



**Ex-post Evaluation: Enhancing
Mechanisms for Prevention,
Detection and Treatment of
HIV/Aids and Tuberculosis
Among Migrant and Mobile
Populations in the South
Caucasus Countries**

MA.0379

Final Report

March 2020



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Executive Summary

The following report is an ex-post evaluation of the project MA. 0379: '*Enhancing Mechanisms for Prevention, Detection and Treatment of HIV/AIDS and Tuberculosis Among Migrant and Mobile Populations in the South Caucasus Countries*,' managed by the Georgian office of the International Organization of Migration (IOM) and funded by the IOM Development Fund ("the Fund" or IDF).

This ex-post evaluation was commissioned by the Fund and was carried out by Owl RE, research and evaluation consultancy, Geneva, from December 2019 to February 2020. The purpose of this evaluation was to assess the relevance of the project for the stakeholders and beneficiaries, the effectiveness and efficiency of project management and implementation, the expected impact, how well cross-cutting themes of human rights and gender were mainstreamed in the project, and how sustainable the desired effects were or could be.

The evaluation was carried out primarily through a desk review of available data and documents and key informant interviews with 20 project stakeholders.

Findings

The project was found to be very relevant, identifying a pertinent issue to the region - that of migrant health as it relates to TB and HIV/ AIDS, as well as aligning to the national healthcare priorities of the Government ministries of Armenia, Azerbaijan and Georgia, and their counterparts. In addressing the challenges relating to referral and treatment continuity/ compliance throughout migration process, and the need to strengthen cooperation between healthcare systems of sending, receiving and in-transit countries to address this, the project was extremely ambitious and innovative with 15 different activities spread over 3 countries. The project's success was also notable within the political context of the region and the ongoing tensions between Armenia and Azerbaijan, although this was not included as a factor in the project proposal thereby potentially limiting a full interpretation of the project results.

Available evidence shows the project was effective in its outcomes and outputs. Collaboration between stakeholders in-country was strong and cooperation between the 3 countries resulted in the project setting an important precedent in establishing a first step in a regional migrant-centred approach on HIV/AIDS and TB prevention and surveillance. As such, the project demonstrated clear short- mid-term results but was more difficult to assess longer term impacts. The regional survey, regarded as the central success of the project, provided valuable information and addressed a deficit of knowledge on TB and HIV/AIDS case detection among migrants but as it did not produce the degree of robust 'evidence' initially envisaged, it was not clear the degree to which it would inform relevant policy and programme formulation. This relates to what can be considered the main shortcoming of the project - the sustainability of results. While it was clear that there was support from the majority of project stakeholders for the ongoing development of results achieved, the lack of financial resources available for the continuation of activities was identified as the main barrier to this occurring.

Relevance, (rating: Excellent – 5)

The project was found to be highly relevant and aligned to the government priorities of all three countries, to differing degrees. It identified an issue of key importance for the region and was developed and implemented with the Government ministries and counterparts representing the 3 participating countries. Collaboration within each country was very high and there was evidence of country coordination through joint agreements signed and attendance at the bilateral and regional meetings. Gender-disaggregated data was provided for all project activities but further consideration of gender issues was largely not extended beyond this.

Effectiveness, (rating: Very Good – 4)

Based on evidence available, the project was found to be very effective in achieving its outcomes and outputs which were achieved or mostly achieved through the 3 main components of the project (the regional health promotion campaign, regional migrant health survey and training/sensitisation of healthcare professionals). Cooperation between countries was also demonstrated and through working together successfully the project set an important precedent between the 3 countries in establishing a first step in a regional migrant-centred approach on HIV/AIDS and TB prevention and surveillance.

Efficiency and Cost Effectiveness, (rating: Excellent – 5)

The project was managed very efficiently given the logistical challenges of coordinating a regional programme in 3 countries. It was found to be very cost effective with additional resources being donated by each country. The project timeframe was extended by 3 months with a no-cost extension which was needed to conclude the activities (the publication of survey results). It was not possible to assess to what extent the project is a good example of seed funding given its relatively low level of sustainability.

Impact, (rating: Very good – 4)

The project produced wide-ranging results. In the short term it improved health services to targeted groups of migrants in relation to detection and referral of TB and HIV/AIDS and set an innovative precedent for further regional collaboration between the 3 participating countries. In a context in which funding was restricted to a finite project, interviewees were positive about the outcomes of the project and what it had achieved in terms of awareness raising, piloting migrant sensitive services, generating important data on migrant health and initiating a joint approach to the need for regional healthcare services. However, they were less positive about the potential of longer-term impact of the achievements without further funding secured.

Sustainability, (rating: Acceptable – 2)

Owing primarily to an overall lack of financial resources, the sustainability of the project's outcomes is not guaranteed. Support for the project outcomes was extremely strong from the majority of project beneficiaries and stakeholders but interviews indicated mixed views as to the sustainability of the results. The migrant health survey produced joint recommendations endorsed by all three countries at the regional concluding conference but there were no planned activities to ensure its follow up. Furthermore, the potential of the survey to inform future policy planning and health programme improvements is unknown given the results did not produce the actionable `evidence` anticipated. Further steps have been taken to promote joint activities between IOM offices and related partners to secure funding for the continuation of project related activities but these had been unsuccessful to date, and the general consensus was that there is increasingly less funding available for TB and HIV/AIDs projects.

Conclusions and recommendations

The regional project was ambitious, with 15 activities spread across Armenia, Azerbaijan and Georgia, and demonstrated an innovative approach to an extremely important issue - the need to strengthen cooperation between healthcare systems of sending, receiving and in-transit countries to address migrant health as it relates to TB and HIV/ AIDS. The project was endorsed by the relevant health ministries of all countries and collaboration was strong in-country from partner organizations. As a result, the project successfully enhanced cross-border mechanisms for sensitive migrant health services through raising awareness, voluntary counseling and testing. It also established an important first step in a regional migrant-centred approach between the 3 participating countries. However, given the ongoing tensions within the region, the sustainability of this approach will depend upon continued political will, as well as further resources to support activities; the lack of financial resources was cited as the main barrier to this occurring.

Although the regional migrant health survey did not provide the level of robust `evidence` initially planned, it did provide valuable information to the Governments and health stakeholders as interviews indicated,

A. Project Design

The project would have benefited from a more detailed description of the political context in which it was set, which included the ongoing conflict between Armenia and Azerbaijan. In such a context the project goal of having a viable regional network of healthcare services is ambitious and against which the project made real progress. Without this context described, the project results appear less impressive as substantial tri-lateral dialogue co-operation was not possible and there was little evidence of inter-country partnerships established.

Recommendation

For all IOM units implementing IDF projects:

- Make sure to describe the political context of the project, and any ongoing tensions, in the project proposal and informing the assumption relating to the objective, against which progress can be accurately measured.

B. Project management

The evaluation found that not all data relating to the project was available within the PRIMA system, although most all was available on request. For a regional project involving 15 activities in 3 countries this may not be surprising but is especially important given the turnover of staff which is common within IOM, and for the further development of project goals. It is also key that minutes or reports documenting meetings and major events must also include how decisions were reached and the involvement of the relevant stakeholders in the process.

Recommendation:

For all IOM units implementing IDF projects, especially regional projects:

- All projects should have a national and regional data-base created of all stakeholders and participants involved in activities.
- All projects should have documentation of action of all key events and meetings in the form of a report which must include decisions made, next steps and a list of attendees.
- For regional projects, participating national offices should send all project documentation to the project manager to store on PRIMA.
- Regular updating of the Results Monitoring Framework.

C. Sustainability and follow-up

The evaluation concluded that the sustainability section should be strengthened in both the project proposal and the final report. By more fully considering sustainability at the project proposal stage this would make clear from the offset the extent to which a project is likely to be able to generate sustainable impact and what kind of support it is likely to need to do so. Likewise, as part of the final report, the requirement of a sustainability work-plan which includes a strategy for the dissemination of findings, creation of an active data base of all stakeholders etc. could also help make projects more sustainable. In this regard, the evaluation concurs with the recommendations of two other evaluations of IDF-funded projects (CT.0985, PO.0065) to set out a clearer follow-up plan at the end of the project.

Recommendation:

For IDF:

- IDF should consider requiring a section at project proposal stage which would estimate the level of sustainability possible to attain from the offset and monitor the project's progress in relation to this. This would allow for a more accurate consideration of projects such as this one, which are aimed at initiating a process and establishing a precedent (in the development of a regional migrant-sensitive healthcare service related network), but are unlikely to be sustainable without further support or intervention.
- IDF projects should have a sustainability and follow-up plan as part of the final report, particularly where this aspect is key to the project's success and falls outside of its timeline (as was the case for this project).

D. Research-based projects

A central component of the project was the research-based Regional Migrant Health Survey which changed from its initial aim due to an under-estimation of the budget needed for an study of this kind. Initially, it was planned as an academic-level study, to provide evidence in the form of comparable sets of data from each of the 3 countries, for example of TB and

HIV/AIDS incidence rates, for which a protocol was developed. However, the methodology was adapted to each country and migrant group (which also differed) thus making comparability impossible. While the regional survey was very valuable it raised important questions within IOM about the research governance of the project, how decisions were made and who had the 'duty of care' to ensure the survey fulfilled its initial goal. Involved in the survey with different responsibilities and expertise in migration and health and research were: an independent researcher, the project coordinator, 2 project managers from the country offices, and 2 IOM migration health experts. Protocols were developed for the research after which joint agreements were established during the regional preparatory meeting. The joint agreements correctly captured what were the final conclusions regarding the change in survey design but there was so no subsequent amended research protocol.

Recommendation

For all projects with a research component:

- IOM should consider developing a protocol on management and decision-making for projects which includes a clear delineation of responsibilities between all staff involved according to the different components of the project covered.
- Project proposals featuring research components should be carefully budgeted to match their intended scope.

E. Gender equity assessment

As noted in a previous evaluation, (TC.0993), a disconnect was observed between IOM gender policy, which includes a very comprehensive gender analysis and mainstreaming and the reality of how this is applied when designing a project relating to research and to service provision such as this one. Gender equity assessment was demonstrated in the form of including gender - disaggregated data.

Recommendation

For IDF and the Gender Unit:

- The Gender Unit should review all IDF project proposals and make suggestions as to what is required in order to comply with IOM gender policy, (such as a 'gender project checklist' developed in relation to different thematic areas), with an indication of what is feasible to achieve within the project context and timeframe.

Glossary of Terms

DAC	Development Assistance Committee
EU	European Union
GCM	Global Compact on Migration
HIV/AIDS	Human immunodeficiency virus infection and Acquired immune deficiency syndrome
HRN	Harm reduction network
IBM	Integrated Border Management
IDF	IOM Development Fund
IEC	Information, education and communication
IOM	International Organization for Migration
MGI	Migration Governance Indicators
MMPS	Migrant and mobile populations
MIGOF	Migration Governance Framework
Mol	Ministry of the Interior
MoLHSA	Ministry of Labour, Health and Social Affairs ¹
MS	Member States
NCDC	National Center for Disease Control and Public Health
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
RM	Results Matrix
SDG	Sustainable Development Goals
SG	Steering Group
TB	Tuberculosis
UN	United Nations

¹ This is now the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

1. Introduction

Project for Ex-Post Evaluation	MA.0379
Duration of the Project	27 months , 01-12-2016 - 30-11-2018
Budget (USD)	\$250,000
Donor	IOM Development Fund (IDF)
Relevant National and Regional Offices	IOM Georgia, IOM Armenia, IOM Azerbaijan
Countries covered	Georgia, Armenia and Azerbaijan
Evaluation	External Independent Ex-post Evaluation
Evaluation Team	Owl RE Research and Evaluation
Evaluation Period	November 2019– February 2020

The following report is an ex-post evaluation of the project, MA 0379 '*Enhancing Mechanisms for Prevention, Detection and Treatment of HIV/AIDS and Tuberculosis Among Migrant and Mobile Populations in the South Caucasus Countries*,' managed by the Georgian office of the International Organization for Migration (IOM) and funded by the IOM Development Fund ("the Fund" or IDF).

This ex-post evaluation was commissioned by the Fund and was carried out by Sharon McClenaghan, Owl RE research and evaluation consultancy, Geneva, from December 2019 to January 2020. The evaluation focused on five main OECD-DAC² evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability. Human rights and gender equality were integrated into the evaluation criteria, where relevant.

The evaluation was carried out primarily through a desk review of available data and documents and key informant interviews with 20 project stakeholders.

2. Context of the evaluation

Tuberculosis and HIV/AIDS represent a significant public health concern in Armenia, Azerbaijan and Georgia. Particularly alarming are the rates of multi-resistant and extensively drug resistant tuberculosis forms in the South Caucasus countries along with the increasing prevalence of HIV/Aids registered cases. Effective TB and HIV/AIDS control is further undermined by high rates of interrupted treatment courses.

Inter-connectivity between the three countries is strong and mobility along the South Caucasus transit corridors has increased with the recent introduction of Integrated Border Management to the region, (IBM).³ However, in view of the aforementioned challenges in

² Organisation for Economic Co-operation and Development - Development Assistance Committee; 'DAC Criteria for Evaluating Development Assistance':

<http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

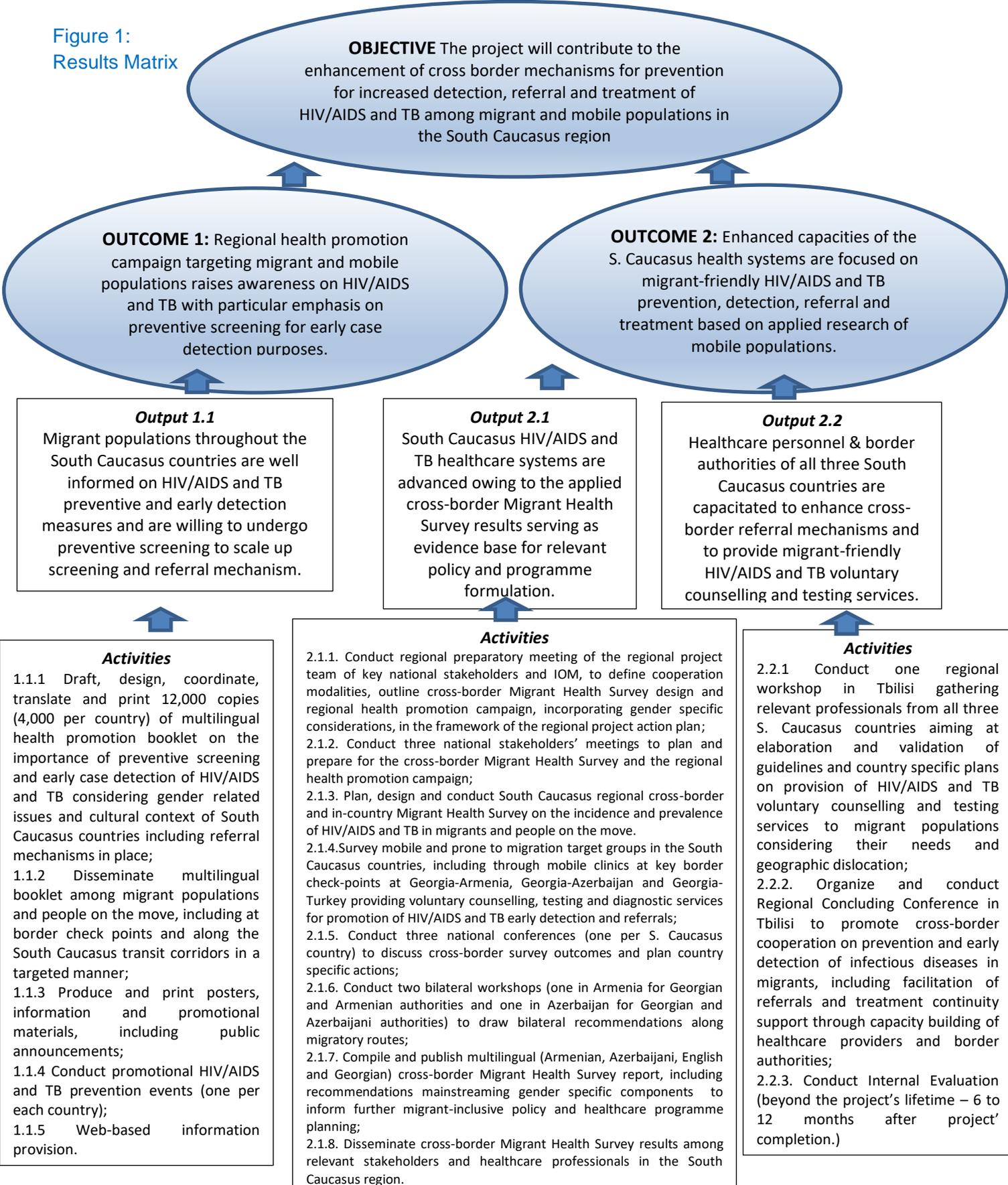
³ Integrated Border Management (IBM) is a key element of IOM's Immigration and Border Management programming and support for States in their efforts to enable fluent border crossings and facilitate the entry of bona fide travelers while enhancing security. The European Commission developed the concept of "Integrated Border Management" in order to respond to the challenge of ensuring the right balance between open, but at the same time secured and controlled borders within the context of the increasing mobility of persons and goods. For more information see:

https://www.iom.int/sites/default/files/our_work/DMM/IBM/updated/05_FACT_SHEET_Integrated_Border_Management_2015.pdf

HIV/AIDS and TB control and the absence of cross border migrant sensitive healthcare services for early detection of HIV/AIDS and tuberculosis, as well as the likelihood of a high occurrence of treatment course interruptions, this poses a significant public health concern as migrants and mobile populations represent one of the main vulnerable at-risk groups.

The Results Matrix (RM) is reproduced below to illustrate the intervention logic foreseen for the project.

Figure 1:
Results Matrix



3. Evaluation purpose and objectives

3.1. Purpose and objectives

The purpose of this evaluation was to assess the relevance of the project for the stakeholders and beneficiaries, the effectiveness and efficiency of project management and implementation, the expected impact, how well cross-cutting themes of human rights and gender were mainstreamed in the project, and how sustainable the desired effects were or could be.

The evaluation aimed to promote transparency and accountability, assist the Fund in its decision-making, better equip staff to make judgments about the project and to improve the effectiveness for potential future project funding. The primary objectives of the evaluation were to:

- (a) Assess the relevance of the project's intended results;
- (b) Assess the Theory of Change;
- (c) Assess the effectiveness of the project in reaching their stated objectives and results, as well as in addressing cross-cutting issues such as gender, human-rights based approach, etc.;
- (d) Assess the efficiency and cost-effectiveness of project implementation;
- (e) Assess the impact prospects and outcomes to determine the entire range of effects of the project (or potential effects) and assess the extent to which the project has been successful in producing expected change;
- (f) Assess the sustainability of the project's results and benefits (or measures taken to guarantee it) or prospects for sustainability;
- (g) Assess how effectively issues of gender equality and human rights protection were mainstreamed in the process of project design and during project implementation;
- (h) Identify lessons learned and best practices in order to make recommendations for future similar projects and help the Fund in its decision-making about future project funding.

These objectives are operationalised in a series of evaluation questions and indicators (see section 3.3 below).

The findings, recommendations and lessons learned from this evaluation are to be used by IOM Georgia, IOM Azerbaijan, IOM Armenia, all IOM units implementing IDF projects and the Fund, as described in the following table:

Table 1: Evaluation Intended Uses and Users

Intended Users	Intended Uses
IOM Georgia, IOM Azerbaijan and IOM Armenia	<ul style="list-style-type: none">- To improve identification of country's needs and alignment of IOM's interventions with national, regional and global development agenda;- To improve identification of and alignment of IOM's interventions with national, regional and global development and migration agenda.- To improve efficiency and effectiveness of future project implementation.- To demonstrate accountability of project implementation and use of resources.- To identify specific follow-up actions/initiatives and

	<p>project development ideas.</p> <ul style="list-style-type: none"> - To document lessons learned and best practices.
All IOM units implementing IDF projects	<ul style="list-style-type: none"> - To improve efficiency and effectiveness of current and future IDF funded projects
IDF	<ul style="list-style-type: none"> - To assess value for money. - To use the findings and conclusions in consideration of future project funding approval.

3.2. Evaluation scope

The evaluation covered the full project period from 01 December 2016 – 28 February 2019. Partners and stakeholders interviewed were chosen based on the extent of their involvement in the project and were identified in collaboration with the IOM project manager. The terms of reference (TOR) for the evaluation can be found at annex 1. The Inception Report can be found at annex 2. The list of interviewees can be found in annex 3. The main documents consulted are listed in annex 4.

3.3. Evaluation criteria

The evaluation focused on the following five main evaluation criteria, based on the OECD/DAC guidelines: relevance, effectiveness, efficiency, impact and sustainability. Gender and human rights were also mainstreamed where pertinent. In response to the evaluation purpose and scope, the evaluation focused on 23 out of the 30 evaluation questions found in the evaluation matrix (as outlined in the Inception Report found in annex 2). Responses to cross-cutting questions were integrated across the findings.

4. Evaluation methodology

The evaluator used a participatory and mixed methods approach, involving and consulting with the relevant stakeholders as much as possible, integrating this approach into the methodology as feasible. Data was collected from a number of different sources in order to cross validate evaluation findings.

4.1. Data sources and collection

Two data collection methods were employed to ensure reliability of data:

- 1) Desk review of available data and documents (see annex 4);
- 2) Key informant interviews; interviews were conducted with IOM and stakeholders involved in the project.

4.2. Data sampling

A sample of 20 stakeholders involved in the project were identified by the project manager, in consultation with the evaluator. The stakeholders included:

- 8 IOM staff: 3 from the Georgia Office, (including 1 former staff), , 2 from the Armenia office, 1 from the Azerbaijan office (former staff), 1 from regional , 1 from Vienna;
- 1 consultant contracted by IOM to support the project;

- 2 government officials: 1 representative of the Ministry of Health, Armenia and 1 from the Ministry of Health and Social Care of the Autonomous Republic of Adjara, Georgia, (see annex 3 for the complete list).
- 7 from Government counter-part organisations: 4 Georgia, 1 Armenia and 2 Azerbaijan.
- 2 UN representatives.

4.3. Data Analysis

Quantitative and qualitative approaches were used to analyse findings from the document review and interviews. This approach was also used to assess the achievements of the results matrix and accompanying project documentation. Triangulation (reviewing two or more sources of data) was used to corroborate findings and to substantiate findings and to underline any weaknesses in the evidence. For each evaluation criteria a rating was determined based on the following scale:

Table 2: Evaluation criteria and scaling

Evaluation Criteria Scaling		Explanation	Supporting evidence
5	Excellent (Always)	There is an evidence of strong contribution and/or contributions exceeding the level expected by the intervention.	<i>Supporting evidence will be detailed for each rating given.</i>
4	Very good (Almost always)	There is an evidence of good contribution but with some areas for improvement remaining.	
3	Good (Mostly, with some exceptions)	There is an evidence of satisfactory contribution but requirement for continued improvement.	
2	Adequate (Sometimes, with many exceptions)	There is an evidence of some contribution but significant improvement required.	
1	Poor (Never or occasionally with clear weaknesses)	There is low or no observable contribution.	

4.4. Limitations and proposed mitigation strategies

In total, five limitations and challenges were identified for the evaluation and detailed in the Inception Report. The following table describes these limitations and how they were addressed.

Table 3: Limitations and challenges

No.	Limitation	How these limitations were addressed
1	Timing: IOM staff / stakeholders and beneficiaries might not be available at all times to provide inputs.	The former and current project manager, IOM Georgia supported the evaluator in contacting and arranging interviews with staff and stakeholders.
2	General problem of insufficient data or insufficient representative data collected, owing to poor response rate from interviewees.	The interviewee response rate was very positive. All key stakeholder groups were reached except for locally based health workers and border authorities, who were unavailable. Interviews with stakeholders from Azerbaijan were of a lower quality than the others as they were conducted via a translator by skype in circumstances in which the wifi connections were poor.
3	Objective feedback from interviewees – they may be reticent to reveal the factors that motivate them or any problems they are experiencing or being transparent about their motivation or about internal processes.	This did not materialize as a major obstacle; interviewees were transparent, objective and open in their responses. All external interviews were conducted without the presence of IOM staff.
4	General bias in the application of causality analysis.	This did not pose a major limitation. Where conflicting findings were found, triangulation with other sources and stakeholders was carried out.
5	Absence of project manager	The former project manager (now based in South Sudan for IOM) was available and very supportive throughout the evaluation.

5. Findings

Overview:

The project was found to be extremely relevant, identifying an issue of key importance for the region - that of migrant health as it relates to TB and HIV/ AIDS, (and in particular challenges relating to referral and treatment continuity/ compliance throughout the migration process), and the need to strengthen cooperation between healthcare systems of sending receiving and in-transit countries to address this. The project was developed and implemented with the Government ministries of Armenia, Azerbaijan and Georgia, and their counterparts in alignment to national healthcare priorities. The project did not consider fully the political context and the ongoing tensions between Armenia and Azerbaijan, which would have helped with the interpretation of project results and without this context described, the project results appear less impressive than it actually was.

Available evidence shows the project was effective in its outcomes and outputs which were achieved or mostly achieved through the 3 main components of the project (the regional health promotion campaign, migrant health survey and training/sensitisation of healthcare professionals). Collaboration between stakeholders in-country was strong and cooperation between countries was also demonstrated. Through working together successfully the

project set an important precedent between the three countries in establishing a first step in a regional migrant-centred approach on HIV/AIDS and TB prevention and surveillance.

The project was managed efficiently and all activities were carried out within budget and within the timeframe, with the exception of one (the publication of the migrant health survey), which was published 3 months later. Not all project documentation was on PRIMA but was available on request.

The project demonstrated clear short- mid-term results. It was more difficult to assess longer term impacts and there was mixed feedback on this. The regional survey was regarded as the central success of the project by the majority of the interviewees providing valuable information and addressing a deficit of knowledge on TB and HIV/AIDS case detection among migrants. As it did not produce the degree of robust `evidence` initially envisaged, it was not clear the degree to which it would inform relevant policy and programme formulation.

The main weakness in the project relates to the sustainability of results. It is clear that there was support from the majority of project stakeholders for the ongoing development of results achieved, (such as further research, improvement of migrant sensitive services and continued dialogue at national and regional levels). However, all interviewees from the participating countries stressed the lack of financial resources available for the continuation of activities as the major barrier to this occurring.

Table 4: Summary evaluation findings per criteria

Evaluation criteria and rating	Explanation	Supporting evidence
Relevance 5 - Excellent	<p>The project objective and outcomes were found to be highly relevant to the regional migration context and to the government healthcare priorities of Armenia, Azerbaijan and Georgia.</p> <p>The project activities and outputs were consistent with the intended results, as articulated in the Results Matrix (RM). A limitation of the project was the omission of the political context in which the project operated, namely the risk of ongoing tensions between Armenia and Azerbaijan which had implications for the project effectiveness and sustainability.</p>	<p>The project objective, outcomes and outputs responded to the regional need for increased protection and detection of TB and HIV/AIDS as it relates to migrants and to Governments' healthcare needs.</p> <p>Logical articulation of RM was strong but omitted consideration of the regional political context.</p>
Effectiveness 4 - Very good	<p>The project was found to be very effective, achieving or mostly achieving its outcomes and outputs.</p> <p>The Migrant Health Survey was not able to produce standardized results and as a result generated limited evidence to inform migrant-inclusive</p>	<p>Available documentation confirmed that project results were obtained and the majority of interviewees from S. Caucasus countries confirmed high satisfaction with the project results.</p>

	policies and public health interventions as initially planned. However, it did provide valuable information and was considered as the biggest success of the project.	Feedback was mixed on the effectiveness of the Migrant Health Survey (output 2.1).
Efficiency and cost effectiveness 5 – Excellent	The project was very cost effective and managed very efficiently, with all activities undertaken within budget. Additional resources were donated to support detection services.	All project activities and outputs were delivered within the timeframe and budget. A 3-month no-cost extension was required for the publication of the Migrant health survey. Interviewees from all 3 countries testified to the efficiency of project management.
Impact Very good - 4	The short-term results of the project was strong. It supported the 3 Governments to increase detection and referral of TB and HIV/AIDS amongst migrant populations, raised the knowledge base, and increased capacity and sensitisation of health care and other professionals. It was not possible to assess the longer-term impact of the project as this was largely dependent upon other factors, such as continued political will and the availability of further resources.	Examples of short-term results provided by interviewees and reported in the progress reports. The baseline for the 2 outcomes was zero with existing services described as 'limited' and 'no evidence' regarding trained professionals.
Sustainability Acceptable- 2	The Migrant Health survey produced joint recommendations endorsed by all 3 countries but the concluding regional meeting did not have any plans for further action. There is evidence of stakeholder support for the project results to be sustained and further developed but there was a consensus that this would not happen without external funding.	Evidence of commitment to project results and the wider project objective as documented in meeting notes and demonstrated by interviews. Lack of financial resources was identified by interviewees as the major obstacle to this occurring.

Relevance, (rating: Excellent - 5)

The project was found to be highly relevant and aligned to the government priorities of all three counties, to differing degrees. It identified an issue of key importance for the region and was developed and implemented with the Government ministries and counterparts representing the three participating countries. Collaboration within each country was very high but much less so between countries due to the tensions between Armenia and Azerbaijan. However, there was evidence of country coordination through joint agreements signed and attendance at the bilateral and regional meetings. Gender-disaggregated data was provided for all project activities but further consideration of gender issues was largely not extended beyond this.

1. To what extent is the project aligned with the needs and priorities of the Governments of Armenia, Azerbaijan and Georgia, and the migration context of South Caucasus?

Finding: The project was found to be closely aligned to the needs and priorities of the countries involved and the migration context of the S. Caucasus in which TB and HIV/AIDS is a significant public health issue.

The project was highly relevant to the migration context of the S. Caucasus in which TB and HIV/AIDS has become a significant public health issue and had a strong alignment with the national priorities and health policy objectives of all 3 countries as they relate to communicable diseases and TB/HIV/AIDS care.⁴ The introduction of Integrated Border Management in the region has led to increased mobility throughout the S. Caucasus transit corridors with migrant populations coming from and going to countries such as Russia, Ukraine, Iran, Turkey and India, some of which host high burden populations.

Registered rates of TB and HIV have been rising within the S. Caucasus and migrants have been identified as particularly vulnerable (mostly in view of timely referral for diagnostic services, cultural appropriateness of healthcare services and issues with treatment continuity due to mobile nature of lifestyle). In the case of TB, effective treatment has been hampered by rising rates of multi-drug resistant (MDR) and extensively drug resistant (XDR) forms of TB, as well as high rates of interrupted treatment linked to movement.⁵

In designing a coordinated regional approach to address different aspects of migrant sensitive healthcare services, (early detection and referral systems), between Azerbaijan, Armenia and Georgia, the project responded directly to the significant barriers in access to TB and HIV/AIDS care the migration population still face. This was substantiated by the response from a number of interviewees from Government ministries and implementing partners who noted that the project made a very important contribution to the national response to TB and HIV/AIDS, and was very relevant to the regional migration context.

2. To what extent were the needs of beneficiaries and stakeholders, taken into account during project design, and implementation?

Finding: The project was developed and implemented with the Government ministries and counterparts representing the 3 countries in the region, and included health representatives and other members of civil society from each country in project activities.

⁴ The Project falls within the Government of Armenia strategic priorities set in the National Programme on the Response to the HIV Epidemic 2013-2016 and the List of the Priority Activities for the National Programme on the Response to the HIV Epidemic, 2013-2016. Within Georgia, the project aligns with the National Strategic Plan for Tuberculosis Control in Georgia 2016-2020 and the Georgian National HIV/AIDS strategic plan for 2016-2018.

⁵ The region bears the highest proportion of multi drug-resistant TB globally, with only about half of these patients successfully treated.

According to evidence available, the project was developed and implemented taking account of the needs of the beneficiaries and stakeholders of the project including the respective line ministries responsible for health and social affairs, government affiliated partner organizations responsible for disease control and healthcare providers in Georgia, Azerbaijan and Armenia, as well as the border authorities. ⁶

Project activities were designed to be inclusive and participative throughout implementation. During a regional preparatory meeting in Vienna, the project's operational plan was developed and agreed by all participating countries and a 'Joint agreement of implementing partners' document was endorsed following the meeting. National workshops were held in each of the 3 countries which included civil society stakeholders for input and dissemination. Two further regional meetings in Georgia were organised, the first in which the international consultant helped design and adapt the survey to suit the national contexts and the second which was the regional concluding meeting conference, in which the joint recommendations of the research were endorsed.

3. Was the project well designed according to IOM project development guidelines?

Finding: The project was well designed with a logical connection between the objective, outcomes and outputs, and all supporting activities were found to be relevant. A limitation of the project proposal was the absence of specific reference to the political context of the project, which would have created a more accurate baseline from which project results could be measured.

Relevance of results matrix and vertical logic analysis

The RM is well formulated with a clear vertical logic. It was developed with two outcomes, three outputs and fifteen supporting activities, developed to support the project objective (see Figure 1).

The project was ambitious and innovative. It aimed to build a regional approach to the problems of migrant health as they relate to detection and referral systems of TB and HIV/Aids, by correctly identifying 3 key components in order to address the problems identified: 1) awareness raising, to inform migrant populations, 2) a migrant health survey to provide research and information to inform practice and create a foundation for relevant policy and programmes and 3) capacity building and sensitization of healthcare professionals amongst others.

A limitation of the project was the absence of reference to the ongoing tensions which underpin the political relationship between Armenia and Azerbaijan. This is significant, particularly within the context of such an ambitious project, as it provides the context in which the progress/results of the project can be measured and assessed.

⁶ It was not possible to assess the exact degree of involvement of all beneficiaries and stakeholders owing to the limitations in contacting them for interview, (ie no Border Authorities, healthcare workers etc).

Table 5: Evaluation Assessment of the Project Results Matrix Vertical Logic

Vertical Logic	Analysis and suggested alternatives
<p>Objective This project will contribute to the enhancement of cross-border mechanisms for prevention, increased detection, referral and treatment of HIV/AIDS and Tuberculosis among migrant and mobile populations in the South Caucasus region.</p> <p>Indicators: 1) A regional healthcare and border authority's network established. 2) A coordinated regional migrant centred approach on HIV/AIDS and Tuberculosis prevention and surveillance based on joint recommendations as per applied cross border survey results is elaborated with specific focus on gender related considerations and respective needs among migrants</p> <p>Target: 1. Border authority's network is operational and a regional healthcare professional network is established 2. Target Regional recommendations elaborated for coordinated action. Strengthened regional migrant-centred and gender oriented HIV/AIDS and TB prevention and surveillance mechanisms.</p> <p>Baseline measurement: zero</p>	<p>The objective is appropriate although broad and 'treatment' was not included in the project. Suggested alternative: omit 'treatment'.</p> <p>Indicator 1 is relevant for the project but is too ambitious, implying a network of inter-connected people / organisations which is active both nationally and inter-nationally. An alternative to indicator 1 could be: 1) <i>Contacts between healthcare professionals and border authorities are increased and are developed regionally where possible.</i></p> <p>Target 2: It is too soon to evaluate whether protection and surveillance mechanisms are strengthened. Suggested alternative to target 2: 2) <i>Regional recommendations are elaborated for coordinated action which strengthen regional migrant-centred and gender oriented HIV/AIDS and TB prevention and surveillance mechanisms</i></p>
<p>Outcome 1 Regional (South Caucasus) health promotion campaign targeting migrant and mobile populations raises awareness on HIV/AIDS and Tuberculosis with particular emphasis on preventive screening for early case detection purposes.</p> <p>Indicators: Health promotion programme action plans each considering socio-demographic specificities and context inherent to Armenia, Azerbaijan or Georgia are compiled and unified into the one master action plan of regional health promotion campaign.</p> <p>Target 1. Minimum three health promotion programme action plans.</p> <p>Baseline measurement: zero 2. Master Action Plan of regional health promotion campaign is implemented.</p> <p>Baseline measurement: zero</p>	<p>Outcome 1 is appropriate.</p> <p>Indicator and targets are appropriate.</p>
<p>Output 1.1 Migrant populations throughout the South</p>	<p>Output 1.1 is too wide in scope as 'migrant populations throughout the South Caucasus</p>

<p>Caucasus countries are well informed on HIV/AIDS and Tuberculosis preventive and early detection measures and are willing to undergo preventive screening to scale up screening and referral mechanism.</p> <p>Indicators 1: Number of informed and outreached relevant populations. (Elaborated information materials are gender sensitive and mainstream respective considerations.)</p> <p>Baseline measurement = Zero for both targets</p> <p>Target: 12,000 informed</p> <p>Indicator 2: Number of referred cases of HIV/AIDS or Tuberculosis among migrant and mobile populations in the South Caucasus region. (Disaggregated by sex/ age/ country of or populations in the South Caucasus region.)</p> <p>Target: At least 600 cases are referred. (Disaggregated by sex/ age/ country of origin and destination.)</p>	<p>countries' are a huge and diverse group. Suggested alternative: <i>Targeted Migrant populations throughout the South Caucasus countries are well informed on HIV/AIDS and Tuberculosis preventive and early detection measures and are willing to undergo preventive screening to scale up screening and referral mechanism.</i></p> <p>Indicator 1 and 2 are appropriate. Baseline measurement is accurate as these are the first HIV/Aids and TB campaigns directed at migrants.</p> <p>Targets are appropriate.</p>
<p>Outcome 2</p> <p>Enhanced capacities of the South Caucasus health systems are focused on migrant-friendly HIV/AIDS and TB prevention, detection, referral and treatment based on applied research of mobile populations.</p> <p>Indicators</p> <ol style="list-style-type: none"> 1. Number of trained professionals. (Disaggregated by sex and age.) 2. Migrant sensitive healthcare practices, taking into consideration gender characteristics, are introduced in all three countries of South Caucasus region. <p>Targets:</p> <ol style="list-style-type: none"> 1. 20 professionals in each country <p>Baseline: No evidence is available regarding the number of trained professionals in the 3 project countries</p> <ol style="list-style-type: none"> 2. Target Capacities of three health systems (in Armenia, Azerbaijan and Georgia) are enhanced in view of migrant sensitive healthcare delivery. Namely, specific recommendations on capacity building of relevant governmental officials are drawn supporting further action on the elaboration of special regulations aimed at the improvement of migrants' health with particular emphasis on TB, HIV/AIDS and other communicable diseases. <p>Baseline: Migrant sensitive healthcare practices are limited and sporadic in its nature and therefore, necessitate strengthening in all three countries of</p>	<p>The change implied in Outcome 2 is more relevant for a longer time frame than that of the project and evaluation and does not indicate the beneficiaries. An alternative would be to show the influence of the research on the healthcare services and indicate the beneficiaries:</p> <p>Suggested alternative: <i>Government officials and healthcare practitioners and migration experts of the South Caucasus Health information systems are better informed about barriers in HIV/AIDS and TB prevention, detection, referral and treatment that migrant populations face supporting more migrant sensitive healthcare practices.</i></p> <p>Suggested alternative to the indicators:</p> <p>Indicator 1:</p> <ol style="list-style-type: none"> 1. <i>Number of trained and engaged professionals, (including Government representatives, Border Authorities, health and migration experts) that display improved knowledge and positive attitudes to more migrant sensitive healthcare practices .</i> <p>Indicator 2:</p> <ol style="list-style-type: none"> 2. <i>Findings from the migrant health survey produce recommendations for migrant sensitive healthcare practices, in all three countries of South Caucasus region, taking into consideration gender characteristics, are introduced and adopted by government officials of Border Authorities, health and migration services.</i> <p>Targets :</p>

<p>South Caucasus region.</p>	<p>2. Omit 'Target Capacities of three health systems (in Armenia, Azerbaijan and Georgia) are enhanced in view of migrant sensitive healthcare delivery', as this is the outcome. Suggested Alternative: <i>Recommendations on capacity building of relevant governmental officials are drawn from the survey, supporting further action on the elaboration of special regulations aimed at the improvement of migrants' health with particular emphasis on TB, HIV/AIDS and other communicable diseases.</i></p>
<p>Output 2.1 South Caucasus HIV/AIDS and TB healthcare systems are advanced owing to the applied cross-border Migrant Health Survey results serving as evidence base for relevant policy and programme formulation. Indicator: multilingual cross-border Migrant Health Survey report is published containing evidence and recommendations that create foundation for relevant policy and programme formulation. Target: One cross-border survey report publication produced in Armenian, Azerbaijani, English and Georgian. Baseline: zero</p>	<p>Output 2.1. Replace with: <i>Migrant Health Survey report is published and available to relevant government officials and other stakeholders.</i></p> <p>Indicators, target and activities are appropriate.</p>
<p>Output 2.2 Healthcare personnel and border authorities of all three South Caucasus countries are capacitated to enhance cross-border referral mechanisms and to provide migrant-friendly HIV/AIDS and Tuberculosis voluntary counselling and testing services. Indicator: number of healthcare professionals capacitated by means of empirical evidence gained during provision of counselling testing and diagnostic services to migrant and mobile populations (disaggregated by sex and age). Target : Min 60 reps of healthcare personnel and border authorities are capacitated (by sex and age). Baseline: zero</p>	<p>Output is appropriate. Indicator is appropriate but should include Border authorities. Suggested alternative: Indicator: <i>Number of healthcare professionals and Border authorities trained by means of empirical evidence gained during provision of counselling testing and diagnostic services to migrant and mobile populations (disaggregated by sex and age)</i></p> <p>Target and activities are appropriate.</p>

4. To what extent do the expected outcomes and outputs remain valid and pertinent as originally intended in terms of direct beneficiary needs?

Finding:

The expected outcomes and outputs remain valid and pertinent as originally intended responding to a regional problem in which the challenges in HIV/AIDS and TB control have been growing. Beneficiaries and stakeholders interviewed strongly believed that the project outcome and outputs were still relevant, timely and very much needed, relating as they do to migrants who constitute a vulnerable group in all three countries. The project was adjusted during the first phase of implementation to respond more closely to the needs of the Armenian national programme.

The 2 project outcomes and 3 related outputs remain valid and pertinent according to beneficiaries and stakeholders interviewed.

As noted earlier, (see question 1) rising rates of TB and HIV/AIDS represent a significant public health concern linked to migrant populations and the problem the project addresses, the need for regional migrant sensitive healthcare services to address this, is arguably increasingly relevant. This was substantiated by interviews with Government representatives and counterpart organizations of all 3 countries who acknowledged the timeliness of the project and the pressing need to build migrant sensitive health care systems to address the problems of low levels of knowledge and awareness about TB and HIV/AIDS, and challenges relating to referral for preventive TB and HIV/AIDS health services among migrant populations, such as interrupted care within a cross-border context. As noted by the Georgian health stakeholder “Cross border initiatives between health professionals are essential because the needs of the migrants and the difficulties faced by them are the same.”

Interviewees also noted the ongoing need for evidence-based data to inform national and regional policies and programmes in order to address the problems related to TB and HIV/Aids. While the research generated by the migrant health survey did not constitute the level of `evidence` initially intended, it was agreed to be very relevant and useful, confirming related problems and barriers to effective treatment such as the stigma surrounding testing, differential access due to cultural and language barriers, and interrupted treatment, identifying the need for further research on migrant health issues.

The project was adjusted during planning to respond more closely to the needs of the Armenian national programme, in terms of Output 2.1, the Migrant Health Survey.

5. Were the management practices appropriate for achieving the expected outcomes?

Finding: Management practices were found to be overall appropriate for achieving the expected outcomes of the regional project. The regional migrant health survey was the one area in which interviewees were not in agreement as to the management protocol and an area in which IOM could improve its practices, (see Recommendations).

The management practices were overall appropriate for achieving the expected outcomes in the context of a regional project which involved a number of logistical challenges such as the coordination of the regional migrant health survey in 3 countries as one of the 15 listed activities. The project manager in Georgia worked closely with the PMs in the other 2 IOM offices, 2 regionally based staff in Vienna and in Philippines and the external consultant. All activities planned were carried out and the Regional Migrant Health Survey was modified to focus on the migrant populations most important for each country and migrant populations surveyed varied per country.⁷ As such, the parameters of the original research proposal

⁷ In Armenia the survey focused on returning male labour migrants, in Azerbaijan, on IDPs, international students and returned migrants and in Georgia on IDPs, environmental migrants and returned migrants and international students.

changed and the standardized tools developed by the consultant could not be used in Armenia to ensure comparability of data across the countries as was initially proposed.

6. How adequately were human rights and gender equality taken into consideration during the project design and implementation?

Finding: The project demonstrates evidence that human rights were taken into consideration during the project design and implementation, as well as gender, which was mainly by means of including sex-disaggregated data for all activities undertaken. There was no evidence of gender analysis or gender related consideration employed outside of this. In the case of Armenia women were considered in relation to the status of their migrant partners and not in their own right.

‘Human rights’ was equated to ‘migrants’ rights’ by the majority of those interviewed and there was agreement by all interviewees from the participating countries that the project had taken this into consideration, as well as gender, in its design and implementation. In relation to gender, this was most clearly illustrated by the sex-disaggregation of all data included in all project documentation (meeting participants, migrants tested, health workers trained etc). However, there were examples of a limited understanding of gender awareness: The decision to include only male migrants in the Armenian survey and women as partners/family members cannot be considered as gender sensitive. 8 A ‘representative’ cluster sampling of all male interviewees is only such in so far as it describes a male population, it cannot be considered representative of the whole population.

7. Is the project in line with IOM/IOM Development Fund priorities and criteria?

Finding: The project was found to be well aligned to IOM and the Fund’s priorities and criteria. It supported a key priority of IOM’s current strategic foci and IDF’s eligibility criteria.

Cross border healthcare is amongst IOM’s top priorities in the area of migration management. The project was found to support IOM’s current strategic focus,⁹ notably:

No. 3: To offer expert advice, research, technical cooperation and operational assistance to States, intergovernmental and non-governmental organizations and other stakeholders, in order to build national capacities and facilitate international, regional and bilateral cooperation on migration matters.

Concerning IDF’s eligibility criteria¹⁰, the project responded to key criteria, such as it has a capacity-building element.

Effectiveness, (rating: Very Good – 4)

⁸ As one interviewee from a partner organization noted, “Of course we are gender sensitive, we ask the men about their wives.”

⁹ IOM mission and strategic focus: https://www.iom.int/sites/default/files/about-iom/iom_strategic_focus_en.pdf

¹⁰ IDF eligibility criteria: <https://developmentfund.iom.int/eligibility-criteria>

Based on evidence available, the project was found to be very effective in achieving its outcomes and outputs which were achieved or mostly achieved through the 3 main components of the project (the regional health promotion campaign, regional migrant health survey and training/sensitisation of healthcare professionals). Collaboration between stakeholders in-country was strong and cooperation between countries was also demonstrated. Through working together successfully the project set an important precedent between the three countries in establishing a first step in a regional migrant-centred approach on HIV/AIDS and TB prevention and surveillance.

8. Have the project's outputs and outcomes been achieved in accordance with the stated plans and results matrix?

Finding: The project's outcomes and outputs were all achieved (or mostly achieved), in accordance with the stated results matrix and all activities were successfully undertaken.

The project contributed to the objective by advancing a migrant-sensitive health service in the form of detection and referral activities it carried out, producing a regional migrant health survey with joint recommendations and by training/ sensitizing local and national healthcare professionals.¹¹

Building a 'regional response' to the development of migrant sensitive healthcare practices was ambitious within the context of existing relations between the countries involved in which trilateral cooperation was not possible. However, through a number of activities, namely through regional and bilateral meetings, (as trilateral meetings were not possible), the project strengthened national health networks and created buy in and commitment to the issues raised regionally, as well as produced a joint research publication. Although it was not possible to assess the degree to which a regional network of healthcare professionals was established, the project represented a precedent for the 3 countries (and IOM offices) working together on the issues of inter-border migrant health at a regional level.

Modification of project activities

The cross-border Regional Migrant Health Survey report was the project's main output. The original aim was to create replicable and representative data to provide hard evidence for policy and programme formulation. However, the survey methodology was adapted during project implementation in order to focus on the migrant populations most important for each country, as described above. Two mobile clinics were stationed at key border check-points at Georgia-Azerbaijan and Georgia-Turkey and the border between Georgia-Armenia was not included. As a result, the study could not be considered comparable nor representative in its findings of TB and HIV/AIDS prevalence among migrant populations, (except for Armenia), and did not produce the evidence initially planned. However, it was regarded as very effective and considered by the majority of interviewees as the biggest success of the project as it provided important insights into migrant health and confirmed anecdotal findings.

¹¹ As noted under 'Limitations and challenges', page 14, it was not possible to interview all stakeholders (namely health workers, border officials and Ministry representatives from Azerbaijan).

Table 6: Assessment and Analysis of the Results Matrix

Results Matrix element	Level of achievement	Analysis
<p>Objective This project will contribute to enhancement of cross-border mechanisms for prevention, increased detection and referral and treatment of HIV/AIDS and Tuberculosis among migrant and mobile populations in the South Caucasus region.</p>	Mostly achieved	<p>The complimentary project activities have all helped to contribute to the enhancement of cross border health care mechanisms and are a first step in building a regional response to establishment of migrant sensitive healthcare services as they relate to TB and HIV/AIDS.</p> <p>It was not possible to assess accurately the extent of the contribution and in particular, the strength of the regional healthcare network established, nor to evaluate the extent to which the findings and recommendations of the regional migrant health survey report will influence and enable migrant inclusive health care policy and implementation. For this to happen a follow-up dialogue would be needed based on the discussion of findings and their translation into the development of migrant sensitive healthcare services' supported by policy elaboration and implementation.</p>
<p>Outcome 1 Regional (South Caucasus) health promotion campaign targeting migrant and mobile populations raises awareness on HIV/AIDS and Tuberculosis with particular emphasis on preventive screening for early case detection purposes.</p>	Achieved	According to interviewees and reports available, the health promotion campaigns were successful in each country.
<p>Output 1.1 Migrant populations throughout the South Caucasus countries are well informed on HIV/AIDS and Tuberculosis preventive and early detection measures and are willing to undergo preventive screening to scale up screening and referral mechanism.</p>	Achieved	<p>Information, education and communication (IEC) materials, were distributed at the 2 borders and in-country in targeted areas (namely remote villages in Armenia, where labour migration rates are high according to national statistics).</p> <p>It was not possible to assess how "well informed" migrant populations but according to the progress reported, the project surpassed the target referrals in each country for further diagnostic confirmatory testing and treatment follow-up, which implies that the information was effectively distributed. This was confirmed by implementing partners who indicated that IEC materials were well absorbed and the targeted public well informed.</p>
Activities	Achieved	All activities were carried out.
<p>Outcome 2 Enhanced capacities of the South Caucasus health systems are focused on migrant-friendly HIV/AIDS and TB prevention, detection, and referral and treatment based on applied research of mobile populations.</p>	Mostly Achieved	It is too early to evaluate the extent to which the three health systems are capacitated by the findings of the research. Recommendations of the Migrant Health Survey were validated by the 3 government counterparts, but their contribution to improving migrant health could not be established. This would only be possible through further support for dialogue.
<p>Output 2.1 South Caucasus HIV/AIDS and TB</p>	Mostly achieved	There were mixed views as to whether or not the regional migrant survey provided an `evidence

healthcare systems are advanced owing to the applied cross-border Migrant Health Survey results serving as evidence base for relevant policy and programme formulation.		base` for relevant policy and programme formulation at this stage but all interviewees from the S. Caucasus countries agreed that the survey was very valuable and provided important insights
Activities		All activities were carried out with some modifications.
Output 2.2 Healthcare personnel and border authorities of all three South Caucasus countries are capacitated to enhance cross-border referral mechanisms and to provide migrant-friendly HIV/AIDS and Tuberculosis voluntary counselling and testing services.	Achieved	Progress reports and interviews with implementing partners indicated that a wide range of healthcare personnel and border authorities were trained, exceeding the set target. However, the evaluation could not independently confirm this nor the resulting capacity “produced” to enhance referral mechanisms, voluntary counselling and testing services.
Activities	Achieved	All activities were achieved.

9. Was the collaboration and coordination with partners and stakeholders effective, and to what extent have the target beneficiaries been involved in the processes?

Finding: Within each of the three countries, collaboration and coordination with project partners and stakeholders was very effective and organised around national meetings, leading to successful project outcomes. Within a regional context collaboration was less strong because of the historical tensions between Armenia and Azerbaijan but coordination between project partners and stakeholders was successfully facilitated by means of regional and bilateral meetings.

Collaboration and coordination between project partners and beneficiaries at a national level was overall strong. A cooperation agreement was signed between national IOM offices and project partners in all 3 countries. Ensuring `buy in` to the project was a priority and collaboration was planned around 3 regional and 2 bilateral meetings. The regional meetings were held in Vienna and Georgia, which represented neutral territories, and were attended by representatives from all countries and also through 2 bilateral meetings with Georgia, (one held in Azerbaijan and one led in Armenia). The bilateral meetings effectively neutralised the potential tensions between Armenia and Azerbaijan, which have little functioning relationships between them.¹² On a technical level collaboration seemed to work well and provided an essential first step towards creating a regional dialogue on a migrant-sensitive healthcare approach to TB and HIV/AIDS.¹³

¹² It was noted by the PM that the project had been designed to sensitively address the tensions between the two countries by meeting bilaterally with Georgia separately in the partner countries and that for all countries to meet in Azerbaijan or Armenia would have required a level of political endorsement of the project which was not possible for either country. It was also mentioned by the PM that the format of the regional meetings was likewise considered as a trilateral communication platform on neutral territory for both Armenia and Azerbaijan (the first regional meeting took place in Austria as advised by Regional Director of IOM, whereas, the second and third regional meetings took place in Georgia).

¹³ Views differed between interviewees as to the degree of collaboration between Armenia and Azerbaijan with one external interviewee commenting on how cold relationships were between health professionals at one of the regional meetings and another external interviewee noting that both countries share the same platform on other health issues and have built a degree of personal and professional relationships.

10. What major internal and external factors have influenced (positively or negatively) the achievement of the project's objectives and how have they been managed?

Finding: Factors which influenced the project positively include: Armenia's previous research experience with migrant populations, the 'value added' of employing an international consultant, and the convening power of IOM both nationally and regionally and its role as a 'neutral' player. Factors which influenced the project negatively included: the size of the budget which was regarded too small for this regional project, the length of the project timeframe and the omission of a legal analysis of the situation affecting migrants, as part of the Migrant Health Survey.

The following positive factors which influenced the results of the project were identified:

External factors

- Armenia's previous research experience with migrant populations was a positive factor which influenced the success of the production of the final migrant health survey conducted in Armenia, which has now become a stand-alone report. As a result of previous work carried out on migrant and hard-to-reach populations, which had been undertaken by the same independent consultant employed by the project, Armenia was more advanced in their knowledge of both migrant populations and of research techniques than the other countries. They were able to identify their migrant population easily (male rural labour migrants), and use a probability-based sampling method to ensure the data was both comparable and representative, (the other country surveys were not considered representative). This was also facilitated by a flexible approach from IOM/IDF to re-organise the budget to allow extra funds to adapt the study.
- A number of interviewees noted the 'value added' of employing an international consultant to manage and coordinate the research. In the case of Armenia it was noted that the consultant trained local researchers to conduct the survey and analyse results, which helped strengthen local capacity.

Internal factors

- The convening power of IOM both nationally and regionally and its role as a 'neutral' player was key for the success of the project. Nationally, IOM played a facilitatory role, creating a bridge with the Ministries, preparing the documentation needed to work with Border authorities and resolving problems when they arose. As one national interviewee remarked, "an international organisation like IOM is needed to push the Ministry otherwise they would be very reluctant to get involved in a project like this."

Regionally, IOM Azerbaijan and IOM Armenia convened both the bilateral meetings with Georgian stakeholders, IOM Vienna hosted the preparatory meeting and IOM Georgia hosted the regional meeting aimed at survey design elaboration and a concluding regional conference as well. Holding the joint meetings for project

stakeholders on neutral territories (Vienna and Georgia), was an important factor in avoiding undue tensions between Azerbaijan and Armenia.

The following negative factors which influenced the results of the project were identified:

Internal

- The budget limitations was noted by around half of all interviewees as having negatively affected the project outcomes in relation to the regional migrant health survey, as it was regarded as too small to conduct the type of study initially imagined. As noted by one interviewee, data should be interpreted with caution as the lack of budget meant that it was not possible to conduct a really robust survey. Consequently, the study had to adapt to the budget available, as well as to the different demands of the countries, (namely Armenia). Sampling methods were different for each country and were not comparable. Azerbaijan and Georgia used convenience sampling which is considered as non-representative of the population and Armenia was able to use probability-based sampling. According to one IOM interviewee, a lot more technical assistance with methodologies was needed as well as a bigger budget for a study like this to provide actionable data. As a result the study did not produce the evidence-based recommendations initially imagined but it did provide valuable research and recommendations which are very useful to health practitioners.
- The project timeframe of 24 months was mentioned by a number of interviewees as limiting the effectiveness of the study given the logistics required to coordinate a regional project of this nature and it was suggested that an additional 6 months to organize all stakeholders would have been beneficial. Azerbaijan was the last of the 3 countries to begin project activities and noted that the timeframe was too short and restricted the time available for awareness raising activities as well as restricting the location of the survey to Baku and the suburbs. Delay in starting in Azerbaijan was also related to the election period of the country.
- A number of interviewees noted that the migrant health survey omitted an analysis of the legal situation affecting migrants in sending, transit and destination countries. Discriminatory laws and policies as they affect migrants was noted as a significant obstacle to migrant health, as each country has different legal and policy provisions and it was argued this should also have been included in the Regional Migrant health survey. However, the point was made that this constitutes a separate study and was not intended to be included within the project.
- Another factor which affected the project was that it was not possible to ensure that survey results were standardized, which was the initial aim of the research. This relates partly to the budget (see point above) and, according to one interviewee, the lack of political will of Armenian government counterparts to consider a regional perspective. An international consultant was recruited to lead the regional common component of the research and draft the Regional Survey Protocol and Questionnaire for participating countries, in order to make it comparable across the region. However, the decision was made to change the methodology of the survey which meant that the parameters of the research were different for each country with a

focus on the migrant populations most important for them. As such, views were mixed as to the effectiveness of the survey. Questions were raised as to the 'research governance' of the project and of the protocol needed for managing the research component of a regional project when decisions are made regarding changes in the research. (see Recommendations for further discussion of this).

11. Are there any factors that prevent(ed) beneficiaries and project partners from accessing the results/services/products?

Finding: Based on interviews conducted, there were no factors found that prevented project partners from accessing the results of the project.

Efficiency and Cost Effectiveness, (rating: Excellent – 5)

The project was managed very efficiently given the logistical challenges of coordinating a regional programme in 3 countries. It was found to be very cost effective with additional resources being donated by each country. The project timeframe was extended by 3 months with a no-cost extension which was needed to conclude the activities (the publication of survey results). It was not possible to assess to what extent the project is a good example of seed funding given its relatively low level of sustainability and without further funding (see question 17).

12. How cost-effective was the project? Could the activities have been implemented with fewer resources without reducing the quality and quantity of the results?

Finding: The project was found to be a very cost-effective use of the IDF funding of \$250,000 for the 15 project activities undertaken, with additional resources donated by each government to enable testing and diagnosis in each country.

The project was found to be a very cost-effective use of funding; the division of the final budget expenditure between countries for the 15 activities undertaken was: Georgia \$133,356, (which was the management site, and hence had the higher budget), Azerbaijan \$57,996 and Armenia \$58,649. For all 3 countries the test materials were provided by the government counterpart organisations. The Ministry of the Autonomous Republic of Adjara provided a mobile clinic for testing and diagnosis at the Georgia-Turkey border checkpoint at Sarpi, and NCDC a mobile testing unit. In Armenia the National Centre for AIDS Prevention provided a mobile clinic for preventative screening, (donated by the Russian Federation) and in Azerbaijan the mobile clinic was donated by the Centre for Aids control.

13. How efficient was the overall management of the project?

Finding: Management of the project was found to be very efficient despite the challenges of managing a regional study involving 3 countries. The project documentation was not available on PRIMA for all components of the project as they related to the country contexts but were made available on request.

The management of the regional project required the co-ordination and oversight of 15 different activities in 3 countries and was managed very efficiently, a point which was noted by a number of project partners.

Interviews with the coordinating office in Georgia indicated that the high degree of project efficiency achieved had resource implications for the office as a whole, as all staff were working on the project near the end of the timeframe in order to complete all activities.

Not all project documents were filed in PRIMA, such as the agendas of meeting or attendee lists but were available on request. Documentation available for activities such as meetings did not always record decisions made.

14. Were project resources monitored regularly and managed in a transparent and accountable manner to guarantee efficient implementation of activities? Did the project require a no-cost or costed extension?

Finding: Project resources were monitored and reported every six months as part of the project reporting requirements. The budget was revised in accordance with an increased budget for 2 project activities and internal budgeting ensured that the extra money required was funded within the existing budget lines. The project required a no-cost extension of 3 months for the publication of the regional migrant health survey, which had already been completed and required proof reading, layout and editing to comply with IOM Housestyle Manual requirements.

The project demonstrated regular monitoring of project progress throughout the timeframe, with interim and final reports, both narrative and financial inclusive of all relevant and key annex documentation uploaded to PRIMA, submitted every six months and upon project completion. An activity and results monitoring framework was developed at the beginning of the project and this was updated with the interim and final reports.

The budget was revised to include the increased budget for 2 project activities and documents the transfer of financial resources to and from the relevant budget lines. The extra money required was funded from savings made from other activities and was co-ordinated among all three countries being made and approved.

Budget analysis: The project was allocated \$250,000, and according to the Final financial report, excluding the planned evaluation costs, the project was under budget by \$9,380.

Table 7: Comparison between the Proposed budget and the actual budget spent

Expenditure item	Proposed budget	Actual expenditure	Change indicated in documentation
Staff	63,664.00	63,410	N/A
Office	10,805	10,801	N/A
Operational: Output 1.1	32,402	31,885	
Operational: Output 2.1	112,937	113,012	Changes documented.

Operational: Output 2.2	25,192	16,512	N/A
Evaluation	5,000	0	
TOTAL	\$250, 000	\$235,620	

15. Were the costs proportionate to the results achieved?

Finding: The results achieved by the project were found to be proportionate to the costs expended.

Impact, (rating: Very good – 4)

The project produced wide-ranging results. In the short term it improved health services to targeted groups of migrants in relation to detection and referral of TB and HIV/AIDS and set an innovative precedent for further regional collaboration between the 3 participating countries. In a context in which funding was restricted to a finite project, interviewees were positive about the outcomes of the project and what it had achieved in terms of awareness raising, piloting migrant sensitive services, generating important data on migrant health and initiating a joint approach to the need for regional healthcare services. However, they were less positive about the potential of longer-term impact of the achievements without further funding secured.

16. Which positive/negative and intended /unintended effects/changes are visible (short and long-term) as a result of the project?

Finding: The project led to a number of positive changes which included: increased awareness of TB and HIV/Aids as they affect migrant health, piloted migrant sensitive detection and referral services and strengthened relationships between countries and the first step in building a regional approach and platform to work together.

Positive short-term changes:

- Increased awareness of TB and HIV/AIDS within the region and specifically within migrant populations, as a result of national and regional public health campaigns.
- Increased numbers of migrants being tested and referred at the border in Azerbaijan and Georgia and within all three countries.
- Capacity building, sensitization and on the job training of health professionals, border authorities and other decision makers.
- Strengthened partnerships within countries between project stakeholders. For example, IOM Georgia and WHO worked on a joint submission of deliverables to the UN Partnership for Sustainable Development, Framework Document Georgia 2016- 2020 on the outcome on 'Vulnerable populations access to health care' as part of the UN strategic approach of 'delivering as one.'
- Strengthened relationships between countries and the first step in building a regional approach and platform to work together. As noted by one interviewee, "The benefit of bringing people together cannot always be quantified but it makes the issues more tangible especially hearing about the situation in other countries."

Positive medium- longer term changes:

- Almost all interviewees were in agreement that the findings produced by the Migrant Health Survey (while not comparable) were a key success of the project. They were regarded as very valuable in terms of raising the profile of migrant health within health policy debates with relevant authorities and decision makers and bringing attention to the barriers to migrant health (such as stigma around testing). As noted by one Government stakeholder, “The biggest achievement was that now we have good information provided by the study to know what we should do and we will be orientated towards that in our future plans and direct our activities towards these groups of migrants.”

The potential impact of the project, noted by interviewees, was assessed as moderately high providing funding and/or programme opportunities are found to further support the work started by the project. For example, results from the migrant health survey were regarded as providing the basis for a longer-term study, and the appetite amongst health stakeholders was to pursue this. Likewise, strengthened multi-country health partnerships although still in their infancy, have set an important precedent, which all interviewees agreed, should be further developed.

Negative short and long term changes: none identified.

17. Can those changes /outcomes/ expected impact be attributed to the project’s activities? Are there any contribution from external factors?

Finding: In each of the three countries project partners were already working on elements of the project’s activities to varying degrees under their national health programmes, which helped contribute to the project impact.

Sustainability, (rating: Acceptable – 2)

Owing primarily to an overall lack of financial resources, the sustainability of the project’s outcomes are not guaranteed. Support for the project outcomes was extremely strong from the majority of project beneficiaries and stakeholders but interviews indicated mixed views as to the sustainability of the results. The migrant health survey produced joint recommendations endorsed by all three countries at the regional concluding conference but there were no planned activities to ensure its follow up. Furthermore, the potential of the survey to inform future policy planning and health programme improvements is unknown given the results did not produce the actionable `evidence` anticipated. Further steps had been taken to promote joint activities between IOM offices and related partners to secure funding for the continuation of project related activities. This had been unsuccessful to date and the general consensus was that there is increasingly less funding available for TB and HIV/AIDs projects.

18. Did the project take specific measures to guarantee sustainability?

Finding: Measures attempting to guarantee project sustainability were twofold. Firstly, the project aimed to develop ongoing commitment of the main health stakeholders to the project outcomes through a series of national and regional meetings designed to support this. Secondly, the findings from the migrant health survey were intended to inform future

policy planning and health programme improvements.

The involvement of relevant ministries in the project and their counterpart partners in the project was aimed at supporting the highest possible commitment to the project from each participating country and a series of meetings supported this (2 regional, 2 bilateral and 3 national meetings). These were largely successful and at the concluding regional conference joint recommendations were endorsed by all countries. However, some stakeholders questioned its usefulness as no further actions were agreed upon and no debate as to how to implement the recommendations. The findings from the migrant health survey were intended to inform future policy planning and health programme improvements but its potential to do so is unknown with possibly Armenia being the most likely to use the findings (see below).

19. Have the benefits generated by the project deliverables continued once external support ceased?

Finding: There were mixed views as to the extent to which the benefits generated by the project continued once external support ceased.

There were mixed views as to whether the benefits of the project were or could be sustained after support ended. According to the Government affiliated partner organizations in Georgia and Armenia, the survey results and the piloting of migrant-sensitive healthcare practices will help further improve screening and referral services for migrant health, provided additional resources can be found.

In Azerbaijan there was less support for this view and one interviewee (not a government representative) noted that while the project was important in raising the issue of migrant health in relation to TB and HIV/AIDS, “it may well fall off the agenda as migrants are not a central focus of the Government.”

It was also noted by one IOM interviewee, in response to the question of sustainability of results, that the project had “not been designed for this” but for producing research, piloting migrant sensitive health services and initiating a regional dialogue, which it had accomplished.

It was not possible to assess the extent to which the results of the regional migrant health study have been used by each country to inform policy and practice, but it is likely that Armenia will use their study as it was a representative study and more closely adapted to country requirements. It is also likely the results of the regional migrant health survey will be included in the 2019 National Health Accounts of Georgia.

The extent to which a regional partnership network (as much as it existed) will be maintained and will continue to be nurtured depends upon a number of factors, most of which are outside the parameters of the project. As noted by a study in relation to reaching TB

elimination targets, political commitment at the highest national and international levels is critical to intensify action for promoting the health of migrants.¹⁴

20. Was the project supported by national/local institutions and well-integrated into national/local social and cultural structures?

21. How far was the project embedded in institutional structures and thus sustained beyond the life of the project?

22. Did the project's partners have financial capacity, and continued to maintain the benefits of the project in the long run?

Finding: The evaluation found strong support for the project from stakeholders, particularly in light of the growing relevance of the subject to the region. Project partners, in accordance with the National Health programmes all have activities which will help sustain some of the results of the project in relation to screening, testing and referral but all noted that further financial resources were needed to develop this.

The majority of interviewees noted that further financial resources were required to maintain the benefits of the project in the longer term and it is difficult to see how they can be sustained without this. The general view of stakeholders was that there is increasingly less funding available for TB and HIV/AIDS projects. One of example of donor funding secured for the continuation of work was from National Centre for AIDS in Armenia which had signed a 3 year agreement with Russia received through UNAIDS to work at the community level to provide comprehensive services to the migrant population. The project inspired further funding regional proposals such as that of TBREACH wave 6 and 7 in 2018 and 2019,¹⁵ which involved further cooperation among South Caucasus project partners.countries. Theseis proposals wereas not funded but shows that countries remain interested in multi-country cooperation to address gaps in TB and HIV /AIDS healthcare service provision.

23. Have adequate levels of suitable qualified human resources been available to continue to deliver the project' stream of benefits?

Finding: A relatively high level of government and IOM staff turnover was noted by a number of interviewees which may have implications for the sustainability of the project.

A relatively high level of staff turnover within Governments was noted by interviewees, as was the turnover of IOM staff.¹⁶ This may have implications for the sustainability of the project in terms of the loss of contacts made and the knowledge base acquired, both of which are important for the sustainability of project results and the further development of the regional network which the project facilitated.

¹⁴ An overview of tuberculosis and migration, (2017), Daven, P et al.

¹⁵ The two projects proposed were, `Improving MDR and XDR TB Treatment Adherence and Outcomes Among Migrant Populations in the South Caucasus Countries` and `Enhancing Mechanisms for Prevention and Detection of Tuberculosis in Mobile Populations in Georgia and Azerbaijan Through Women's Empowerment`.

¹⁶ Since the project ended 3 IOM project staff from Georgia and from Azerbaijan have changed Duty Stations or jobs, or left the organisation.

6. Conclusions and recommendations

The regional project was ambitious, with 15 activities spread across Armenia, Azerbaijan and Georgia, and demonstrated an innovative approach to an extremely important issue - the need to strengthen cooperation between healthcare systems of sending, receiving and in-transit countries to address migrant health as it relates to TB and HIV/ AIDS. The project was endorsed by the relevant health ministries of all countries and collaboration was strong in-country with partner organizations. As a result, the project successfully enhanced cross-border mechanisms for sensitive migrant health services through raising awareness, voluntary counseling and testing. It also established an important first step in a regional migrant-centred approach between the 3 participating countries. However, given the ongoing tensions within the region, the sustainability of this approach will depend upon continued political will, as well as further resources to support activities; the lack of financial resources was cited as the main barrier to this occurring.

Although the regional migrant health survey did not provide the level of robust `evidence` initially planned, it did provide valuable information to the Governments and health stakeholders, as interviews indicated.

A. Project Design

The project would have benefited from a more detailed description of the political context in which it was set, which included the ongoing conflict between Armenia and Azerbaijan. In such a context the project goal of having a viable regional network of healthcare services is ambitious and against which the project made real progress. Without this context described, the project results appear less impressive as substantial tri-lateral dialogue co-operation was not possible and there was little evidence of inter-country partnerships established.

Recommendation

For all IOM units implementing IDF projects:

- Make sure to describe the political context of the project, and any ongoing tensions, in the project proposal and informing the assumption relating to the objective, against which progress can be accurately measured.

B. Project management

The evaluation found that not all data relating to the project was available within the PRIMA system, although most all was available on request. For a regional project involving 15 activities in 3 countries this may not be surprising but is especially important given the turnover of staff which is common within IOM, and for the further development of project goals. It is also key that minutes or reports documenting meetings and major events must also include how decisions were reached and the involvement of the relevant stakeholders in the process.

Recommendation:

For all IOM units implementing IDF projects, especially regional projects:

- All projects should have a national and regional data-base created of all stakeholders and participants involved in activities.

- All projects should have documentation of action of all key events and meetings in the form of a report which must include decisions made, next steps and a list of attendees.
- For regional projects, participating national offices should send all project documentation to the project manager to store on PRIMA.
- Regular updating of the Results Monitoring Framework.

C. Sustainability and follow-up

The evaluation concluded that the sustainability section should be strengthened in both the project proposal and the final report. By more fully considering sustainability at the project proposal stage this would make clear from the offset the extent to which a project is likely to be able to generate sustainable impact and what kind of support it is likely to need to do so. Likewise, as part of the final report, the requirement of a sustainability work-plan which includes a strategy for the dissemination of findings, creation of an active data base of all stakeholders etc, could help make projects more sustainable. In this regard, this evaluation concurs with the recommendations of two other evaluations of IDF-funded projects (CT.0985, PO.0065) to set out clearer a follow-up plan at the end of the project.

Recommendation:

For IDF:

- IDF should consider requiring a section at project proposal stage which would estimate the level of sustainability possible to attain from the offset and monitor the project's progress in relation to this. This would allow for a more accurate consideration of projects such as this one, which are aimed at initiating a process and establishing a precedent (in the development of a regional migrant-sensitive healthcare service related network), but are unlikely to be sustainable without further support or intervention.
- IDF projects should have a sustainability and follow-up plan as part of the final report, particularly where this aspect is key to the project's success and falls outside of its timeline, (as was the case for this project).

D. Research-based projects

A central component of the project was the research-based Regional Migrant Health Survey which changed from its initial aim due to an under-estimation of the budget needed for an study of this kind. Initially, it was planned as an academic-level study, to provide evidence in the form of comparable sets of data from each of the 3 countries, for example of TB and HIV/Aids incidence rates, for which a protocol was developed. However, the methodology was adapted to each country and migrant group (which also differed) thus making comparability impossible. While the regional survey was very valuable it raised important questions within IOM about the research governance of the project, how decisions were made and who had the 'duty of care' to ensure the survey fulfilled its initial goal. Involved in the survey with different responsibilities and expertise in migration and health and research were: the independent researcher, the project coordinator, 2 project managers from the country offices, and 2 IOM migration health experts. Protocols were developed for the research after which Joint Agreements were established during the regional preparatory meeting. The joint agreements correctly captured what were the final conclusions regarding the change in survey design but there was so no subsequent amended research protocol .

Recommendation

For all projects with a research component:

Owl RE

- IOM should consider developing a protocol on management and decision making for projects which includes a clear delineation of responsibilities between all staff involved according to the different components of the project covered.
- Project proposals featuring research components should be carefully budgeted to match their intended scope.

E. Gender equity assessment

As noted in a previous evaluation, (TC. 0993), a disconnect was observed between IOM gender policy, which includes a very comprehensive gender analysis and mainstreaming and the reality of how this is applied when designing a project relating to research and to service provision such as this one. Gender equity assessment was demonstrated in the form of including gender - disaggregated data.

Recommendation

For IDF and the Gender Unit:

- The Gender Unit should review all IDF project proposals and make suggestions as to what is required in order to comply with IOM gender policy, (such as a 'gender project checklist', developed in relation to different thematic areas), with an indication of what is feasible to achieve within the project context and timeframe.

Lessons Identified

The following lessons were identified that could be of use for future IDF-funded and/or similar projects:

- The project would have benefited from a longer time. Organising a regional project with 15 activities in 3 countries required approximately 3- 6 more months in order to organize and coordinate activities which all 3 countries are happy with.
- The project was adapted to the political realities of the region in practice. It ensured that the project had 'buy in' from the relevant ministries of the participating companies and that the project partners from all countries were the government counterpart HIV/AIDS and TB organisations. Meetings were arranged bi-laterally and regional meetings and a regional conference with all three countries' government counterparts participating took place in 'neutral' countries. However, the project did not include mention of the political context which would have helped a more accurate evaluation of the progress made and potential for sustainability.
- Projects, such as this regional project, which include a research component need consistent application of standards of health research to be optimally useful.

Best practice

- Ensuring 'buy in' to the project from project partners and beneficiaries was essential for the success of the project. Given the difficult relationship between Armenia and Azerbaijan this was a challenge but was successfully achieved through the careful planning of the regional and bilateral meetings which neutralised potential tensions, as

well as through the involvement of the regional specialist and the international consultant. This effectively neutralised the potential tensions between Armenia and Azerbaijan and the technical arrangement between the specialist and consultant helped professionalize the meetings.

EVALUATION TERMS OF REFERENCE

EX -POST EVALUATION OF: *Enhancing Mechanisms for Prevention, Detection and Treatment of HIV/AIDS and Tuberculosis Among Migrant and Mobile Populations in the South Caucasus Countries*

[MA.0379]

I. Evaluation context

Tuberculosis and HIV/Aids represent a significant public health concern in Armenia, Azerbaijan and Georgia. Particularly alarming are the rates of multi-resistant and extensively drug resistant tuberculosis forms in the South Caucasus countries along with the increasing prevalence of HIV/Aids registered cases. Effective TB and HIV/AIDS control is further undermined by high rates of interrupted treatment courses.

Inter-connectivity between the three countries is strong and mobility along the South Caucasus transit corridors has increased with the recent introduction of Integrated Border Management to the region. However, in view of the aforementioned challenges in HIV/AIDS and TB control and the absence of cross border migrants sensitive healthcare services for early detection of HIV/AIDS and tuberculosis, as well as the likelihood of a high occurrence of treatment course interruptions, this poses a significant public health concern as migrants and mobile populations represent one of the main vulnerable at-risk groups.

Enhancing Mechanisms for Prevention, Detection and Treatment of HIV/AIDS and Tuberculosis Among Migrant and Mobile Populations in the South Caucasus Countries was a regional project, which aimed to enhance mechanisms for preventions, increased detection and treatment of HIV/AIDS and Tuberculosis among migrant and mobile populations in the South Caucasus countries, through a coordinated migrant-centred approach. The following outputs included: 1. Health promotion campaign among migrant and mobile populations regarding HIV/AIDS and Tuberculosis, focusing on preventive screening and treatment adherence; 2. Cross-border and in-country Migrant Health Survey providing evidence-based recommendations for the elaboration of a coordinated, regional migrant-centred approach for HIV/AIDS and TB prevention and surveillance; 3. Capacity-building of healthcare professionals and border authorities facilitating the establishment of a regional professional network aimed at advancement of cross-border referral mechanisms and elaboration of migrant friendly healthcare policies and programs.

II. Evaluation purpose

This evaluation will generate findings, conclusions and recommendations, which will serve as valuable inputs for the IOM Development Fund (“the Fund”), the IOM country offices in Georgia, Armenia and Azerbaijan and for involved stakeholders to inform and improve their future programming and strengthen their ability to deliver high quality results. It will be carried out in line with the Fund’s guidelines, which recommend an evaluation between 6 months to 12 months after the project completion.

This external independent evaluation will be conducted by Dr. Sharon McClenaghan of the evaluation consultancy, Owl RE, Geneva, Switzerland, with the help of Dr. Glenn O’Neil.

Owl RE has not been involved in the project formulation, planning and implementation and will provide an independent analysis, findings and recommendations.

III. Evaluation Scope

The scope of this evaluation will encompass the outcome and objective level of the results and cover the whole project implementation until the time of the evaluation. Outputs will be assessed as a means towards the achievement of the project’s outcomes and objectives to identify the project impact. The evaluation will also provide concrete recommendations for future / similar programming.

The evaluation will cover the countries of Georgia, Armenia and Azerbaijan and the time period of the project’s duration from 01-12-2016 - 30-11-2018.

IV. Evaluation Criteria

In response to the evaluation purpose as stated above, the evaluation will look into the five OECD/DAC main evaluation criteria (relevance, effectiveness, efficiency, impacts/outcomes and sustainability), in addition to the cross-cutting themes of human rights and gender equality.

V. Evaluation questions

Based on the evaluation criteria, a set of evaluation questions was proposed. Specific sub-questions relevant for this project may be added as needed. These questions will be matched to indicators, data collection tools and sources in an evaluation matrix that will be detailed in the Inception Report.

Criteria	Key Evaluation Questions	Sub-Questions
Relevance	1. To what extent were the needs of stakeholders and beneficiaries taken into account during project design? 2. Is the project aligned with national priorities and strategies, government policies and global commitments? 3. Was the project well designed according to IOM project development guidelines? And relevant to those needs and priorities? 4. To what extent do the expected outcomes and outputs remain valid and pertinent as originally intended, in terms of direct beneficiary needs? 5. Were the management practices appropriate for achieving the expected outcomes?	2.1 To what extent is the project relevant to current government priorities and the current migration context? 3.1 Was the results matrix used as a management tool? Was the results matrix clear and logical and did it show how activities would effectively lead to results and outcomes? If not, why not? 3.2 Were the outcomes and indicators Specific, Measurable, Achievable, Realistic and Time-bound (SMART)? Were indicators gender-disaggregated? Were baselines set and updated for each indicator? Were targets values set and were they realistic or did they need to be updated? 4. To what extent if any, was the project revised/ amended from the first to the second phase to be more relevant to

	<p>6. Are the project activities and outputs consistent with the intended outcomes and objective?</p> <p>7 How adequately were human rights and gender equality taken into consideration during the project design and implementation?</p> <p>8. Is the project in line with the IOM/IOM Development Fund priorities and criteria?</p>	<p>stakeholder and beneficiary needs?</p> <p>5. Were the indicators/targets used to measure progress in reporting?</p> <p>5.2 Was a work plan and resource schedule available and used by the project management and other relevant parties? If not, why not?</p> <p>5.3 Were the risks and/or assumptions holding true? Were risk management arrangements in place?</p>
Effectiveness	<p>9. Have the project's outputs and outcomes been achieved in accordance with the stated plans and results matrix? Was the collaboration and coordination with partners (including project implementing partners) and stakeholders effective, and to what extent have the target beneficiaries been involved in the processes?</p> <p>10. What major internal and external factors have influenced (positively or negatively) the achievement of the project's objectives and how have they been managed?</p> <p>11. Are there any factors that prevent(ed) beneficiaries and project partners from accessing the results/services/products</p>	<p>9.1. Have the project's deliverables and results (expected and unexpected) led to benefits for stakeholders and beneficiaries?</p>
Efficiency and Cost effectiveness	<p>12.How cost-effective was the project? Could the activities have been implemented with fewer resources without reducing the quality and quantity of the results?</p> <p>13.How efficient was the overall management of the project? To what degree were inputs provided/available on time to/from all parties involved to implement activities?</p> <p>14.Were project resources monitored regularly and managed in a transparent and accountable manner to guarantee efficient implementation of activities? Did the project require a no-cost extension? If so, why?</p> <p>15.Were the costs proportionate to the results achieved?</p>	<p>12.1 Budget variance: actual budget versus projected budget</p> <p>13.1 If any of the outputs/ activities were delayed, what was the cause and what if any, were the negative effects on the project?</p> <p>14..1 Were narrative reports submitted regularly and on time? Were budget reports submitted regularly and on time?</p>
Outcome and	<p>16.Which positive/negative and intended /unintended effects/changes are visible</p>	<p>16.1 Are there any possible longer-term impacts from the migration policy, in</p>

<p>Impacts</p>	<p>(short and long-term changes)?</p> <p>17. Were results achieved in adherence to gender equality and other human rights? And how sustainable are these likely to be?</p> <p>18. Can those changes /outcomes /expected impact be attributed to the project's activities? Are there any contribution from external factors?</p>	<p>terms of its implementation?</p>
<p>Sustainability</p>	<p>19. Did the project take specific measures to guarantee sustainability?</p> <p>20. Have the benefits generated by the project continued once external support ceased?</p> <p>21. Was the project supported by national/local institutions and well-integrated into national/local social and cultural structures?</p> <p>22. How far was the project embedded in institutional structures and thus sustained beyond the life of the project?</p> <p>23. Did the project's partners have financial capacity, and continued to maintain the benefits of the project in the long run?</p> <p>24. Have adequate levels of suitable qualified human resources been available to continue to deliver the project' stream of benefits?</p>	<p>22.1 To what extent does the government already, or plans to, take ownership of the implementation of the project?</p>
<p>Cross-cutting themes</p>	<p>25. How were various stakeholders (including rights holders and duty bearers, local civil society groups or nongovernmental organizations) involved in designing and/or implementing the project?</p> <p>26. During data collection (if carried out during implementation), were the persons interviewed or surveyed diverse and representative of all concerned project's partners and beneficiaries?</p> <p>27. If personal data was collected or otherwise processed during implementation of the projects, has this been done in accordance with IOM's Data Protection Principles?</p> <p>28. Has the data collected (during implementation) been appropriately disaggregated (e.g. by age, disability, displacement, ethnicity, gender, nationality, migration status)?</p>	

VI. Evaluation methodology

For the purpose of this evaluation, it is expected that the evaluator will apply the following methods for data collection and analysis:

Data Collection:

- Desk review of relevant project documents, project reports, meeting minutes, surveys, publications and other materials identified;
- Key informant interviews with the project stakeholders during a country visit to document both qualitative and quantitative information;

Data analysis:

The evaluator is expected to analyse the data with both qualitative and quantitative methods appropriate to the data collected.

The methodology will be further described in the Inception Report.

Selection of persons for key informant interviews and discussions

At this stage, the following stakeholders are proposed for KIIs and/or discussions:

Institution type	Stakeholder	Number	Location
IOM	IOM Georgia: Head of Office, Project manager/ Coordinator, RMO; Regional Office. Project coordinators, Armenia and Azerbaijan	6	Georgia Armenia Azerbaijan Vienna
Government and national government bodies	-Ministry of Labour Health and Social Affairs (MoLHSA) -National Centre for Disease control (NCDC) -Tbilisi State Medical University -National Center for Tuberculosis and Lung Diseases -Infectious Diseases, AIDS and Clinical Immunology Research Center - Ministry of Finance	6	Georgia
	-Ministry of Health -National Center for AIDs prevention -National Tuberculosis Center	3	Armenia
	-Ministry of Health -Ministry of Labour and Social Protection -National Research Institute of Lung Diseases -National Center to Fight AIDS	4	Azerbaijan
	Border police	1	

Other health partners	Global Fund UNFPA WHO	3	Georgia
Consultants	1	1	

VII. Evaluation deliverables

Deliverables	Schedule of delivery
1. Inception Report finalized	25.11.2019
2. Completed field data collection	06.12.2019
3. De-briefing session with project manager delivered	06.12.2019
4. Draft Evaluation Report	10.01. 2020
5. Final Evaluation Report and Evaluation Brief (2 pages)	16.01.2020

VIII. Evaluation workplan

Week beginning	November – January 2020 (Christmas break excluded)						
	18.11.	25.11	02.12	09.12	16.12	06.01	13.01
Key tasks	1	2	3	4	5	6	7
Kick off meeting with project manager; document review; briefing from Fund team							
Drafting and delivery of inception report							
Field data collection (and remote interviews)							
Data analysis and report writing							
Delivery of draft report							
Validation of the report by the project manager and Fund staff; finalisation of report and evaluation brief							

Annex Two: Inception Report

1. Introduction and Context

Project for Ex-Post Evaluation	MA.0379
Duration of the Project	27 months , 01-12-2016 - 28-02-2019
Budget (USD)	\$250,000
Donor	IOM Development Fund (IDF)
Relevant National Office and Relevant Regional Office	IOM Georgia and IOM Vienna
Countries covered	Georgia, Armenia and Azerbaijan
Evaluation	External Independent Evaluation
Evaluation Team	Owl RE Research and Evaluation
Evaluation Period	November – January 2020

This document is an inception report produced for the IOM Development Fund (the Fund) ex-post evaluation of the project *Enhancing Mechanisms for Prevention, Detection and Treatment of HIV/AIDS and Tuberculosis Among Migrant and Mobile Populations in the South Caucasus*. This report outlines the purpose, objectives, methodology, questions, tools and work-plan of the consultancy.

Financed by the Fund, *Enhancing Mechanisms for Prevention, Detection and Treatment of HIV/AIDS and Tuberculosis Among Migrant and Mobile Populations in the South Caucasus Countries* was a regional project which aimed to enhance mechanisms for preventions, increased detection and treatment of HIV/AIDS and Tuberculosis among migrant and mobile populations in the South Caucasus countries, through a coordinated migrant-centred approach.

Tuberculosis and HIV/Aids represent a significant public health concern in Armenia, Azerbaijan and Georgia. Particularly alarming are the rates of multi-resistant and extensively drug resistant tuberculosis forms in the South Caucasus countries along with the increasing prevalence of HIV/Aids registered cases. Effective TB and HIV/AIDS control is further undermined by high rates of interrupted treatment courses.

Inter-connectivity between the three countries is strong and mobility along the South Caucasus transit corridors has increased with the recent introduction of Integrated Border Management to the region. However, in view of the aforementioned challenges in HIV/AIDS and TB control and the absence of cross border migrants sensitive healthcare services for early detection of HIV/AIDS and tuberculosis, as well as the likelihood of a high occurrence of treatment course interruptions, this poses a significant public health concern as migrants and mobile populations represent one of the main vulnerable at-risk groups.

The following outputs of the project included: 1. Health promotion campaign among migrant and mobile populations regarding HIV/AIDS and Tuberculosis, focusing on preventive screening and treatment adherence; 2. Cross-border and in-country Migrant Health Survey providing evidence-based recommendations for the elaboration of a coordinated, regional migrant-centred approach for HIV/AIDS and TB prevention and surveillance; 3. Capacity-building of healthcare professionals and border authorities facilitating the establishment of a

regional professional network aimed at advancement of cross-border referral mechanisms and elaboration of migrant friendly healthcare policies and programs.

2. Purpose and Objectives

The purpose of conducting this ex-post evaluation is to assess the relevance of the project to its stakeholders and beneficiaries, the effectiveness and efficiency of project management and implementation, the expected impact, how well were cross-cutting themes of human rights and gender mainstreamed in the project, and if the desired effects are sustainable, and/or have the prospects of sustainability, (following the DAC evaluation criteria¹⁷).

The evaluation aims to promote transparency and accountability which will, in turn, assist the Fund in its decision-making and to better equip staff to make judgments about the project and to improve effectiveness where possible and with regard to future project funding. Concerning the expected use of findings, the ex-post evaluation aims to also identify lessons learned, good practices, and provide a learning opportunity for the Fund and its implementing partners with regard to the project formulation process. The findings will also help make evidence-based strategic decisions in relation to specific projects, while also demonstrating the Fund's on-going commitment to results based management.

The primary objectives of the evaluation are to:

¹⁷ Organisation for Economic Co-operation and Development – Development Assistance Committee, 'Evaluation of development programmes, DAC Criteria for Evaluating Development Assistance', web page, OECD. See <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

- (a) Assess the relevance of the project's intended results;
- (b) Assess the relevance of the Theory of Change and design of the results matrix and the extent to which the objective, outcomes and outputs are well formulated; the indicators were SMART and baseline and targets appropriate;
- (c) Assess the effectiveness of the project in reaching their stated objectives and results, as well as in addressing cross-cutting issues such as gender, human-rights based approach, etc.;
- (d) Assess the efficiency and cost-effectiveness of project implementation;
- (e) Assess the impact prospects and outcomes to determine the entire range of effects of the project (or potential effects) and assess the extent to which the project have been successful in producing expected change;
- (f) Assess the sustainability of the project's results and benefits (or measures taken to guarantee it) or prospects for sustainability;
- (g) Assess how effectively issues of gender equality and human rights protection were mainstreamed in the process of project design and during project implementation;
- (h) Identify lessons learned and best practices in order to make recommendations for future similar projects and help the Fund in its decision-making about future project funding.

These objectives are operationalised in a series of evaluation questions and indicators (see annex 1: Evaluation matrix). The Results Matrix (RM) is reproduced in annex 5 to illustrate the intervention logic foreseen for the project.

3. Methodology

The evaluation framework will focus on the standard DAC criteria and cross-cutting themes criteria, supported by standard tools (i.e. interview guide and evaluation checklist – see annexes 3 and 4) and will take place over a period of seven weeks (excluding the 2 weeks for Christmas break). The evaluation will take a participatory approach involving and consulting with the relevant stakeholders in the different steps of the evaluation and integrating this approach into the methodology as far as is feasible. It will use a mixed methods approach and cross validate evaluation findings through the triangulation process, where possible.

3.1. Research methods/tools

Research tools will be both quantitative and qualitative and will be used across the different themes and questions. The following table provides further information on these tools and how they will be deployed.

Tool	Description	Information Source
<i>Document review</i>	Review of main documentation	IOM documentation on PRIMA, including internal/external reports, surveys, feedback reports on workshops/focus groups, publications, guidelines, country reviews etc.
<i>Interviews internal</i>	Some 8 semi-structured	In person or by telephone

	interviews using an interview guide	-IOM country office program staff Georgia (4), Armenia (1) and Azerbaijan (1) -IOM Regional and Global staff (2)
<i>Interviews external</i>	Some 11 semi-structured interviews using an interview guide	In person or by telephone: -Consultant (1) - Project partners in Georgia, Armenia and Azerbaijan (8) - UN health partners (2)

3.2. Sampling

Overall sampling will be purposeful in that the stakeholders will be selected for the evaluation, based on their involvement as staff, consultants, experts, partners or beneficiaries of the project. If a survey is carried out, the approach will be to aim for a maximum number of responses (and not a random sampling) given the relatively small number of potential survey respondents. The selection of participating stakeholders will be led by the project co-ordinator and will aim to be representative, to ensure that a balance is found in terms of gender, race/ethnicity, age range and other project-specific criteria.

3.3. Analysis

The findings from the desk review, key informant interviews will be collated and analysed using appropriate quantitative and qualitative techniques and the evaluation criteria used will be rated by the evaluator based on the scale in the table below, with supporting evidence described. Where the evidence is weak or limited, it will be stated.

Findings will be used to assess the achievements of results as articulated in the Results Matrix, both numeric and descriptive results and used to rate the project as a whole according to the assessing evaluation criteria.

Evaluation Scaling	Criteria	Explanation	Supporting evidence
5	Excellent (Always)	There is an evidence of strong contribution and/or contributions exceeding the level expected by the intervention	<i>Supporting evidence will be detailed for each rating given.</i>
4	Very good (Almost always)	There is an evidence of good contribution but with some areas for improvement remaining	
3	Good (Mostly, with some exceptions)	There is an evidence of satisfactory contribution but requirement for continued improvement	

2	Adequate (Sometimes, with many exceptions)	There is an evidence of some contribution but significant improvement required	
1	Poor (Never or occasionally with clear weaknesses)	There is low or no observable contribution	

3.4. Limitations and proposed mitigation strategies

The following limitations have been identified with accompanying mitigation strategies to minimise the impact described where possible. If it is not possible to fully rectify the limitations identified, findings will have to be reached based on partial information. Where this occurs the evaluation will seek to be transparent about the limitations of the evaluation and to describe how these may have affected the overall findings, conclusions and recommendations.

(a) Timing: IOM staff / stakeholders and beneficiaries might not be available at all times to provide inputs

Mitigation strategy: Early and close involvement of the project manager to help coordinate meetings and ensure availability of key stakeholders. When timing prevents interviews taking place in person, interviews will be conducted at a later date by skype.

(b) General problem of insufficient data or insufficient representative data collected, owing to poor response rate from interviewees.

Mitigation strategy: Triangulation with other data gathering tools from different sources will help address data gaps.

(c) Objective feedback– interviewees may be reticent to reveal the factors that motivate them or any problems they are experiencing or being transparent about their motivation or about internal processes.

Mitigation strategy: Anonymizing sources if necessary and ensuring interviews are conducted on a one to one basis where possible can help address issues of confidentiality.

(d) General bias in the application of causality analysis

Mitigation strategy: Judgements will be informed by the team and all findings will be reviewed jointly, as well as by the project manager and the main evidence for ratings will be described.

4. Workplan

The workplan is divided into three phases, covering an 9 week period, (excluding a 2 week Christmas break):

Phase 1 – Inception: An initial meeting with the project manager and IOM Development Fund staff to discuss the evaluation framework, identify stakeholders and to ensure involvement and ownership from the start. From this, a methodology, timeline, standard tools

and evaluation approach has been developed and detailed in the inception report (this document).

Phase 2 – Data collection: During the second phase of the evaluation field work will be undertaken in Georgia. Interviews will be conducted either in person or by Skype, including interviewees located in Azerbaijan and Armenia, and all relevant project data will be collected and reviewed.

Phase 3 - Report writing and presentation: During the final phase collected data will be analysed and a report drafted for validation. The results of the evaluation will be disseminated by means of the report and a presentation made to the evaluation users.

The key tasks and timing are described in the following table:

	November – January 2020 (Christmas break excluded)						
Week beginning	18.11.	25.11	02.12	09.12	16.12	06.01	13.01
Key tasks	1	2	3	4	5	6	7
Kick off meeting with project manager; document review; briefing from Fund team							
Drafting and delivery of inception report							
Field data collection (and remote interviews)							
Data analysis and report writing							
Delivery of draft report							
Validation of the report by the project manager and Fund staff; finalisation of report and evaluation brief							

4.1. Team management

The evaluation will be carried out by Sharon McClenaghan with Glenn O’Neil as a support and for quality control.

5. Deliverables

The following deliverables (draft and final), are foreseen for the consultancy: Inception report (this document), Executive summary, (2 pages), Evaluation report and Evaluation learning brief.

Deliverables	Schedule of delivery
6. Inception Report finalized	25.11.2019
7. Completed field data collection	06.12.2019
8. De-briefing session with project manager delivered	06.12.2019
9. Draft Evaluation Report	10.01. 2020
10. Final Evaluation Report and Evaluation Brief (2 pages)	16.01.2020

Annex One: Evaluation Matrix

Key Evaluation Questions and sub questions	Indicators	Data Collection Tools	Sources of Information
RELEVANCE : Extent to which the project`s objective and intended results remain valid as originally planned or modified			
1.1 To what extent were the needs of beneficiaries and stakeholders taken into account during project design?	Needs of beneficiaries and stakeholder groups reflected in project design. Evidence of consultation during project development and of project activities and outputs tailored to their needs.	Document review Interviews	Project documentation KIIs
1.2 Is the project aligned with the needs and priorities of the Governments?	Alignment of project with national policies, strategies and programs on migration and health, specifically on TB and HIV/AIDS	Document review Interviews	KIIs Project Documentation
1.3 Was the project well designed according to IOM project development guidelines? 1.3.1 Was the results matrix used as a management tool? Was the results matrix clear and logical and did it show how activities and outputs would effectively lead to results and intended outcomes and objective? 1.3.2 Were the outcomes and indicators Specific, Measurable, Achievable, Realistic and Time-bound (SMART)? Were indicators gender-disaggregated? Were baselines set and updated for each indicator? Were targets values set and were they realistic or did they need to be updated?	Relevance of the RM, theory of change and vertical logic to the identified needs and priorities of the project overall.	Document review	Project documentation
1.4. To what extent do the expected outcomes and outputs remain valid and pertinent as originally intended in terms of direct beneficiary needs?	Current relevance of project outputs and outcomes to current national priorities.	Document review Interviews	KIIs Project Documentation

1.4.1. To what extent if any, was the project revised/ amended from the first to the second phase to be more relevant to stakeholder and beneficiary			
1.5. Were the management practices appropriate for achieving the expected outcomes? 1.5.1. Were the indicators/targets used to measure progress in reporting? 1.5.2. Was a work plan and resource schedule available and used by the project management and other relevant parties? If not, why not? 1.5.3 Were the risks and/or assumptions holding true? Were risk management arrangements in place?	Extent to which project management practices are appropriate for achieving expected outcomes.	Document review Interviews	KIIs Project Documentation
1.6 How adequately were human rights and gender equality taken into consideration during the project design and implementation?	Reference to human rights and gender equality concerns in key project documents and deliverables. Informed opinion/perceptions of PM, and key informants.	Document review Interviews	KIIs Project Documentation
1.7. Is the project in line with IOM/IOM Development Fund priorities and criteria?	Adherence to IOM's/ IOM Development fund mandates and strategic goals as demonstrated by the IDF's objectives and MIGOF	Document review Interviews	IDF eligibility criteria, MIGOF KIIs Project Documentation
EFFECTIVENESS : The extent to which the project achieves its intended results			
2.1. Have the project's outputs and outcomes been achieved in accordance with the stated plans and results matrix? 2.1.1 To what extent have project monitoring tools and systems in place to track project implementation and inform decisions?	Extent to which project outputs and outcomes have been achieved and the projects deliverables and results (expected and unexpected) led to benefits for stakeholders and beneficiaries. Effectiveness of project monitoring tools.	Document review Interviews	KIIs Project Documentation

2.2 Was the collaboration and coordination with partners (including project implementing partners) and stakeholders effective, and to what extent have the target beneficiaries been involved in the processes?	Level of Involvement and extent of effectiveness of target beneficiaries, partners and stakeholders in collaboration and coordination processes.	Interviews Document review	KIIs Project Documentation
2.3 What major internal and external factors have influenced (positively or negatively) the achievement of the project's objectives and how have they been managed?	Identification of influential a) internal factors (positive and negative) and b) external factors (positive and negative). Effectiveness of project management of internal and external factors.	Interviews	KIIs
2.4 . Are there any factors that prevent(ed) beneficiaries and project partners from accessing the results/services/products? 2.4.1How do the project's beneficiaries and stakeholders perceive the project implementation and results?	Identification of factors which prevented/impacted beneficiaries and partners from accessing results/services/ products.	Interviews	KIIs
EFFICIENCY & COST EFFECTIVENESS: How resources (human, financial) are used to undertake activities and how well these are converted to outputs			
3.1.How cost-effective was the project? Could the activities have been implemented with fewer resources without reducing the quality and quantity of the results?	Adherence to original budget- Level of budget variance. Extent to which the resources required for project activities could have achieved the same results with less inputs/funds, on a sustainable basis.	Document review Interviews	KIIs Project Documentation
3.2. How efficient was the overall management of the project? 3.2.1. Were project activities implemented as scheduled? To what degree were inputs provided/available on time to/from all parties involved to implement activities?	Degree of timeliness of project inputs provided by stakeholders /beneficiaries needed to implement activities. Level of efficiency of project management rated by the stakeholders and beneficiaries. Adherence to original workplan.	Document review Interviews	KIIs Project Documentation
3.3. Were project resources monitored regularly and managed in a transparent and accountable manner to guarantee efficient implementation of activities? Did	Level and quality of monitoring of project resources. Incidence of no cost/ costed extension allocated	Document review	Project Documentation

the project require a no-cost extension? If so, why?			
3.4. Were the costs proportionate to the results achieved?	Comparison of costs with identified results.	Document review Interviews	KIIs Project Documentation
IMPACT: How the project intervention affects outcome and whether these effects are intended or unintended.			
4.1 Which positive/negative and intended /unintended effects/changes are visible (short and long-term) as a result of the project?	Incidence of positive and negative effects /changes (short and long-term, intended and unintended) to which the project contributes.	Document review Interviews S	KIIs Project Documentation
4.2 Were results achieved in adherence to gender equality and other human rights? And how sustainable are these likely to be?	Extent to results achieved adherence to gender equality and other human rights and their sustainability.	Document review Interviews	KIIs Project Documentation
4.3 Can those changes /outcomes/ expected impact be attributed to the project's activities? Are there any contribution from external factors?	Estimation of contribution of project and identified external factors.	Interviews Document review	KIIs Project Documentation
SUSTAINABILITY : If the project's benefits will be maintained after the project ends			
5.1 Did the project take specific measures to guarantee sustainability?	Number of documented specific measures taken to ensure sustainability.	Document review Interviews	KIIs Project Documentation
5.2. Have the benefits generated by the project deliverables continued once external support ceased? (training etc).	Extent to which the benefits generated by the project have continued post external support.	Interviews	KIIs
5.3 Was the project supported by national/local institutions and well-integrated into national/local social and cultural structures?	Extent of sustainability measures taken by national /local institutions to support the project. Level of commitment by key stakeholders to sustain project result.	Interviews	KIIs
5.4 How far was the project embedded in institutional structures and thus sustained beyond the life of the project?	Degree of embeddedness of project into institutional structures and likelihood of sustainability, re. structures, processes and resources.	Interviews	KIIs
5.5 Did the project's partners have financial capacity, and continued to maintain the benefits of the project in the long run?	Extent of level of financial capacity of partners and ability to maintain project in the future	Interviews Document review	KIIs Project Documentation
5.6 Have adequate levels of suitable	Extent of qualified human resources	Interviews	Project Documentation

qualified human resources been available to continue to deliver the project' stream of benefits?	sufficient to continue delivering project benefits.		
Cross Cutting Criteria			
6.1 How were the various stakeholders involved in designing and/or implementing the project?	Level and quality of involvement of stakeholders in designing and/or implementing the project.	Interviews	KIIs Project Documentation
6.2. Data Collection: were the persons interviewed or surveyed diverse and representative of all concerned project's partners and beneficiaries? 6.2.1. If personal data was collected or otherwise processed during implementation of the projects, has this been done in accordance with IOM's Data Protection Principles? 6.2.2. Has the data collected (during implementation) been appropriately disaggregated (e.g. by age, disability, displacement, ethnicity, gender, nationality, migration status)?			KIIs Project Documentation

Annex Two: Draft structure for evaluation report

1. Executive summary
2. List of acronyms
3. Introduction
4. Context and purpose of the evaluation
 - context
 - evaluation purpose
 - evaluation scope
 - evaluation criteria
5. Evaluation framework and methodology
 - Data sources and collection
 - Data analysis
 - Sampling
 - Limitations and proposed mitigation strategies
6. Findings
7. Conclusions and recommendations
8. Annexes:
 - Evaluation terms of reference;
 - Evaluation inception report;
 - Evaluation matrix;
 - Timeline,
 - List of persons interviewed or consulted;
 - List of documents/publications consulted;
 - Research instruments used (interview guidelines, survey, etc).

Annex Three: Interview guide

This guide is intended for interviews with internal and external stakeholders. The questions will be adapted on the basis of the persons being interviewed.

Interview Questions		Informants
General		
	Please briefly explain your work at IOM/external organisation (and how long have you been in this position?).	All
	What has been your role and involvement in the project being evaluated? At what stage did you become involved in the project?	All
Relevance		
1.1.	How relevant was the project to the needs and priorities of stakeholders and beneficiaries, (the Government, health partners and for migrants themselves) - Were stakeholders and beneficiaries consulted during the development of the project? If so, were the project activities/outputs tailored to their needs? Did they change at different stages of the project? - To what extent were their needs reflected in project design?	IOM COM IOM PO Stakeholders
1.2.	How well aligned is the project with relevant national/regional policies, organisational mandates and global commitments? - What were the national / regional policies the project aligned to? - How well aligned is the project to the IOM mandate and relevant country and regional strategies/ MIGOF?	IOM COM IOM PO Government
1.3.	Were the project activities and outputs consistent with the intended outcomes and objective? -Is the original project logic still relevant? Did the assumptions hold true? If not, how were the results affected and how did the project respond? - To what extent, if any, was the project revised/amended from the first to the second phase, to be more relevant to stakeholders' needs?	IOM COM IOM PO
1.4.	How did the project consider human rights and gender equality during the project design and development (and implementation?)	IOM COM IOM PO Consultant
1.5..	How relevant is the project (health survey, awareness campaign etc) to government priorities and the current migrant health context?	IOM COM IOM PO Partners/ Beneficiaries
Effectiveness		
2.1.	Did the project produce the intended results, compared to its plan and target outputs? What were the quality of results? -	IOM COM IOM PO Consultants Partners/

	-Does this include gender and HR considerations?	Beneficiaries
2.2.	What role did collaboration and coordination play in the project's achievements?	IOM PO Partners/ Beneficiaries
2.3.	What would you describe as the factors [Classify by internal or external] in the achievement of the output, outcome and objective results? And, how did the project respond / adapt to those factors?	IOM COM IOM PO Partners/ Beneficiaries
2.4.	What would you describe as the factors (Classify by internal or external) that hindered the output, outcome and objective results? And, how did the project respond/ adapt to those hindering factors.	IOM COM IOM PO Partners/ Beneficiaries
2.5.	How adequate were consideration of the human rights and gender equality made during project implementation? Does the health survey/ campaign material allow for different experiences of male female and migrants and those of different gender identities?	IOM COM IOM PO Consultant Partners/ Beneficiaries
Efficiency and Cost Efficiency		
12.	To what extent did the project represent the best possible use of available resources to achieve results of the greatest possible value to stakeholders and beneficiaries involved?	IOM RMO IOM PO
13.	How well was the project implemented; were all inputs delivered on time? -Were the project activities undertaken and were the project outputs delivered on time / within budget, as planned? -Were all reports submitted in time? And updated with changes? Was the budget spent according to the workplan/was the budget updated? -If any of the activities/outputs were delayed, what was the cause, and what, if any, were the negative effects on the project? How did the project cope/manage the delays and/or negative effects?	IOM RMO IOM PO
14.	Are the costs proportionate to the results achieved?	IOM RMO IOM PO
Outcomes and Impacts		
15.	What would you describe as the positive changes resulting from the project in the short term and longer term?[Classify by intended or unintended] (what factors contributed to them?)	IOM PO Partners/ Beneficiaries
16.	What would you describe as the negative impacts of the project in the short term and longer term? [Classify by intended or unintended]	IOM PO Partners/ Beneficiaries
Sustainability		
17.	How likely are the benefits of the project to continue and what are the	IOM PO

	main factors that influence the achievement or non-achievement of project sustainability?	Partners/ Beneficiaries
18.	How well has the project been supported by national/local institutions and how well is it integrated? -What sustainability mechanisms/options were put in place by the Government and/or health partners to ensure that project results are sustained? -Are there sufficient resources in place to ensure sustainability of the project ? financial and human resources?	IOM PO Partners/ Beneficiaries
19.	To what extent have the partners and beneficiaries been able to 'own' the outcomes of the project post funding?	IOM PO Partners/ Beneficiaries
<i>Other</i>		
20.	What would you recommend for the continued success for this project's results (and other similar)?	All
21.	What would you say are the main lessons learnt from this project? 1) for the management of the project and 2) the results achieved?	All
<i>Any other comments</i>		

Annex Four: Checklist for evaluation

Following is a checklist that will be followed by the evaluation team for the evaluation.

#	Step	Yes / No Partially (specify date)	Explanation / comment
<i>Inception and preparatory phase</i>			
1.	Initial briefing from Fund team		
2.	Document review by Owl RE team		
3.	Kick-off meeting with project manager		
4.	Creation of inception report		
5.	Validation of inception report by project manager		
6.	Validation of inception report by Fund team		
7.	Creation of country visit schedule by project manager		
8.	Reception and comment on visit schedule by the evaluation team		
<i>Data collection phase - country visit</i>			

9.	Initial briefing with IOM manager/staff		
10.	Data collection conducted with main stakeholder groups		
11.	Feedback presentation/discussion with IOM manager/staff at conclusion of country visit		
<i>Analysis and reporting phase</i>			
12.	Compilation and analysis of data /information.		
13.	Quality control check of evidence by evaluation team leader		
14.	Submission of draft report to project manager and Fund team		
15.	Reception of comments from project manager and Fund team		
16.	Consideration of comments received and evaluation report adjusted		
17.	Validation of final report by project manager		
18.	Validation of final report by Fund team Production of learning brief		

Annex Five: The Results Matrix

OBJECTIVE Contribution to enhancement of cross border mechanisms for prevention for increased detection, referral and treatment of HIV/AIDS and TB among migrant and mobile populations in the South Caucasus region

Output 1.1

Migrant populations throughout the South Caucasus countries are well informed on HIV/AIDS and TB preventive and early detection measures and are willing to undergo preventive screening to scale up screening and referral mechanism.

Output 2.1

South Caucasus HIV/AIDS and TB healthcare systems are advanced owing to the applied cross-border Migrant Health Survey results serving as evidence base for relevant policy and programme formulation.

Output 2.2

Healthcare personnel & border authorities of all three South Caucasus countries are capacitated to enhance cross-border referral mechanisms and to provide migrant-friendly HIV/AIDS and TB voluntary counselling and testing services.

Activities

2.1.1. Conduct regional preparatory meeting of the regional project team of key national stakeholders and IOM, to define cooperation modalities, outline cross-border Migrant Health Survey design and regional health promotion campaign, incorporating gender specific considerations, in the framework of the regional project action plan;
2.1.2. Conduct three national stakeholders' meetings to plan and prepare for the cross-border Migrant Health Survey and the regional health promotion campaign;
2.1.3. Plan, design and conduct South Caucasus regional cross-border and in-country Migrant Health Survey on the incidence and prevalence of HIV/AIDS and TB in migrants and people on the move.
2.1.4. Survey mobile and prone to migration target groups in the South Caucasus countries, including through mobile clinics at key border check-points at Georgia-Armenia, Georgia-Azerbaijan and Georgia-Turkey providing voluntary counselling, testing and diagnostic services for promotion of HIV/AIDS and TB early detection and referrals;
2.1.5. Conduct three national conferences (one per S. Caucasus country) to discuss cross-border survey outcomes and plan country specific actions;
2.1.6. Conduct two bilateral workshops (one in Armenia for Georgian and Armenian authorities and one in Azerbaijan for Georgian and Azerbaijani authorities) to draw bilateral recommendations along migratory routes;
2.1.7. Compile and publish multilingual (Armenian, Azerbaijani, English and Georgian) cross-border Migrant Health Survey report, including recommendations mainstreaming gender specific components to inform further migrant-inclusive policy and healthcare programme planning;
2.1.8. Disseminate cross-border Migrant Health Survey results among relevant stakeholders and healthcare professionals in the South Caucasus region.

Activities

1.1.1 Draft, design, coordinate, translate and print 12,000 copies (4,000 per country) of multilingual health promotion booklet on the importance of preventive screening and early case detection of HIV/AIDS and TB considering gender related issues and cultural context of South Caucasus countries including referral mechanisms in place;
1.1.2 Disseminate multilingual booklet among migrant populations and people on the move, including at border check points and along the South Caucasus transit corridors in a targeted manner;
1.1.3 Produce and print posters, information and promotional materials, including public announcements;
1.1.4 Conduct promotional HIV/AIDS and TB prevention events (one per each country);
1.1.5 Web-based information provision.

Activities

2.2.1 Conduct one regional workshop in Tbilisi gathering relevant professionals from all three S. Caucasus countries aiming at elaboration and validation of guidelines and country specific plans on provision of HIV/AIDS and TB voluntary counselling and testing services to migrant populations considering their needs and geographic dislocation;
2.2.2. Organize and conduct Regional Concluding Conference in Tbilisi to promote cross-border cooperation on prevention and early detection of infectious diseases in migrants, including facilitation of referrals and treatment continuity support through capacity building of healthcare providers and border authorities;
2.2.3. Conduct Internal Evaluation (beyond the project's lifetime – 6 to 12 months after project completion.)

Annex Three: List of persons interviewed

IOM Staff

1. Sanja Celebic Lukovac, Chief of Mission, IOM Georgia
2. Sophie Kharashvili- Resource Management Officer (RMO)
3. Nino Shushania, former coordinator of regional migration health project
4. Dr. Kolitha Prabhash Wickramage, Migration Health and Epidemiology Coordinator, Migration Health Division. IOM
5. Dr. Jaime Calderon, Regional Migration Health Advisor, IOM Regional Office for South-Eastern Europe, Eastern Europe and Central Asia

Georgia

6. Khatuna Zakhshvili, Head of Communicable Diseases Department; National Center for Disease Control and Public Health, NCDC
7. Maia Tsereteli, Head of HCV, HIV, STI Division, National Center for Disease Control and Public Health, NCDC
8. Tsira Merabishvili, Chief Specialist – HCV, HIV, STI Division, National Center for Disease Control and Public Health, NCDC
9. Ketiv Stvilia, HIV project manager, Global Fund/ National Center for Disease Control and Public Health, NCDC.

Armenia

10. Nune Asatryan, Project Coordinator, IOM Armenia
11. Ilona Ter-Minasyan, Head of Office, IOM Armenia
12. Naira Sergeeva, Ministry of Health.
13. National Center for AIDS prevention, Armenian Government counterpart

Azerbaijan

14. Farida Babayeva- Project officer, IOM Azerbaijan
15. Esmira Almamedova, Director National Center to Fight Aids, Azerbaijani Government counterpart
16. Irada Akhundova, Deputy director, National Research Institute of Lung Diseases institute, Azerbaijani Government counterpart

Georgia

17. Dr. Nino Nizharadze, Deputy Minister of Health and Social Care of the Autonomous Republic of Adjara in Georgia,
18. Dr. Zaza Avaliani -Director and Nestani Tukvadze Head of Research Unit, National Center of Tuberculosis and Lung Diseases, Tbilisi, Georgia.
19. Dr. Lisa G. Johnston, lead researcher, consultant
20. Lela Bakradze, Head of the Country Office in Georgia, UNFPA
21. Nino Mamulashvili, WHO

Annex Four: List of documents / publications consulted

Project documentation:

- IOM project document, including proposal and budget,
- Budget monitoring and Revision: Project budget pipeline analysis and revised budget
- Interim project reports, Annexes and Final report.

IOM Migration Governance Framework
IOM Fund eligibility criteria (undated)
IOM mission and strategic focus (undated)

External documentation:

An overview of tuberculosis and migration, (2017), P. Dhaven et al. in The International Journal of Tuberculosis and Lung Disease, Jun 1;21(6):610-623. For abstract see: <https://www.ncbi.nlm.nih.gov/pubmed/28482955>