IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

The HIV Prevention project

Zambia - Angola

Project Evaluation Report

Final Copy

February 2008

Acknowledgements

This document was made possible by the support from the Swedish International Development Cooperation Agency (Sida).

This report was written by John Chris Lukwago who was commissioned through the Technical Support Facility (TSF) Southern Africa

We wish to acknowledge the contributions and support of IOM staff in Lusaka, Luanda and Huambo who shared information with the evaluator.

Thanks also to informants in Mayukwayukwa Refugee Camp and Huambo Province in Zambia and Angola respectively.

Table of contents

Acknowledgements i
Table of contents ii
List of abbreviations and acronyms iii
List of Figures and Tables iv
Executive summary v
SECTION ONE: INTRODUCTION 1
1.1 Overview 1
1.2 Objectives of the evaluation 2
1.3 Limitations 2
1.4 Structure of the Report 2
SECTION TWO: EVALUATION METHODOLOGY 4
SECTION THREE: THE INTERVENTION 6
3.1 The HIV Prevention Project 6
SECTION FOUR: FINDINGS 10
4.1 Relevance of program strategies 10
4.2 Appropriateness of project components 13
4.3 Comparative Advantages of IOM 16
4.4 Major outputs and immediate outcomes of the Project 19
4.4.1 Key outputs (period ending March 2006) 19
4.4.2 Key outputs (period April 2006 to March 2007) 21
4.4.3 Immediate outcomes of the project 22
SECTION FIVE: CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS 25
ANNEXES 29
Annexe 1: Terms of Reference 29
Annexe 2: References 33

List of abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
AHA	Africa Humanitarian Assistance
CDC	Centre for Disease Control and Prevention
CVA	Angola Red Cross
DRC	Democratic Republic of Congo
HIV	Human Immune Deficiency Syndrome
IDP	Internally Displaced Persons
IGA	Income Generating Activities
IOM	International Organization for Migration
LWF	Lutheran World Federation
NGO	Non Government Organizations
OVC	Orphans and Venerable Children
RRR	Return, Reinsertion and Reintegration Program
SGBV	Sexual and gender-based violence
SIDA	Swedish International Development Agency
STIs	Sexually Transmitted Infections
TSF	Technical Support Facility
UNAIDS	United Nations Programme on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
VCT	Voluntary Counselling and Testing
VOLREP	Voluntary Repatriation to Angola of Angolan refugees
WHO	World Health Organization

List of Figures and Tables

Figures

Figure 1: Age distribution at first sexual intercourse among Angolan refugees 11
Figure 2: Conceptual framework causes of vulnerability in mobile populations and post-conflict settings 14
Figure 3: Agriculture/farming training Mayukwayukwa Refugee Camp 15
Figure 4: Illustration of different points at which awareness campaigns were carried out……156

Tables

Table 1: Logic model 9
Table 2: Distribution of peer educator activity outputs 19
Table 3: Distribution of Voluntary Counselling and Testing (VCT) 20
Table 4: Numbers of health care workers trained in Mayukwayukwa and Nangweshi 20
Table 5: Number of trainings on food security programs Mayukwayukwa and Nangweshi 21
Table 6: Number of trainings on life skills programs in Mayukwayukwa and Nangweshi.........21
Table 7: Number and types of sensitization activities conducted 22

Executive summary

A Multiple Indicator Cluster Survey (MICS) conducted by UNICEF in 2001 confirmed increasing levels of HIV infection in Angola. The survey also found low levels of HIV and AIDS awareness especially in border areas with the Democratic Republic of Congo (DRC), Zambia and Namibia, where adult prevalence rates were higher than in Angola (16.5% in Zambia, 21.3 % in Namibia).[1]

Alongside the Angolan Government, a number of international and local organisations have been engaged in HIV and AIDS related preventive and remedial activities, including prevention campaigns, the provision of voluntary counselling and testing (VCT) and anti-retroviral drugs, and capacity building of peer educators and other activists. One such organization was the International Organization for Migration (IOM) which planned to improve the level of knowledge and reduce vulnerability to HIV and AIDS among residents, Internally Displaced Persons (IDPs) and returnees, especially youth.

IOM recognises that many of the same inequalities that drive migration also drive the spread of HIV making mobile populations some of the world's most vulnerable populations at risk of HIV infection. The mandate of IOM deals with the entire spectrum of migrant and mobile populations at all phases of mobility hence addressing HIV and AIDS issues fits well into its mandate.

In 2004, IOM in Zambia began mainstreaming HIV and AIDS activities within its programmes in response to the high prevalence of HIV and the realization that HIV and AIDS needs had to be addressed jointly with other issues. One such program was the Voluntary Repatriation ('VolRep') to Angola of Angolan refugees. IOM in Angola, which had since 2003 been implementing the Return, Reinsertion and Reintegration ('RRR') Program in the Huambo and Kuanza Sul provinces, carried out a demographic and socio-economic survey among vulnerable populations, including IDPs, in the target area. Survey results revealed very low levels of HIV and AIDS awareness in the destination populations, hence the designing of the "*High-Impact Awareness Raising on HIV and AIDS through Community-based High-visibility Activities Targeting Returning Angolan Populations*" Project, and its continuation project the "*HIV and AIDS Prevention and Vulnerability Reduction for Angolan Returnees in Zambia and Angola*" (hereafter known as the *HIV Prevention project*).[2]

Objectives of the evaluation

The overall objective of the review was to determine the appropriateness and performance of the project within the current environment and changing factors in Angola's situation by looking at all components of the project. Specifically, the review would:

a) Evaluate the relevance and validity of the strategies and activities for achieving the main outcomes and objective of the project;

b) Appraise the appropriateness of the project to the needs of the refugees;

c) Analyse comparative advantages that IOM has demonstrated in this project;

d) Assess the main lessons learnt from the project and formulate recommendations;

e) Analyse the institutional impact of the implementation of the project on IOM as the first agency to implement this type of project; and

f) To the extent possible, analyse the impact of the assistance on the target beneficiaries.

Methododology

This was a rapid descriptive assessment employing review of secondary data and participatory techniques.

Participatory methods allowed refugees and returnees to identify changes resulting from the project, and to express views on the project's strengths and weaknesses. Triangulation was used to compare information from the target population with the opinions of key informants and information from secondary sources.

Limitations

The limitations of the evaluation include the following:

a) Short time frames and long distances that constrained the review as there was no time for primary data collection and analysis to fill information gaps. They also created problems in reaching key informants, particularly from partner organizations.
b) Reliance on program reports; this data was not triangulated with more rigorous evaluation techniques.
c) The review was not designed to measure impact nor show causal effect of the IOM on the vulnerability of the migrant population.

Summary findings

The program provided intervention strategies and activities that were relevant to achieving the main objectives of the project (Reduction in vulnerability of Angolan returnees, local Zambian populations, and returnee committees in Angola to HIV). The interventions are consistent with practice in many other HIV prevention programs, as are the observations noted about them in later sections.

As noted above the Multiple Indicator Cluster Survey (MICS) conducted by UNICEF in 2001 found low levels of HIV and AIDS awareness especially in border areas with the DRC, Zambia and Namibia.[1] This meant that communication of information in refugee camps and returnee destination sites was essential in assisting people to maintain or adopt behaviours which minimized the risk of contracting HIV and in accessing services and assistance for those who were living with or affected by HIV and AIDS.

The 2005 KAPB study conducted by IOM – Angola demonstrated that at least half of the interviewees had had their first sexual encounter before the age of 15. This justified the special focus on specific prevention programs aimed at youth between the ages of 10-15 years. The 2005 KAPB study also found that 87% of the respondents reported that 'they did not use a condom every time they had a sexual encounter.' .

Sexual and gender based violence (SGBV) infringes upon the fundamental human rights of adults and children, affecting individual and community development. SGBV intensifies in conflict and post-conflict situations, adding to the risks faced by refugees, returnees and internally displaced persons. In emergency situations, rape and exchange of sex for survival are the most visible manifestations of sexual

violence. This intervention was selected to enable advocacy against violence and exploitation of vulnerable women.

A local AIDS network consisting of 20 organisations/associations working on HIV was created in Angola. The purpose of this was to enable the identification the different actors, and to ensure appropriate coordination; to raise the awareness and motivation of decision-makers to improve projects, programmes and policies; and to strengthen the capacity of institutions working in affected areas.

Due to the deterioration of livelihood security skills throughout years of conflict and prolonged dependence on relief food, there was an increase in the vulnerability of these returnees to poverty, food insecurity and ultimately to HIV and AIDS. Hence the need for income generation and food security programmes to promote sustainable livelihoods of the refugees on return to Angola

There are indications that that the programme has resulted in changes in levels of knowledge, and in attitudes, practices and empowerment of women and vulnerable households. Interviews revealed that while some refugees and returnees felt that general sexual practices in their respective communities had not changed over the time of the program, there was also a general sense that at the individual level some people were practicing abstinence, faithfulness and having protected sex. However further evaluation would be required to confirm outcomes in terms of behaviour change or impact on HIV risk, as well as direct links of these to the intervention.

Community participation had limitations as a sustainable strategy. Interviews revealed that the network of community volunteers trained over the years was still viewed as belonging to IOM and its partners and not the community. Some volunteers had been weakened by a lack of incentives and regular training; others have simply given up their responsibilities

The following are the key lessons learnt over the duration of the project:

a) There is need for constant reassessment/mapping of needs and service delivery points to suit the mobile population.
b) Ongoing monitoring and operational research of interventions is useful to allow adaptation when certain program strategies and activities are not achieving the output they are intended to and to allow adaptation
c) Integrating Livelihood security programs (Income Generating Activities) in HIV prevention programs increases participation by adults.
d) Involving partner organizations in assessments and in implementation helps to avoid duplication and deal with capacity constraints, but can create monitoring and evaluation challenges.
e) Because of the organization implementing the cross-border program may not have presence in all parts of the destination country it is important to integrate refugee challenges into destination country HIV policies and programmes. There must be realistic strategies around feasibility of using returnees in particular areas.
f) Evaluation of outcomes and impact of HIV programmes targeting mobile populations are inherently difficult and this should be recognised in defining expectations of future programmes and their M&E.

The review has demonstrated IOM best practice as it shows that it is possible to integrate a range of activities that deal with many aspects of vulnerability and reinforce each other e.g. livelihoods interventions reinforce ability to change behaviour and interest in HIV and AIDS programmes. These interventions can

achieve significant “reach” in the target population and could be important contributions to HIV and AIDS responses in those groups and the communities around them.

IOM’s comparative advantage in relation to other players could not be explored in depth, However, it is clear that its traditional areas of work create substantial opportunities for it to address HIV and AIDS vulnerability of displaced people. IOM's roles in the areas of HIV and AIDS demonstrated in this project were: mainstreaming, advocacy and policy development, capacity building, research and information dissemination.

Recommendations

Recommendations for this project include;

1. The interventions and lessons learned that are highlighted above, can be replicated in other programs in similar circumstances. Further, more in-depth evaluations would however be desirable to measure the program outcome and impact, and to refine interventions where necessary.
2. IOM should concentrate on implementing HIV and AIDS programs in the areas in which it has a clear comparative advantage. It should continue to forge partnerships with other organizations that have proven records in areas such as behaviour change communication
3. Duration of interventions should be carefully considered in planning as it influences the types of interventions that can feasibly be integrated into the humanitarian response, and the ability to reinforce them to improve potential to achieve behaviour change.
4. Sustainability of interventions should be reinforced. Issues include ownership of programmes by communities and incentives to continue participation
5. Improving the capacity of local indigenous organizations should be made a priority in the Community Revitalization Programme (CRP) in Angola, to strengthen the local response as well as address issues of sustainability
6. The program in Zambia among the Angolan refugees should be continued, with an emphasis on integrating the activities into those of the Government of Zambia. The population in the camp continues to integrate into the local Zambia community and are not about to return voluntarily to Angola.

SECTION ONE: INTRODUCTION

1.1 Overview

This section presents the background and overall purpose of the review, including how and by whom it is intended to be used, as well as the review criteria employed and the key questions addressed. It also outlines the structure of the report.

The HIV Epidemic in Angola
A Multiple Indicator Cluster Survey (MICS) conducted by UNICEF in 2001 confirmed increasing levels of HIV infection in Angola. The survey found that HIV was most prevalent among commercial sex workers (33%). Syphilis among the total population which may be a proxy indicator for HIV vulnerability was found to be alarmingly high in major urban centres in Angola (19% in Luanda, 18.5% in Benguela, 14% in Huila). Sexually transmitted infections (STIs) were also widespread in areas with a high concentration of military and demobilised former combatants. The survey also found low levels of HIV and AIDS awareness especially in border areas with the DRC, Zambia and Namibia, where adult prevalence rates were higher than in Angola (16.5% in Zambia, 21.3 % in Namibia).[1]

The HIV Epidemic in Zambia
Zambia had an estimated 920,000 people living with HIV as of the end of 2003.[1] The HIV prevalence rate in Zambia is 16.5%[3], significantly higher than the prevalence rate of the sub-Saharan African region (7.5%) and the global rate (1.1%).[1] In 2003, an estimated 89,000 Zambians died of AIDS, and life expectancy at birth in Zambia had fallen below 40 years in large part due to HIV and AIDS.[1,3,4] Studies have found that general awareness of HIV and AIDS in Zambia is relatively high.[5] For example, among young people ages 15-24, almost three fourths (74%) young women and 73% of young men knew that a healthy looking person could be infected with HIV.[1]

The response in Angola
Alongside the Angolan Government, a number of international and local organisations have been engaged in HIV and AIDS related preventive and remedial activities, including prevention campaigns, the provision of voluntary counselling and testing (VCT) and anti-retroviral drugs, and capacity building of peer educators and other activists. One such organization was the International Organization for Migration (IOM) which planed to improve the level of knowledge among residents, IDPs and returnees, especially youth, which constitute a large proportion of the Angolan population.

HIV and AIDS in IOM's Mandate
IOM recognises that many of the same inequalities that drive migration also drive the spread of HIV making mobile populations some of the world's most vulnerable populations at risk of HIV infection. The mandate of IOM deals with the entire spectrum of migrant and mobile populations at all phases of mobility hence addressing HIV and AIDS issues fits well into its mandate.

IOM's global HIV and AIDS-related efforts include an array of activities ranging from baseline assessments, capacity building interventions through information, education campaigns, and outreach, voluntary counselling, testing and treatment of STIs, training of peer educators/activities and health professionals. These have done in partnerships with UNAIDS, Swedish International Development Agency (Sida), International NGOs, European Union, Indigenous NGO, UNHCR and respective country Governments

In 2004, IOM in Zambia began mainstreaming HIV and AIDS activities within its programmes in response to the high prevalence of HIV and the realization that HIV and AIDS needs had to be addressed jointly with other issues. One such program was the Voluntary Repatriation ('VolRep') to Angola of Angolan refugees. IOM in Angola which had since 2003 been implementing the Return, Reinsertion and Reintegration ('RRR') Program in the Huambo and Kuanza Sul provinces carried out a demographic and socio-economic survey among vulnerable populations, including IDPs, in the target area. Survey results revealed very low levels of HIV and AIDS awareness in the destination populations, hence the designing of the "*High-Impact Awareness Raising on HIV and AIDS through Community-based High-visibility Activities Targeting Returning Angolan Populations*" Project, and its continuation project the "*HIV and AIDS Prevention and Vulnerability Reduction for Angolan Returnees in Zambia and Angola*" (hereafter known as the *HIV Prevention project*).[2]

1.2 Objectives of the evaluation

The overall objective of the assignment was to review the performance of the project within the current environment and changing factors in Angola's situation by looking at all components of the project. Specifically, the assignment would:

a) Evaluate the relevance and validity of the strategies and activities created and selected to achieve the main outcomes of the project and its ability to contribute to the overall objective;

b) Appraise the appropriateness of the project (all its components) with regards to the needs of the refugees;

c) Analyse comparative advantages that IOM has demonstrated in this project;

d) Assess the main lessons learnt from the project and formulate recommendations that may be incorporated into this project or potential projects of the same nature, stating strengths and weaknesses of the project;

e) Analyse the institutional impact of the implementation of the project on IOM as the first agency to implement this type of project; and

f) To the extent possible, analyse the impact of the assistance on the target beneficiaries.

1.3 Limitations

The limitations of the evaluation include the following:

a) Short time frames and long distances. This constrained the exercise as there was no time for primary and secondary data collection and analysis to fill up information gaps. These factors also created problems in reaching key informants, particularly from partner organizations.
b) Heavy reliance on program reports. This data was not triangulated with more rigorous evaluation techniques.
c) The review was not designed to measure impact nor show causal effect of the IOM on the vulnerability of the migrant population.

These limitations meant that the evaluation could, technically, be considered to be a review rather than a full evaluation.

1.4 Structure of the Report

This report is presented in four main chapters as shown below:

Section One: Contains the background to the review including a description of IOM and HIV and AIDS, program design and review objectives.
Section Two: The review (project) and its purpose, logic, history, organization and stakeholders.
Section Three: Lays out the review findings in accordance with the objectives.
Section Four: Presents the review conclusions, lessons learned and recommendations. Annexes attached to this report including the review Terms of Reference (ToR) methodology for data gathering and analysis and the bibliography.

SECTION TWO: EVALUATION METHODOLOGY

2.1 Overview

The assignment provides a detailed review and synthesis of principal documents and other relevant literature to the project since its inception; extensive informal and formal discussions with the key implementers and partner organizations, and discussions with the refugees and returnee communities. To the extent possible, the review methods used focused on analyzing the process involved in implementing the project and documenting the lessons learned and good practices.

2.2 Evaluation Design

This was a rapid descriptive assessment employing review of secondary data and participatory techniques. Community HIV and AIDS interventions such as the "**HIV Prevention project"** have a results chain - from the intervention's inputs, leading to its immediate outputs, and then to outcomes and final impacts. This review largely focused on part of this results chain (inputs, outputs and to a lesser extent outcomes) It focused on an analysis of the strategies that were chosen to transform the inputs into outputs and the program outcomes. This design was intended to identify and document good practices demonstrated by this project.

Participatory methods were used to allow the refugees and returnees to identify changes resulting from the project and what were the project's strengths and weaknesses. Triangulation was used to 'compare' the information from the target population with the opinions of key informants and information available from secondary sources.

2.3 Study Area and Population

This review was carried out in Mayukwayukwa Refugee Camp and the province of Huambo in Zambia and Angola respectively. The informants consisted of IOM project staff, refugees still in Mayukwayukwa Refugee Camp, returnees in Huambo, partner organization staff and the respective government officials.

2.4 Sampling and Selection of Cases for Qualitative Interviews

This review involved largely qualitative data collection. Any quantitative data in this report was obtained from project documents. For in-depth interviews, purposive sampling of key informants was used. The number of respondents was determined by time and logistical constraints. Informants were mainly personnel involved in the inception and implementation of the program, including community leaders and refugees, who could give articulate responses to complex questions.

2.5 Data Collection

A range of data collection techniques were used to ensure comprehensiveness, validity and reliability through triangulation. Among the techniques employed on this assignment were the following:

2.5.1 Review of program documents

The consultant reviewed all existing literature that was provided by the program offices in Lusaka and Luanda. These included the Nangweshi refugee camp focus

group evaluation report, the two project proposals (phase I and II), the first year final Report, the mid year report of year 2, the M&E plan for phase II, the KABP survey reports, IOM Angola progress reports (quarter 1 – 4) of 2006, and 1st quarter report of 2007. This helped the consultant capture and isolate key issues and components of the program on which to focus during review.

2.5.2 Preparatory Meetings

There was one preparatory meeting between the consultant and the program officials from IOM Zambia to discuss terms of reference, harmonise the understanding of the task, and refine the methodology and work plan. These meetings plus online discussions with IOM Angola were also used to define co-ordination mechanisms during the assignment, and to other levels of the project, like returnees and refugees.

2.5.3 Interviews

Key informant interviews were held with informants that included IOM staff in Lusaka, Luanda and Huambo (Senior Programme Officer, HIV and AIDS coordinator Huambo, Health and Development Officer, Finance officer and Chief of Mission Angola), Beneficiaries and Migration officials from Zambia.

2.5.4 Group Discussions

Group discussions were held mainly at the beneficiary level. Four group discussions were held with the refugees still in Zambia and returnees in Angola who included: A group of HIV and AIDS peer educators and a farmers group and literacy group; all these Mayukwayukwa Refugee Camp. In Huambo province, group discussions were held with returnees and community members.

2.5.5 Observation/ Field visits

The consultant carried out an on-site observation of activities in progress. These included: In Mayukwayukwa Refugee Camp; tilling and watering their gardens, maintaining the community fish pond, a football training session of a youth team. This helped to establish what activities have continued even although the program had finalized its activities in three months prior to this review.

2.6 Data Analysis

Data analysis and field reports were progressively compiled with a view to the overall purpose of the review. This ensured that information gaps were identified and dealt with while still in the field where possible. Most of the information collected was qualitative in nature.

SECTION THREE: THE INTERVENTION

Overview

This section describes the main characteristics of the evaluated intervention and its location, history, organization and stakeholders. The section covers the focal problem addressed by the HIV Prevention Project, the objectives of the project and its logic of cause and effect. A description of activities carried out and key outputs delivered are included.

3.1 The HIV Prevention Project

Angolan refugees have been living in Zambia for more than 30 years as a result of the prolonged civil war that began in the mid 1970s. The first wave of refugees, who identified mainly with the Angolan government, fled the fighting in eastern Angola and settled in Meheba and Mayukwayukwa refugee camps in the North-western and Western provinces in Zambia. In the later years of the civil war, rebel UNITA forces were forced to flee their stronghold of Jamba, and were settled in Nangweshi refugee camp in Zambia's Western province in 2000.[2]

The civil war ended in 2002, and over the next three years, IOM repatriated more than 63,000 Angolan refugees from Zambia. The number of people who were being repatriated had fallen to 2,434 people in 2006. But the UNHCR (Dec 2007) estimated that there were still 8,474 Angolans in Meheba and 10 230 in Mayukwayukwa, leaving more than 18,700 registered Angolan refugees in Zambia.[2]

The Multiple Indicator Cluster Survey (MICS) conducted by UNICEF in 2001 revealed low levels of HIV and AIDS awareness especially in border areas with Zambia where similar studies had shown that general awareness of HIV and AIDS was relatively high. For example, among young people ages 15-24, almost three fourths (74%) young women and 73% of young men knew that a healthy looking person could be infected with HIV.[6]

A disrupted economy, internally displaced populations, returning refugees from high epidemic countries, low levels of HIV and AIDS awareness, and a lack of income generating and farming opportunities in the rural areas created an environment for the increased spread of HIV among the people of Angola. At the time, the government's attention was focused on government stabilization, peaceful transition, and resettlement. Efforts to address the HIV epidemic seen raging in neighbouring countries had been given a lower priority.

This project aimed to develop an HIV knowledge base among Angolan refugees living in Zambia, and teach crucial skills that would assist refugee families upon repatriation. It was designed to see those skills and knowledge transferred to Angolan communities in order to strengthen both the individual resilience to migration, as well as the capacity of the communities of return. The HIV Prevention project provided direct training (including training of trainers) in HIV peer education, gender based programs, agriculture, income generation, continuing clinical health training, life skills and drama. In addition, IOM provided information campaigns designed to teach messages on HIV prevention and awareness.

Project Title

During the first phases of the project (August 1 2004 to March 30 2006) it was called the "*High-Impact Awareness Raising on HIV and AIDS through Community-based High-visibility Activities Targeting Returning Angolan Populations*" and its continuation, the second phase (1 April 2006 to 31 March 2007) was called the "*HIV and AIDS Prevention and Vulnerability Reduction for Angolan Returnees in Zambia and Angola*" (hereafter known as the *HIV Prevention project*).

Program Goal

The overall Goal of the project is to contribute to a reduction in vulnerability of Angolan returnees, local Zambian populations, and returnee committees in Angola to HIV and AIDS.[2, 7]

Target Group

The primary target group for the project consisted of Angolan refugees in the camps of Nangweshi, Mayukwayukwa, and Maheba that were to be repatriated from Zambia to Angola. The secondary beneficiaries of the project included community members that lived in areas of refugee resettlements in Angola.[2] Rural communities would benefit from the knowledge and skills brought by refugees that were gained in the Zambian camps. Additionally, community members living near the refugee camps in Zambia would benefit both economically and socially from the program.[8] Secondary target groups also included Angolan returnees from Botswana, Namibia, and DRC and Rwandan, Burundian, and Congolese refugees living in Zambian refugee camps.

Program Objective (Phase 1)

To raise the levels of HIV and AIDS awareness among refugee and returnee communities in Zambia and Angola

Expected results (Phase 1)

The results expected were;

a) Increased knowledge and awareness on HIV and AIDS and other STIs;
b) Increased capacity of peer educators/community information disseminators, community leaders (chiefs, priests), health workers at health posts, hospitals, traditional birth attendants and local administrations;
c) Increased use of condoms among communities of transit and return;
d) Enhanced local/regional HIV and AIDS response networks combining individual initiative with efforts by governmental and non-governmental entities;
e) Increased co-ordination across borders between partners working with HIV and AIDS; and
f) Prevention of sexual and gender-based violence.

Key interventions and Strategies during phase 1

The project was to achieve these results through the use of the following strategies:

a) Community Outreach and Information Dissemination
b) Sports Activities
c) Training of Peer Educators
d) Voluntary Counselling and Testing (VCT) and Training of Health Workers within Zambia

e) Condom distribution
f) Sexual and Gender Based Violence campaigns
g) Departure, Transit and Reception centres; these were to be used to provide HIV and AIDS information to returnees
h) Use of returning refugees in community programs
i) Formation of an HIV and AIDS Network of local and international organizations so as to enhance the local (Angola) HIV and AIDS response.

Partnerships and collaboration

In order to achieve the project goal and results, IOM collaborated with Indigenous NGOs, UNHCR, NGOs (Grassroots Soccer, LWF, Africa Humanitarian Assistance (AHA), CORD, Angola Red Cross (CVA), Save the Children UK, CARITAS and Handicap International France) plus the respective Country Government agencies.[2]

Towards the end of phase one of the project, it was noted that it was desirable to continue the program through 2006. This was due to the fact that there had been low participation in the 2005 repatriation, meaning that there still was a large presence of Angolan nationals (many of whom were expected to return in 2006) within the camps in Zambia.

Program Objectives (phase 2)[8]

a) To raise the levels of HIV and AIDS awareness among refugee and returnee communities in Zambia and Angola
b) To build community capacity for the provision of HIV education and health services in return areas in Angola
c) To provide income-generating activities to Angolan refugees who will be returning to Angola

Key interventions and Strategies during phase 2

In addition to the interventions used in phase 1, the following interventions were used in phase 2:[8]

a) Income Generation and Food Security Programmes; these included agricultural and Income Generation Activities to promote sustainable livelihoods,
b) Life Skills Programmes; these included literacy training, life skills and nutrition. These were aimed at building personal and individual skills to avoid risky coping strategies, and improve decision-making abilities.

Table 1 (The Logic Model); below shows principle of reasoning that was used in selecting the program strategies and activities in achieving the program outcomes. It highlights how the program inputs translated into the selected process (activities) and outputs. It demonstrates how these outputs can over time relate to the program outcomes and impact (Reduction in vulnerability of Angolan returnees, local Zambian populations, and returnee committees in Angola to HIV and AIDS)[8]

Table 1: Logic model

Inputs	Key Activities	Outputs	Outcomes
- Sida funding - Executing Agencies ▪ IOM-Zambia ▪ IOM-Angola - Project Partners ▪ Implementing partners (UNHCR; CORD; Peace Corps; Africa Directions; GRS; BSA; PSI; AHA; UNFPA; FORGE Angolan Red Cross) ▪ Government of the Republic of Zambia ▪ Government of the Republic of Angola ▪ Technical Expertise (CDC; USAID; Health Systems Support Project)	Capacity-building trainings	- # peer educators trained - # clinical workers trained - # people trained in life skills	- Capacity of community members to disseminate HIV prevention messages - Capacity of community members to provide HIV-related health services
	Income generating activities	- baking class--# trained - driving class--# trained - agriculture class--# trained - drama TOT--# trained - coaches training--# trained	- Returnees have skills which lead to employment opportunities
	HIV awareness activities	- # HIV educational activities - # people reached by HIV educational activities - # football games played with HIV messages disseminated - # drama performances with HIV messages disseminated	- Increase in HIV awareness - Change in HIV attitudes - Change in sexual practices
	Bi-national meetings and site visits	- # meetings held between IOM-Zambia and IOM-Angola - # site visits	- Increased coordination between partners in Angola and Zambia - Improved services and programmes provided to refugees and returnees - Employment opportunities

Critical Assumptions

Critical Assumptions made at the inception of the program included the following:

a) That the prevailing security situation in the target areas would permit the activities to be carried out as planned
b) Donor(s) would make financial contributions towards project implementation
c) That NGO's and partner agencies would remain present / operational in the refugee camps in Zambia and Angola as well as in transit camps in Zambia and Angola.
d) That the Governments and concerned Ministries would collaborate, support and prioritise HIV and AIDS prevention among refugees in Zambia and Angola
e) That there would be full collaboration from the local Angolan authorities to access and implement project activities
f) That there would be high level of collaboration and understanding from the local communities
g) That the environmental/climatic conditions would be favourable to allow the successful implementation of agricultural programs

SECTION FOUR: FINDINGS

OVERVIEW

This section reports on the major findings of the review exercise. The findings are divided into five sections representing the major themes of the exercise namely: the relevance of the strategies and activities in achieving the main program outcomes, the appropriateness of the project components with regards to the needs of the refugees, assessing the comparative advantage IOM exhibited in this program, assessing the major Impacts of the project and documenting the best practises and lessons learnt

4.1 Relevance of program strategies

Relevance is the extent to which a development intervention conforms to the needs and priorities of target groups and the policies of recipient countries and donors.
A review of program documents and interviews revealed a range of strategies and activities that were selected to achieve the program outcomes.

a) Information Dissemination

Communication of information in refugee camps and returnee destination communities was essential, if not sufficient in itself, to assist people in maintaining or adopting behaviours which minimized the risk of contracting HIV and in accessing services and assistance for those who were living with or affected by HIV and AIDS.

The Multiple Indicator Cluster Survey (MICS) conducted by UNICEF in 2001 revealed low levels of HIV and AIDS awareness especially in border areas with the DRC, Zambia and Namibia, where adult prevalence rates were both high and higher than in Angola.[1] The KAPB study done by IOM in Angola (2005), shows that the low level of HIV and AIDS knowledge among Angolan community in the area of the program. When asked how if they new what the term AIDS stood for only 25% responded in the affirmative.[7]

Information dissemination was integrated into all activities that were carried out in the project. Information dissemination through drama and video shows was used. The drama was done by the refugees themselves after receiving training from a professional drama group from Lusaka, thus building on established good practice. Pamphlets and Magazines were used to disseminate information to those that can read. Finally, Departure, Transit and Reception centres were used as strategic points for continued dissemination of HIV and AIDS information to returnees.

Peer education is the approach whereby educational activities are offered by trained people to members of the same age, education or social group. Activities are aimed at developing knowledge, attitudes and skills, which will enable them to be responsible for and protect their own health and prevent HIV. This is generally considered to be an effective approach that is used in many HIV and AIDS programs.

This was done in Zambia to enable the transfer skills and knowledge about HIV and AIDS from Zambia to Angola. It provided refugee and Angolan communities with HIV and AIDS point persons to support community based HIV and AIDS information campaigns.[2, 8]

b) Youth Activities

It was noted in the KAPB rapid assessment of 2005 that at least half of the interviewees had had their first sexual encounter before the age of 15 years (See figure 1 below).
This was related to cultural factors and associated with the war, which had caused, amongst many other things, structural changes within families and communities. The family degradation caused a vacuum in the formal and informal education and values of adolescents.

In this regard, it was important to focus on specific prevention programs aimed at youth between the ages of 10-15 years, on sexuality, physiologic consequences due to precocious initiation of sexual life, STIs and HIV and AIDS. Collaboration with the provincial directorate of education, the schools and the community seems relevant for efficient use of resources, as well as reinforcement and consistency of approaches.

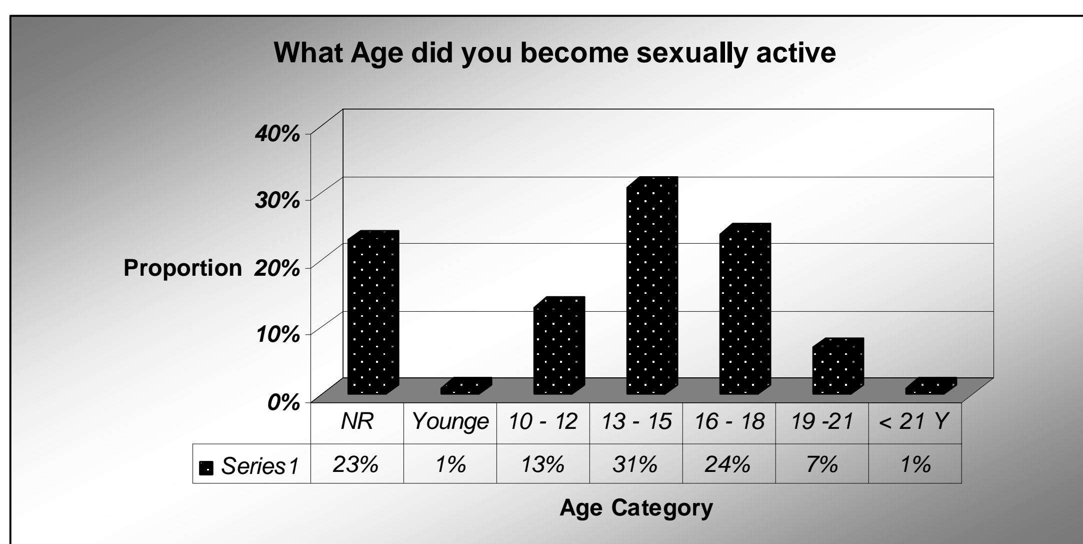

Figure 1: Age distribution at first sexual intercourse among Angolan refugees

Sports were used as a tool to break down cultural barriers, educate young people, and bring communities together. It was to be used to teach youths to adopt healthy behaviours and empower them to reach out to others in the community. The goal was to provide capacity within the community for healthy alternatives for youths. This strategy was adopted in both Zambia and Angola and sports seem to provide a useful, relevant entry point for awareness raising.

c) Condom distribution

The 2005 KAPB rapid assessment revealed that 87% of the respondents reported that they did not use a condom every time they had a sexual encounter. This indicated a need to provide condoms in the refugee camp, transit and reception centres in Angola. Condoms offer effective protection against the transmission of STI, including HIV and AIDS, if correctly and consistently used. Condoms were distributed in the camps in Zambia as well as at departure, transit and reception centres in Angola.

Moreover, culturally appropriate instructions - for example, pictorial representations on how to use condoms and how to dispose of them safely were provided. The

refugees were informed of how and where to obtain condoms through posters, pamphlets and magazines.

d) Sexual and Gender Based Violence campaigns

Sexual and gender-based violence (SGBV) is violence committed against females and males because of the way a society assigns roles and expectations based on gender. Sexual and gender based violence infringes upon the fundamental human rights of adults and children, affecting individual and community development. SGBV intensifies in conflict and post-conflict situations, adding to the risks faced by refugees, returnees and internally displaced persons. SGBV increases the possibilities and the likelihood of spreading sexually transmitted infections and HIV. In emergency situations, rape and exchange of sex for survival are the most visible manifestations of sexual violence.

This intervention was selected to enable advocacy against violence and exploitation, an has clear relevance to preventing HIV, as well as having other benefits.[2, 8]

e) Formation of an HIV and AIDS Network

The main goal of all humanitarian coordination efforts is to meet the needs of the affected populations in an effective and coherent manner. It is therefore essential to identify the different actors, and to ensure appropriate coordination; raise the awareness and motivation of decision-makers to improve projects, programmes and policies; and strengthen the capacity of institutions working in affected areas.

The local AIDS network in Angola consisted of 20 organisations/associations working on HIV.[9] These have been meeting twice a month to discuss various topics like different ways to improve the dissemination of information on HIV and AIDS at the provincial level, as well as issues related to the reduction of stigmatization and the concrete support to people living with HIV. These meetings sought to encourage and provide support to HIV positive persons in the province, in order to enable them to set up their own association. This use of networking seems highly relevant and is consistent with best practice.

f) Income Generation and Food Security Trainings

These interventions included agricultural and Income Generation Activities to promote sustainable livelihoods.[8] Lack of economic opportunities in rural areas in Angola forced most returnees to engage in some form of subsistence farming to provide food and other necessities for themselves and for their families. However, the deterioration of livelihood security skills throughout years of conflict and prolonged dependence on relief food lead to an increase in the vulnerability of these returnees to poverty, food insecurity and ultimately to HIV and AIDS. Hence the need for income generation and food security programmes to avoid high risk survival strategies seems clear.

g) Life Skills trainings

These included literacy training, life skills and nutrition[8,10] and were aimed at building personal and individual skills to avoid risky coping strategies, and improve decision-making abilities.
Literacy courses were aimed at illiterate heads of households and mothers. As the primary health care giver in the family, this enabled them to read information on prescriptions, and learn about HIV and other health risks for general family health.

Life skills were given both to young adults and adults. These courses went through a series of skills building exercises, which allowed participants to examine their own life choices and help them make better long-term decisions. Development of life skills is recognised as a critical complement to information and awareness raising and thus this aspect of the programme was important to improve outcomes.

4.2 Appropriateness of project components

Appropriateness refers to the extent to which development/humanitarian components are tailored to local needs, and the requirements of ownership and accountability. It seeks to explore how well do the humanitarian activities respond to the changing demands of the situation.

A review of program documents, published and unpublished information revealed the aptness of the project components with regards to the needs of the refugees.

Figure 2, below highlights the multi-sectoral nature of the causes of vulnerability in post-conflict settings hence the nature of program components that were used (Capacity building, Income generating, HIV and AIDS awareness and strengthening the local response in Angola). As noted in the previous section, the 2005 KAPB study revealed low level of knowledge, attitudes and practices/ coping strategies that indicated risk/ vulnerability to HIV.

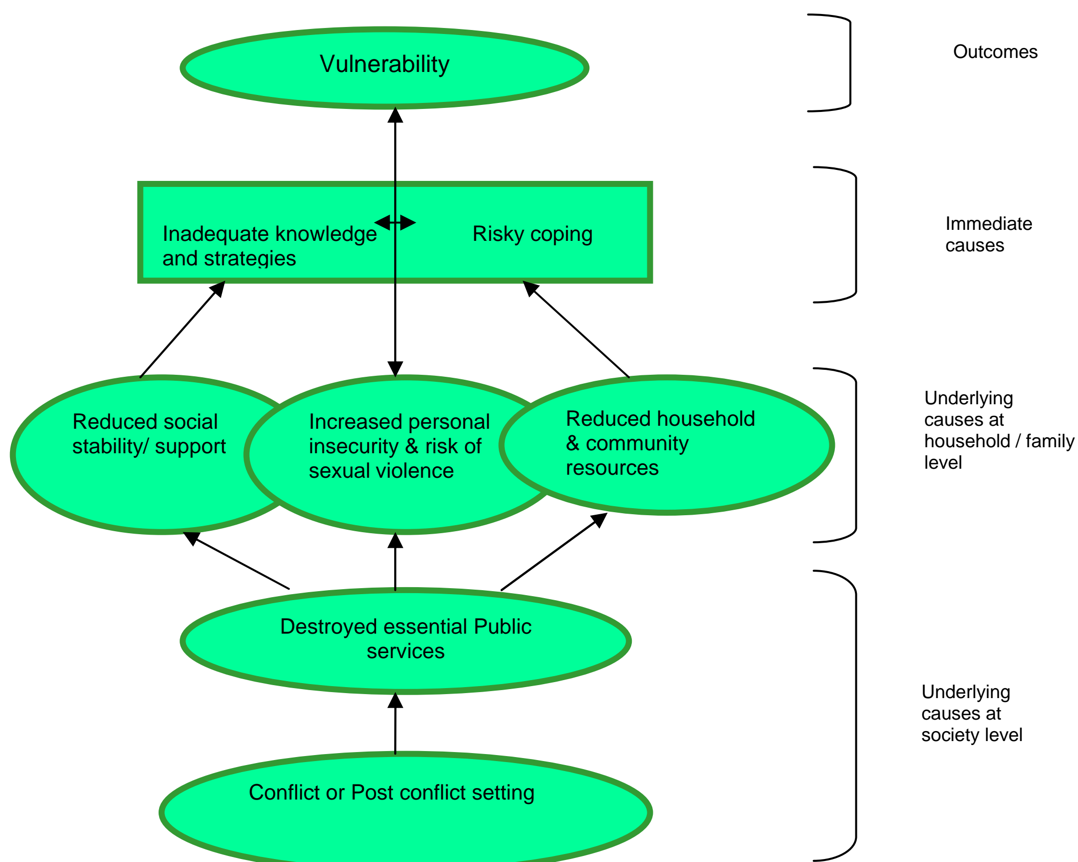

Figure 2: Conceptual framework causes of vulnerability in mobile populations and post-conflict settings

Interviews with IOM program officers present at the time of inception of the program and with refugees in Mayukwayukwa Refugee Camp revealed that the needs of the refugees at the time of inception were: protection, food security, HIV and AIDS knowledge, shelter, health and assurance of non-discrimination and lack of livelihood security upon return to Angola.

a) Capacity building

Capacity building as a component of the program was used to address several of the above determinants of vulnerability. Several interventions were means of addressing the inadequacy in knowledge among the refugees. Capacity building was tailored to improve refugees' ability to disseminate HIV prevention messages and enhance health services' ability to address the HIV-related needs of the refugees and surrounding communities

Low levels of HIV and AIDS knowledge were dealt with in part by training available health workers to address issues related to HIV and AIDS, VCT, tradition, beliefs and practices within the local communities surrounding the reception/transit centres and local communities.

Peer educators were trained so as to enable refugees have resource persons to which they can turn to for information. The peers were selected by the refugees themselves, thus improving the ownership of their work and likelihood that they could be influential in changing awareness and attitudes. At repatriation some peer educators where transferred to Angola to enable a transfer of knowledge across the boarder, and maintain continuity amid the shifting circumstances of the target population.

Life skills' training was incorporated into the program to enable refugees to acquire skills for decision-making, problem solving, communication, negotiation, and relationships.

With funding from IOM, a VCT centre was opened in Mayukwayukwa in May 2004. IOM provided test kits and salaries for counsellors. IOM funded the continuation of VCT services in Nangweshi camps. Funding for VCT was retracted from Maheba due to poor performance by LWF (the implementing partner tasked with providing the service in Maheba) during the second phase project. To support VCT programmes in Mayukwayukwa and Nangweshi IOM provided Africa Humanitarian Assistance (AHA) with funds for the purchase and distribution of HIV testing kits and supported the payment of salaries for counsellors and laboratory technicians who carried out the counselling and testing.[11]

b) Livelihood security

During the initial phase of the program it was noted that whereas youth participation in Anti-Aids Clubs, Sports programs and entertainment programs was excellent, the adults were not participating in the program.[12] Livelihood security was introduced as a program component in the second phase of the program to connect HIV and AIDS awareness with income generation and skills development, to involve more heads of households and community leaders.[8, 11] In addition it would address vulnerability to HIV infection induced by food insecurity and poverty, and to improve the capacity of and returnees to provide home based care for people living with HIV as demonstrated in Figure 3 below. Activities involved training in farming, baking and motor vehicle driving.

Interviews with program officers from IOM`s partner organizations revealed that these trainings were done such that upon reintegrated into Angolan communities where food security and economic opportunities were severely limited by years of civil war, trainees could serve as point persons and educators for their communities. These activities therefore seem very appropriate to reinforce youth interventions by involving adults, as well as for their direct benefits to adults.

Figure 3: Agriculture/farming training Mayukwayukwa Refugee Camp

c) HIV AND AIDS Awareness

This was the main component of the program. The program was designed to improve awareness among Angolan returnees, who would then transfer their HIV and AIDS knowledge to the local Angolan populations[2, 8, 11, 12]. In doing such, the program was designed to mainstream HIV and AIDS information and vulnerability reduction into all phases of the repatriation exercise.

Awareness-raising activities such as debates, music, plays, videos and "car-stop operations" in the municipalities, communes, and villages were carried out. The program ensured local ownership by having activities carried out by local partners such as NGOs, local government and community leadership including health technicians, maternity homes, local churches, schools, military regiments, police stations and traditional leaders (i.e. sobas). During these sessions, different HIV and AIDS information materials would be distributed (condoms, pamphlets, posters, cards, etc). Community and peer involvement, as well as a variety of entry points and methods, seem likely to have reinforced effectiveness of awareness raising efforts

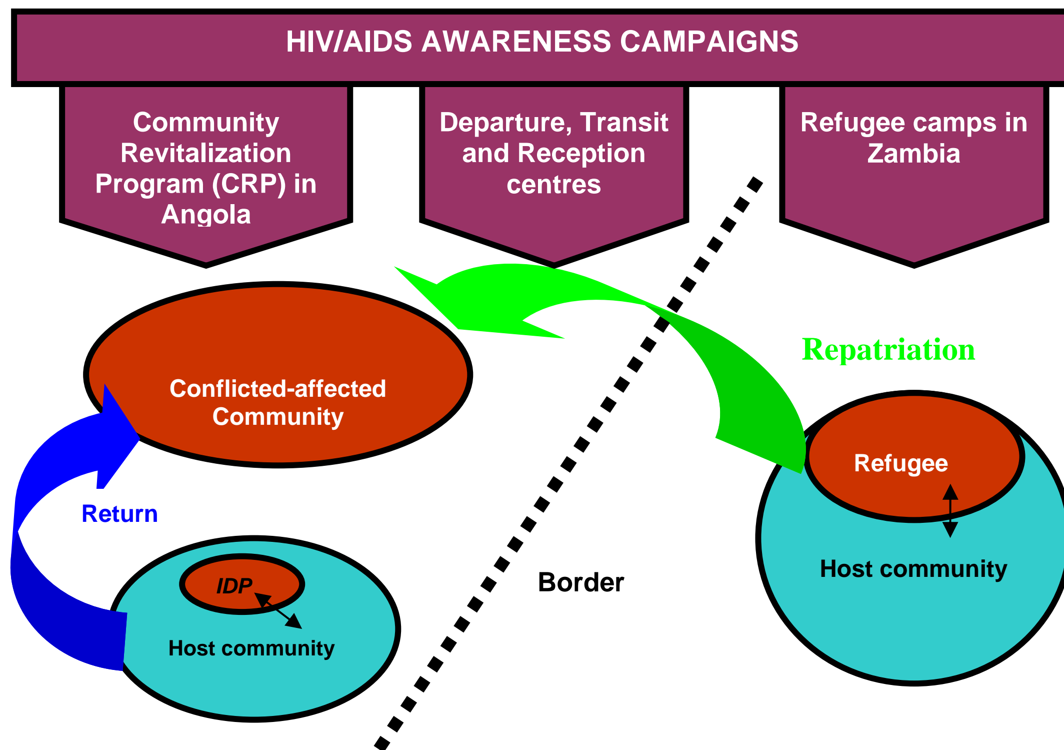

Figure 4: Points at which awareness campaigns were carried out

d) Strengthening Local Response in Angola

In a continued effort to improve the capacity of Angolans to mitigate HIV and AIDS in their communities, and to ensure sustainability of activities, the program provided support to local government, NGOs, community based organizations, and other relevant stake holders in developing effective community responses to HIV and AIDS. By assisting these groups with coordination and training in HIV and AIDS information, leadership, project development, project management, fund raising and community outreach, Angolan communities would be more capable of developing effective responses to HIV and AIDS. Strengthening local response in Angola seems to have been appropriate to improve coordination between partners in Angola and Zambia to create synergy and avoid duplication of roles, and potential for better services and programmes to refugees and returnees.

4.3 Comparative Advantages of IOM

IOM is the leading inter-governmental organization in the field of migration and works closely with governmental, intergovernmental and non-governmental partners. With 120 member states, a further 20 states holding observer status and offices in over 100 countries, IOM is dedicated to promoting humane and orderly migration for the benefit of all. It does so by providing services and advice to governments and migrants.

IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for

practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people.

The IOM Constitution recognizes the link between migration and economic, social and cultural development, as well as to the right of freedom of movement.

IOM works in the four broad areas of migration management:
a) Migration and development
b) Facilitating migration
c) Regulating migration
d) Forced migration

IOM activities that cut across these areas include the promotion of international migration law, policy debate and guidance, protection of migrants' rights, migration health and the gender dimension of migration.

All of IOM's traditional areas of work create substantial opportunities to address HIV and AIDS vulnerability through consideration of HIV and AIDS in areas of core IOM work. IOM has been working closely with UNAIDS since 1997. In November 2002 the cooperation framework between UNAIDS and IOM – first signed in 1999 – was strengthened and renewed. The organizations cooperate in the areas of advocacy; of capacity building and programmatic support; and of best practice and information dissemination. IOM projects are developed in partnership with other international agencies, with governments and with NGOs. IOM's HIV and AIDS-related projects are based on a multi-disciplinary approach. They address the specific vulnerabilities of mobile populations to HIV and AIDS, attempting to intervene in the factors – such as powerlessness and exploitation – that push them to engage in HIV risk behaviours

IOM's comparative advantages in relation to other players could not be explored in depth in this review, However, available information did support previous assessments of the comparative advantages of IOM in the several areas of HIV/ AIDS:[12]

In summary, the experience of this programme suggests that IOM has comparative advantages in the areas of mainstreaming, capacity building and research in particular. There also seems to be potential for comparative advantages in advocacy arising out of experience of the programme. Another comparative advantage of IOM seems to be its ability to network and facilitate inputs from other partners with expertise and influence, not purely in direct implementation by IOM.

a) Mainstreaming

IOM can assist governments and NGOs to integrate HIV and AIDS and population mobility into planning, policies and programmes. It also ensures that HIV and AIDS issues are appropriately addressed in other IOM activities, such as counter-trafficking and demobilization.

The programme under review is a strong example of mainstreaming of HIV and AIDS issues into the programmes of IOM. IOM took advantage of opportunities presented by its core work to incorporate HIV and AIDS prevention and care. In line with good mainstreaming practice it assessed (i) how the spread of HIV is caused or contributed to in their area of operation; (ii) how the epidemic is likely to affect IOM's goals, objectives and programmes; and (iii) where their sector has a comparative advantage to respond. Of note, IOM built on the comparative advantages of more

experienced partners to provide various areas of its response, rather than assuming IOM itself should provide all aspects of the response directly, which would have increased the chances of being both less effective and inefficient .

Other examples of IOM's work in this aspect include IOM's work in drafting guidelines for HIV counselling and testing in the context of migration health assessments, training and supervising HIV and AIDS counsellors

b) Advocacy and policy development

At local level IOM is in a position to advocate for, and support, responses to HIV and AIDS among partners that may otherwise be preoccupied with other aspects of unstable situations or reconstruction, as in the case of the Angolan government at various times.

IOM is also in a strong position to use experience from projects such as the one under review to engage in a variety of activities to increase international and national understanding and recognition of the vulnerability of migrant and mobile populations to HIV and AIDS and to promote their HIV and AIDS-related legal and human rights. It can support policy development that reduces the HIV vulnerability of mobile populations. IOM can also build networks and organizes events with a wide range of stakeholders to build consensus around priorities, policies and actions, as well as to promote access to adequate AIDS prevention, care and support services.

Examples of IOM's work in this aspect are producing joint IOM-UNAIDS best practice publications such as the Technical Update on Population Mobility and AIDS, Migrants' Right to Health and a UNAIDS/IOM statement on HIV AIDS related travel restrictions

c) Capacity building

IOM can leverage its familiarity with mobile populations to assist in building the capacity of governments and NGOs to address HIV and AIDS vulnerability among mobile populations.

At a service level, IOM's core work gives it opportunities to build capacity of CSOs, peer educators, health workers, VCT services and government. It also indicated a particular potential to build capacity at various points to which vulnerable populations moved, often in situations where government capacity is very limited.

Other examples of IOM's work in this aspect include:

- Establishing a partnership on HIV and AIDS and Mobile Populations in the Southern African region bringing together sectors employing mobile workers, civil society and international organizations to create a more effective response to HIV and AIDS vulnerabilities of migrant and mobile populations;
- Providing VCT and STI treatment for mobile and resident populations in high risk zones along major trucking routes in Ethiopia; and improving access to HIV and AIDS information among linguistic minority groups in Ethiopia;

d) Research and information dissemination

IOM can commission research for advocacy purposes and to inform policy development. It can also identify and generate good practice information on AIDS prevention and access to care for migrants.

Examples from the programme under study are the KAPB surveys done among returnees and recipient communities in the provinces of Huambo, Kuando Kubango and Moxico in Angola. These could potentially be extended to include seroprevalence surveys to increase understanding of the HIV vulnerability and prevalence among particular populations, as well as improve targeting of interventions.

Other examples of IOM's work in research and information dissemination include:
- Research to guide action on HIV and AIDS and mobile populations in eight Southern African countries;
- Baseline assessments of the HIV and AIDS vulnerability of migrants in Algeria internally displaced young people in Uganda and migrant farm workers on the South African-Mozambican border.

4.4 Major outputs and immediate outcomes of the Project

This section presents key achievements (outputs) of the project on selected interventions for which records were available. It groups them according to the two phases of the project. It then presents the immediate outcomes of these outputs on the target population. In assessing the effects the review used the findings from a community assessment (June 2007) by IOM-Zambia carried out among Angolan refugees in Mayukwayukwa Refugee Settlement, Western Province, Zambia enriched with interview findings and focus group findings by IOM-Zambia in August 2006.

4.4.1 Key outputs (period ending March 2006)

Community Outreach and Information Dissemination
During this period IOM facilitated 18 drama and music programmes in departure centres, which served as a way to mobilize returnees en route to Angola and provide people with consistent and clear information about the transmission, prevention, treatment of HIV and AIDS. These programmes reached a total audience of more than 15,000 returnees in Makeni, Mongu, and Maheba departure centres and in Nangweshi, Mayukwayukwa, and Maheba refugee camps.[12]

During the repatriation IOM reached a total audience of 7228 returnees using interactive video presentations followed by question and answer sessions about videos from the "Scenarios from Africa" series of HIV and AIDS educational videos.

Indicators of capacity development of various HIV and AIDS human resources and services are reflected in the following tables.

Table 2: Distribution of peer educator activities

Camp/Site	Number of Peer Educators Trained by March 2006	Number of Peer Educators Repatriated	Number Still Working in Camps by March 2006
Mayukwayukwa	32	19	13
Nangweshi	32	26	6

Over 75% of the peer educators were repatriated, the remaining 25% are still working in Mayukwayuka refugee camp.[12]

Table 3: Distribution of Voluntary Counselling and Testing (VCT)

Camp	Number of Clients Counselled	Number of Clients Tested
Mayukwayukwa (started VCT in May of 2004)	167	161
Nangweshi	604	583

Disaggregation of clients tested by sero-status was not readily available but would have added more insight into the magnitude of the problem among the refugees.

Table 4: Numbers of health care workers trained in Mayukwayukwa and Nangweshi

Training Course	# Persons Trained in Mayukwayukwa	# Persons Trained in Nangweshi
HIV and AIDS and counselling	1	1
HIV and AIDS Refresher training for Community Health Workers, Home Based	37	22
Reproductive Health training to Traditional Birth Attendants and Safe Motherhood workers	9	9
Opportunistic Infection Training for clinical officers	3	3
Refresher in Universal Precautions for Midwives and Nurses	8	12
Training for SGBV Assistants	0	8
HIV and AIDS Lab Assistants	0	2

Condom distribution

Activities distributed 56,760 and 105,800 male condoms in Mayukwayukwa and Nangweshi refugee camps respectively..

Sexual and Gender Based Violence campaigns

Focus groups and counselling sessions on SGBV were held for camp residents and a total of 855 camp residents attended.

Transit and Departure Centres

More than 15,800 returnees attended HIV and AIDS information programs in transit and departure centres during the repatriation exercise.

Achievements in Angola

IOM-Angola held programs for more than 90,000 participants during this period (phase 1).[10, 12] These included the following.

- Development of Activists Groups
- Sensitisations – A total of 250 activities were carried out, such as: Activity Days, Sensitisations (through interpersonal communication, plays, video, etc.), and musical/cultural activities in the municipalities, communes, and villages.
- Sensitization on Gender Perspective

- Activity Days – A total of 9 Activity Days were held in partnership with partners from the Ministry of Women's Advancement, UNAC, UNAP, Ministry of Youth and Sports, JUPV, Play Group Voices of Africa, Angola Red Cross (CVA), Save the Children UK, Handicap International France, Ministry of Assistance and Social Reintegration (MINARS), and Associations
- Training – Twenty (20) training and refresher sessions were organised with partners with JUPV, CARITAS, CVA, Save the Children-UK, National Union of Artists Musicians (UNAC), National Union of Plastic Artists (UNAP), "Vozes de África" (Voices of Africa), Journalists from the Radio, Angop, and TPA. Ministry of Culture, Health sectors, Ministry of Youth and Sports, Ministry of Family and Women's Advancement, and the Municipal Administrations of Katchiungo and Tchicala Tcholoanga got also involved in the training.
- Forty-four former refugees are currently working with the IOM field office in Huambo on peer education programs

4.4.2 Key outputs (period April 2006 to March 2007)

Youth Programmes

The aim was to reach 2,400 youth refugees with HIV and AIDS information by May 2007 through the establishment of youth football leagues in Mayukwayukwa and Chivanga. In doing this IOM offered coach training to 40 men and women who were willing to work with youth in Angola. Peer educators were trained to work with youth coaches, and 43 teams were created and supported for boys and girls between the ages of 10 –16 years.

Table 5: Number of trainings on food security programs Mayukwayukwa and Nangweshi

Training Course	# Trained in Mayukwayukwa	# Trained Nangweshi
Low Input Community Gardening	0	92
Gardening	235	0
Fertilizers and Pesticides	149	0
Erosion Control	126	0
Construction of Energy Saving Stoves	176	0
Potato and Rice Production	93	0

Nangweshi refugee camp was closed shortly after the start of program activities in food security programs, hence the bulk of those trained were in Mayukwayukwa refugee camp.

Income Generating Activities

In order to promote sustainable livelihoods, IOM assisted in training 43 refugees from Nangweshi refugee camp prior to VolRep. Thirty nine refugees, mostly women were trained in baking skills and small business skills as a means to setting up a home-based or small business bakery. Four male refugees were trained in driving, and earned driving certificates in order to earn income as taxi drivers or other hired drivers upon return.

Table 6: Number of trainings on life skills programs in Mayukwayukwa and Nangweshi

Name of Course	Mayukwayukwa	Nangweshi
Life skills for young adults	111	57
Life skills for adults		47
Literacy courses	315	0

Sensitisations and HIV and AIDS Awareness Sessions in Angola

During the reporting period, a total of 161 awareness-raising activities were carried out, such as debates, music, plays, videos and “car-stop operations” in the municipalities, communes, and villages where IOM has CRP and/or HIV activities. The activities were carried out by IOM teams and local partners such as NGOs, local government and community leadership including health technicians, maternity homes, local churches, schools, military regiments, police stations and traditional leaders (i.e. sobas). During the sessions, different HIV materials were distributed (condoms, pamphlets, posters, cards, etc).

Table 7: Number and types of sensitization activities conducted

Type and list of activities	Number of courses	Number of participants
Training Courses	2	37
Drawing Contest in Mungo	1	119
Sports activities	17	809
Activity Days	2	2,672
Video and Drama presentations	4	260
Community and HIV and AIDS awareness sensitizations	114	14,080
Debates on HIV and AIDS issues	21	722
Total	161	18,699

4.4.3 Immediate outcomes of the project

This section provides a summary overview of available information from previous assessments as well as individual families and partner organizations’ views on the outcomes of the project. It provides an overview of the perceptions of the refugees, host community, returnees and destination communities on how the project has affected their families and the well being of women and children. These provide quite a large body of evidence that the interventions contributed to changes in levels of knowledge related to HIV and AIDS, as well as some attitudes and behaviours. However, the available information does have limitations in establishing the scale of changes and direct links to IOM interventions.

HIV knowledge

There are indications that the interventions may have produced measurable changes in levels of knowledge of STIs and HIV and AIDS, although the available information has limitations in establishing whether changes were significant and attributable to IOM interventions. In Mayukwayukwa, 80% had heard of HIV[13] in contrast to the 72% of those surveyed in Angola as revealed in the 2005 KAPB survey. Men in Mayukwayukwa were the most knowledgeable, with 87% having heard of HIV.

Focus group discussions carried out by IOM in August of 2006 also revealed that of the 73 individuals who participated in the focus groups, the majority reported having greater HIV-related knowledge as a result of IOM-funded activities in Nangweshi Refugee Camp. For some participants, the first time they had learned about HIV was while they were living in Nangweshi.

Among the trained clinical healthcare workers, the majority had their first and only HIV course while working in Nangweshi's health clinic.

HIV behaviour and practice

Interviews revealed that while some refugees and returnees felt that general sexual practices in their respective communities had not changed over the time of the program, there was a general sense that at the individual level some people where practicing abstinence, faithfulness and having protected sex.

Interviewees also reported that the information provided by the peer to peer education, dance, music, drama, radio messages and radio talk shows was a constant reminder to the community of the problem posed by HIV. Such ongoing reinforcement is recognised as a key aspect of effective behaviour change communication. It also provided the community with accurate information about HIV and AIDS and where services could be obtained.

Program monitoring data revealed that 56,760 and 105,800 male condoms were distributed in Mayukwayukwa and Nangweshi refugee camps respectively during the first phase of the project. Data was not readily available to assess trends in uptake or obtain an indication of actual utilisation of the condoms. However, findings of the community assessment carried out by IOM – Zambia in June of 2007; revealed that

- Nearly all of those who had attended IOM funded activities had heard of condoms, compared with only 57% of those who hadn't attended
- Of those, 25% more attendees knew how to use condoms, 22% more knew where to get condoms, and 21% more had used a condom
- Regarding HIV testing 82% of attendees knew where to get tested for HIV, compared with 39% of non-attendees
- 25% of those who had attended HIV related activities had been tested for HIV, compared to just 11% of those who hadn't attended

Level of community participation in care and support of People living with HIV

Interviews revealed that the community both in Angola and in the camp in Zambia had come to see people living with HIV as the responsibility of the community in which they are, not only of their families. Some villages in Angola have set up voluntary groups that visit and look after the people living with HIV.

The following key issues have been identified as 'patterns' emerging from the views of the community volunteers working with the Community Revitalization Programme (CRP) in Angola who took part in the interviews. These issues have also been highlighted due to their similarity with views expressed in the group discussions in the refugee camp in Zambia:

- *Community members are eager to become volunteers as they perceive skills gained and contacts made making them employable*
- *Volunteers have gained recognition by the community and local community leadership*
- *Volunteers have gained a sense of meaning and respect by the community through their altruistic offering of community service*

These effects are a result of the work of IOM and other implementers.

Impact on the well-being of women

In conflict and post conflict situations, women can be expected to be at higher risk than men of HIV infection and they also tend to carry the greater burden of care for people affected by HIV and AIDS.[14] Thus effects of the program on women are a key influence on its usefulness.

Program monitoring data obtained from IOM revealed that approximately 60% of volunteers were female.

In general interviews with women, who had benefited from the project, they indicated that the project had provided them with information that empowered them. The program had enabled them to organize in to small help groups to enable them better cope with the burden of providing care to OVCs and those members of the community who were ill with AIDS.

Families headed by women have also benefited from the income generating activities and have had their families economically empowered.

In general interviews suggested that the project had provided information on HIV and AIDS to women which they are using in making decisions about their well being.

Sustainability

Whereas community participation has been strong over the years of the program as described above, community participation as a sustainable strategy is still largely untapped. Interviews revealed that the network of community volunteers trained over the years was still viewed as belonging to IOM and its partners and not the community. Some volunteers had been weakened by a lack of incentives and regular training; others have simply given up their responsibilities.

In summary, after two years of program implementation the target population perceives the program has produced outcomes. Due to the limited data and time available for this assessment, it is not possible to ascertain how far these comments and opinions can be generalised the general beneficially population. However, they do offer a flavour and insight into how target population perceives the project to have impacted on them.

SECTION FIVE: CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS

IOM's HIV Prevention project "HIV and AIDS Prevention and Vulnerability Reduction for Angolan Returnees in Zambia and Angola" was a continuation of its "High-Impact Awareness Raising on HIV and AIDS through Community-based High-visibility Activities Targeting Returning Angolan Populations". These two projects have provided HIV prevention activities for Angolan refugees and returnees in Zambian-based camps and in returnee communities in Angola for the period August 2004 to March 2007.

The project aimed to develop an HIV knowledge base within Angolan refugees living in Zambia, and teach crucial skills that would assist refugee families upon repatriation. It was designed to see these skills and knowledge are transferred to Angolan communities in order to strengthen both the individual resilience to migration, as well as the capacity of the communities of return. The HIV Prevention project has provided direct training (including training of trainers) in HIV peer education, gender based programs, agriculture, income generation, continuing clinical health training, life skills and drama. In addition, IOM has provided information campaigns designed to teach messages on HIV prevention and awareness.

The program provided intervention strategies and activities that were relevant to the main objectives of the project (Reduction in vulnerability of Angolan returnees, local Zambian populations, and returnee committees in Angola to HIV and AIDS). As noted above, low levels of HIV and AIDS awareness were found in 2001, especially in border areas with the DRC, Zambia and Namibia, where adult prevalence rates were higher than in Angola. This and other information indicate that communication of information in refugee camps and returnee destination sites was essential in assisting people to maintain or adopt behaviours which minimized the risk of contracting HIV, and to access services and assistance for those who were living with or affected by HIV and AIDS. Sexual and gender based violence also needed to be tackled as it was a threat to the fundamental human rights of adults and children, affecting individual and community development, as well as increasing risk of HIV. Other aspects such as support to networks of organisations and enhancement of livelihood security also seem appropriate to build capacity and reduce vulnerability.

Lessons learned

The following are the lessons learnt over the duration of the project that are likely to have a potential for wider application and use:

a) IOM can mount HIV and AIDS interventions with significant "reach" among refugees and returnees. These can be important contributions to HIV and AIDS responses in those groups and the communities around them.

Best Practice:	***The intervention shows that it is possible to integrate a range of activities that deal with many aspects of vulnerability and reinforce each other e.g. livelihoods interventions reinforce ability to change behaviour and interest in HIV and AIDS programmes***

b) Programmes must be flexible to accommodate changes in location and circumstances of target populations. Due to concerns over economic, political, and social issues in Angola of the 35,000 Angolan nationals that had been expected to return to Angola in 2005, only 17,000 nationals were voluntary repatriated by IOM during that period. In these circumstances IOM had to refocus its service delivery points to the camps instead of the transit and reception centres in Angola.

Lessons learned: *There is need for constant assessment/mapping of service needs and delivery points to suit mobile populations such as those addressed by the project.*

c) Some key interventions in sensitive areas such as HIV and AIDS may have limited uptake and impact. Basic operational research can help to refine interventions to address this. For example, VCT uptake rates remained low even in the advent of free ARVs. Initial thoughts were that rates would increase once free ARVs were made available. IOM carried out a short assessment to determine reasons for poor demand for VCT and embarked on a campaign to reduce the actual and perceived lack of confidentiality in testing for HIV status.

Lessons learned: *Some interventions may have limited uptake or effect. Ongoing monitoring and operational research of similar interventions is useful to shed more light on why certain program strategies and activities are not achieving the output they are intended to, and to allow adaptation.*

d) IOM can use the expertise and capacity of partner organisations to facilitate implementation of many activities to accommodate limited IOM presence. This applied to specific interventions such as peer education as well as other activities. In 2004, IOM-Angola identified the need for better data concerning Angolan levels of awareness and education concerning HIV and AIDS as well as the practices and behaviours that could lead to a worsening epidemic in Angola. This was tackled more efficiently by coordinating with other partners.

Lessons learned: *Involving partner organizations in implementation as well as base line and other data assessments helps to avoid duplication and deal with capacity constraints in resource limited settings.*

e) Reliance on implementing partners for the facilitation of activities can increase the challenges of monitoring and evaluation of some activities

Lessons learned: *Monitoring and evaluation challenges need to be anticipated and managed when there is reliance on other implementing partners.*

f) A range of activities should and can be considered to support changes in knowledge and attitudes among important and influential sub-groups in refugee communities. For example, IOM noted excellent youth participation in

Anti-Aids Clubs, Sports programs and entertainment programs. However adult participation was weak which could not only limit benefits for adults, but also undermine the effects of youth interventions. Programmes that connect HIV awareness with income generation and skills development, were developed to involve more heads of households and community leaders

Lessons learned: *Integrating Livelihood security programs (Income Generating Activities) in HIV prevention programs increases participation by adults.*

g) Using returnees in community programs can be a key strategy of programs but can be difficult to target. It was noted that most of the activists trained in Zambia at Mayukwayukwa and Nangweshi centres resettled in areas of Angola where IOM did not have programmes (Huila, Kwanza Sul, Bié, and Benguela). Only about 44 returnees had been identified in Huambo Province and are working with IOM.

Lessons learned: *Because of the organization implementing the cross-border program may not have presence in all parts of the destination country it is important to Integrating refugee issues into destination country HIV policies and programmes. There must be realistic strategies around feasibility of using returnees in particular areas to provide services.*

RECOMMENDATIONS

Recommendation 1

The lessons learned and good practices highlighted above can be applied in other programs in similar circumstances

Recommendation 2

IOM should concentrate on implementing HIV and AIDS programs in the areas in which it has a clear comparative advantage. It should continue to forge partnerships with other organizations that have proven records in areas such as behaviour change communication

Recommendation 3

The duration of interventions should be carefully considered in planning and budgeting.

- ***Short durations of funding influenced the nature of activities that could be undertaken and effectiveness of integration of HIV and AIDS into broader emergency programme work.***
- ***There are indications that the project has started changes that can reduce the vulnerability of beneficiaries to HIV and AIDS. However, maintaining and increasing progress to reduce risk will need reinforcement.***

Recommendation 4

Sustainability of community action should be addressed. Limitations that need to be tackled include the perception among community members that their work is for IOM and its partners, as well as lack of incentives and regular training

Recommendation 5

Improving the capacity of local indigenous organizations should be made a priority in the Community Revitalization Programme (CRP) in Angola. This will strengthen the local response as well as address issues of sustainability

Recommendation 6

The program in Zambia among the Angolan refugees should be continued, with an emphasis on integrating the activities into those of the Government of Zambia. This largely because the population in the camp continues to integrate into the local Zambia community and is not about to return voluntarily to Angola. This will also help to address issues of sustainability

ANNEXES

Annexe 1: Terms of Reference

IOM evaluation of the HIV prevention project

Organization

International Organization for Migration (IOM) in Lusaka.

IOM background - IOM was established in 1951 as an intergovernmental organization to resettle European displaced persons, refugees and migrants, IOM has now grown to encompass a variety of migration management activities throughout the world. After half a century of worldwide operational experience, IOM has become the leading international organization working with migrants and governments to provide humane responses to migration challenges. IOM's work focuses on four main strategic areas: Migration and Development, Facilitating Migration, Regulating Migration and Alleviating Forced Migration.

IOM Zambia Background - In 2004, IOM began to mainstream HIV and AIDS activities within its programmes in response to the high prevalence of HIV in the country and the realization that HIV and AIDS needs to be addressed jointly with other issues.

Person(s) responsible (points of contact)

Main point of contact:	Elizabeth Barnhart, Health and Development Officer, ebarnhart@iom.int Tel: +260-1-254 055
Secondary point of contact:	Josiah Ogina, Chief of Mission, IOM-Lusaka, jogina@iom.int
Additional contacts:	Barbara Rijks, Regional HIV and AIDS Programme Officer, IOM-Pretoria, brijks@iom.int
	Katharina Schnoring, Acting Chief of Mission, IOM-Angola, kschnoring@iom.int

Background on the project

IOM's project "*HIV and AIDS Prevention and Vulnerability Reduction for Angolan Returnees in Zambia and Angola*" (hereafter known as the *HIV Prevention project*) is a continuation of its "*High-Impact Awareness Raising on HIV and AIDS through Community-based High-visibility Activities Targeting Returning Angolan Populations*". These two projects have been providing HIV prevention activities for Angolan refugees and returnees in Zambian-based camps and in returnee communities in Angola since August 2004.

The project aims to develop an HIV knowledge base within Angolan refugees living in Zambia, and teach crucial skills that will assist refugee families upon repatriation. It is designed to see those skills and knowledge transferred to Angolan communities in order to strengthen both the individual resilience to migration, as well as the capacity of the communities of return. The HIV Prevention project has provided direct training (including training of trainers) in HIV peer education, gender based programs, agriculture, income generation, continuing clinical health training, life skills and drama. In addition, IOM has provided information campaigns designed to teach messages on HIV prevention and awareness.

Objectives of the project

The purpose of this project, which is implemented jointly by IOM-Zambia and IOM-Angola, is to:

- Raise overall levels of HIV awareness;
- Build community capacity for the provision of HIV education and health services in return areas in Angola; and
- Provide income-generating activities to Angolan refugees who will be returning to Angola.

This unique cross border approach was designed to provide behavioural and technical training while refugees were still residing in camps outside Angola. Sida and IOM took the innovative approach of a cross border programme that aimed to educate and build capacity for individual refugees who would then return to Angola with skills for self-reliance lessening vulnerability to risky behaviours as they reintegrated into their society, as well as rebuilding their communities and their country.

Objectives of the evaluation

The overall objective of the evaluation is to determine the appropriateness and performance of the project within the current environment and changing factors in Angola's situation by looking at all components of the project.

Specifically, the evaluation will:

- Evaluate the relevance and validity of the strategies and activities created and selected to achieve the main outcomes of the project and its ability to contribute to the overall objective;
- Appraise the appropriateness of the project (all its components) with regards to the needs of the refugees;
- Analyse the comparative advantage that IOM has demonstrated in this project;
- Analyse the main lessons learnt from the project and formulate recommendations that may be incorporated into this project or potential projects of the same nature, clearly stating strengths and weaknesses of the project;
- Analyse the institutional impact of the implementation of the project on IOM as the first agency to implement this type of project; and
- To the extent possible, analyse the impact of the assistance on the target beneficiaries.

Methods

The IOM office in Lusaka will be in charge of providing all pertinent information and facilitating interviews and visits.

The evaluation timeframe will cover July through August.

Methodology for this evaluation should include, but not be limited to the following:

1) Documentation review:
    a. The two (2) project proposals, mid year reports, and final reports to the donor (Sida)
    b. Monitoring documents (monthly reports from implementing partners)
    c. Quarterly Community Revitalization Project reports from Angola
    d. KABP report from Angola and KABP report from Zambia
    e. Focus group findings from Nangweshi and Mayukwayukwa Refugee camps
    f. Other relevant documents deemed necessary by the Programme Officer.

2) Conduct interviews with:
    a. IOM staff (Senior Programme Officer, Health and Development Officer Finance officer, Chief of Mission, etc.)
    b. CORD, Grassroots Soccer, Society for Family Health and other partners
    c. UN partners (Angola?)
    d. Beneficiaries
    e. Migration officials from Zambia
    f. Any other parties deemed necessary by the Head of Sub-Office
3) Field visits:
    a. Zambia – Lusaka and Mayukwayukwa Refugee camp
    b. Angola – Luanda and Huambo Province

IOM Zambia will provide interpreters as necessary.

Deliverables

- Preliminary results should be presented to IOM Zambia at the end of the field visits.
- A draft evaluation report will be shared with IOM Zambia for comments.
- The final evaluation report should be submitted in English to IOM/Donor Reporting Division and IOM/Pretoria. IOM will decide on the external use and distribution of the final report.
- Trip report to TSF within one month of completion.

Activities and tasks

Activity or Tasks	Start Date	End Date	No. work days / consultant
1. Preparation, planning and follow up	t.b.d.	t.b.d.	1
2. Documentation review	t.b.d.	t.b.d.	3
3. Zambia field visit (travel; interviews with IOM Zambia staff, migration officials and other stakeholders; visit to Mayukwayukwa Refugee camp)	t.b.d.	t.b.d.	5
4. Angola field visit (travel; interviews with IOM Angola staff, UN partners and other stakeholders; visit to Huambo)	t.b.d.	t.b.d.	4
5. Drafting evaluation report	t.b.d.	t.b.d.	5
6. Finalising evaluation report after feedback		By 24 August	0.5
TOTAL DAYS REQUIRED			**18.5**

Skills and experience required

- Project evaluation skills
- Understanding of HIV and AIDS issues and responses in southern Africa
- Experience of migration projects and refugee issues an advantage
- Strong writing skills in English
- Experience of researching and documenting best practices

Annexe 2: References

1 UNAIDS, 2004 Report on the Global AIDS Epidemic, July 2004

2 IOM. Volrep repatriation statistics 2007. and UNHCR. Zambia Refugee Population as at December 2007

2. IOM – Lusaka. Project proposal: Awareness rising on HIV/AIDS through community based activities targeting Angolan returnee populations and receiving communities in Angola; May 2004

3 UNAIDS Zambia Country Page: www.unaids.org/en/geographical+area/by+country/zambia.asp

4 UNAIDS, “Africa Fact Sheet”, March 2005.

5 Central Statistical Office [Zambia], Central Board of Health [Zambia], and ORC Macro, Zambia Demographic and Health Survey 2001-2002, 2003.

6 IOM – Angola Community Rapid assessment on HIV/AIDS awareness: December 2005

7 IOM – Lusaka. Project proposal, HIV/AIDS Prevention and Vulnerability reduction for Angolan returnees in Zambia and Angola, 2006

8 IOM – Zambia Monitoring and Evaluation plan HIV/AIDS Prevention and vulnerability reduction for Angolan returnees in Zambia and Angola; August 2006

9 IOM – Luanda. Update in IOM activities in Angola quarter 1 - 4 reports; 2006

10 IOM – Lusaka. Interim Report To the government of Sweden: HIV/AIDS Prevention and Vulnerability reduction for Angolan returnees in Zambia; November 2006

11 IOM – Lusaka. Final Report To the government of Sweden Phase I: High-Impact Awareness Raising on HIV/AIDS through community based high-visibility activities targeting returning Angolan populations; 2006

12 IOM – Geneva. Population Mobility and HIV/AIDS; September 2003

13 IOM – Lusaka. Community Assessment Report: HIV understanding of Angolan refugees in Mayukwayukwa Refugee Settlement, Western Province, Zambia; June 2007

14 UNAIDS, UNHCR. Strategies to support the HIV-related needs of refugees and host populations; 2005