Guidelines. If the guidelines are rolled out with comprehensive training of all caseworkers, this would be highly beneficial and address the frequent request for training on case management from caseworkers. Further monitoring and evaluation can then provide guidance on the evolution of case management. Recommendations have been

made for indicators to be considered for regular monitoring and evaluation of case management.

References

- Forchuk, C., Ouwerkerk, A., Yamashita, M., & Martin, M.-L. (2002). Mental health care management in Canada: Job Description Analyses. *Issues in Mental Health Nursing*, 23(5), 477-496.
- Harris, J. and White, V. (2013). *A Dictionary of Social Work and Social Care*. Oxford University Press.
- Koser, K. and Kuschminder, K. (2015). *Comparative Research on Assisted Voluntary Return and Reintegration of Migrants*. IOM.
- Lietaert, I. (2019). The Usefulness of Reintegration Support: The Dual Perspectives of Returnees and Caseworkers. *British Journal of Social Work*, 49(5), 1216-1233. doi:<https://doi.org/10.1093/bjsw/bcy093>
- IOM. (2017). *Towards an Integrated Approach to Reintegration*.
- IOM. (2019). *Reintegration Handbook. Practical guidance on the design, implementation and monitoring of reintegration assistance*. Geneva: International ORganization for Migration (IOM). Retrieved from https://publications.iom.int/system/files/pdf/iom_reintegration_handbook.pdf
- IOM. (2019). *IOM Handbook on Protection and Assistance For Migrants Vulnerable to Violence, Exploitation and Abuse*.
- IOM. (2020). *Return and Reintegration Highlights 2019*.
- Salazar, M. K., & Graham, K. Y. (1999). Evaluation of a Case Management Program. *Journal of the American Association of Occupational Health Nurses*, 47(9), 416-423.
- Samuel Hall and Univeristy of Sussex. (2020). *Mentoring returnees: Study on reintegration outcomes through a comparative lens*. University of Sussex. International Organization for Migration. Retrieved August 03, 2022, from https://www.iom.int/sites/g/files/tmzbd1486/files/documents/iom_-_mentoring_returnees_study_on_reintegration_outcomes_through_a_comparative_lens_jan2021.pdf
- Vanderplasschen, W., Wolf, J., Rapp, R. C., & Broekaert, E. (2007). Effectiveness of Different Models of Case Management for Substance-Abusing Populations. *Journal of psychoactive drugs*, 39(1), 81-95.

World Bank, 2022. Political Instability Index.

Annex 1: Standard Operating Procedures Reviewed

Djibouti- Aide au retour volontaire et à la réintégration à Djibouti : Procédures opérationnelles standard. Djibouti

Ethiopia- Standard operating procedures for reintegration of vulnerable Ethiopian returnees: to support the National Reintegration Programs. Supported by: *EU-IOM Joint Initiative for Migrant Protection and Reintegration in the Horn of Africa*

Guinea- Procédures Opérationnelles Standard Pour L'aide au Retour Volontaire et à la Réintégration : Renforcement de la Gouvernance des Migrations et Appui a la Réintégration Durable des Migrants en République de Guinée

Niger- Initiative FFUE-OIM pour la protection et la réintégration des migrants : NIGER. Procédures opérationnelles standard (POS) pour l'aide au retour volontaire et à la réintégration. POS 1 : Le Niger en tant que pays d'accueil et de transit

Initiative FFUE-OIM pour la protection et la réintégration des migrants : NIGER. Procédures opérationnelles standard pour l'aide au retour volontaire et à la réintégration. POS 2 : Le Niger en tant que pays de retour

Nigeria - Standard Operating Procedures for the Conduct of Return, Readmission and Reintegration of Migrants in Nigeria

Somalia - Somalia Standard Operating Procedures for Assisted Voluntary Return and Reintegration. SOP 2: Reception and Reintegration

Somalia Standard Operating Procedures for Assisted Voluntary Return and Reintegration. SOP 1: Assisted Voluntary Return

Sudan- Standard Operating Procedures for Assisted Voluntary Return and Reintegration. SOP 2: Sudan as a Country of Return

The Gambia- EU-IOM Joint Initiative for Migrant Protection and Reintegration: The Gambia- Standard Operating Procedures for the Protection, Return and Reintegration of unaccompanied and separated migrant children through IOM facilitated returns to The Gambia

EUTF-IOM Initiative for Migrant Protection and Reintegration: The Gambia- Standard Operating Procedures for Assisted Voluntary Return and Reintegration

Regional- Regional Guidelines and Standards for Operations. Migration Response Centres, from IOM Regional Office for East and the Horn of Africa

Annex 2: Case Management Indicators

Background

The SMP Case Management Study found that case management indicators are not currently included in the project Logframes and that case management itself is not monitored and evaluated (Finding 13).

This tool aims to contribute to addressing the following final report recommendations:

- *Recommendation 4: Create clarity in separation in reporting and monitoring and evaluation between beneficiaries' satisfaction with caseworkers and satisfaction with reintegration assistance.*
- *Recommendation 7: Monitor Caseworkers Wellbeing at a Programme and Mission Level.*
- *Recommendation 9: Inclusion of case management within the programme log frames and development of specific case management indicators for programme evaluation and reporting.*

This tool is developed as a preliminary starting point in response to the recommendations in the report. The indicators proposed in this tool are preliminary and would require further refinement and contextualization to the needs of each programme.

Purpose

The purpose of this tool is to provide suggestions for indicators to measure case management at a programme level, for monitoring case management with beneficiaries, and to monitor caseworkers' performance and wellbeing. The indicators are intended to be:

- 1) specific, observable, measurable, achievable, relevant and time-bound¹² (SMART).
- 2) focus on case management and not replicate reintegration indicators.
- 3) be focused and kept to a manageable number for programme implementation.

Categories of Case Management Indicators

This document considers three different categories of case management indicators:

¹² The appropriate time dimension should be determined by the project needs.

1. **Case Management Indicators for Programme LogFrames**- these are intended as higher-level indicators that could be included in programme Logframes for reintegration. The purpose of these potential indicators is to provide representation of case management in the programme Logframes, thus addressing the gap identified in the SMP case management final report (Finding 17; Recommendation 11).
2. **Monitoring Indicators Related to Case management Requirements and Activities**- these potential indicators focus on service delivery with beneficiaries (Finding 17; Recommendation 11).

Programme LogFrames

The following indicators could be revised in programme Logframes to reflect the role of case management in service delivery. These indicators are intended as the most important potential indicators for including case management processes in the programme Logframes and reporting to donors.

Indicator	Description	Measurement	Assumption
Number of returnees provided with case management support in accessing reintegration assistance, within programme specified time period (for example 'within the first 3 months after arrival').	Beneficiary is identified as requiring reintegration case management and starts case management reintegration process. It may be that some returnees do not need case management depending on the programme.	Programme monitoring data	Monitoring indicators collected as below.
Percentage of beneficiaries satisfied with their interactions with caseworkers	Intended to capture beneficiaries satisfaction with caseworkers, separate from their satisfaction with their reintegration assistance. Important to capture for understanding IOM staffs job performance and not the monetary reintegration assistance.	RSS and/or RA	Update questions in RSS as per below.

Monitoring Indicators related to Case Management Requirements and Activities

In order to be able to monitor case management, the following case management indicators could be incorporated into programme workflow in the table below. These indicators are intended for internal reporting on a regular basis and to be able to track changes in programme case management over time. For this reason, some of the below indicators overlap with the above in the programme Logframe indicators. It is assumed that indicators for case monitoring such as referrals, attrition rates, case closure and case re-opening are already collected within reintegration monitoring. The objective below is to focus on case management specific indicators that are not assumed to be currently collected.

Indicator	Description	Measurement	Assumption
Number of beneficiaries requiring case management	Beneficiary is identified as requiring reintegration case management. At this stage, an indication is made for type of case management required (generalist or intensive)	MiMOSA/ AVRR database	Not all cases require case management.
Number of returning migrants receiving case management support per type of case management services (generalist or intensive)	Type of case management received by beneficiary. It could be that beneficiaries change type of case management received over time. (For example, at intake a beneficiary is identified as requiring generalist case management, but after a session further vulnerabilities are identified and this shifts to intensive case management). This indicator reports the number of returning migrants	MiMOSA/ AVRR database Options of: Generalist or Intensive Case Management	

	receiving each type of case management support at that moment. Recommended to be reported monthly to programme managers.		
Average number of beneficiary meetings per type of case management support and meeting format (phone, in-person, etc.) per month during the implementation of the programme.	<p>It is important to understand how many meetings caseworkers are having with beneficiaries per type of case management support (generalist or intensive). This will inform programme managers if the estimated number of meetings per type of case management support is accurate or not and then planning adjustments could be made.</p> <p>This indicator could be further disaggregated in several ways depending on programme needs. For example by: 1) type of meeting (intake, follow-up, responding to beneficiary request); 2) reason for meetings: economic, social or psychosocial reintegration.</p>	MiMOSA/ AVRR database	Track and record number of case management interactions in order to be able to assess trends and reconcile number of interactions with the type of case management identified at intake.

Average duration of case management services provided to returning migrants.	This tracks the duration of the case management received from the initial assessment after arrival to case closure. It can be disaggregated further by variables such as: type of case management assistance, case manager, other beneficiary characteristics (such as gender, location) to understand factors that may or may not contribute to the duration of support.	MiMOSA/ AVRR	As above, tracks trends and reconcile case duration with expectations at intake.
Average number of caseworker interactions with beneficiaries' families/ family mediation per month.	As recommended in the report, families are an important part of the reintegration process. This indicator starts the monitoring process of how often case workers contact beneficiaries' families. Should be reported monthly.	MiMOSA/ AVRR	Understanding case workers larger interactions can provide insights into the roles and services to beneficiaries.
Average number of home visits conducted by case workers per month.	Home visits can assist in returnees reintegration with their families and communities. This indicator starts the monitoring process of the number of home visits completed by caseworkers.	MiMOSA/ AVRR	Understanding case workers larger interactions can provide insights into the roles and services to beneficiaries.

Monitoring Indicators related to Caseworker performance and wellbeing

Further to monitoring beneficiaries' experiences in case management, it is recommended to also monitor caseworkers' workflow and experience. Some of the indicators above in beneficiary monitoring also overlap with caseworker indicators and are not repeated in the table below.

Indicator	Description	Measurement	Assumption
Case worker to beneficiary ratio	The number of beneficiary cases to caseworker should be reported monthly. This should be disaggregated by type of case management service. Managers can use this information for managing teams' workloads.	MiMOSA	Monthly reporting on caseworker workloads for project managers.
Average number of beneficiary complaints per caseworker	By tracking beneficiary complaints per caseworker, managers can be informed about performance and if there are situations they need to address. This should be reported monthly.	Hotline	Monthly reporting on complaints will enable identifying any potential staffing challenges.
Percentage of caseworker made recommendations to beneficiary on types of micro-business.	Caseworkers' recommendations regarding businesses should be recorded to see if these recommendations lead to more business successes or not. As caseworkers are in the	MiMOSA	Caseworkers frequently make recommendations regarding returnees' microbusinesses. It is recommended to record their recommendations so that M&E officers can later assess the relationship between caseworker

	communities and have experience with other returnees successful or failed businesses, they often have a good indication of what may or may not succeed in a certain community. This should be monitored to see if their recommendations do lead to business success outcomes for returnees. If it does, it demonstrates another impact that caseworkers are having on returnees successful reintegration outcomes.		recommendations and business outcomes.
Percentage of caseworkers reporting that they are able to manage work-related stress	It is important to monitor caseworkers' work-related stress. This is best captured in a work-related survey that can be completed annually. Results should be given to managers on their caseworkers so that they are aware of work-related stress and provide interventions or support if necessary.	Workplace Survey	Developing an annual survey can provide insights to monitor and support caseworker wellbeing.

Annex 3: Case Worker to Beneficiary Ratio Planning Tool

Purpose

The purpose of this tool is to assist managers in planning case management workloads for caseworkers in the context of return and reintegration. The tool is divided into steps for this process.

Step 1: Identify Need for Case Management

The forthcoming IOM Case Management Guidelines consider case management as a process “composed of several steps, including registration and identification, assessment, case planning, case implementation, follow-up and review, and case closure.” The first step in the tool is to identify if case management is necessary.

Following from the forthcoming IOM Case Management Guidelines two questions should inform the identification of the need for case management:

- ✓ Does the beneficiary require medium to long-term services?
- ✓ Is the beneficiary at medium to high risk of violence, exploitation or risk?

If the answer is no to the above, that is the beneficiary does not have complex vulnerabilities and the case can be resolved in a number of days than it should not be considered for case management. IOM’s guidelines consider case management as a medium to long term assistance. Short-term assistance provision should not be considered as case management.

Step 2: Identify form of Case Management

The forthcoming IOM Case Management Guidelines focus on a model of strengths-based case management approach that “recognizes that all individuals and families have strengths, resources or assets that they can draw on to overcome challenges.”

Separate to the guidelines, the Case Management study has identified that two core models of case management are implemented in the JI:

- **Generalist** case management utilizes commonly accepted functions of case management, but with a closer involvement between individuals and case workers than compared with the Brokerage model. Generalist case management occurs in the JI with beneficiaries post-return that have a standard case and their reintegration assistance can be delivered in 2-3 sessions and then closed.
- **Intensive** case management meaning intensive and extensive contact between the case worker and client, occurs in more complex reintegration cases with migrants in particularly vulnerable

situations. This can include some protection and medical cases pre-return and post-return. These cases are significantly more time intensive and require more resources from the caseworkers.

Step 3: Identify Case workers Tasks

In each mission case workers complete multiple tasks. It is important to identify how much time is devoted to different case management tasks each week, and how much time case workers need for other tasks including: reporting, team meetings, working with referral partners, working with communities, etc. Case supervisors should work with caseworkers to identify their tasks and the amount of time spent on each task in each mission. This can be compared to an ideal, however, it is important to understand the reality in the mission.

Case Worker Tasks Categorization

Task	Number of Hours	Frequency
<i>Brokerage Case Management</i>		
Intake		
Follow-Up (phone)		
Monitoring (in person)		
Closure		
Etc.		
<i>Generalist Case Management</i>		
Intake		
Follow-Up (phone)		
Monitoring (in person)		
Closure		
Etc.		
<i>Intensive Case Management</i>		
Intake		
Follow-Up (phone)		
Monitoring (in person)		
Closure		
Etc.		
<i>Non-Beneficiary Tasks</i>		
Team Meetings		
Referral Providers		
Community Meetings		
Training		
Etc.		

It is important to breakdown the type of beneficiary meetings and add time allocations. For example, intake may take 2 hours, whereas a monitoring phone call may be scheduled at 15-30 minutes. Case supervisors can work with case workers to understand how much time their current tasks take in order to assess accurately the amount of time required per task.

Modality of service provision can also impact the time durations. For example, cash-based reintegration assistance may take less case worker time than in-kind assistance. Missions should account for this in their time planning estimations.

Step 4: Beneficiary to Case Worker Calculations

Based on the number of working hours of the caseworker and the estimated time necessary for each type of case their workload can be determined. It is necessary for the mission to make an estimation of how long beneficiary services take per interaction.

The below table can be used to calculate tasks.

Type of Case Management	Task	Number of Hours	Number of Cases	Total
Total				

This step provides an estimation of the case worker to beneficiary ratio.

Step 5: Aggregating to Mission Level

The estimates created for the amount of time required for each task for the beneficiaries can be aggregated to the mission level based on the total caseload of the mission.

Example: Reintegration Setting

Step 1: Identify that case management is necessary

Step 2: Identify that there is a mix of generalist and intensive case management necessary

Step 3: Caseworker works full time; it is estimated at 1.5 hours per day must be devoted to other tasks. This leaves the caseworker with 6-6.5 hours per day for beneficiary services, totalling 30-32.5 hours per week.

Case Worker Tasks

Task	Number of Hours	Frequency
<i>Generalist CM</i>		
Intake	2	Depends on caseload
Follow-Up (phone)	0.5	Daily
Monitoring (in person)	1-3 hours (depending on travel distance)	Monthly
Closure	2	Monthly
Etc.		
<i>Intensive CM</i>		
Intake	2	Depends on caseload
Follow-Up (phone)	3	Daily
Closure	2	Monthly
Etc.		
<i>Non-Beneficiary Tasks</i>		
Team Meetings	2	Weekly
Referral Providers	2	Weekly
Reporting	4	Weekly
Community Meetings	4	Monthly
Training		Sporadic
Etc.		

In this estimation on a weekly basis at least 8 hours per week are devoted to non-beneficiary meeting tasks. In addition, on a monthly or sporadic basis an additional 4-8 hours are needed for non-beneficiary meetings. Therefore, within a 40 hour work week, an estimation of 30 hours is used for being devoted to beneficiary meetings.

Step 4: Case management service estimations:

Calculation of case management service estimations

Type of Case Management	Task	Number of Hours	Number of Cases	Total number of hours required for the number of cases per week
Generalist	Intake	2	3	6
Generalist	Follow-ups	0.5	18	9
Generalist	Closure	2	3	6
Intensive	Follow-ups	3	3	9
Total			27	30

In this example the reintegration caseworker is estimated to be able to manage a workload of 24 generalist cases (including 3 in-take, 20 follow-up monitoring, and 3 case closure) and 3 intensive cases.

Estimated caseworker to beneficiary overall ratio: 1: 27

Step 5: Aggregate to Mission Level

Aggregating this to the mission level, the mission currently has 500 active reintegration beneficiaries and is currently preparing for arrival of 50 more beneficiaries. Of the current active cases there are 70 intensive cases with migrants in particularly vulnerable situations.

Calculation of Aggregate workload at mission level

Type of Case Management	Activity	Number of Hours	Number of Cases	Total number of hours required for all cases per week
Generalist	Intake	2	50	100
Generalist	Follow-ups	0.5	410	205
Generalist	Closure	2	20	40
Intensive	Follow-ups	3	70	210
Total				555

With the above time estimations, the result is that for the current mission level, 555 hours are required in the mission in one week to provide case management to the current beneficiaries. In order to provide services at the estimated workload per beneficiary and caseworker this would require staffing of 18.5 case workers (555 hours divided by 30 hours/week).