Mid-Term Review of Partnership on HIV and Mobility in Southern Africa

International Organization for Migration

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TABLE OF CONTENTS

LIST OF ACRONYMS

ABC	Abstain, Be faithful and Condomise
AMICAALL	Alliance of Mayors Initiative for Community Action and Municipal Leaders on AIDS at the Local Level
CHAMP	Comprehensive HIV and AIDS Management Programme
COMESA	Common Market for Eastern and Southern Africa
CSR	Corporate Social Responsibility
DFID	Department for International Development
DoH	Department of Health
FAO	Food and Agriculture Organisation
GBV	Gender Based Violence
GDA	Global Development Alliance
GTZ	Gesellschaft Fuer Technische Zusammenarbeit (German national development agency)
HTT	Hoedspruit Training Trust
IBBS	Integrated Biological & Behavioural Survey
IOM	International Organization for Migration
IMO	International Maritime Organisation
IPs	Implementing Partners
MCP	Multiple Concurrent Partnerships
MSC	Most Significant Change
MRF	Missions with Regional Functions
MTR	Mid-Term Review
NAMFI	National and Maritime Fishing Institute
NERCHA	National Emergency Response Council on HIV and AIDS
AIDS	Acquired Immunodeficiency Syndrome
NAC	National AIDS Council
NSP	National Strategic Plan for HIV and AIDS
NAMFI	Namibian Maritime Fishing Institute
PAF	Project Acceleration Funds
PEPFAR	President's Emergency Plan for AIDS Relief
PHAMSA	Partnership on HIV and Mobility in Southern Africa
RSSC	Royal Swaziland Sugar Corporation
SABC	South African Broadcasting Corporation
SADC	Southern Africa Development Community

SANAC	South African National AIDS Council
SARPN	Southern African Regional Poverty Network
SBCHA	Swaziland Business Coalition against HIV and AIDS
SCPF	Standing Committee on Programmes and Finance
SIDA	Swedish International Development Cooperation Agency
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
SPICED	Subjective, Participatory, Interpreted, Cross-checked, Empowering and Diverse
STI	Sexually Transmitted Infections
TSA	Technical Support Assistant
UK	United Kingdom
UNDAF	United Nations Development Assistance Framework
USG	United States Government
WBMPC	Walvis Bay Multi Purpose Centre

1 EXECUTIVE SUMMARY

The Partnership on HIV and Mobility in Southern Africa (PHAMSA) is a regional programme, managed by the International Organization for Migration (IOM). Its overall objective is *to contribute to the reduction of HIV incidence and the impact of AIDS among migrant and mobile workers and their families in selected sectors and across the SADC region.*

The programme is funded by the Swedish/Norwegian Regional HIV/AIDS Team and runs until March 2010.

The programme focuses on six sectors:

Road Transport, Commercial Agriculture, Fisheries, Mining, Cross border sites and Construction. In these sectors the programme implements activities under four distinct but related components: 1) Advocacy for Policy Development; 2) Research and Learning, 3) Regional Coordination and Technical Cooperation and 4) Pilot Projects.

The Mid Term Review was commissioned with the following purposes:

1) To review progress on project goals, objectives and indicators
2) To review implementation processes and arrangements
3) To provide recommendations to improve relevance or performance as appropriate for the remainder of the programme and to inform the Migrant Health Partnership for Africa (2009-2014), currently under development

The review was tasked specifically to investigate the programme's relevance, effectiveness, efficiency, impact and sustainability. (See Annex 3 - Terms of Reference)

A range of stakeholders was interviewed both within IOM and across the region. All spoke very highly of the PHAMSA programme and the team. The programme was found to be both extremely relevant in a region with high levels of migration and HIV, and well-aligned to IOM policy and mandate. Summary findings relating to the programme's core components are given below.

1.1.1 Advocacy for Policy Development

The PHAMSA programme has been highly successful at advocating for the health needs of migrant labourers in the region and globally.

PHAMSA staff has been requested to present at several international and regional conference. Its active partnership with the Southern African Development Community (SADC) has resulted in the inclusion of IOM and migrant health issues in the recently developed HIV and AIDS Strategic Framework. PHAMSA has also been invited as a chief contributor to the draft SADC policy framework on population mobility and communicable diseases. Funds awarded through PHAMSA by the President's Emergency Plan for AIDS Relief (PEPFAR) for work in the commercial agriculture sector in South Africa also demonstrate successful advocacy for the issue as do the steady requests for technical support from various partners and stakeholders.

The PHAMSA team work closely with the UNAIDS Regional Support Team for East and Southern Africa and has developed close partnerships with other relevant agencies within the region for example the Food and Agriculture Organisation (FAO) where the agriculture sector is concerned and GTZ in Namibia where transport is concerned .

Country consultations have been held in three countries to date (Namibia, Zambia and Malawi) and have resulted in greater understanding of the dynamics of HIV and migrant labour, as well as broadening partnerships and promoting lesson learning.

Pilot projects were also found to promote advocacy for policy development especially at an institutional level where PHAMSA has had remarkable success in influencing companies to provide a broader HIV programme to migrant and seasonal workers.

Work on this component has also contributed to a more conducive environment for policy development on HIV and migration through its work with a range of media partners including ABC Ulwazi, Soul City, Market Photo Workshop, Event Horizons Productions.

Areas for improvement were noted as the need to identify and work with more strategic partners at national level, both within government and local NGOs especially in those countries where pilot projects are implemented, and the need for more follow up to country consultations.

1.1.2 Research and Learning

This component relates to an improved understanding of issues relating to HIV and migration both within IOM and more broadly within the region.

Internally, all IOM respondents felt that their understanding of the issue had increased with the existence of PHAMSA.

Externally all of the pilot projects have baseline data and some key research has been conducted including the Integrated Biological and Behavioural Study (IBBS) at Hoedspruit Training Trust (HTT) and Cost Benefit Analysis of HIV workplace programmes in Zambia.

USG funds are being allocated to PHAMSA to support an assessment on mobile populations and HIV prevention migration in the region.

This component has lagged somewhat due to difficulty in recruiting a research officer although this post is now filled.

The programme urgently needs to establish a knowledge management system to do justice to the level of work the team is undertaking and the experiences gathered form all components. In addition, the development of a formal partnership an academic institute in the region is strongly recommended to support this component of PHAMSA as it will increase opportunities to gain a higher research profile regionally and internationally and help ensure the issue of HIV and migration is on the academic agenda.

1.1.3 Regional Co-ordination and Technical Co-operation

PHAMSA has contributed greatly to improved co-ordination of HIV and migration issues across all the IOM offices in Africa. It has supported the delivery of two migrant health and development workshops which has enabled IOM to agree a more streamlined approach to the issue across the continent, and led to the development of an Africa wide proposal for health and migration.

Closer links with SADC have helped to strengthen regional co-ordination by bringing key stakeholders together and ensuring that organisations work to their comparative advantages. A more formalised partnership agreement with SADC is now recommended to consolidate the joint relationship.

The country consultations have been noted by several respondents as excellent opportunities for learning and sharing information. Close working links with UNAIDS Regional Support Team for Eastern and Southern Africa also help achieve co-ordination of approaches across the UN family.

Good working links also exist with key bilaterals in the Region: PHAMSA attends the SIDA International Partner Meetings annually and has recently been invited by the Department for International Development UK (DfID) to attend a Common Market for Eastern and Southern Africa (COMESA) conference in Lusaka on the North South Corridor.

A Memorandum of Understanding (MoU) with Soul City also seeks to expand co-operation and co-ordination of communication approaches across the region.

PHAMSA's technical co-operation is acknowledged by its partners as high quality and responsive, however, the more successful it becomes the more demands are placed upon the programme which are already stretching the capacity of the organisation.

1.1.4 Pilot Projects

The pilot projects were conceived to test the PHAMSA model, which is a comprehensive programme covering a broad continuum of issues from HIV prevention to impact mitigation. The model itself, while broadly based on health promotion and community development principles, would benefit greatly from a more thorough grounding in theory to demonstrate how the different components fit together, and what the model can and cannot achieve. In addition, it is felt that to achieve the goals of the pilot projects (particularly those aimed at reduced vulnerability and impact mitigation) longer term and more predictable funding is required.

There are five pilot projects delivered through Implementing Partners (IPs) and each has hired one or more PHAMSA co-ordinators to run the programme. Comprehensive HIV and AIDS Management Project in Zambia (CHAMP) IOM project works with mining and commercial agriculture companies; Walvis Bay Multi Purpose Centre in Namibia (WBMPC) works with fishing companies as well as the local community; Hoedspruit Training Trust (HTT) in South Africa works with 49 farms and the local community; the Royal Swaziland Sugar Corporation (RSSC), a private sector enterprise, works with its own employees, contractors and the neighbouring communities; Teba Development, which is the corporate social responsibility arm of Teba Ltd (The Employment Bureau for Africa responsible for recruiting mine workers in South Africa) works with IOM in labour sending areas in Lesotho and Mozambique.

Overall, the institutional impact in the private sector where businesses have agreed to include migrant and seasonal labourers in HIV workplace programmes has been remarkable. In general it is too early to assess the broader and longer term social change which the model promotes, although HTT reports success in this regard and a document which outlines the key factors contributing to its success would be very useful.

The more established the development organisations (CHAMP, HTT) are, and the better the links with government, the more likely the approach is to be sustained.

The pilot projects and the model itself demand more time and resources than currently exist and it is felt that work with them should be intensified and consolidated before it is broadened to more partners.

1.1.5 PHAMSA Management and M&E

It was agreed during the review that the success of the PHAMSA programme and subsequent rapid growth of the team now needs to be better managed and integrated into IOM regional office to avoid the risk of PHAMSA appearing to be separate from the rest of the regional office. The commissioning of an organisational review and skills audit of IOM was uniformly agreed to be a useful exercise now, given the programme's rapid growth and in preparation for the possible Africa-wide programme currently under discussion.

The M&E framework for PHAMSA needs to be revisited and the indicators made more specific, measurable, achievable, realistic, and time-bound (SMART). Staff felt they could access most of the information required for monitoring but much of it was undocumented or known only to certain individuals. It is hoped that the recent appointment of an M&E officer will support the revision of indicators and begin the process of a more systematic approach to data collection and collation in preparation for the end of phase evaluation. More systematic management procedures and a knowledge management system are now required to ensure efficiency of the programme in the future.

Summary of key recommendations up to September 2009

- Commission an organisational review of IOM's MRF to ensure that the new incarnation of PHAMSA as the Migration Health Unit is properly situated within MRF, that administrative and management processes are aligned, growth management strategies developed and appropriate skills are in place.
- Consider including the establishment of a Knowledge Management facility in the Africa-wide proposal which maximises synergies across units.
- Develop the theoretical basis of the PHAMSA model and link this more clearly to the M&E framework.
- Select one/two key indicators per component and redevelop them so that they are specific, measurable, achievable, realistic and time bound (SMART) in time for the end of phase evaluation.

Intermediate September to March 2010

- Formalise management processes, database management, recording and minute taking
- Seek longer term funding (5 years+) on the basis that the model requires longer more predictable funding to be properly tested
- Ensure that the next phase allocates adequate resources to M&E (no less than 5% of operational costs)
- Ensure that the end of phase evaluation is given more time for pilot project visits
- Maintain the number of pilot projects but increase resources per site

2 INTRODUCTION AND BACKGROUND

The Partnership on HIV and Mobility in Southern Africa (PHAMSA) is a regional programme initiated in 2003. The current and second phase of the programme started in March 2007 and ends in March 2010. PHAMSA is managed by the IOM's Mission with Regional Functions (MRF) in Pretoria and has been funded largely by the Swedish/Norwegian Regional HIV/AIDS Team for Africa with a budget of almost $6.5million.

In 2009 PHAMSA received US$ 5.1 million from the President's Emergency Plan for AIDS Relief (PEPFAR) for a 3 year HIV prevention project targeting farm workers in the 2 provinces of Mpumalanga and Limpopo within South Africa. In addition, it is about to receive US$350,000 from USAID for a regional assessment on HIV and mobility that will take place between May and August 2009.

The PHAMSA team in Pretoria currently consists of nine staff members including a recently appointed Monitoring and Evaluation Officer and Research and Learning Officer (see Annex 4 for organogram). There are four positions vacant. In March 2009 PHAMSA's resources accounted for a total of 69% of the MRF's total active budget.

2.1.1 MID-TERM REVIEW METHODOLOGY

The MTR was commissioned with the following purposes:

i. Reviewing the progress on project goals, objectives and indicators;

ii. Reviewing the implementation processes and arrangements;

iii. Providing recommendations to improve the relevance or performance as appropriate for the remainder of the programme; and

iv. Informing the Migrant Health Partnership for Africa (2009-2014) under development.

The review was tasked specifically to investigate the programme's relevance, effectiveness, efficiency, sustainability and impact, and these points will be discussed further on in the document.

The methodology used for the MTR involved a desk review of the relevant documentation, semi-structured interviews with key IOM staff, Implementing Partners (IPs), beneficiaries and other stakeholders either in person or by telephone. Brief site visits of 1-2 days were made to CHAMP (PHAMSA's IP in Zambia) and the IOM office in Zambia, to Teba Development in Lesotho, Royal Swaziland Sugar Corporation in Swaziland and the Walvis Bay Multi Purpose Centre in Namibia (See Annexure 1 for a Detailed List of Respondents). On recommendation from the IOM it was decided that a visit to the Hoedspruit Training Trust (HTT) – PHAMSA's IP in Limpopo - was unnecessary for the purposes of this review given the fact that HTT has been extensively reviewed and evaluated by IOM and other external organisations.

The report is organized into four main sections: findings, discussion and lessons learned, recommendations and conclusions. The section on findings begins with an overview of the programme as a whole, covering its relevance, effectiveness, efficiency, sustainability and impact, and then looks more specifically at each of the PHAMSA components including overall programme management and monitoring and evaluation.

The section on discussion and lessons learned seeks to cluster and analyze the findings. It is organized around key issues of importance emerging from the review namely; operational efficiency and effectiveness, the PHAMSA project model, knowledge management regional and national perspectives, division of labour and sustainability.

The recommendations are based on the preceding analysis and are provided in two phases; immediate (up to September 2009) and intermediate (up until March 2010).

3 FINDINGS

This section begins with an overview of the programme as a whole, covering its relevance, effectiveness, efficiency, sustainability and impact, and then looks more specifically at each of the PHAMSA components including overall programme management and monitoring and evaluation.

3.1.1 General Comments

PHAMSA has made excellent progress in its second phase. Without exception, all respondents interviewed remarked on the energy, enthusiasm and professionalism of the team. In addition, the PHAMSA project model has generated significant interest among implementing partners, beneficiaries and other key stakeholders

3.1.2 Relevance

Given the high levels of mobility and migration in the region, coupled with some of the highest HIV prevalence rates in the world, this is clearly a highly relevant programme. It responds both to the IOM position paper on HIV and Migration developed in 2002[1] and to the IOM submission on Migration Health to the Standing Committee on Programmes and Finance (SCPF)[2] 2008 which state respectively: 'In addressing HIV/AIDS, IOM supports: a global approach with a focus on advocacy, policy guidance and definition of best practices; regional level initiatives with harmonization of approaches and capacity-building; and country programmes with implementation and technical backstopping' and recognition of 'the need to 'mainstream HIV into national policies, and to develop regional and multilateral policies'.

3.1.3 Effectiveness

PHAMSA's effectiveness can be gauged by success in the following manners:

- Attracting additional funds (PEPFAR and USAID);
- Growing confidence invested in it by SADC;
- Increasing requests for policy support and technical advice;

Requests for support have come from various agencies including the South Africa Free State Province to help developing their HIV Strategic Plan (2008 – 2011), and the Zambian Ministry of Communications and Transport to help review the HIV/AIDS Policy for the Transport Sector.

In addition, several students have applied for and attained internships through PHAMSA. Numerous requests have also come from different partners for information and advice on migrant health and HIV issues (Soul City, World Fish Centre, UNAIDS) and for technical presentations at regional and international conferences.

[1] IOM position paper on HIV and Migration, 84th session. October 2002

[2] SCPF 96th session 2008

The IOM regional and country offices consulted (Nairobi MRF, Mozambique and Zambia) were all in agreement that PHAMSA has increased the capacity within IOM to advise on HIV and issues of mobility.

3.1.4 Efficiency

The programme has expanded rapidly over its lifetime both in terms of activities and staffing. There is a risk that if this growth is not properly managed efficiency may suffer. In light of this growth, internal administrative and management processes need to be made more systematic, in terms of knowledge management.

3.1.5 Sustainability

Sustainability relates both to the sustainability of the PHAMSA approach and to financial security. One of the biggest challenges for IOM is its projectized nature, which means that the different programme units are responsible for generating their own funds and that employment contracts are often relatively short term. This is a particular threat for the implementation of the PHAMSA project model which has a focus on social change and the development of strategies to address vulnerabilities to HIV. This work is by definition a longer term venture and thus requires longer term and more predictable funding.

Nevertheless, by adopting a partnership approach to its Pilot Projects, PHAMSA has enabled some aspects of the model to be institutionalised by some of the IPs, particularly the more mature organisations such as HTT and CHAMP, ensuring a degree of sustainability for the future.

The gradual expansion of donors for the PHAMSA approach also bodes well for longer term sustainability, although expansion does not occur without risks to the quality of technical and management support unless it is properly managed.

3.2 Impact

Although this review takes place relatively late in the programme cycle it is still early in terms of Pilot Project implementation. This means that the assessment of_impact at community level is still largely anecdotal. Nevertheless, at a regional level the impact of the other components of PHAMSA is evident in increased attention to the HIV dynamics of migrant labour at policy and strategy level, particularly within SADC but also among PHAMSA's other partner organisations.

4.2 Findings per Programme Component

Below are findings specifically related to the four components of the programme and related to the key purpose of the review.

The components often overlap, especially where Pilot Projects are concerned, so the final section on Pilot Projects begins with a brief overview of the IPs and then offers a summary of common issues emerging from site visits.

3.3 Advocacy for Policy Development

Outcome Indicator: The HIV dynamics of labour migration are addressed in SADC plans and frameworks, in National HIV and AIDS Strategic Plans (NSPs), Provincial Sector Plans (PSPs), sector policies of selected SADC Member States, in UN Development Assistance Frameworks (UNDAFs), and in private sector policies.

There is very clear and tangible evidence that advocacy is occurring at various levels and that PHAMSA is raising awareness of the HIV dynamics of labour migration among policy makers as well as building their capacity to address the issue.

At a global level the PHAMSA team has raised the profile of HIV and labour migration at different international events. In Mexico, during the XVII international AIDS conference in July 2008, IOM organised a satellite session on HIV responses in the transport corridor, and in Dakar (December 08) IOM presented a session on HIV, Migration and Displacement at the ICASA conference.

At a regional level, PHAMSA has developed a good working relationship with SADC, although this has not yet been formalised with regard to migration health issues. The new SADC HIV and AIDS Strategic Framework (2009-2015) acknowledges IOM as a key partner. PHAMSA has also been invited by SADC to be a chief contributor to the development of its Policy Framework on Population Mobility and Communicable Diseases as well as to provide technical support in writing a Global Fund Round 8 application for HIV and mobile populations.

PHAMSA is also an active participant in relevant regional conferences; for example at the Southern African AIDS Conference in Durban (March 2009), it organised and facilitated two satellite sessions of which one dealt with the relevance of regional programmes in Southern Africa.

PHAMSA has organised a series of country consultations focusing on different sectors, for example transport and commercial agriculture, where high levels of migrant labour can be found. These consultations are designed to bring a wide range of key players together from specific sectors within a specific country to:

Advocate for and facilitate a greater understanding of the dynamics of HIV and broaden partnerships and promote the sharing of best practices and lessons learned. The consultations have played an important role in advocating for the issue nationally.

These consultations were jointly facilitated by IOM in partnership with the Food and Agriculture Organisation (FAO), UNAIDS, and the German Technical Co-operation (GTZ), and have been held in Namibia, Zambia and Malawi (two consultations were held) with a target of 6 consultations before the end of the programme's 2nd phase. Some PHAMSA staff voiced the concern that these consultations, while very powerful at bringing stakeholders together, may create demands for follow up activities which the team is not always able to meet.

At an inter-regional level PHAMSA has recently been invited to share experiences at the COMESA meeting in April 2009 on the health implications of the North-South Corridor in April, hosted by the UK's Department for International Development (DFID).

Within the IOM family itself, both regionally and inter regionally, PHAMSA has succeeded in raising the profile of HIV within IOM's core business. A new Africa wide proposal for migrant health is being developed in consultation with all IOM regional and country offices in Africa and this has been driven mainly by the PHAMSA programme which has made great efforts to communicate with its sister offices across the continent. All IOM respondents acknowledged that PHAMSA has increased IOM's overall capacity to advocate for HIV and migration issues.

At a national level, PHAMSA's advocacy for policy development is evident in a number ways: PHAMSA was invited to serve on the South African Transport Sector Co-coordinating committee in March 2009. This committee serves as an advisory body to the Minister of Transport and advises, among other things on HIV related matters. PHAMSA has also provided technical assistance on HIV and migration to the provincial government of the

Free State during the development of the Free State Provincial Strategic Plan (2008 - 2011).

In Zambia the Ministry of Communications and Transport (MoCT) requested IOM's assistance to provide technical support in reviewing the existing HIV/AID Policy for the Transport Sector, and the policy was subsequently rewritten. MoCT requested IOM's input into operationalising the policy and IOM Zambia continues to provide technical assistance.

Where there is an IOM country presence, national links and opportunities for advocacy can be more easily realised. The only IOM country office visited for the review was Zambia. Here, co-ordination with the National Aids Council (NAC) is managed through the UN Joint Team on HIV, and as part of the "One UN" approach. IOM is represented at NAC and other governmental working groups through UNAIDS, WHO, UNDP, UNFPA, and UNICEF for HIV strategic country outcomes.

IOM Zambia recently worked on the development of the new National Prevention Policy, under the UN leadership of UNFPA. Through this, issues of HIV, migration and mobility, and the concept of social change were integrated as key factors into the policy. IOM Zambia also provided technical support by:

- Providing input related to issues of multiple concurrent partnerships and gender into the final Prevention Policy;
- Contributing to the Mid-term review of the National Strategic Framework; and
- Working within a UN core team (UNAIDS, UNFPA, UNICEF & IOM) giving technical and financial assistance to a USAID funded research project on Multiple concurrent partnerships to ensure mobility factors are mainstreamed in the approach.

IOM Zambia demonstrates commitment to the principle of the "One UN" system and works closely with the broader UN family. However, given the competing priorities within the strategic framework, it may need to ensure more direct contact with NAC through membership on the national prevention task team to ensure that issues of mobility and migration continue receiving high level attention.

In addition to this national advocacy work, IOM Zambia has integrated aspects of the PHAMSA model throughout its core business. The Chirundu migrant support centre, for example, has incorporated the social change and gender components of the PHAMSA model into its training with NGOs, immigration officers and other relevant stakeholders.

Pilot Projects have also played an important role in this component although advocacy is not articulated as a core aspect of the Pilot Projects approach. In South Africa, for example, the partnership with HTT has succeeded in raising the profile of migrant labourers locally and raising the level of services for them, among district health officers (in terms of Sexual and Reproductive Health services) and the law and justice sector (in terms of gender violence), as well as attracting external funds. The project and its approach are widely recognised nationally. It has featured on SABC TV, hosted visits from provincial and national political leaders and from the South African Business Coalition on HIV and AIDS (SABCOHA) and has won both National (Impumelelo) and Provincial awards. HTT has also participated in a South African National AIDS Commission (SANAC) reviewplan.

In Zambia and Namibia, together with the local partners CHAMP and the WBMPC, the programme has stimulated private companies to include seasonal and migrant workers in their existing HIV workplace programmes. In Walvis Bay, one of the fishing companies visited (Abroma) highlighted the fact that HIV education for their off-shore fishermen is now part of its core business and that a paid member of the company works as an HIV educator for the seafarers. In addition, and as a result of PHAMSA support, the company's employment terms and conditions now include 'reasonable accommodation' for those migrant workers who are sick enabling them to take up lighter duties, for example in the factory, when necessary. These changes are occurring with individual companies and there is room to strengthen the link between advocacy and Pilot Projects by seeking to influence relevant international bodies, for example, the International Maritime Organisation (IMO), to ensure these examples of good practice become fully institutionalised across all companies.

With regards to facilitating conducive environments for policy development, an important aspect of advocacy is the development of appropriate advocacy material utilising various media outlets. PHAMSA has managed several contracts with media service providers to help promote the rights and health needs of migrant workers. Together with the Market Photo Workshop, PHAMSA implemented a photojournalism project to depict the socio-economic living and working conditions of migrant workers in Zambia. In addition, a series of documentaries on labour migration in southern Africa are being produced by ABC Ulwazi to be broadcast on nine community radio stations in South Africa. In partnership with Event Horizon Productions, PHAMSA is also producing comic stories to raise awareness on HIV dynamics related to labour migration in Namibia.

3.4 Research and Learning

Outcome Indicator: Increased knowledge and understanding of the HIV dynamics of labour migration in southern Africa among relevant policy makers

This component relates to fostering increased knowledge and understanding among IOM internally as well as policy makers and other stakeholders of the HIV dynamics of labour migration in PHAMSA's focus sectors. All research is focused not only on building knowledge but also to support advocacy for policy development, project development and partnership building. PHAMSA has had difficulties in recruiting for the position of research coordinator but a new officer has just taken up the post.

Internally all IOM respondents spoke highly of the PHAMSA team and agreed that PHAMSA had increased their understanding of HIV as a migration issue.

Externally and in support of a more rigorous evidence base for its programme, PHAMSA has supported all pilot sites to collect baseline data, including Knowledge, Attitude and Practice (KAP) surveys and focus group discussions for more qualitative data. An HIV Integrated Biological and Behavioural Study (IBBS) was completed in Hoedspruit in 2008 which highlighted the impact of mobility, gender inequity and poverty on vulnerability to HIV in the commercial farming area of Hoedspruit and which provided future direction for the HTT project.

In 2007 PHAMSA co-funded a Cost Benefit Analysis of HIV workplace programmes in Zambia which showed net benefits of HIV workplace programmes averaging 47 US$ per employee for the year 2006 for 6 out of the 7 companies surveyed. It further showed that on average, companies were saving nearly half a million dollars through workplace HIV and AIDS programmes in productivity. This research has subsequently led to the development of a computerised management tool which helps measure costs and benefits over time and includes migrant and seasonal labourers.

A hot spot mapping exercise is currently being planned in Mozambique focusing on the transport and trade routes. Work under this component has also included the attendance of PHAMSA staff and IPs at key conferences.

The review revealed two weaker areas of this component namely:

- The absence of an academic partner through which PHAMSA could gain academic rigour as well as publish its experiences more widely within academia; and
- The absence of a knowledge management strategy. PHAMSA has a wealth of documents and manuals which have been praised by respondents as well as many stories and experiences which are emerging from the Pilot Projects. Many of these experiences are buried within reports or only anecdotally available.

A strategy is now needed which will enable better organisation of existing materials and a more systematic capture, collation and dissemination of experiences both to facilitate learning and to provide a basis for future research.

3.5 Regional Co-ordination and Technical Co-operation

Outcome Indicator: Increased and better collaboration and Co-ordination in the response to HIV among institutions and companies that affect or are affected by HIV dynamics of labour migration in Southern Africa

With regards to IOM co-ordination internally PHAMSA has been applauded for its ability and commitment to bring IOM offices together not just within the region but also across Africa. PHAMSA has convened two internal Migration Health Department (MHD) workshops with another planned for 2009. These workshops have resulted in an IOM/MHD Strategy for Migrant Health programmes in Africa 2009-2014 and agreement that IOM's work on health in the broader Africa region should be more harmonised and cohesive. Based on the strategy, the different offices in Africa are currently working on an Africa-wide IOM Migrant Health project proposal which bears testimony to improved collaboration and consultation.

IOM respondents all agreed that capacity to address HIV and migration issues were strengthened by the presence of PHAMSA and that they learned a lot from the programme and the team.

Concerning stakeholder co-ordination and technical co-operation, closer links with SADC have helped to strengthen regional co-ordination by bringing key stakeholders together, while the country consultations have been noted by several respondents as excellent opportunities to 'find out who's doing what and where we might collaborate'. IOM's good working relationship with the UNAIDS Regional Support Team for East and Southern Africa also helps to ensure consistency across the region.3

The Regional Workshop on 'HIV in the Road Transport Sector in Southern Africa (2007) resulted in an agreed regional framework for addressing HIV in the sector

[3] It should be noted that the Regional Co-ordinator from UNAIDS RST was not available for interview as part of this review.

as well as subsequent requests for further support in the sector. The objective of this workshop which was co-organised by WFP, SADC, NSF and UNAIDS, was to share lessons learnt about HIV responses in the road transport sector in Southern Africa; to facilitate coordination among partners, agencies, and stakeholders working in the road transport sector in Southern Africa; and, ultimately, to create a regional framework for the transport sector in Southern Africa. As a result of the workshop, a Regional framework to upscale HIV responses in the transport sector in Southern Africa was developed.

In January 2008, IOM entered into an MOU with Soul City Institute for Health and Development Communication (Soul City) with the aim of increasing cooperation and collaboration between the two organizations. The areas of cooperation and collaboration agreed upon include:

- Provision of technical support and advice in developing stories for utilization in behaviour and social change communication tools;
- Invitation of representatives from respective organizations to the others' key workshops; and
- Ongoing sharing of information on projects and activities to find areas of collaboration to mutual benefit of both organizations.

To this end IOM, along with its technical partner Sibambene, presented the IOM/PHAMSA social change communication model at a workshop hosted by the UNAIDS Regional Support Team and Soul City focusing on communication & multiple concurrent sexual partnerships.

3.6 Pilot Projects[4]

Outcome Indicators for the Overall Objective: (1) interventions that aim to reduce HIV incidence and impact of AIDS among migrants, mobile populations, their families and those they interact with are increasingly based on an effective PHAMSA model for developing and implementing such interventions, (2) Positive reports from organisations that use the model for developing and implementing interventions.

PHAMSA's Implementing Partners (IPs) for the Pilot Projects are identified through research, country consultations or by national bodies. For example, the National Emergency Response Council to HIV and AIDS (NERCHA) in Swaziland identified the Royal Swaziland Sugar Corporation (RSSC) as a partner based on its track record in providing HIV workplace programmes, the 2005 Ships, Trucks and Clubs: The Dynamics of HIV Risk Behaviour in Walvis Bay research coupled with the country consultation identified Walvis Bay Multi Purpose Centre as the most appropriate partner

The projects currently represent commercial agriculture, fisheries & mining and are run in partnership with the following organizations; HTT in Limpopo South Africa, CHAMP in Zambia, the RSSC in Swaziland, WBMPC in Namibia and Teba Development in Lesotho and Mozambique.

It should be noted that time for the review didn't allow visits to all IPs and when visited no more than 2 days were spent at each pilot project, which provided only a snapshot of the

[4] Hoedspruit Training Trust was not visited for this review.

achievements to date. With the exception of HTT it is as yet too early to ascertain the degree to which vulnerabilities to HIV have been reduced and impact mitigated.

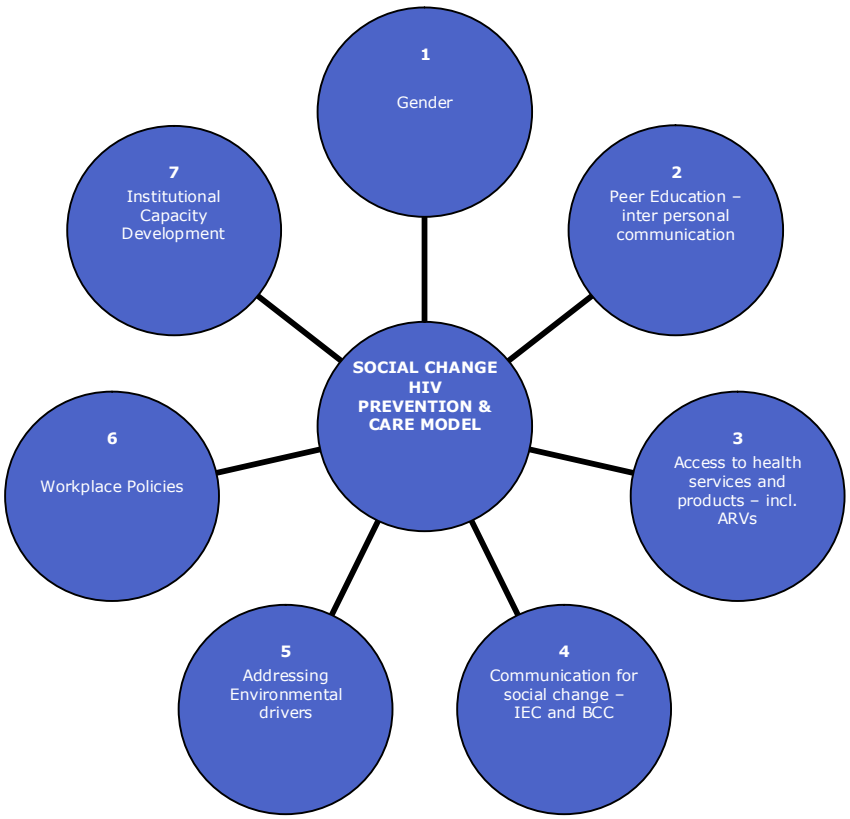
The Pilot Projects were established to test the PHAMSA project model (See Figure 1 below). The model is based on the premise that in order to reduce incidence of HIV and to mitigate impact, environmental and structural factors need to be tackled as well as providing individuals with services and information.

The pilot projects provide training and/or technical support to implementing partners on the issues highlighted in the model namely:

- Peer education and referral;
- Gender equity through the 'one man can' manual;
- Access to health care services and products;
- Workplace policies;
- Environmental issues including life skills and recreation;
- Social change communications and institutional capacity building.

Figure 1

Backstopping and technical support for social change are provided by a community development organization based in South Africa, Sibambene, and for gender issues by Sonke Gender Justice. More generic technical HIV, migration and management issues are provided by the PHAMSA team.



3.6.1 Implementing Partners

Comprehensive HIV and AIDS Management Project (CHAMP), Zambia.

The IOM-CHAMP partnership has been active since January 2008. CHAMP is a mature organisation, largely funded by PEPFAR. It works through seven Global Development Alliance (GDA) partners which are companies involved in mining and agriculture. PHAMSA has a co-ordinating officer in the IOM country office and CHAMP has three dedicated PHAMSA focal points (called Technical Support Assistants), all of whom are managed by a coordinator, the CHAMP Programmes Manager. The TSAs are based in Lusaka (central coordinator), Katete and Kansashi.

CHAMP's expertise is largely in the field of HIV prevention and care. The elements of the PHAMSA model which interest them most are the gender, social and environmental change aspects. They have established netball and football teams for recreational opportunities which aim to reduce the amount of time spent in bars, which was one of the most pressing needs identified on sites

It is clear that the size of the organisation and its relative funding security means that it is likely that CHAMP will continue using whatever aspects of the PHAMSA model which it perceives to be helpful. It is also likely that the type of technical support it requires will change over time from training to mentoring and this will need to be incorporated into the next phase of PHAMSA to ensure that the spirit of the project model is retained. At present IOM Zambia works closely with CHAMP though weekly technical meetings and monthly management meetings.

Teba Development Lesotho, Mozambique

Teba Development is the not-for-profit arm of Teba Ltd. a recruitment agency for the mining sector. PHAMSA partly funds Teba Development's regional HIV coordinator in Johannesburg, and funds a full time co-ordinator and field officers in Lesotho and Mozambique who work with mine workers and their families. Funds available for this phase amount to $349,820. The review only permitted time to visit one site in Lesotho.

The MoU between IOM and Teba commits Teba to:

- Increasing knowledge and understanding of HIV within targeted mine sending communities;
- Improving attitudes to HIV, increased adoption of positive and healthier lifestyles; and
- Improved mitigation of impact of AIDS.

In the past Teba Development was mainly involved in rehabilitation and care of miners already infected with HIV. The partnership with PHAMSA has enabled them to focus more on primary prevention and social vulnerability. PHAMSA has also helped Teba Development offices to strengthen their links with each other (i.e. between field offices in Lesotho and Mozambique on the one side and Johannesburg Head Office on the other side). In addition, the appointment of a project officer in the SA office has helped to build cohesion between the two sites.

The approach taken in Lesotho has been to identify groups of change agents in three different sites; these change agents are community representatives selected by local councils and representatives of the ex-Miners Association. Training has been provided on the following topics:

- Migration and development:
- HIV information;
- Peer education skills; and
- Gender and social change.

Community dialogues have been held to introduce the approach and change agents meet with the community every week and with each other on a monthly basis. Condom distribution and referrals to services are core aspects of their work. In Lesotho, evidence of local ownership of the approach is visible in posters and murals and the adoption of a slogan to promote change in the local vernacular.

Those change agents consulted as part of the review reported that they came together for PHAMSA events and discussed HIV issues within their villages as part of the PHAMSA project, but said that without the PHAMSA project this work would cease. This obviously has implications for longer term sustainability.

A common refrain in the Lesotho sites visited, was 'we need work and we need food'. While change agents appreciated what they had learned from PHAMSA and were happy to be involved, the factors influencing their vulnerability remained fundamentally unchanged; poverty and unemployment. Representatives from the ex-miners' association expressed an interest in establishing community farms, but were unable to proceed in the absence of any nationally available micro-credit or loan schemes.

In one community, key-hole gardens[5] have been built with a dual function namely:

- To stimulate community discussion around HIV and AIDS; and
- To provide the community with fresh vegetables although hunger remained a commonly raised concern.

The situation in Lesotho is somewhat overwhelming given the development status of the country and the volume of support which is needed. Further consideration should be given to:

- How the global recession will affect the populace in terms of more returnees and less work; and

[5] Keyhole gardens are constructions made up of a circular stone wall at waist height filled with soil and compost and easy to weed and maintain.

- How future projects can achieve greater buy in from government and other development partners, without which it is unlikely that PHAMSA's efforts will be sustainable.

Royal Swaziland Sugar Corporation, Swaziland

RSSC has been active in HIV prevention, treatment and care for its staff and the surrounding local community for several years. The PHAMSA programme amounts to $139,540 for the current phase and is aimed at strengthening HIV responses within the sugar estates of Mhlume and Simunye, specifically to strengthen RSSC's capacity to respond to the HIV vulnerabilities of seasonal and contract workers.

The PHAMSA co-ordinator is considered a core member of the organisation sitting on the tripartite committee with RSSC, Trade Unions and employee representatives advocating for the needs of migrant and seasonal labourers. He is located together with RSSC's HIV co-ordinator whose chief responsibility is look after the wellness of the permanent employees. The PHAMSA programme is much appreciated by RSSC and has enabled the organisation to widen its workplace programme to embrace seasonal and contract staff as well as permanent employees and to work more with the surrounding community.

A number of peer educators has been identified and trained, both within RSSC and some of the sub-contracting agencies as well as within the surrounding communities. The co-ordinator has endeavoured to put a incentive scheme in place whereby trained peer educators get preference for employment when they present themselves for work as the cane season commences.

The co-ordinator himself has 15-30 minutes a month with the cane cutters to discuss HIV related issues and although he has tried to reach workers when they are in the shebeen it has not been popular. It is acknowledged that the amount of time available even to permanent employees is also very little, but nevertheless, this is a serious challenge to a long term and sustainable social change approach.

Increasingly, RSSC outsources aspects of the sugar industry to smaller companies and although the RSSC policy states that these companies must have HIV workplace policies and programmes in place, in practice this is not the case. The PHAMSA co-ordinator noted that persuading contractors to have workplace policies was his biggest challenge and one which needs higher level advocacy.

In addition, the head of the Human Resource Department at RSSC suggested that the next phase of PHAMSA should go through the Swaziland Business Coalition on HIV and AIDS as there were greater populations of people migrating for work in the city. It is worth considering that given the global recession there may be fewer people employed and more people in transit searching for work thus the approach of focusing on sites of employment may need to be offset by working with job seekers. This approach was also proposed by SADC[6], but programmatically this would be difficult as job seekers are in situ temporarily, their priorities are very different, access would be problematic as would monitoring and assessing impact.

Walvis Bay Multi Purpose Centre (WBMPC), Namibia

PHAMSA works with WBMPC to strengthen its institutional capacity to develop and deliver gender responsive HIV programmes for local and foreign seagoing personnel and the

[6] Telephone communication with Doreen Sanje

communities with which they interact. The funding from PHAMSA amounts to $200,000 for this phase.

A direct result of PHAMSA engagement in Walvis Bay is the inclusion of seafarers in HIV related outreach programmes, which had hitherto only reached land based workers. One company visited explained how the HIV programme is now fully institutionalised and that a paid member of staff is available to support seafarers arriving or departing. Peer educators are trained in key aspects of HIV and then expected to discuss with their colleagues whilst at sea.

The Namibian Maritime and Fishing Institute (NAMFI) has been supported by PHAMSA to incorporate HIV into its induction programme. The roll out of this component has yet to start in earnest, but will be attended by all seafarers at least once a year. NAMFI pointed out that none of the fishing companies are obliged by law to institute HIV workplace programmes. For international companies this mandate would have to come from the International Maritime Organisation and may be something that IOM wishes to pursue. Nationally, it will involve closer links with the Namibian Ministry of Fisheries.

According to the municipal environmental health officer, Namibia is poised to become an industrial hub for southern Africa and although the HIV risks associated with this are well known (i.e. increased disposable income, increased mobility) they are not well documented and therefore may be overlooked. This suggests a greater need for knowledge management and information collection and dissemination at national level.

Currently there is no PHAMSA co-ordinator at the WBMPC, the last one having resigned in January. It is recommended that instead of recruiting a new co-ordinator at this late stage in the project cycle, money would be better spent on gathering lessons learned so far and scoping out other opportunities for working with the fishing industry in the future.

Hoedspruit Training Trust (HTT), South Africa[7]

HTT works with 49 commercial farmers in the Limpopo province of South Africa and was the first partner for PHAMSA. Funding from PHAMSA for the current phase amounts to $340,470. In 2009 left over funds will be returned to PHAMSA as new funds were allocated to HTT from PEPFAR for the Ripfumelo Project which aims to scale up the work with HTT. It is now a well known project nationally and internationally.

The programme works primarily with farm workers, though farm management are also part of the programmes. Farm workers and supervisors are trained and supported as home based carers, peer educators, gender advocates, who then form farm based healthy lifestyle action teams. The approach has resulted in an increase of uptake of VCT and disclosures of HIV status with no disclosures at the beginning of the programme in 2005 to 280 positive people disclosing in 2008 of which currently 110 are on ARVs.

HTT has developed effective links with provincial and national level government, working closely with the provincial Department of Health for the provision of testing and treatment facilities and the Law and Justice sector in addressing concerns around gender violence.

3.6.2 Building Capacity of IPs to Implement PHAMSA Project Model

All of the projects are agreed in close collaboration with IPs. All projects begin with a baseline KAP survey, a series of focus group discussions and an organisational capacity assessment. PHAMSA co-ordinators and their managers are provided with a full pack of

[7] The MTR consultant did not visit the HTT site but reviewed documentation and spoke to the director of the project.

information about the model and IOM reporting requirements and are also provided with training on gender, migration & HIV and social change. All IPs submit quarterly reports to IOM which are linked to PHAMSA's overall programme framework although the approach is flexible enough to allow them to focus on the areas they particularly wish to strengthen. The quality of these reports is highly variable and it is often difficult to pull out key issues from them. A knowledge management strategy and system would facilitate this process.

Peer educators or change agents are selected by their peers (for example seafarers or seasonal labourers) and trained in HIV, social change and gender. They are also trained to facilitate discussion around these issues. Partners also identify other training needs as they emerge and are provided with relevant training such as first aid training, key-hole gardening etc. It was noted that most respondents praised the support and level of responsiveness they had received from Sibambene in terms of operationalizing the 'communicating for social change' aspect of the programme.

A twin approach to capacity building has been adopted which involves workshops and mentoring. Several respondents noted that the workshop aspect had been 'too much all at once' and difficult to assimilate, remarking that people need opportunities to apply what they have learned in a supervised environment. In addition, there was some frustration about how to measure the impact of community mobilisation, for example how to link the efforts of the pilot project to increased uptake of VCT.

Some IPs noted that recruitment and retention of staff to support the PHAMSA programme had been problematic and had led to slower progress than had been hoped for. The WBMPC has been without a formally appointed co-ordinator since January this year although other members of WBMPC staff are nominally undertaking some of the project tasks such as information exchange with sea farers.

All respondents expressed high levels of enthusiasm for the model and its various components particularly the components of social change, gender and environmental change which are perceived as the most innovative. As yet, apart from HTT, it is too early to assess whether the pilot projects have effected the social change that they are aspiring to especially within such a short time frame.

HIV related gender vulnerabilities are addressed in the training and advocacy provided by the "gender, migration and HIV" module which is undertaken by both men and women. The module looks at ways of developing a positive role for men in health and HIV related activities, gender socialisation and gender based violence. It is a refreshing approach to gender in that it squarely speaks to men's responsibilities around HIV.

This approach addresses gender from a different perspective which is particularly relevant in migrant sites where it is mostly men in positions of authority and power (particularly on commercial farms where most seasonal workers are young women) and also in sites where it is largely men who are migrating. Nevertheless, gender equity can only truly be achieved by work with both men and women, where both men and women's agency is acknowledged and their opinions considered. Since the girlfriends, wives or commercial sex partners of the seasonal and migrant labourers are likely to be found in places other than the work site this suggests that more attention, and therefore resources, may be needed to scale up work with women in the communities as a complement to workplace activities.

The IPs are all very different, but it appears that there are benefits to working with more established organisations. These include more time to focus on the model and less time needed to build institutional capacity. CHAMP for example has greater human and technical capacity, greater reach of their programs and contacts with key industries, and access to their organisational structures. However there are also challenges; particularly

around achieving buy-in to new approaches, integrating new models into established structures, and working through differences in the donor -mandated outcomes. It is clear from HTT that longer term intensive institutional capacity building does pay dividends, but this approach obviously has resource implications. However, it has been noted that in all sites, even the more capacitated and experienced partners, the quality of reporting has been poor and while IOM have been trying to support partners develop their report and monitoring skills this requires additional focus.

PHAMSA IP regional workshops are also held frequently both to share experiences and build capacity. Several respondents noted, however, that these opportunities could be more useful if they did not focus only on PHAMSA business but opened up for the more established organisations to share their experiences with the younger organisations. PHAMSA has already resolved to address this by increasing time for such open sessions

3.6.3 Improved Attitudes Towards HIV And AIDS and SRH among Migrant and Mobile Workers, Their Families and the Communities With Which They Interact

Undoubtedly the Pilot Projects have raised levels of understanding and awareness of HIV amongst their beneficiaries. The broader issues of SRH are included in the training. Almost all projects indicated that their work had reduced stigma by an increased uptake of VCT and a greater openness of workers about their HIV status.

In Swaziland the broader issues of SRH were raised whereby a group of peer educators noted that that diagnosis and treatment for sexually transmitted infections (STIs) is not free (unlike TB and HIV care) and that cost prevents migrant and seasonal labourers from seeking these services. A representative from the Ministry of Health at provincial level stated candidly that migrant health issues were not a priority, even when relating to internal migration and that charging for STI services probably did inhibit the poor from seeking these services.

This highlights the need for better links with government at a national level to ensure advocacy for comprehensive sexual and reproductive health care. Obviously there is only so much that PHAMSA can do through its Pilot Projects, but its experiences on the ground are crucial to inform both national and regional debate about access to SRH services particularly for the poor and marginalised.

3.7 Programme Management of PHAMSA

The total budget of PHAMSA II is $6,420,527 representing approximately 69% of the total MRF budget (of currently active projects in March 2009). Of this $4,139,540 are operational costs, $1,975,248 are staffing and office costs and $60,719 is allocated to M&E. This amounts to less than 1.5% of the total operational costs, and as such is inadequate to support the level of monitoring which the programme and especially the Pilot Projects require.

The success of PHAMSA at fundraising and raising the profile of IOM's work more broadly should not be underestimated. However, the rapid growth of the unit means that the more informal processes for management which were used when the team consisted of three members are no longer applicable.

The flat structure within the team, the desire to keep everyone 'in the loop' and the fact that the components are often interlinking, sometimes means that there is a danger of duplicated effort and especially around administrative issues, a lack of efficiency.

In addition, the growth of the PHAMSA team was noted by some respondents within IOM, to have led to a sense of separation from MRF. To some degree this was reinforced by the 'brand name' of PHAMSA. Discussion on these points has already begun internally.

3.8 Monitoring and Evaluation

M&E clearly relates to every aspect of the programme. An M&E Officer has been hired with PEPFAR funds and is working for the whole PHAMSA programme.

During the review an attempt was made to apply some of the existing indicators articulated in the M&E plan. It was found that they were either inapplicable due to lack of specificity of the indicator itself (for example the advocacy indicator stating 'Improved knowledge, attitude and practice among policy makers of the HIV dynamics of labour migration') or that they could be applied but the requisite monitoring information resided within the minds and memory of staff rather than in any formal documentation.

Few of the indicators were expressed as SMART or SPICED indicators, making measurement of change difficult. Certainly before the end of project evaluation more work is needed to tighten up key indicators for each component and to begin to organise the requisite monitoring information more systematically.

In terms of measuring the success of the PHAMSA model and perhaps for a future phase, closer linkages between the baseline surveys and the M&E framework would be useful. As the model endeavours to address the underlying vulnerabilities of migrant labourers to HIV, more attention should be paid to the development of indicators which can track a reduction of vulnerability. Stigma, for example, is an acknowledged factor for increased vulnerability to HIV and there is evidence that the programme is improving this, but indicators for stigma reduction are not overtly included in the current M&E framework.

Similarly, indicators should be identified and collected to measure the impact of structural interventions i.e. recreation, life skills and cash management on vulnerability.

The nature of the Pilot Projects and beneficiaries dictates that data capture should be managed in as participatory and visual/oral way as possible. Reports and reporting formats often stultify real experiences as people endeavour to fit reality to a framework or template rather than adapt a template to fit reality. The skills needed for this should include experience in Participatory Learning and Action (PLA)[8] techniques. Most Significant Change[9] [10] (MSC) methodology could also usefully be applied with the pilot project beneficiaries and peer educators.

The resources allocated to the M&E component of the programme accounts for less than 1.5% of the total operational costs. This is inadequate to measure the effectiveness and impact of the programme and to support the requisite monitoring capacity.

[8] www.planotes.org

[9] www.mande.co.uk/docs/MSCGuide.pdf

[10] ww.healthcomms.org/coms/eval/le02.html

4 DISCUSSION AND LESSONS LEARNED

This section discusses the broad themes emerging from the review and seeks to analyse the findings. This analysis then feeds in to the recommendations made in the following section.

4.1 Operational Efficiency and Effectiveness

PHAMSA has made great strides in expanding the capacity of IOM to advise on and advocate for issues around the dynamics of HIV and migrant labour in the region and all those employed within IOM in southern Africa and other regions in Africa who were consulted for the review reflected this.

The programme has grown rapidly and accounts for a significant proportion of the MRF overall budget. However, there is a growing recognition that time is now required to reflect on how PHAMSA is branded and positioned within IOM more broadly. Although none of the external partners expressed confusion about PHAMSA as part of IOM, internally it was felt that more coherence could be gained and synergies realised across existing IOM programmes if the team were less of a separate entity and more embedded in IOM MRF processes. As the programme has grown, so too has the risk that its current management will be unable to cope in the future. A common response from the team was that 'we haven't had time' to follow up on certain areas of work. A period of reflection is now needed to ensure that the MRF organisational structure and management procedures are ready to handle further expansion.

It was agreed in principle that the best way to achieve this was to commission an externally facilitated organisational review for MRF Pretoria, allowing time for all the IOM staff and departments to reflect on the way forward institutionally and organisationally. This is especially important given the likelihood of a new 3 year programme on migrants' health in Africa and the possibility of IOM managing a grant management function. The review should include the development of a risk management strategy which directly addresses organisational and operational risks emerging from rapid growth.

At the same time it is suggested that the brand name 'PHAMSA' begin to be used in reference to the project model only and that the team and its function begin the shift to a broader Migration health Unit (MHU). This discussion is already underway as MRF Pretoria is starting to expand its work in the field of migration health to include a focus on TB, Malaria and other communicable diseases.

In addition, and given the importance of gender equity in the PHAMSA model, further consideration should be given to the recruitment of male staff within PHAMSA in order to achieve more of a balance between the sexes. Currently all PHAMSA staff in Pretoria are female.

4.2 The PHAMSA Project Model

The purpose of the model is to provide a comprehensive approach to HIV prevention and impact mitigation for migrant labourers but there is a lack of clarity around the theory underpinning the model. As it stands this is more of a picture than a model as there is no direction or logic implicit in it. A clearer articulation of its theoretical basis this would enable partners to understand how the components fit together and what outcomes they can expect from the model itself.

Many respondents from IPs asked 'Where are we going with this programme' and 'why did IOM mobilise us? A better theoretical basis for the model may help answer these questions

in that it can clarify why the various components have been chosen, how they fit together and what empirical evidence exists for their likely outcomes.

Essentially the model is based on principles of community development and health promotion[11] first laid out by the World Health Organisation in the Ottawa Charter[12] in 1986. These principles are regarded as essential to establishing improved community health:

- Healthy public policy;
- Strengthened community action;
- Development of personal skills;
- The creation of supportive environments; and
- Reorientation of health services.

There is a wealth of literature available describing and analyzing health promotion models and more recently exploring innovative health promotion approaches to HIV prevention and impact mitigation. A select list is provided in the bibliography. The value of linking theory with practice is that it will provide the PHAMSA approach with a working model rather than a set of discrete activities as well as a clearer idea of what the model is capable of and what resources may be needed to realise it.

Although the MTR only had a snapshot of the activities in the different project sites, it is clear that one project co-ordinator or assistant alone cannot achieve results from the model in its entirety. Where hosting organisations are more established in HIV work the co-ordinator has acted as a stimulus to the whole organisation for change but in the less experienced organisations this is unlikely to happen over a period of a year or two.

Those more established partners (HTT and CHAMP) were able to pick and choose aspects of the model which complement current activities while the others (RSSC, WBMPC and Teba Development) appear still to be focusing largely on the provision of information.

While the intention of the model is to promote sustainability by working through Implementing Partners, the scale of work required to reach its objectives may stretch beyond the capacity of many IPs. In a sense it is attempting to be both an institutional workplace programme and a community development programme. From the brief discussions held with IPs during this review it appears that significantly more intensive backstopping and support will be required both at a workplace and a community level to meet the model's ultimate objectives.

Some options for the future are suggested below:

- Focusing on more mature organisations to host the model that have greater traction, thus relieving management burden on IOM;

[11] For further discussion on health promotion series see http://findarticles.com/p/articles/mi_qa4138/is_200301/ai_n9325194/pg_3?tag=content;col1

[12] http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

- Reducing the number of pilot sites so that existing resources can be channelled more intensively into the limited sites, for example expand activities in Swaziland to the sending communities in the North;
- Increasing financial and human resources both for mentoring organisations and IOM; and
- Considering outsourcing the delivery of the model or franchising it to an International NGO (for example the International HIV Alliance) in the future.

Certainly for the future it is strongly recommended that PHAMSA deepens its focus on its existing Pilot Projects before expanding to more. In addition, a study which can demonstrate the key contributing factors to HTT's success may be a useful exercise to inform the selection of future IPs.

4.3 Knowledge Management

PHAMSA has been extremely successful in developing advocacy and training materials and promoting multi media products and events through selected partners (Market Photo Workshop, Event Horizons and ABC Ulwazi). Much of this information, together with lessons learned from the field, would benefit from more systematic organisation. In addition, much of the information which will be needed for the end of project evaluation currently resides in the memories of staff rather than in documented form. During the review several indicators were tested for their measurability and in answer to whether one could measure 'improved knowledge, attitude and practice among policy makers of the HIV dynamics of labour migration the answer was 'yes….but it's not written down.'

In many respects, the growth of the PHAMSA team explains this; while activities and staff have increased, the time for reflection and developing systems has not expanded at the same rate.

A knowledge management process is recommended which would include[13]:

- Identification, collection, assessment and analysis of knowledge and sources of knowledge derived from PHAMSA;
- Using and sharing information, and making sure relevant knowledge are easily accessible to users through different channels;
- Preserving knowledge through documentation of unwritten knowledge and sources of information, and by organizing existing knowledge; and
- Developing knowledge by identifying knowledge gaps, promoting research, best practice and lessons learnt writing.

The establishment of a knowledge management system would benefit IOM as a whole enabling greater synergies and a broader reach for both advocacy and learning. It would

[13] For an illustrative terms of reference for the knowledge management function see Annex 2.

enable better capture of the rich information embedded in pilot project reports and make existing information more widely available through established regional and global networks[14] i.e. SafAIDS, South Africa Poverty Reduction Network (SARPN), Alliance of Mayors Against Aids (AMICALL), Health Development Network (HDN), AIDS and Rights Alliance for Southern Africa (ARASA), and DFID's AIDS portal. Many of these sites currently lack much information on HIV and mobility issues. In addition, IOM globally should facilitate easier access to the PHAMSA site through its own portal.

4.4 The Regional and National Perspective

The PHAMSA programme framework identifies the development of national and regional policies as a priority but the national level is lagging. Efforts can be redoubled in countries which have an IOM country office as evidence from Zambia shows.

The role of SADC in influencing member states will have more traction if member states are already prepared for policy development and indeed have fed upwards into the policy itself. It was felt that with the exception of HTT and CHAMP, the Pilot Projects had not developed sufficiently strong links at national government level or indeed with local NGOs. An improved Knowledge Management System would also help here to capture and collate lessons learned nationally to feed up tot a regional level more systematically.

There is some pressure both within IOM and from SADC to expand the regional nature of the programme since work is not happening evenly across all 14 SADC countries. The time and resources to run country consultations or Pilot Projects in each of the 14 SADC countries are unlikely to be available. However, PHAMSA has had great success in a relatively short space of time in facilitating private sector partners to expand their workplace programmes to benefit seasonal and migrant workers.

By expanding this 'quick win' advocacy to more private companies across the region a wider coverage could be achieved. This does not mean abandoning the project model, which is more than a workplace programme alone, but rather diversifying the approach while at the same time increasing coverage. The inclusion of migrant and seasonal labourers in company workplace programmes is a great success; the overall and longer term value of the workplace programmes (for all workers) is a more general issue which perhaps diverges from IOM's particular mandate?

Further strengthening of the regional nature of PHAMSA would be gained by a more formalised relationship with SADC. The SADC representative interviewed suggested the development of a MoU which clearly outlines IOM's roles and areas of expertise and responsibility in the region with regard to HIV and migrant labour.

4.5 Division of Labour and Partnerships

The more successful PHAMSA is at advocating for the issue of HIV and labour migration, the more stakeholders' interest in the issue will grow and with it the challenge of co-ordination. ILO and UNDP both have mandates which stretch across the issues of labour migration; for example ILO is responsible for HIV responses in the workplace and this includes workplaces where migrant labour may be engaged.

The ILO South Africa programme is currently preparing a proposal to focus on HIV impact mitigation in cross border sites focusing mainly on women. Although this is a national

[14] www.AIDSportal.org, http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-and-aids-reporter, http://www.healthdev.org/eforums/cms/individual.asp?sid=95&sname=AF-AIDS

programme it may have implications for coherence for IOM. UNDP is charged with the mandate of mainstreaming HIV across all sectors which again is likely to include migrant labour issues.

Further consideration of how to make better use of UN agencies according to the Division of Labour presented by the Global Task Team in 2005[15] is needed. There is already a potential overlap between ILO and IOM/PHAMSA in terms of supporting workplace policies and programmes. Dialogue with the UNAIDS regional support team is already underway in this regard.

4.6 Sustainability

Sustainability relates both to the sustainability of the PHAMSA's approach as well as PHAMSA as a programme.

The approach of advocating for policy development has a high degree of sustainability in that it is increasing the number of players who understand the issue relating to HIV and migration and thus who are likely to take up the challenge of migrant health issues in the future. This is the same for regional co-ordination and technical co-operation. It is doubtful whether the research and learning aspect of PHAMSA will be sustainable in the long run without a formal academic partner in the region.

Where projects had good links with government at provincial and national level, organisational change to address the issues of migrant health was more likely to occur; for example HTT was receiving support from the Department of Health (DoH) in the shape of mobile clinics, and from the police department to help in cases of gender violence. Thus, the needs of migrant workers were being institutionalised with a greater chance of being sustained in the future. As mentioned earlier, those private companies involved in PHAMSA have also included migrant workers in their HIV workplace schemes. Projects with less institutional anchorage i.e. Teba Development Lesotho and WBMPC are less likely to be able to sustain the PHAMSA approach over the long term. None of the implementing partners visited were clear about the future of funding or their project after December 2009 and this needs to be remedied as a matter of urgency either in terms of developing exit strategies or transition strategies for the next phase.

Some of the Pilot Projects are already confronting the issue of longer term sustainability. This relates both to financial and operational sustainability. In Lesotho, Swaziland and Zambia the same question arose from a number of respondents, co-ordinators, change agents and IPs: 'where are we going with this programme', and 'what future does IOM see for us?' In part this related to financial sustainability and the future of the programme but in Zambia it related rather to the lack of clearly defined indicators to describe how a sustainable approach would look.

Whether financial or operational the issue of sustainability is pressing; with less than a year to run and often having had only a year to establish themselves, project staff and those they have mobilised are anxious to know their future. It is imperative that exit or transition strategies are now developed to maintain momentum, allay fears and reduce the likelihood of staff attrition.

PHAMSA itself is already attracting further funding and should consider how best to proceed in the future, whether to broaden its approach or deepen it as discussed above.

[15] Making the money work. UNAIDS 2005.

5 RECOMMENDATIONS

The following recommendations have been divided into two sections:

- Recommendations for immediate attention within the next six months and
- Recommendations in preparation of a new phase between September 2009 and March 2010.

5.1 Immediate Attention

5.1.1 Internal

The following internal actions are recommended:

- Commissioning of an organisational review of IOM's MRF to ensure that the new incarnation of PHAMSA as the Migration Health Unit is properly situated within MRF, that administrative and management processes are aligned, growth management strategies developed and appropriate skills are in place. This process should be externally facilitated to allow all IOM staff to participate fully.
- Beginning to refer to the model as PHAMSA, and the team as the Migration Health Unit.
- Consider including the establishment of a Knowledge Management facility in the Africa wide proposal which maximises synergies across units.

5.1.2 Programmatic

The following programmatic actions are recommended:

- Beginning to develop exit or transition strategies with implementing partners.
- Developing the theoretical basis of the PHAMSA model and link this more clearly to the M&E framework.
- Selecting one/two key indicators per component and redevelop them so that they are specific, measurable, achievable, realistic and time bound (SMART) in time for the end of phase evaluation.
- Developing indicators which can measure impact on vulnerability to HIV for example on food security, stigma, availability and accessibility of acceptable services and gender equity.
- Focusing more on identifying key strategic partnerships at national level in countries where pilots are located

5.2 Preparation for new phase (September to March 2010)

5.2.1 Internal

The following internal actions are recommended:

- Focusing more on sex parity within the office
- Formalise management processes; minuting, database management, recording.

5.2.2 Programmatic

The following programmatic actions are recommended:

- Seeking longer term funding (5 years+) on the basis that the model requires longer more predictable funding to be properly tested.
- Ensuring that the next phase allocates adequate resources to M&E (no less than 5% of operational costs).
- Ensuring that the end of project evaluation is given more time for pilot project visits.
- Scaling up 'quick wins' by expanding links with business sector in remaining SADC member states.
- Maintaining the number of Pilot Projects but increase resources per site
- Phasing-in country consultations more slowly to ensure that the requisite backstopping and follow through is provided.
- Considering the outsourcing of the contract for delivering the model; this would encourage consortia and reduce the IOM management burden.

6 CONCLUSION

In conclusion, the review found PHAMSA had made good progress on most of its goals and objectives with the component on Research and Learning lagging somewhat.

The pilot project model while laudable, was found to be somewhat ambitious especially in the aspiration for social change and it was felt that a longer time frame and more predictable funds would be needed to test the model properly with the existing IPs. Since HTT is deemed to be successful, documentation of the factors which have contributed to this success would be highly useful in this regard.

The indicators of the programme were found to be too loose to be useful. It is recommended that more attention be given to identifying key indicators for each component and tightening them up in time for the end of phase evaluation in 2010. It is also recommended that more time be given to the end of phase evaluation than was allocated to the Review given the amount of travel required and the array of projects and work to be assessed.

The programme has been successfully implemented to the extent that it has attracted further funds and has grown significantly over the last two years. Attention now needs to be given to ensuring that this rapid growth is properly managed and so that the quality of support which has been provided to date can continue.

PHAMSA is clearly a successful programme with an excellent reputation in the region for professionalism and technical competence both internally among the IOM family and externally among its various stakeholders and implementing partners. Its relevance in the region is likely to increase with increased free movement of trade and persons across Southern Africa.

7 DOCUMENTATION

7.1.1 General

- IOM Standing Committee on Programme and Finance 2008. 96th Session
- IOM position paper on HIV and migration 2002
- PHAMSA brochure 2007
- PHAMSA Project document 2007
- PHAMSA M&E framework 2007
- Annual PHAMSA SIDA donor report 2007 Meeting Minutes: IOM annual review meeting SIDA. Jan & July 2008
- SADC HIV and AIDS Business Plan 2005-9
- SADC HIV and AIDS Strategic Framework 2009-15.
- Co-operation framework UNAIDS and IOM

7.1.2 Advocacy for Policy development

- Country consultations: Namibia, Zambia, Malawi 2008.
- MIDSA draft concept note 2007
- Country briefing notes on HIV and labour migration in Southern Africa 2007
- PHAMSA website.
- Partnership agreements between IOM and Event Horizons, Market Photo workshop, ABC Ulwazi production. 2008
- IOM Soul City MOU 2008.

7.1.3 Research and learning

- HIV Integrated Biological and Behavioural Study (results). SIDA, HTT, Hlokomela Farm Training Trust, IOM. March 2009
- Baseline Assessment Kansanshi Mines PLC, Zambia (July 2008). CHAMP.
- Baseline Assessment Dunavant Zambia Ltd Katete Ginnery and surrounding community (Sept 2008). CHAMP

- Baseline Assessment: a consolidated report of the findings from an assessment on HIV related knowledge, attitudes, behaviours and practices of workers in the fishing, mining and agricultural sectors in Mozambique, Namibia, South Africa Swaziland and Zambia. March 2009. IOM
- Cost benefit analysis of HIV workplace programmes in Zambia. 2007 CHAMP, IOM, STARZ

7.1.4 Regional Co-ordination and Technical Co-operation

- Proceedings from IOM workshop on health HIV and mobility in Sub Saharan Africa 2007
- Migrant Health Discussion Strategy minutes 2008.
- Regional workshop on HIV and the Road Transport Sector in Southern Africa (Sept 2007)

7.1.5 Pilot Projects

- CHAMP MOU & project documents
- Fieldworker Training Guide for Pilot Projects implementing partners Feb 2009
- TEBA development Lesotho & Jo burg MOU and project documents
- RSSC MOU and project documents
- WBMPC MOU and project documents
- Hoedspruit Training Trust MOU and project documents.
- Focus group discussion report Feb 2008. WBMPC
- Interim baseline assessment report Jan 2008 WPMPC

8 REFERENCES FOR HEALTH PROMOTION

Kim, JC. XVth International AIDS Conference July 12th, 2004

Women & HIV: Research Directions Addressing Underlying Social Issues

Putting Women at Risk. RADAR (Rural AIDS and Development Action Research Program) School of Public Health, University of the Witwatersrand London School of Hygiene and Tropical Medicine, UK

Naidoo J, Wills J. Health promotion. Foundation for Practice. 2000. Balliere Tindall

Nutbeam D and Harris E. Theory in a nutshell-practical guide to health promotion theories 2004. McGraw & Hill

Parker R, 2000

Sidell M, Jones L, Katz J. Debates and dilemmas in promoting health. 1997. Open University press

Sweat, M and Denison. Reducing HIV incidence in developing countries with structural and environmental interventions AIDS 1995, 9 (supplement A) S251-257

Tones K, Green J. Health Promotion Planning and strategies. 2004. Sage publications

9 Annex 1: Schedule of Interviews

Date	Name of Key Respondents	Position	Office/ Location	Telephone (T) Personal (P)
Pretoria/Johannesburg				
11.3.09	Barbara Rijks	Regional Co-ordinator Migration Health Programmes	IOM/MRF Pretoria	P
	Julia Hill Mlati	Senior Migration Health Officer (Pilot Projects & Research)	IOM/MRF Pretoria	P
	Mandie Taljaard	M&E Officer, PHAMSA	IOM/MRF Pretoria	P
12.3.09	Christine du Preez	Director	Hlokomela	T
	Stuart Simpson	Chief of Mission	IOM Maputo	T
	Dr Clive Evian	Researcher		T
13.3.09	Liselott Verduijn	Senior Regional Programme Officer	IOM/MRF Pretoria	P
	HP Boe	Regional Representative	IOM/MRF Pretoria	

Date	Name of Key Respondents	Position	Office/ Location	Telephone (T) Personal (P)
	Kirsten Doermann		Market Photo Workshop	P
	Nobesuthu Mnguni David Cooper	Prog Manager Director	Teba Development Head Office	P
Zambia				
16.3.09	Katy Barwise	PHAMSA Project Officer	IOM Zambia	P
	Elizabeth Barnhart	Migration Health Officer	IOM Zambia	P
	Maha Aon	Partnerships Advisor	UNAIDS Zambia	P
	Rosanna Price-Nyendwa	Director	CHAMP	P
17.3.09	Josiah Ogina	Chief of Mission	IOM Zambia	P
	Eva Charlotte Roos	Regional HIV officer	SIDA/Norway regional HIV team	P
Pretoria/Johannesburg				
18.3.09	Reiko Matsuyama	Snr. programme officer PHAMSA	IOM/MRF Pretoria	P
	Greg Irving	Regional Coordinator Migration Health Programmes	IOM/MRF Nairobi	T

Date	Name of Key Respondents	Position	Office/ Location	Telephone (T) Personal (P)
	Manny Villaflores	Resource Management Officer	IOM/MRF Pretoria	P
19.3.09	Maria Moreriane	PHAMSA Project Officer	IOM/MRF Pretoria	P
	Patrick Cockayne & Janine Simon-Meyer	PHAMSA Technical Partners	Sibambene	P P
Lesotho				
19.3.09	Mamoqeli Malea Chalalisha Masakala	Co-ordinator Field officer	Teba Development Maseru	P P
20.3.09	Mr Mojapela Majoro	Regional Manager	Teba Development Maseru	P
	Ex miners association Matsa Molapo Tsietsi Chabatsane Maester Lepeli Mathebana Maqena Mohapi Mohapi	Members of association	TEBA Development Maseru	P
	Change agents		Teba Development Maputsoe Leribe Litjotjela	P

Date	Name of Key Respondents	Position	Office/ Location	Telephone (T) Personal (P)
Swaziland				
22.3.09	Swaziland Edwin Simelane	RSSC Co-ordinator	Site visit Simunye and Mhlume Simunye	P
	Nqobile Dlamini Bongane Hlanze	Peer educators		P
	Phindile Dube	RSSC Agricultural department officer		P
23.3.09	Jo Shilubane	General Manager HR	RSSC Simunye	P
	Faith Motsa	HIV coordinator HIV officer	RSSC Simunye	P
	Dudu Motsa		RSSC Simunye	P
	Thembi Dlamini	Regional Coordinator (DOH)	Swaziland National AIDS Program	
	Thembi Dhlamini	Director	Mbabane	P
	Makhosazana Hlatshwayo		Swaziland Business Coalition against HIV and AIDS Mbabane	P

Date	Name of Key Respondents	Position	Office/ Location	Telephone (T) Personal (P)
Walvis Bay/Namibia				
25.3.09	Olivia Namukomba	Director	WBMPC	P
	Justin Moses, Nigel Sinden	HR officers	NAMFI	P
	Deville Dreyer	EHO	WB municipality	P
	Jafet Andreas	Assistant project coordinator	Community worker WBMPC	P
26.3.09	Tommy Harris	Factory Manager	Abroma	P
	Mr Titus	Seafarer peer educator		P
Pretoria				
27.3.09	Dean Peacock	Director	Sonke Justice	T
	Tertius Wessels	Director	Trucking Wellness	T
	Harriet Perlman	Director	Soul City	T, P
	IOM/PHAMSA (Pilot Project Team)			P
30.3.09	Kathrin Lauckner		GTZ Namibia	T
	Letsholo Mojanga	HIV officer	ILO Pretoria	P
31.3.09	Luke Disney		North Star Foundation	T
6.4.09	Doreen Sanje		SADC Gaborone	T

10 Annex 2: Example TORs for Knowledge Management (KM) Advisor

1) Background

Knowledge is at the core of the CIDA Philippines program. There is a tremendous wealth of knowledge in the CIDA Philippines program, but no single person or project has a handle on all of it. Lessons from other projects are not shared widely. Many projects encounter similar challenges in areas such as creating buy-in with communities, reporting on results, mainstreaming cross-cutting themes, disseminating best practices, and institutionalizing results, to name a few; but projects tend to face these challenges on their own.

Although some knowledge sharing takes place between the projects in the CIDA Philippines program, more could be done to make it efficient and effective. The need for knowledge sharing is based on the idea that every project has its strengths and limitations. With effective knowledge harvesting and sharing, projects can leverage their strengths and overcome some of their limitations. Fewer wheels would need to be reinvented, and more effort could be spent on achieving great results.

Knowledge sharing is useful if it promotes better development and reduces poverty. CIDA's projects work to alleviate poverty and promote sustainable development. Knowledge sharing is a useful input if it helps CIDA projects produce better results, and strengthens the impact of the CIDA program as a whole. Knowing how to effect change requires not only technical competence but also experience, local knowledge, and an understanding of what works and what does not.

For these reasons, the CIDA Philippines Post has initially developed a knowledge-sharing strategy that will focus on promoting person-to-person knowledge sharing The CIDA Knowledge Management (KM) Strategy has four major components:

(1) Learning Groups that promote the sharing of tacit knowledge – active groups include Monitoring and Evaluation, Private Sector Development and Peace and Development.

(2) a Web site to improve projects' access to knowledge about the work and of other projects

(3) Lessons-Learned case studies and meetings to harvest the experience of projects after they end

(4) Program-Level Reporting

In its first year, the implementation of this strategy has facilitated interactions between projects and CIDA and it provided more opportunities for projects to learn about each other and share knowledge effectively.

In order to assist the Philippines Program in implementing the above, the Post hired the services of a part-time KM Adviser in September 2006. The KM Adviser provided technical advice and support to Post and project partners, in pursuing and refining the CIDA KM strategy.

The contract of the KM Adviser will expire on 30 September 2007. A new competition to select and hire a part-time local consultant to fill in this consulting position is prompted by CIDA's continuing need for the services of a KM Adviser, to build on and consolidate the results of the first phase.

2) Scope of Services

The KM Advisor will assist in improving Post capacity and effectiveness in promoting Knowledge Management in the program. S/He will ensure a better understanding of KM relative to CIDA priorities in the Philippines; assist in the operationalization of the KM strategy, and enhance the technical and institutional capacity of CIDA and its partners.

The KM Advisor will work under the supervision of the Post Officers responsible for Knowledge Management. S/he will maintain direct working relationship with other Post Officers, project partners, and as necessary, with the Country Analyst at HQ's Asia Branch.

Professional and technical advisory services in support of project specific and program wide needs or initiatives will be rendered on a proactive and responsive basis. The KM Advisor will prepare quarterly work programs considering the main aspects of the work as described below, which will be reviewed and adjusted subject to changing needs of the Post and partners upon prior consultation with CIDA. S/He may be asked to participate in briefings and missions as needed to ensure that KM considerations are integrated; and as requested, s/he will represent CIDA or serve as resource person in meetings or activities related to KM by CIDA and project partners.

3) Roles/Responsibilities of the Consultant

It is the Adviser's responsibility to provide the Post expert advice on Knowledge Management including operationalization of Post's KM strategy; development of strong feedback mechanisms between and amongst project partners; supporting enhancement of

KM capacity of Post and project partners; linking them to suitable KM resources such as tools, models or references, networks, experts and relevant organizations; facilitating conduct of learning groups; and ensuring exchange and sharing of experiences and lessons in KM.

The range of responsibilities may include the following:

3.1 Provide advice in operationalizing Post's KM Strategy

3.2 Assist in the development and institutionalization of KM strategies and measurement framework as required

3.3 Identifying and strengthening KM capacity needs of CIDA Post Officers and project partners, and coordinating the provision of appropriate technical expertise on KM

3.4 Provide advice and assistance to Post and project partners in finding solutions to KM challenges/issues as they arise

3.5 Provide advice on effective use of ICT to support the knowledge management strategy

3.6 Provide assistance to in-country briefings on KM and putting together information as needed

3.7 Organizing the conduct and implementation of knowledge sharing activities such as workshops, discussion/learning groups, seminars

3.8 Documentation of CIDA Philippines' experience in KM, highlighting especially lessons learned during the process and expert recommendations

4) Technical Requirements

4.1 Senior level experience (at least 5 years) working with local and international organizations in the field of Knowledge Management

4.2 Knowledge and expertise in setting-up Knowledge Management systems and in the operationalization of Knowledge Management strategies

4.3 Preferably knowledgeable in IT tools and communication needs for knowledge sharing

4.4 Has experience working as a member of multi-disciplinary and multi-cultural teams

4.5 Experience in development work, and with CIDA, an asset

4.6 Related formal education and training

5) Deliverables/Outputs Expected

5.1 Quarterly work plans indicating activities with their expected outputs, level of effort and time frame. In consultation with PCCO, the work plan will be accompanied by a proposed budget. The proposed budget will project travel requirements and other operating costs, for approval of the Post Officer and

HOA.

5.2 Periodic accomplishment report as requirement for payment of professional fee

5.3 An end of contract report documenting Post's experience in operationalizing the KM strategy. This report will also contain lessons learned and recommendations for the next phase of CIDA's KM strategy.

11 Annex 3: TORs for Mid-Term Review PHAMSA

MID-TERM REVIEW (MTR)

PARTNERSHIP ON HIV AND MOBILITY IN SOUTHERN AFRICA

(PHAMSA), 2007-2010

Title:	PHAMSA Mid-Term Review Consultant
Period:	23 February – 30 April 2009
Duration:	30 days
Duty Station:	Home based with 15 days field research in Southern Africa

1. BACKGROUND OF THE PROJECT/PROGRAMME:

From November 2003 to 2007, with funding from the European Union, Sida and the Dutch Regional AIDS Programme for Southern Africa, IOM implemented the 1st phase of the Partnership on HIV and Mobility in Southern Africa (PHAMSA).[16] The first phase was evaluated in 2006 and building on the findings of the evaluation and the lessons learned the 2nd phase of PHAMSA was developed. PHAMSA II runs from March 2007 to March 2010 and has been funded by the Swedish/Norwegian Regional HIV/AIDS Team for Africa based in Lusaka.

PHAMSA's overall objective is to contribute to the reduction of HIV incidence and impact of AIDS among migrant and mobile workers and their families in selected sectors in the SADC region.

The programme focuses on the following sectors that are all characterised by high levels of mobility and migration:

- Construction Sector: male construction workers and the communities in which they work

16 Please note that in the 1st Phase, the project was called "Partnership on HIV/AIDS and Mobile Populations in Southern Africa". The change has had no implications for the abbreviation, which will still be PHAMSA.

- Road Transport Sector: male truck drivers and population groups they interact with
- Commercial Agriculture Sector: male and female farm workers, their families and the communities
- Fisheries Sector: local and international fishermen, workers in fish packing industry, sex workers in sea ports
- Mining Sector: mineworkers and their families in mine-sending sites
- Cross Border Informal Trade Sector: female and male cross border traders
- Cross Border Sites: Immigration, custom and other officials that are posted at border sites as well as population groups who live or move through the borders regularly

In these sectors the programme implements activities under four distinct but related components: 1) Advocacy for Policy Development; 2) Research, 3) Regional Co-ordination and Technical Cooperation and 4) Pilot Projects. In order to effectively implement the activities IOM works closely together with SADC governments (NACs and relevant Ministries), the SADC Secretariat, civil society, academia, international organisations, employer associations, and trade unions.

The detailed M&E Framework can be found in the Annex but the main objectives and outcomes of the four components are:

Component 1: Advocacy for Policy Development (APD):

Objective: To advocate for national, provincial and sectoral policies that contribute to the reduction of HIV incidence and impact of AIDS among migrant and mobile workers and their families in Southern Africa.

Outcome: The HIV dynamics of labour migration addressed in SADC plans and frameworks, in National HIV and AIDS Strategic Plans (NSPs), Provincial Strategic Plans (PSPs), sector policies of selected SADC Member States, in UN Development Assistance Frameworks (UNDAFs), and in private sector policies.

Component 2: Research and Learning:

Objective: To increase knowledge and understanding of the HIV dynamics of labour migration in southern Africa.

Outcome: Increased knowledge and understanding of the HIV dynamics of labour migration in southern Africa among relevant policy makers.

Component 3: Regional Co-ordination and Technical Cooperation (RCTC)

Objective: To strengthen the institutional infrastructure for supporting the implementation of HIV programmes and policies that affect or are affected by HIV dynamics of labour migration in Southern Africa.

Outcome: Improved collaboration and Co-ordination in the response to HIV among institutions and companies that affect or are affected by HIV dynamics of labour migration in Southern Africa.

Component 4: Pilot Projects

Objective: To demonstrate and introduce a model for effective interventions that aim to reduce HIV incidence and impact of AIDS among migrants, mobile populations, their families and those they interact with through on-the-ground implementation of PHAMSA interventions and enhanced programme capacity in the region.

Outcome: Improved model for developing and implementing interventions that aim to reduce HIV incidence and impact of AIDS among migrants, mobile populations, their families and those they interact with.

Regional Approach

PHAMSA takes a regional programming approach whereby all activities are coordinated through the Regional Office in Southern Africa. It is believed that the objectives of PHAMSA are best achieved through a regional approach because:

1. A regional approach brings together national and regional stakeholders to share lessons and experiences, and increases Co-ordination and cooperation;
2. A regional approach allows PHAMSA to pilot the HIV prevention and care project model in different migrant settings in the region to ensure that it is relevant and can be replicated regionally;
3. A regional approach allows PHAMSA to advocate with regional partners to increase their awareness of the links between migration and integrate HIV and population mobility in their policies and programmes;
4. A regional approach allows for harmonisation of messages, material and branding;

5. A regional approach allows PHAMSA to function as an umbrella for HIV-related activities being implemented by IOM country offices and other implementing partners in the region, and allows close liaison with other regional HIV programmes implemented by IOM in West and East Africa;
6. A regional approach allows PHAMSA to operate in cross border areas;
7. As a regional programme, PHAMSA can ensure quality control and high standards of quality throughout the region;
8. A coordinated M&E system allows for data collection and analysis at a regional level; and
9. PHAMSA methodology and approach allows for a regional approach that can be tailored for the unique settings faced at the local level.

2. OVERALL OBJECTIVE OF THE MTR:

The overall objective of the mid-term review of PHAMSA II (2007-2010) is to review progress on project goals and objectives as well as to review implementation processes and arrangements. The MTR is expected to bring recommendations on corrections or changes for a better relevance and improved performance when needed, such as the elimination of non-productive activities and the continuation or expansion of successful activities for the remainder of the 2nd phase of PHAMSA II which will end in March 2010. The recommendations will also provide a basis for future programming and implementation arrangements, especially with regard to the development and implementation of the Migrant Health Partnership for Africa (2009-2014) which IOM is currently developing.

3. SPECIFIC OBJECTIVES OF THE MTR:

Key Elements of the MTR:

The following five elements must be considered when conducting the MTR: 1) relevance, 2) effectiveness, 3) efficiency; 4) impact, and 5) sustainability

Key Elements of Evaluation	Specified questions and themes
RELEVANCE To what extent is	Relevance to the needs and priorities of partners/stakeholders: • To what extent are the overall programme objective and the

Key Elements of Evaluation	Specified questions and themes
PHAMSA relevant to the needs and priorities of stakeholders and partners and to IOM policies and mandate?	objectives and intended outcomes related to the four components relevant to the needs and priorities of the different stakeholders? Specifically, SADC secretariat (SADC Business Plan on HIV/AIDS, Strategic Framework), SADC Governments (multi-sectoral HIV/AIDS strategic plans), Donors, UNAIDS Regional Support Team, Employers, Trade Unions, and workers' associations of sectors employing mobile workers • Do the overall objectives of PHAMSA correspond to regional priorities regarding HIV/AIDS as identified by SADC? • Has IOM engagement with partners been sufficiently strategic, especially given PHAMSA's regional focus? • Could IOM/PHAMSA improve the way it tracks and aligns itself with SADC policies and priorities? • Has the knowledge generated by PHAMSA influenced national or regional policies of key stakeholders incl. SADC? Relevance to IOM policies and mandates: • Do the overall objectives of PHAMSA fit in IOM's global policies, including the Position Paper on Migration and HIV/AIDS, SCPF 2008 (Standing Committee on Programmes and Finance)? Sectoral and Geographical Relevance: • Is the choice of sectors appropriate/relevant to the needs and priorities in the region? • Is the choice of geographical focus areas appropriate/relevant to the needs and priorities in the region? Overall Design: • How do the 4 programme components relate to the overall

Key Elements of Evaluation	Specified questions and themes
	PHAMSA objective? How do they relate to each other?
EFFECTIVENESS To what extent has the overall programme already achieved or is in the process to achieve the stated and non-stated project results and purposes?	Effectiveness of the interventions: • To what extent have the results been achieved or are in the process to be achieved? Have the achieved results already contributed to the relevant outcomes? • Whether and to what extent the beneficiaries are already enjoying the services and products delivered by the project? Have activities led to results? • Has there been any additional or unexpected consequences/outcomes that deserve specific attention for completing the implementation of the project, if so what? • Has PHAMSA already reached the target - labour migrant - groups that it set out to do? • What are the remaining issues that still need to be addressed? • Are the coherence, interlinking, and synergy (e.g. exchange of information, sharing of information) between the project components as well as complementarily within the sectors identified effective? • Is the programme cost-effective (the total cost incl. wages and offices related to the outcomes)? Effectiveness of the regional approach: • Is PHAMSA an effective regional programme, and are its objectives and activities feeding into a regional approach? • Could the objectives of PHAMSA be best achieved with a regional approach and Is PHAMSA's regional approach as it is currently implemented and organised, effective in achieving its goals and objectives? • What are some of the strengths and weaknesses of the

Key Elements of Evaluation	Specified questions and themes
	regional approach as of the date of the MTR? • Is the current division of labour between the IOM Regional Office in Pretoria and the various country offices in the region effective? • Is the current relationship between the IOM Regional Office in Pretoria and the various implementing partners in the region effective? Effectiveness of the M&E system: • Are monitoring and evaluation systems sufficiently built in and effective? • Are the indicators identified in the programme logical framework relevant to judge progress against project purposes and results? Are other indicators worth to be formally included in the M&E system? Effectiveness of PHAMSA in its co-ordination and/or collaborative efforts? • Have PHAMSA's activities been implemented in a collaborative way? • Has PHAMSA impacted on the Co-ordination between the different partners so as to ensure greater efficiency of programme delivery? • Has PHAMSA helped to strengthen the dynamic between government and civil society, supporting both the effective delivery of services to vulnerable migrants and strengthening the demand for service delivery, and if so how? • What are the strengths and weaknesses and added-value of IOM/PHAMSA as a development partner? Can IOM/PHAMSA improve on the process in which it selects and works with

Key Elements of Evaluation	Specified questions and themes
	implementing partners? • What are recommendations to improve cooperation and collaborative efforts, if any?
EFFICIENCY How have the available financial and human resources been used?	Human resource, office management, and use of financial instruments: • Is the programme efficiently managed given the existing human, physical and financial resources? • Is PHAMSA's management appropriate and successful? Are there control systems put in place? Is there effective division of labour? • Is PHAMSA reporting back to donors in time and according to agreed contracts? Is the quality of the narrative and financial reports satisfying/ comprehensive enough both for IOM in their future work as well as for Sida? • Is the current human resource division of labour among existing staff in the IOM Regional Office in Pretoria efficient? Are the mandates/portfolios of each staff realistic and efficient? • Is the current management system (reporting system, financial arrangements, etc.) between MRF Pretoria and the country offices efficient?
IMPACT[17] What is at this stage of implementation the overall and specific impact of the PHAMSA	• To what extent is PHAMSA contributing to the overall objective of reducing HIV incidence and impact of AIDS among migrant and mobile workers and their families in selected sectors in the SADC region? Is it already possible to state that the programme implementation is leading to the expected overall

[17] Although this is a Mid Term Review and not and end-of project evaluation, it will be useful to review both impact and sustainability

Key Elements of Evaluation	Specified questions and themes
intervention?	impact? • Is there already any other foreseen or unforeseen positive or negative impacts of the intervention that should be taken into account for the remaining period of the programme? • How the activities/interventions of each component interfere and impact on each other? Are the impacts favourable?
SUSTAINABILITY To what extent are elements expected to guarantee the sustainability of the programme already examined and put in place?	Sustainability of PHAMSA: • Are project components integrated in policies and programmes of PHAMSA's partners in civil society and government? • What is the sense of ownership of the programme among IOM's implementing partners and the government? • What are the measures taken to guarantee the sustainability of the collaborative efforts and partnership among key actors? • Were sustainability factors sufficiently integrated in the design of PHAMSA? What and how can it be improved?

4. METHODOLOGY OF THE MTR:

The following methodologies will be used for this MTR:

1. Desk Review of relevant project documents and related documentation, including outputs delivered by PHAMSA;
2. Interviews with key informants including project partners, beneficiaries, IOM Staff in the region, Donors (Sida), UNAIDS RST, and the SADC HIV Unit.
3. Project visits, especially with regard to Component 4: Pilot Projects

5. REPORTING:

An inception report will be delivered at the start of the review which will spell out a detailed workplan of how the MTR will be conducted.

A draft report will be submitted to IOM for comments and then finalized. The final report of no more than 30 pages (without annexes) will be submitted and will include analyses, findings, conclusions and recommendations emerging from the review. This final report will also outline key challenges and emerging opportunities for IOM, and should be structured in such a way that it will clearly inform and give direction for the last part of the project phase until March 2010 and future programming where relevant, namely the Migrant Health Partnership for Africa (2009-2014).

The report should be structured as follows:

- Executive summary of key findings and recommendations. (Max 2 pages)
- Introduction/background/context to PHAMSA (Max 4 pages)
- In depth analysis of the 4 project components including assessment of indicators, identification of weaknesses/challenges/lessons learned (Max 18 pages)
- Recommendations (Max 4 pages)
- Conclusion (Max 2 pages)
- Annexes (list of interviewees, bibliography etc)

6. Qualifications, Skills and Experience Required

- Relevant degree and experience in development project evaluations;
- Strong background in the areas of Health, HIV and Development;
- Work experience in Southern Africa;
- Strong analytical and strategic thinking abilities;
- In-depth knowledge of organisational and institutional arrangements and processes;
- Ability to work independently;

- Strong writing and communication skills;
- Excellent written command of the English language; and
- Computer literacy.

The M&E Officer of PHAMSA will provide assistance, as necessary, to the consultant.

12 Annex 4. PHAMSA Organogram