

# PHAMSA II EVALUATION REPORT

FINAL  
October 2010

PARTNERSHIP ON HIV AND MOBILITY  
IN SOUTHERN AFRICA 2nd Phase  
(2007-2010)

## **CONSULTANT**

Davies & Lee AIDS and Development Consulting is a private consultancy company based in UK that helps institutions working in the fields of AIDS and development to design, strengthen and scale-up their programmes; improve organisational management structures and systems; undertake strategic planning and mobilise local and international resources; monitor and evaluate their work; and document and disseminate lessons and effective strategies. Tim Lee conducted this evaluation.

## **ACKNOWLEDGEMENTS**

The consultant working on this assignment would like to thank all organisations, institutions, and individuals who contributed to the evaluation process.

# CONTENTS

CONSULTANT.....	ii
ACKNOWLEDGEMENTS.....	ii
CONTENTS.....	iii
ABBREVIATIONS.....	v
PROJECT SUMMARY.....	v
EXECUTIVE SUMMARY.....	vi
PART A: INTRODUCTION AND BACKGROUND.....	1
1. INTRODUCTION.....	1
1.1. PHAMSA.....	1
1.2. Continuity of context.....	3
1.3. Regionality.....	3
1.4. Evaluation process.....	4
1.5. Report contents.....	5
PART B: EVALUATION FINDINGS.....	6
2. SUMMARY FINDINGS.....	6
2.1. Outcome at overall programme objective level.....	6
2.2. Outcome at component level.....	6
2.3. Overall assessment criteria.....	8
3. ADVOCACY FOR POLICY DEVELOPMENT.....	9
3.1. Intended results.....	9
3.2. Discussion.....	9
3.3. Strengthening performance.....	10
4. RESEARCH AND LEARNING.....	11
4.1. Intended results.....	11
4.2. Discussion.....	12
4.3. Strengthening performance.....	13
5. REGIONAL COORDINATION AND TECHNICAL COOPERATION.....	14
5.1. Intended results.....	14
5.2. Discussion.....	15
5.3. Strengthening performance.....	16
6. PILOT PROJECTS.....	17
6.1. Intended results.....	17
6.2. Discussion.....	17
6.3. Strengthening performance.....	20
7. PROJECT MANAGEMENT.....	21
7.1. Project management.....	21
7.2. Human resources.....	22
7.3. Financial management.....	22
7.4. M&E.....	23
7.5. Partnership.....	24
8. REGIONALITY.....	24
8.1. PHAMSA definition.....	24
8.2. Regional Team definition.....	25
PART C: KEY LESSONS & RECOMMENDATIONS.....	26
9. KEY LESSONS.....	26
10. RECOMMENDATIONS.....	27
10.1. Programmatic improvement.....	27
10.2. Organisational development.....	27
APPENDICES.....	28

APPENDIX 1: PHAMSA LOG FRAME .....	29
APPENDIX 2: REGIONALITY .....	43
APPENDIX 3: EVALUATION TERMS OF REFERENCE .....	44
APPENDIX 4: LIST OF DOCUMENTS.....	52
APPENDIX 5: RESPONDENTS .....	59
APPENDIX 6: SUMMARY OF ACTIVITIES AND ACHIEVEMENTS BY PROJECT COMPONENT .....	60
APPENDIX 7: PHAMSA DEFINITION OF REGIONALITY - ACTIVITIES AND ACHIEVEMENTS.....	69
APPENDIX 8: PHAMSA INTERIM FINANCIAL REPORT.....	72

## ABBREVIATIONS

APD	Advocacy for policy development
IOM	International Organization for Migration
IP	Implementing partner
MRF	Mission with regional function
PHAMESA	Partnership on Health and Mobility in East and Southern Africa
PHAMSA	Partnership on HIV and Mobility in Southern Africa
PP	Pilot projects
RCTC	Regional coordination and technical cooperation
REC	Regional Economic Community
UNDAF	United Nations Development Assistance Framework

## PROJECT SUMMARY

<b>Executing Agency:</b>	International Organization for Migration
<b>Partner or Stakeholder Agencies:</b>	SADC Secretariat (HIV/AIDS unit), national government ministries, National AIDS Councils, UNAIDS RST and UN bodies at national level, sectors employing mobile workers, TEBA Development, Hoedspruit Training Trust, Sonke Gender Justice Network, Sibambene Development Communications, CHAMP, Royal Swaziland Sugar Corporation.
<b>Geographical Coverage:</b>	All SADC Countries
<b>Programme Management Site:</b>	IOM Regional Office for Southern Africa, Pretoria
<b>Target Groups:</b>	Labour migrants and mobile workers, including construction workers, transport workers, farm workers, fisher folk, mineworkers, informal cross border traders, border officials including police and immigration officials.
<b>Project Components:</b>	1) Advocacy for Policy Development; 2) Research and Learning; 3) Regional Coordination and Technical Cooperation; and 4) Pilot Projects.
<b>Duration:</b>	March 2007 – October 2010
<b>Budget:</b>	SEK 45.5 million (@USD 6.5 million)

## EXECUTIVE SUMMARY

The *Partnership on HIV and Mobility in Southern Africa* (PHAMSA) was implemented by IOM's regional office for Southern Africa between 2007 and 2010. The project budget—SEK 45 million—was provided by the Regional Swedish-Norwegian HIV/AIDS Team for Africa. PHAMSA's aim was to reduce HIV vulnerability of migrant and mobile populations in Southern Africa by working in the areas of advocacy for policy development, research and learning, regional coordination and technical cooperation, and pilot projects. The project focused on seven sectors characterized by high levels of mobility and migration: construction, road transport, commercial agriculture, fisheries, mining, cross-border informal trade, and cross-border sites. Successful delivery of the project required IOM to work closely with governments in the SADC region, the SADC Secretariat, UN, civil society, academia, international organisations, employer associations, and trade unions.

The PHAMSA final evaluation took place in September to October 2010 and focused on project relevance, effectiveness, efficiency, sustainability. The main goals of the evaluation were:

- To determine whether the objectives, outcomes and impact as stated in the logical framework were achieved
- To identify lessons learned and provide recommendations for future operation
- To assess IOM's role and performance as executing agency
- To assess the effectiveness/appropriateness of Project Management systems and tools (e.g. M&E protocols and frameworks), identify shortcomings and gaps, and make recommendations for future improvement.

Data was collected through interviews and correspondence with stakeholders, as well as scrutiny of project documentation. Fieldwork included trips to Mozambique, South Africa, and Zambia. A draft evaluation report was reviewed by IOM and feedback taken into account in producing the final report. No significant challenges were experienced in conducting this evaluation.

### MAIN FINDINGS

PHAMSA was well-designed as a regional project and has made a contribution 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. All four project components have made a contribution, though to differing degrees<sup>1</sup>:

	ADVOCACY	RESEARCH	REG. COOPERATION	PILOT PROJECTS
<b>Relevance</b>	Strong	Moderate	Strong	Moderate
<b>Effectiveness</b>	Strong	Moderate	Strong	Moderate
<b>Efficiency</b>	Moderate	Moderate	Strong	Moderate
<b>Sustainability</b>	Strong	Moderate	Strong	Mixed
<b>Impact</b>	Strong	Moderate	Moderate	Local-mixed Regional-weak

---

<sup>1</sup> The ratings presented here and in sections 3-8 of the report are overall, summary assessments by the consultant, based on the evidence gathered during the evaluation.

Advocacy and policy work has been highly successful; there are many high profile concrete achievements. Project staff have catalysed and/or provided technical input to a series of important policies and frameworks at both regional and national level. The project has also been very active and greatly appreciated as a vehicle to bring stakeholders together to facilitate regional coordination and technical cooperation. The project is also reported to have revolutionised relationships between IOM offices and regions.

In the area of research, PHAMSA has commissioned studies that are locally and nationally important and often ground-breaking in the southern African region. PHAMSA information products—based on research data or experience/expertise—are highly valued, particularly since there is relatively little material available on HIV and mobility/migration. Little truly regional research has been done, however, and the process of selecting of topics and locations does not seem to have been guided by a clear overarching strategy.

Assessment of the pilot projects component proved the most challenging for the evaluation. IOM views this component as a highlight of PHAMSA. The project has provided important capacity building to implementing partners in Lesotho, Mozambique, South Africa, Swaziland, and Zambia and beneficiaries have received improved services. However, it is debatable whether anything new or different has been demonstrated by PHAMSA. Community groups have been implementing (ever-increasingly comprehensive) responses to HIV in ‘spaces of vulnerability’ for more than two decades. In retrospect, priority should have been given to the broad community of existing actors and ways of assisting them to improve their attention to mobility/migration issues, rather than setting up responses to HIV and AIDS in new sites.

A number of challenges are evident in project management; with stronger operational and strategic management impact could have been greater and more focused. Project M&E has been particularly weak. The project has been highly successful building partnerships with SADC, UN partners and national governments, though relationships with civil society organisations are not strong.

## **MAIN RECOMMENDATIONS**

Recommendations for programmatic improvement are:

1. Communications work—including advocacy, publications, media, external relations, etc.—should be guided by a clear strategy.
2. In the new PHAMESA project, attention should also be given to follow through and the implementation process after policies have been agreed or action points generated at meetings.
3. The research portfolio would be significantly strengthened by including truly regional research projects, not only local or national studies.
4. The concept of ‘spaces of vulnerability’ merits further research, particularly to explore its utility beyond generalised (high) epidemic situations.
5. The relationship between research and policy/practice needs to be better understood. It may prove helpful to consider processes such as GRIPP (Getting Research into Policy and Practice).
6. Partner relations require more active attention and planning. Mapping of relevant actors would be a good starting point, followed by identifying priority partners and actively building relationships. This is particularly relevant to IOM’s relationships with civil society bodies at the regional level, and with the private sector.
7. Pilot projects are to be continued under the new PHAMESA project. Ideally, these should be supported as ‘learning centres’ rather than as ‘implementation sites’. To achieve this requires capacity development in activities associated with active learning and active sharing of information and lessons.

8. IOM should develop its capacity to provide technical support to the mainstream HIV and AIDS and social development actors, in order to assist such actors to improve their attention to mobility/migration issues

Recommendations for organisational development are:

9. PHAMSA/PHAMESA project managers should receive tailor made training to ensure they are skilled and fully comfortable utilising the PRISM financial management system.
10. A more rigorous and systematic approach to financial monitoring should be adopted with regard to implementing partners.
11. IOM needs to pay greater attention to strategic project management (in addition to effective operational management) in order to maximise impact at the regional level. This will assist with the prioritisation of human and financial resources on the most important groups, sectors, countries, and activities, and thus achieve a higher correlation between a) plans and budgets and b) activities and actual spend.
12. Improving project M&E must be treated as a top priority. The aim must be to design a straightforward and effective M&E system and build the capacity necessary to operate it.
13. In-country migration health staff act as catalysts for action. IOM should also explore whether seconding staff to SADC and EAC would also be possible and productive.

# PART A: INTRODUCTION AND BACKGROUND

---

## 1. INTRODUCTION

### 1.1. PHAMSA

Population mobility and migration have long been seen as important factors in understanding the dynamics of HIV and AIDS across Africa. However, there have been very few initiatives that have attempted to address this at a regional level.

Between 2003 and 2006, IOM's regional office in Pretoria, South Africa undertook the first phase of the *Partnership on HIV and Mobility in Southern Africa* (PHAMSA). Towards the end of the period, an external evaluation found a project that had grown in capacity and established meaningful partnerships with diverse actors and stakeholders. IOM were well positioned to lead the field. The main challenge for the future was felt to be how to scale up interventions and ensure that PHAMSA played a strategic role at a regional rather than local level.

PHAMSA II was funded by the Regional Swedish-Norwegian HIV/AIDS Team for Africa<sup>2</sup>. The budget allocation was SEK 45 million (roughly USD 6.5 million). The project began in March 2007 and is scheduled to finish in October 2010. A mid-term review was conducted by an external consultant in 2008.

The overall objective of PHAMSA II 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 project's full log frame is provided in appendix 1. There is a focus on sectors that are characterised by high levels of mobility and migration:

- Construction sector—male construction workers and the communities in which they work
- 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.

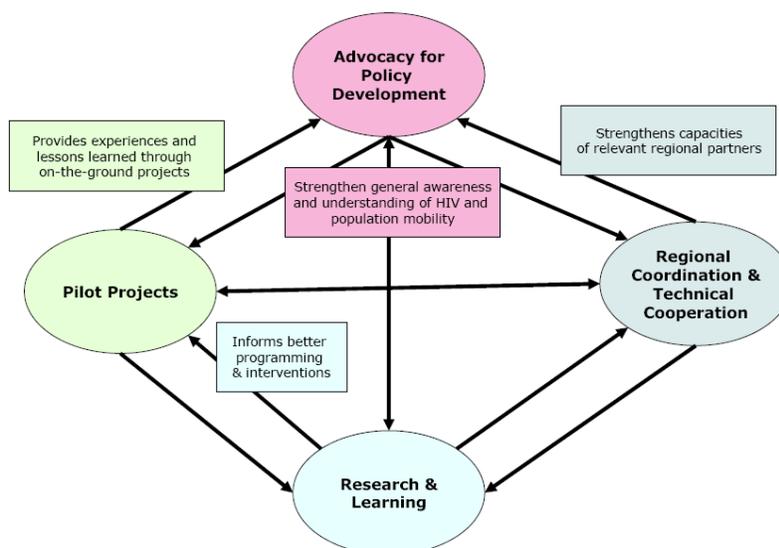
In these sectors, PHAMSA activities were organised into four components:

---

<sup>2</sup> Here after referred to as the 'the Regional Team'

COMPONENT	OBJECTIVE	INTENDED OUTCOME
<b>1) Advocacy for policy development (APD)</b>	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	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
<b>2) Research and learning</b>	To increase knowledge and understanding of the HIV dynamics of labour migration in Southern Africa	Increased knowledge and understanding of the HIV dynamics of labour migration in Southern Africa among relevant policy makers
<b>3) Regional coordination and technical cooperation (RCTC)</b>	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	Improved collaboration and coordination in the response to HIV among institutions and companies that affect or are affected by HIV dynamics of labour migration in Southern Africa
<b>4) Pilot projects</b>	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	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

These four separate components were designed to be inter-related, i.e. activities undertaken under the aegis of one component were expected to facilitate the achievement of the other project components. The following diagram was presented in the 2009 Annual Report to illustrate connectivity and synergy between components (see also box overleaf):



PHAMSA has been managed by IOM's regional office for Southern Africa, based in South Africa. This office supports IOM activities in the SADC region. IOM also has offices in Angola, Democratic Republic of Congo, Mauritius, Mozambique, Tanzania, Zambia and Zimbabwe. PHAMSA has project officers in Mozambique, Tanzania and Zambia. To implement the PHAMSA activities effectively, IOM was required to work closely with governments in the SADC region (National AIDS Councils and relevant line ministries), the SADC Secretariat, civil society, academia, international organisations, employer associations, and trade unions.

### 1.2. Continuity of context

Migration and mobility trends in East and Southern Africa, and the related migration health issues, are extensively discussed by IOM in their 2009 PHAMESA<sup>3</sup> proposal document, 2010 Regional Assessment report, and 2010 Literature Review of Migrant Health in the SADC Countries<sup>4</sup>. This PHAMSA evaluation report does not duplicate such data or in any way challenge IOM's analysis. While the specifics of the response to HIV and AIDS and the specifics of mobility and migration have altered during the course of PHAMSA II<sup>5</sup>, these changes have not challenged the logic of the project design.

### 1.3. Regionality

PHAMSA is designed and specifically funded as a regional project. For IOM the design is guided by beliefs that:

- A regional approach brings together national and regional stakeholders to share lessons and experiences, and increases coordination and cooperation
- 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

### ***Illustrating the interconnectedness of project components—pilot projects***

IOM highlights the importance of pilot project (PP) interventions for all other component activities: 'Without PP work and PP implementing partners, IOM's PHAMSA programme probably would not have had as much credibility in other activities. For example, all advocacy and coordination workshops not only present on our PP work which includes lessons learnt through implementation, but also build upon our networks created by PP work. Research in often hard-to-access areas/populations can be done because of the trust we have established with IPs through our PP work. Through the implementation of PP interventions on the ground, gaps around service and other vulnerabilities are identified which provides further topics for research work. Lastly but most importantly, it is very difficult (if not impossible) to obtain funding only on advocacy or regional coordination work. More often, advocacy and coordination work is connected to on-the-ground interventions, and that is how we obtain external funding.'

<sup>3</sup> PHAMESA stands for *Partnership on Health and Mobility in East and Southern Africa*. This new project, also funded by the Swedish/Norwegian regional team, began in July 2010 while PHAMSA was still ongoing and prior to the PHAMSA evaluation. PHAMESA has a wider geographical remit and focuses on health in general, rather than HIV and AIDS specifically.

<sup>4</sup> See: PHAMESA proposal section 2; *Regional Assessment on HIV Prevention Needs of Migrants and Mobile Populations in Southern Africa*; Literature Review of Migrant Health in the SADC Countries.

<sup>5</sup> I.e. infrastructure developments, such as road and bridge construction, or development of port facilities, such as in Mozambique; development of new mines, as in Mozambique and Zambia; or political upheavals leading to increased migration, such as in Zimbabwe.

- 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
- A regional approach allows for harmonisation of messages, material and branding
- 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
- A regional approach allows PHAMSA to operate in cross border areas
- As a regional programme, PHAMSA can ensure quality control and high standards of quality throughout the region
- A coordinated M&E system allows for data collection and analysis at a regional level.

For the project donor—the Regional Team—multi-locality does not automatically imply regionality (see appendix 2). Regional programmes should be characterised by:

- Essentiality—inter-country collaboration must be key to resolution of the problem, as in halting/reversing the trans-boundary spread of HIV
- Subsidiarity—the role of the regional level is subsidiary to the national level
- Added value—for example:
  - Inter-country information sharing and/or exchange of good practices
  - Economies of scale, as in bulk purchasing
  - Critical mass, as in sensitive/neglected areas, and regional vaccine trial sites
  - Cost effectiveness, as in capacity building via specialist regional organizations
  - Employing the legitimacy of the regional organization to influence lower/higher level policies/programs.

#### 1.4. Evaluation process

The evaluation TOR is provided in appendix 3. The overall objective was to generate knowledge from IOM's experience, results achieved and challenges faced, in implementing PHAMSA II. The goals were to:

- Determine whether the objectives, outcomes and impact as stated in the logical framework were achieved
- Identify lessons learned and provide recommendations for future operation
- Assess IOM's role and performance as implementing agency
- Assess the effectiveness/appropriateness of Project Management systems and tools (e.g. M&E protocols and frameworks), identify shortcomings and gaps, and make recommendations for future improvement.

The evaluation was required to analyse relevance, effectiveness, efficiency, and sustainability:

- **Relevance**—referring to 'changes in context and review of assumptions', i.e. has PHAMSA been relevant to the needs and priorities of stakeholders and partners and to the IOM mandate and policies?

- **Effectiveness**—referring to ‘results in terms of outputs achieved’, i.e. to what extent has the overall programme achieved the stated and non-stated project results and purpose?
- **Efficiency**—referring to ‘achievement of projected performance indicators and targets’, i.e. how have the available financial and human resources been used?
- **Sustainability**—i.e. to what extent have elements expected to guarantee the sustainability of the programme been put into place?

The evaluation took place between August and October 2010. Data was collected in two main ways:

- Scrutiny of project documents, i.e. proposals, reports, IOM monitoring data, implementing partner self-assessments, publications and grey literature etc. (see appendix 4)
- Interviews and correspondence with stakeholders (see appendix 5). The interviews were conducted face-to-face (in Mozambique, South Africa and Zambia), by telephone or via email. Respondents included IOM staff, PHAMSA partners and other key stakeholders, including government, SADC and UN officials.

A draft evaluation report was reviewed by IOM and feedback taken into account in producing the final report. No significant challenges were experienced in conducting this evaluation.

### **1.5. Report contents**

Part B of the report begins with section 2 which summarises achievement at the outcome level. Sections 3 to 6 then analyse the project’s four main components: advocacy for policy development, research and learning, regional collaboration and technical cooperation, and pilot projects. In each case there is an assessment of progress against indicators as well as identification of challenges and ideas for improvement. Sections 7 and 8 provide an assessment of project management and PHAMSA as a regional project.

Part C of the report begins with section 9 which summarises the lessons learnt. Section 10 provides recommendations. Since PHAMSA is ending soon, these lessons and recommendations are intended to inform IOM in general and in particular the roll-out of the new PHAMESA project.

The appendices contain a range of relevant reference material.

## PART B: EVALUATION FINDINGS

---

### 2. SUMMARY FINDINGS

#### 2.1. Outcome at overall programme objective level

OVERALL OBJECTIVE	SUMMARY OF EVALUATION FINDINGS
<p>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.</p>	<p>PHAMSA has contributed to the achievement of the overall programme objective. All four project components have made a contribution, though to differing degrees.</p> <p>Pilot projects component - PHAMSA has made a direct positive difference to individuals in communities affected by mobility/migration in Mozambique, Lesotho, South Africa, Swaziland and Namibia.</p> <p>Less directly, but more sustainably and more importantly for the regional project, PHAMSA has contributed to strengthening policy and influencing the wider political and social environment through advocacy, promoting collaboration and cooperation and, to a lesser extent, research.</p> <p>PHAMSA's contribution towards the overall programme objective is good, but could have been significantly greater if strategic management had been stronger.</p>

#### 2.2. Outcome at component level

COMPONENT	INTENDED OUTCOME	SUMMARY OF EVALUATION FINDINGS
<p><b>1) Advocacy for policy development</b></p>	<p>The HIV dynamics of labour migration addressed in SADC plans and frameworks, in National HIV and AIDS Strategic Plans, Provincial Strategic Plans, sector policies of selected SADC Member States, in UN Development Assistance Frameworks, and in private sector policies</p>	<p>Notable success at SADC level, in national sectoral plans and UNDAFs. Little evidence of impact in terms of National HIV and AIDS Strategic Plans, Provincial Strategic Plans, and in private sector policies.</p> <p>IOM has well-utilised its niche position within the wider UN system, and its relative advantages as a trusted intergovernmental organisation to provide information, advice and human resources to policy makers.</p> <p>The project has lacked a communications or information dissemination strategy.</p>

COMPONENT	INTENDED OUTCOME	SUMMARY OF EVALUATION FINDINGS
<b>2) Research and learning</b>	Increased knowledge and understanding of the HIV dynamics of labour migration in Southern Africa among relevant policy makers	<p>PHAMSA-funded research studies have contributed to knowledge and are appreciated. Many different approaches have been employed to reach and inform policy makers (often interlinked with advocacy events).</p> <p>Overall, the performance of this component is moderate. Selection of topic and location has not been according to a rigorous systematic strategy or sampling framework to ensure that priority research needs are met across the region. PHAMSA research outputs are also surprisingly weak in terms of exploring implications for policy and practice.</p> <p>The project has lacked a communications or information dissemination strategy.</p>
<b>3) Regional coordination and technical cooperation</b>	Improved collaboration and coordination in the response to HIV among institutions and companies that affect or are affected by HIV dynamics of labour migration in Southern Africa	<p>Coordination and collaboration within IOM has increased significantly. A positive concrete outcome is the new PHAMESA project, bringing migration health work together across East and Southern Africa.</p> <p>Coordination and collaboration at regional and national level has been promoted through diverse fora. This is greatly appreciated by diverse stakeholders.</p> <p>Relatively little has been attempted or achieved to improve collaboration and coordination in the region's private sector response or among civil society organisations.</p>
<b>4) Pilot projects</b>	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	<p>Pilot projects have made a direct positive difference to individuals in communities affected by mobility/migration in Mozambique, Lesotho, South Africa and Namibia.</p> <p>Some useful training materials have been developed that are useful to a wider audience, for example on gender (particularly male involvement), and social and behaviour change communication.</p> <p>The content of PHAMSA tools/materials is primarily generic; the mobility/migration element is relatively small.</p> <p>This project component has not been strategically managed to deliver pilots of regional relevance.</p> <p>It is not evident that IOM needed to, or was best placed to, develop a specific 'PHAMSA Model' for a HIV and AIDS responses in spaces of vulnerability. The mainstream community of HIV/AIDS and social development actors provide a large volume of materials and ample examples of innovative and established programmes that could have been adapted to ensure recognition of the specific additional needs of spaces of vulnerability.</p>

### 2.3. Overall assessment criteria

CRITERION	FINDINGS
<p><b>Relevance</b></p> <p>i.e. Has PHAMSA has been relevant to the needs and priorities of stakeholders and partners and to the IOM mandate and policies?</p>	<p>PHAMSA was well designed to address a priority area and an underserved area in the regional response to HIV and AIDS. Design was relevant to the political, economic, and financial context. PHAMSA has been highly successful promoting HIV and mobility concerns and—to a lesser extent—gender mainstreaming.</p> <p>Factors that have influenced the ability of IOM and partners to meet targets include: high demand for assistance in this area of the response; technical expertise on mobility/migration; acceptance within the UN; impartiality; availability of funding; ability to buy in required technical resources (e.g. researchers); commitment of partners and stakeholders. Limiting factors include: capacity challenges; shortfalls in strategic management and M&amp;E.</p> <p>The relevance of tools, guidelines and networks that have been developed vary considerably. Most are greatly appreciated. Some are overly complex for the intended audience. Dissemination of tools has not been as systematic as is required to maximise reach and uptake.</p>
<p><b>Effectiveness</b></p> <p>i.e. To what extent has the overall programme achieved the stated and non-stated project results and purpose?</p>	<p>PHAMSA service delivery data is insufficient to show whether the project reached the expected number of beneficiaries or whether beneficiaries are satisfied with service quality. Anecdotal evidence suggests services have been greatly appreciated by individuals (whose needs would otherwise go unmet).</p> <p>PHAMSA has the design of a regional programme but has not always been managed to deliver maximum regional impact.</p> <p>Monitoring and evaluation systems and tools are not effective or appropriate.</p> <p>PHAMSA has made a significant contribution to coordination efforts at regional, sectoral and national levels. Partnerships have been strongest in collaboration with SADC, the UN and at sectoral level. Relationships with civil society bodies at the regional level are much less successful.</p> <p>Actual expenditure within PHAMSA has not always been closely aligned with plans and budgets. Considerable variances have been evident.</p>
<p><b>Efficiency</b></p> <p>i.e. How have the available financial and human resources been used?</p>	<p>PHAMSA's performance against performance indicators has been varied. Performance appears strongest in advocacy for policy development and regional coordination and technical cooperation.</p> <p>PHAMSA project management has delivered a wide range of activities, but with greater management capacity the focus—priority results and impact—could have been considerably greater.</p>
<p><b>Sustainability</b></p> <p>i.e. To what extent have elements expected to guarantee the sustainability of the programme been put into place?</p>	<p>Sustainability of the project is variable. Gains in advocacy and policy, regional cooperation/coordination, and research contribute significantly to sustainability of impact. Long-term positive changes in capacity have occurred in some implementing partners, but most pilot project activities are highly dependent on project funds. IOM has not devised relevant sustainability strategy/exit plans for implementing partners, though has provided some support to fundraising efforts. Fundraising capacity of IOM and implementing partners has been built, and IOM national programmes have become more sustainable. Much greater investments are required to develop and guarantee sustainability of partnerships, particularly with civil society actors.</p>

### 3. ADVOCACY FOR POLICY DEVELOPMENT

ADVOCACY	
Relevance	Strong
Effectiveness	Strong
Efficiency	Moderate
Sustainability	Strong
Impact	Strong

#### 3.1. Intended results

The overall objective of the component is: to advocate for national 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.

The outcome indicator for the overall objective is: increased inclusion of issues related to the HIV dynamics of labour migration in SADC plans and frameworks, in National HIV and AIDS Strategic Plans (NSPs) of selected SADC Member States, in UN Development Assistance Frameworks (UNDAFs), and in private sector policies.

Specific outcomes expected from this component are:

- Key policy makers among SADC Secretariat officials, national policy makers, and UN partners are more aware of the importance of addressing, and are more willing to address, the HIV dynamics of labour migration in the region (intended outcome 1.1.1)
- Key policy makers in the private sector are more aware of the importance of addressing the HIV dynamics of labour migration in the region (intended outcome 1.1.2)
- Policy makers have increased knowledge and skills of the HIV dynamics of labour migration in the region (intended outcome 1.2.1)
- Increased awareness of and support for the importance of addressing HIV dynamics of labour migration in the region among the general public (intended outcome 1.3.1).

#### 3.2. Discussion

This component shows a large volume of activity and some outstanding achievements<sup>6</sup>.

PHAMSA has worked with SADC, UNAIDS at regional and national levels, national governments, and NGOs. Relatively little activity, however, has been seen with regard to engaging policy-makers in the private sector (the exception being through the pilot projects component – see section 6 below).

In terms of sectors, advocacy activity has been highest with regard to road transport and commercial agriculture, and lowest with regard to construction and cross-border trade.

Activities include convening a large number of diverse workshops and meetings, providing technical support and information, creating radio and print media, drafting frameworks and funding proposals, hosting or contributing to awareness raising events. Targets have been structures and actors at the regional and national levels. At the regional level, a profitable relationship has been nurtured with SADC<sup>7</sup>. Regional advocacy and policy work has also been approached through the institution of the Migration Dialogue for Southern Africa. National level activity has been strong in Malawi, Mozambique, Namibia, South Africa, Tanzania, and Zambia. It has proved particularly effective to put PHAMSA-paid staff on the ground to galvanise, respond to, and provide technical advice to stakeholders.

<sup>6</sup> Activities are documented in PHAMSA annual reports 2007, 2008 and 2009 and summarised in appendix 6.

<sup>7</sup> For instance, IOM has been chosen as one of the grantees for the SADC HIV Special Fund, to undertake regional research on HIV vulnerabilities of port communities.

PHAMSA has been an important vehicle to pump out information on HIV and mobility/migration issues. The project has done this in multiple formats, from academic research articles and published reports through to cartoon publications, street gallery displays, DVDs and radio media. These have made a significant contribution to the stock of materials available to address gaps in knowledge and raise awareness.

In many organisational settings, it is common for advocacy efforts to yield little in the way of tangible outcomes. This is not true of PHAMSA. IOM's technical expertise and authoritative data are clearly valued by policymakers and IOM's impartial and inter-governmental status generates a level of trust and access that is unrivalled. Furthermore, the relationship between policymakers and IOM continues into the policy formulation process, even to the extent of IOM sometimes being asked to coordinate the process of preparing documents or drafting material. This is a niche role for IOM and one that should be continued and increased wherever possible.

Interestingly, however, the focus and approach of the UN seems to be changing towards a more active advocacy style. This change in direction--which affects IOM since it is treated as a UN partner at national and regional levels—is clearest in the 'prevention revolution' being instigated by UNAIDS. This calls for 'bold messages and advocacy for evidence-informed responses' and active challenge to all 'punitive laws, policies, practices, stigma, and discrimination that block effective responses to the epidemic'<sup>8</sup>. This more confrontational approach may require IOM to learn new skills and employ new tactics as it works with governments and RECs in the future.

### **Highlights**

Among other policies, PHAMSA has contributed to:

- SADC—*Draft Policy Framework for Population Mobility and Communicable Diseases* finalised
- Namibia—migrant and mobile populations were included in the *National Policy on HIV*
- South Africa—technical support provided to the *Framework for Developing HIV/AIDS Workplace Policies in the Transport Sector* and the *Transport Sector HIV and AIDS Monitoring and Evaluation Plan*
- Zambia—assistance to revise the *National Policy on HIV in the Transport and Communications Sectors*, and recognition of migration/mobility in the *National HIV Prevention Convention Report*

### **3.3. Strengthening performance**

Even with such solid achievements in advocacy for policy development, there are some clear ways that this area of work could be improved. Priority areas include:

- **Prioritisation**—the outcome indicator for this project component promises all things to all people<sup>9</sup>. While it is important to be responsive to stakeholders' needs and demands, greater focus will deliver greater results. Prioritisation would help to concentrate human and financial resources on the most important groups, sectors, or countries. Indeed, a key

<sup>8</sup> See: *Mobilizing prevention as a movement for universal access*. Michel Sidibé to the UNAIDS Programme Coordinating Board, 8 December 2009. Also *Fomenting a prevention revolution for HIV* by Michel Sidibé and Kent Buse, *The Lancet* Vol 375 February 13, 2010.

<sup>9</sup> i.e. Sectors include: construction, transport, commercial agriculture, fisheries, mining, cross border informal trade, cross border sites Groups include: labour migrants and mobile workers, forced migrants, and irregular migrants. Plans and frameworks include: SADC frameworks, National HIV and AIDS Strategic Plans, UN Development Assistance Frameworks, national sectoral policies, private sector policies. Levels include: regional, sectoral, national, national sectoral, company. Multiple countries targeted.

strategic role that IOM can (and should) play is to provide an impartial and evidence-based view of priorities to influence action in the region

- **M&E**—ways of tracking and assessing project performance need to become more rigorous, systematic and active. This requires development or strengthening of basic recording and reporting procedures, as well as deepening understanding about the processes involved in the M&E of advocacy and policy work<sup>10</sup>
- **Communications**—PHAMSA has operated without an explicit strategy for communications work (including advocacy and information dissemination). Such a strategy would provide guidance for who to reach, how best to reach them, with what products, for what purpose, etc.<sup>11</sup>
- **National capacity**—IOM has seen a good return on placing staff on the ground in Mozambique, Tanzania and Zambia. This should be continued wherever possible.
- **Regional capacity**—to secure greater results at the regional level, IOM should consider seconding a staff member to SADC and EAC.
- **Implementation process**—finalisation of relevant policy is a good concrete achievement, but it is also just the first step towards improved outcomes. So far, there has been insufficient attention to policy implementation (i.e. supporting stakeholders to bring policies and practices into line), and the monitoring of implementation (i.e. checking on progress; in some cases, regulation and sanctions). IOM needs to strategise how best to support those ‘next step’ processes<sup>12</sup>.

## 4. RESEARCH AND LEARNING

### 4.1. Intended results

The overall objective of this component is: to increase knowledge and understanding of the HIV dynamics of labour migration in Southern Africa.

The outcome indicator for the overall objective is: policy makers are better able to address issues related to the HIV dynamics of labour migration in SADC plans and frameworks, in National HIV and AIDS Strategic Plans (NSPs) of selected SADC Member States, in UN Development Assistance Frameworks (UNDAFs), and in private sector policies.

Specific outcomes expected from this component are:

- Increased knowledge and understanding within IOM and relevant stakeholders/partners of the extent to which the HIV dynamics of labour migration are integrated in the planning and implementation of construction projects in the Southern African region (intended outcome 2.1.1)

RESEARCH & LEARNING	
Relevance	Moderate
Effectiveness	Moderate
Efficiency	Moderate
Sustainability	Moderate
Impact	Moderate

<sup>10</sup> For example, staff development on advocacy M&E could use the recent ICASO/International HIV/AIDS Alliance publication ‘Measuring Up: HIV-related advocacy evaluation training for civil society organisations’.

<sup>11</sup> Note: a draft migrant health communications strategy is out for consultation at the time of this evaluation.

<sup>12</sup> For instance, planned PHAMESA advocacy work still seems to focus on raising awareness and advocacy for national and sectoral policies.

- Increased knowledge and understanding within IOM and relevant stakeholders/partners of individual and environmental factors affecting the HIV vulnerability of labour migrants and mobile workers in Southern Africa (intended outcome 2.1.2)
- HIV dynamics of labour migration in Southern Africa increasingly integrated in academic courses and research globally (intended outcome 2.2.1)
- Increased access to information on HIV dynamics of labour migration in Southern Africa (intended outcome 2.2.2)
- HIV dynamics of labour migration in Southern Africa increasingly integrated into relevant vocational training courses (intended outcome 2.2.3).

## 4.2. Discussion

A large collection of activities and outputs have happened under the heading of research and learning<sup>13</sup>. Some of this is excellent quality and fills important information gaps. Some is less impressive and of less strategic importance.

On the whole, IOM research is known and valued by policy-makers, often in the context of providing justification for the 'where' and 'what' of project proposals or interventions. A high degree of academic rigour is achieved by contracting specialist research bodies with strong capacity.

The most directly relevant products at the regional level are the *Regional Assessment on HIV-prevention Needs of Migrants and Mobile Populations* (including sector and country reports) and the literature review of Migration health in the SADC Countries. The regional assessment process was funded by USAID; however PHAMSA personnel and expertise were heavily involved. The literature review is a PHAMSA product deemed to be of utmost value since it provides an up to date list of research (and gaps in research) in the field of migration and health in Southern Africa.

The project's other research outputs include two integrated biological and behavioural studies in South Africa, hotspot mapping in Mozambique, and a study on multiple concurrent partners in Zambia. Of these, the most recent IBBS study merits particular attention since it has provided important evidence to support the IOM/PHAMSA concept of 'spaces of vulnerability' (see box opposite). As the principal researcher notes: 'the initially counter-intuitive finding that HIV prevalence was similar among migrants and non-migrant farm workers indicates that it is not only migrants who are at risk but the entire impacted community. The approach to HIV therefore is not to target only migrants but rather the entire impacted community'<sup>14</sup>. Such studies have also highlighted high HIV prevalence among migrant workers, an issue of relevance for the health authorities and policy-makers of their home countries.

### ***Highlights***

'there is a lot of learning and un-learning to do and IOM materials are very important in this process'

*Ministry of Communications and Transport, Zambia*

'There is little data on HIV prevalence and associated risk factors among farm workers in South Africa. For this reason alone ... the IBBS was a relevant piece of research. Farm workers, farm owners, health care providers and policy makers now have solid evidence about the extent of the problem ... requirements for health care provision can now be quantitatively assessed'

*Researcher*

<sup>13</sup> Activities are documented in PHAMSA annual reports 2007, 2008 and 2009 and summarised in appendix 6.

<sup>14</sup> Private correspondence with Mark Colvin (email 4/10/2010)

PHAMSA research and other information products definitely make a contribution to knowledge, in particular to clarify that it is the migration process and ‘spaces of vulnerability’, rather than migrants themselves, that are the HIV risk. However it is not clear whether the research topics and research locations have been the best possible choices to maximise impact. Though valuable at a national level, the regional importance of much of the PHAMSA research work is questionable. Indeed, the project has not commissioned any truly *regional* research. A major challenge is that this component has not been guided by a clear strategy. A draft research strategy was developed in 2008. This sketched a mechanism for topic identification, consultation and quality control. However, the strategy was never finalised or implemented. This has left PHAMSA susceptible to chasing opportunities and an over-emphasis on South Africa rather than delivering a series of studies addressing priority questions and information gaps for the region<sup>15</sup>.

Compounding the lack of strategy has been inadequate strategic management to deliver the intended outcomes of the component (or seek an amendment to the log frame to give it greater strategic focus). For example, intended outcome 2.1.1 (see above) refers specifically to the construction sector yet over three years the project has done very little in this regard<sup>16</sup>. Indeed, activity for this research and learning component seems to have been focused primarily on intended outcomes 2.1.2 and 2.2.2 (generation of information, access to information), with relatively little to show in the other intended outcome areas (construction sector, university courses and research across the globe, vocational training). This has a negative impact on sustainability.

There is a lack of research capacity within PHAMSA. The situation improved significantly when a research coordinator was recruited, and the problem has been mitigated by the project working with highly competent researchers and institutions. However, it has proved hard to initiate, organise and quality control the research process, particularly at national level outside of South Africa, where PHAMSA staff are expected to juggle multiple challenging roles.

Finally, the project does not hold a clear conceptual framework to link research to policy/practice. This is illustrated by the lack of practical recommendations in finalized PHAMSA studies<sup>17</sup> and an unsystematic approach to information dissemination.

### 4.3. Strengthening performance

PHAMSA displays a mixed track record with regard to the research and learning component. Priority areas for improvement include:

- **Strategic approach**—research needs to be planned and managed more strategically to ensure it addresses the priority issues and has a stronger regional relevance
- **Regional research**—the research portfolio needs to include truly regional research projects, such as studies tackling multiple country mobility issues<sup>18</sup> or research in multiple countries that focuses on origin, transit, destination and return

---

<sup>15</sup> The literature review may go a long way to tackling this problem. However, this has not yet been finalized. Ideally, the literature review would have been one of the first, not one of the last, outputs from PHAMESA II.

<sup>16</sup> Major recorded activities with the construction sector include: the radio documentaries collaboration with ABC Ulwazi (see 2009 annual report); social impact assessment in Mozambique (see 2008 annual report); and specific coverage in the USAID funded *Regional Assessment on HIV-prevention Needs of Migrants and Mobile Populations*.

<sup>17</sup> i.e. the two integrated biological and behavioural studies in South Africa, hotspot mapping in Mozambique, and the multiple concurrent partners study in Zambia

<sup>18</sup> An example provided by PHAMSA research coordinator: transport corridor hot spot mapping that looks at the entire transport route from port to port, or long distance overland

- **Understanding ‘spaces of vulnerability’**—IOM has promoted the concept of ‘spaces of vulnerability’. This helps to shift attention away from migrants as individuals or a group as ‘the problem’ and points towards an understanding of how the migration process impacts on the dynamics of HIV and AIDS, both for migrants and the communities they come from, go to, and pass through. This is supported by much of the research data IOM has generated under PHAMSA. However, it is unclear to what extent the argument for focusing on ‘spaces of vulnerability’ (as opposed to a ‘key populations’ or ‘most at risk populations’ lens, for example) is limited to high HIV prevalence and generalised epidemic situations, or more generally applicable. This merits further research
- **Relationship of research to practice**—the project needs a ‘getting research into policy and practice’ (GRIPP) type of approach<sup>19</sup> to help people (including those commissioning and quality controlling studies) understand the wider value and purpose of research (i.e. improving policy and practice). This could be integrated into a wider communications or good practice strategy
- **Support and supervision**—technical assistance and supportive supervision is required for the wider staff and stakeholder group that is involved in research to ensure meaningful engagement and adequate quality assurance.

## 5. REGIONAL COORDINATION AND TECHNICAL COOPERATION

RCTC	
Relevance	Strong
Effectiveness	Strong
Efficiency	Strong
Sustainability	Strong
Impact	Moderate

### 5.1. Intended results

The overall objective of the component is: 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.

The outcome indicator for the overall objective is: increased and better collaboration and coordination in the response to HIV among institutions and companies that affect or are affected by HIV dynamics of labour migration in Southern Africa.

Specific outcomes expected from this component are:

- Lessons learned from IOM HIV programmes in Sub Saharan Africa shared with other IOM offices in coordination with MHD Africa focal point in MRF Nairobi (intended outcome 3.1.1)
- Coordination and harmonisation of IOM HIV programmes in Southern Africa (intended outcome 3.1.2)
- Bilateral or regional IOM programmes based on the PHAMSA model developed in East, West and Southern Africa (intended outcome 3.1.3)
- HIV dynamics of labour migration integrated in programmes, activities and outputs of regional partner organisations (intended outcome 3.2.1)

<sup>19</sup> *Getting Research into Policy and Practice* (GRIPP) was a DFID funded initiative.

- Increased coordination and collaboration at national and regional level on responses to HIV among stakeholders in selected sectors in the region (intended outcome 3.3.1).

## 5.2. Discussion

This component has internal and external aspects<sup>20</sup>.

### a) Internal

Internal change—i.e. within IOM—is the focus of specific outcomes 3.1.1-3. Achievement has been significant.

PHAMSA is reported to have revolutionised networking, capacity development, and collaboration across IOM countries and regions, with multiple tangible results including the design and successful funding of the new project, the *Partnership on Health and Mobility in East and Southern Africa* (PHAMESA) 2010-2013.

Strangely, however, at the same time as strengthening IOM links between countries and regions and aiding the integration of migration health in IOM national offices, PHAMSA as a project seems to have become increasingly isolated within the IOM Pretoria office. Physical separation from other regional office staff exacerbates but does not seem to be the cause of the problem<sup>21</sup>. Rather it seems that IOM as an institution has struggled to understand PHAMSA's unusual approach to migration health, i.e. activity beyond the typical IOM focus on health assessments and crisis interventions.

#### **Highlights**

'PHAMSA has catalysed harmonization of approaches and strategic planning'

'PHAMSA has revolutionized our work in Africa. We are now working in a much more coherent manner and East and South are working together closely'

*IOM staff members*

### b) External

External coordination and collaboration has a more mixed track record.

Significant progress has been made to increase coordination and collaboration among stakeholders (i.e. intended outcome 3.3.1). A constant stream of events—meetings, workshops, presentations, dissemination sessions, etc.—has fed the wider community with information and provided ongoing opportunities for networking and collaboration. The greatest achievements have often been within specific sectors within specific countries, though there have been effective activities targeting the regional sectoral level, or the region as a whole.

External partnerships with SADC, UN bodies and governments in the region have been good on the whole. IOM feel that they have helped to put

#### **Highlights**

'IOM has technical expertise on mobility and we find them a great resource'

*SADC*

'IOM is our key partner on the development of policy in the transport sector'

*NAC, Zambia*

'IOM is treated as a full UN partner. We are "delivering as one". We appreciate their technical expertise on migration'

*UNDP, Mozambique*

<sup>20</sup> Activities are documented in PHAMSA annual reports 2007, 2008 and 2009 and summarised in appendix 6.

<sup>21</sup> PHAMSA offices are in a different wing to the main Pretoria MRF offices, with separate security measures in between.

migration firmly on the agenda for SADC and individual countries. From the SADC perspective, the HIV Secretariat places a high value on the relationship with IOM and has particularly appreciated support with the development of policy and funding proposals. In country, IOM tends to be viewed and treated like a UN body and part of the national UN team ‘delivering as one’.

External partnerships with the wider stakeholder group, especially civil society organisations, have been much less evident and much more variable. PHAMSA has established relatively few formal partnerships with regional organisations. In 2008 an MOU was signed with Soul City, leading to reciprocal invitations to meetings and workshops, some joint brainstorming and providing technical assistance to each others’ programmes. North Star were identified as a PHAMSA partner in the 2007 and 2008 annual reports but later dropped from the list in 2009; over the course of PHAMSA there has been remarkably little contact<sup>22</sup>. An MOU with PSI was drafted in 2009 but never finalised and the relationship did not come to anything. Overall, there does not appear to have been any concerted effort to map potential regional civil society organisation partners or engage with them. This is particularly true for the mainstream HIV and AIDS and social development organisations working regionally. It feels very much that IOM has chosen to focus on partnerships it feels comfortable with, rather than seeing the bigger picture and what can be achieved by mobilising a broader partnership.

Among regional organisations there is a fairly widely held perception that IOM sometimes behaves in a rather superior or arrogant way. This may sometimes be a symptom of real or perceived competition, or organisational jealousies. It is certainly a reaction to the idea of IOM ‘coordinating’ their peers; provision of networking opportunities—by contrast—is less controversial and indeed, much appreciated. Whether justified or not, these perceptions cast a shadow over actual or potential partnerships.

### 5.3. Strengthening performance

Overall, performance is strong in this project component. Priority areas for improvement include:

- **Mapping and networking**—as a regional actor in the field of HIV and AIDS, IOM needs to be more involved in the mainstream community of the HIV and AIDS response and the social development community. A mapping exercise will help to identify potential partners that IOM can influence and—critically—learn from
- **Coordination capacity**—as noted above (section 3.3), seconding an IOM person to each of the RECs could prove a major aid to regional coordination. Strengthening SADC and EAC capacity to coordinate the regional responses, rather than IOM attempting to do this directly, might also help to improve potential partners’ perceptions of and willingness to work with IOM
- **Follow-through**—PHAMSA has convened a range of consultations and other networking and policy-related fora in the region. These are greatly appreciated; for example, UNAIDS views these fora as an essential part of galvanising and supporting the regional response. However, follow through is not always so active. As noted with regard to the advocacy component, greater attention to follow-through and implementation of recommendations and commitments will help to improve impact.

---

<sup>22</sup> Activities that did take place included: IOM facilitated a joint mission with staff from NSF/Trucking Wellness and Corridors Group to Walvis Bay, as a follow-up to the 2007 Regional Transport Sector Workshop; at the global level, IOM organised a satellite session with NSF at the International AIDS Conference in Mexico.

## 6. PILOT PROJECTS

PILOT PROJECTS	
Relevance	Moderate
Effectiveness	Moderate
Efficiency	Moderate
Sustainability	Mixed
Impact	Local-mixed Regional-weak

### 6.1. Intended results

The overall objective of this component is: 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.

The outcome indicators for the overall objective are: (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 on the model from organisations that use the model for developing and implementing interventions.

Specific outcomes expected from this component are:

- Strengthened capacity of implementing partners (IPs) to develop programmes in targeted migrant communities (intended outcome 4.1.1)
- Increased institutional capacity of Implementing Partners (IPs) to run HIV programmes and deliver HIV related services to migrant and mobile populations (intended outcome 4.1.2)
- Organisations interacting with migrant and mobile populations have access to tools and methods on how to roll out the PHAMSA pilot project model (intended outcome 4.1.3)
- Increased knowledge and understanding of HIV and AIDS among migrant and mobile workers, their families and the communities with which they interact (intended outcome 4.2.1)
- Improved attitudes towards HIV, AIDS and SRH among migrant and mobile workers, their families and the communities with which they interact (intended outcome 4.2.2)
- Improved health seeking behaviour (including behaviour related to sexual and reproductive health) among migrant and mobile workers, their families and the communities with which they interact supported by a conducive environment (intended outcome 4.2.3)
- Improved mitigation of the impact of AIDS on migrant and mobile workers, their families and the communities in which they interact (intended outcome 4.2.4).

### 6.2. Discussion

The intended outcomes focus on building capacity of the implementing partners and service delivery. Judged in this regard, the pilot project component has provided important capacity development assistance to selected implementing partners in Lesotho, Mozambique, South Africa, Swaziland, and Zambia<sup>23</sup>. In the pilot project sites, beneficiaries have received improved services than previously, and this has impacted on quality and duration of life. Unfortunately, PHAMSA does not have aggregated data on service delivery for all pilot project sites.

---

<sup>23</sup> Activities are documented in PHAMSA annual reports 2007, 2008 and 2009 and summarised in appendix 6.

This component has also provided a valuable laboratory for IOM's learning on HIV and AIDS and been useful in supporting PHAMSA's advocacy and regional coordination work<sup>24</sup>. (See also the text box in section 1.1). The pilot projects have also secured access for IOM research with groups that are otherwise hard to reach and often highly suspicious of outsiders.

In these ways, the pilot project component has been successful with regard to intended outcomes 4.1.1-2 and, within the sites themselves, intended outcomes 4.2.1-4. The remaining intended outcome (4.1.3) has not been achieved to any significant extent. Although tools have been developed and to some extent disseminated, the project has not systematically attempted to reach and build the capacity of the wider community of actors interacting with migrant and mobile populations. This activity is expected to continue into the new PHAMESA project.

The component's overall objective and the outcome indicators for the overall objective speak to the development and marketing of what IOM refers to as the 'PHAMSA Model'. This is an approach to respond to HIV and AIDS in spaces of vulnerability. For PHAMSA, the model 'gives guidance and a structure for a project but does not define activities as these are dependent on the local contexts. It helps us and partners to identify the vulnerabilities on the ground and gives them a framework on how address them'<sup>25</sup>.

There is no doubt that this approach has proved valuable at organisational and community levels. For example, in Zambia the implementing partner CHAMP has integrated several aspects of the PHAMSA Model into its ongoing workplace programmes with many of the country's largest private sector employers. TEBA is also taking up ideas from the Model in the design of its projects in South Africa and Swaziland. In Lesotho, community efforts have been mobilised around food security, and in South Africa the Hlokomela project has developed an impressively comprehensive community response that compliments and is well linked to government services and structures.

However, there is a question as to whether PHAMSA needed to develop the Model to 'demonstrate you CAN do something in migrant communities'<sup>26</sup>. PHAMSA staff felt that relevant approaches and tools did not exist and needed to be created. This was based on research and consultations held during the first phase of PHAMSA. However, apparently, this groundwork did not capture information the wider body of actors in the HIV and AIDS response and the wider field of social development around the region. Those actors have long experience and a wide range of existing materials that could have been adapted as required to ensure adequate focus on the specific needs and issues arising in spaces of vulnerability.

### ***Highlights***

'PHAMSA has done a lot for our staff. It has helped us to grow both personally and professionally ... In our work we have seen reduction in vulnerability and a great change in the empowerment of the women and the change agents'

*Hoedspruit Training Trust*

'We have a community project in the Eastern Cape that is addressing HIV through the PHAMSA Model. This project uses a community empowerment approach and is funded by the local government'

*TEBA Development*

<sup>24</sup> For example, all regional coordination meetings have included experiences and lessons from pilot projects; stories from the ground have been used in advocacy work.

<sup>25</sup> PHAMSA staff member, email communication 4/10/2010.

<sup>26</sup> Quote from PHAMSA staff member.

Put differently, while PHAMSA scores highly in terms of 'knowing your epidemic', the decision to create the PHAMSA Model suggests gaps in terms of 'knowing your response'. Knowing your response means that you 'critically assess who is and who should be participating'<sup>27</sup>.

Developing a PHAMSA Model may have been useful for capacity strengthening within IOM, and it has been useful in marketing the project. However, there are at least four major potential costs:

- Commissioning new work is less cost-effective than adaptation of existing approaches; a lot of money has been spent on creating 'slightly different new wheels'
- Undue delay can occur because methods and materials need to be developed first before roll-out. Indeed, some components of the PHAMSA Model are still under development even at the end of the project phase
- Such actions can feed the existing negative perceptions among partners about IOM's manner and actions and approach to partnership; it can appear arrogant for a mobility/migration organisation to be developing a whole new model for comprehensive community responses to HIV and AIDS
- There is a great danger that new tools will be unsuitable because the organisations commissioning or developing them do not necessarily have the practical experience in the field. To illustrate this, much of the materials developed by Sonke Gender Justice (on gender) and Sibambene (social and behavioural change communications), whilst technically strong, are too complex for use by many potential implementers at community level. They are also quite noticeably South African in style and in cases content rather than regional products.

There are also concerns regarding strategic issues of site selection and sustainability.

If one purpose of this project component was to explore/demonstrate what is possible in different spaces of vulnerability, then a wider selection of communities should have been targeted. PHAMSA pilot projects represent examples of spaces of vulnerability linked to commercial agriculture and mining only.

Also, perhaps more thought should have been given to the choice of a site in South Africa as the leading example of the full PHAMSA Model. The work by Hlokomela is admirable, but its value as a regional learning centre is limited because some things about the South African context are very unusual for the region as a whole. For instance: government being able to deliver a regular, reliable, free supply of anti-retrovirals and a wider variety of other drugs (pain relief, treatment of opportunistic infections, TB, etc.) as well as condoms and other commodities.

The issue of sustainability was raised by the mid-term review in 2009, which recommended that PHAMSA quickly develop exit strategies for the implementing partners. This did not occur and by the time of the final project evaluation in late 2010 the fate of some of these partnerships remains unclear.

While the PHAMSA pilot projects have built the capacity of implementing partners and have proved successful in leveraging some new project money (over \$5m USD in RSA and Mozambique<sup>28</sup>), it is clear that in most cases, the pilot projects are unsustainable financially (though capacity has been built, new skills acquired and networks established). Without ongoing PHAMSA/PHAMESA money they will atrophy. The worst case example appears to be the TEBA work in Xai Xai, Mozambique, where the PHAMSA Model has been set up as an almost completely separate entity to the mainstream TEBA home based care programme. Though TEBA are exploring ways to continue the

---

<sup>27</sup> UNAIDS (2007) Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access.

<sup>28</sup> PHAMSA staff member, email communication 4/10/2010.

project in Xai Xai, its design as a stand-alone initiative raises fundamental concerns about sustainability.

### 6.3. Strengthening performance

PHAMSA displays a mixed track record with regard to the pilot projects component. Priority areas for improvement include:

- **Strategic choices**—selection of pilot projects needs to be more strategic to ensure better coverage of countries and sectors (PHAMSA sites were focused on mining and commercial agriculture only). By using a sampling frame and then looking for suitable locations and partners (rather than starting with choice of partner), pilot projects become more useful in illustrating and testing the value of different approaches
- **Regional relevance**—the demands and opportunities of regionality need to be given greater attention. The current set of pilot projects have not been selected or supported with an eye to their regional relevance or how learning from the sites could be used to build capacity at the regional level
- **Learning centres**—PHAMSA pilot projects have been operated as sites to demonstrate implementation. Implementation projects tend to have a primary focus on service delivery. More useful would be a selection of ‘learning centre’ sites. Being a learning centre implies some ongoing service delivery (learning by doing), but importantly it also involves an understanding of the need to engage in continuous active learning (i.e. innovation, high standards in M&E, focus on practical and theoretical knowledge) as well as continuous active sharing (i.e. documentation and strategic dissemination, hosting of learners, advocacy, etc.)
- **Good practice**—PHAMSA has demonstrated the resolve to end relationships with poorly performing implementing partners<sup>29</sup>, but has continued to support TEBA’s work in Mozambique. The way that implementation is organised in Xai Xai is inappropriate and unsustainable, i.e. PHAMSA work in the community is a separate entity to the mainstream TEBA home based care programme and totally reliant on the availability of short term project funds. PHAMSA should actively challenge this situation and—if integration and sustainability are not priorities to TEBA in Mozambique—then PHAMSA should discontinue the relationship
- **Sustainability**—sustainability issues needs to be given greater prominence in the design and the early years of such projects. An influx of funds can lead to implementing partners growing too fast or bolting on new initiatives for the short-term rather than integrating new developments into their ongoing work and typical structures.

---

<sup>29</sup> This is illustrated by the termination of the relationship with the Walvis Bay Multi Purpose Centre in 2009.

## 7. PROJECT MANAGEMENT

PROJECT MANAGEMENT	
Operational	Mixed
Strategic	Weak
Financial	Mixed
M&E	Weak
Partnership	Mixed

### 7.1. Project management

PHAMSA is a large and complex project, implemented at numerous levels across the region. This means that effective and efficient day-to-day management is a pre-requisite for performance. Unfortunately, this operational management has not always been strong and there has been resistance to utilise some of the most basic tools of management such as submission of regular work plans and routine standardised reports. The project has also struggled to implement an effective filing and knowledge management system<sup>30</sup> and functional M&E system.

The project has also suffered from inadequate strategic management, i.e. higher level analysis, resource allocation and direction to secure the long term programme objective, as well as strategic actions to ensure maximum coherence and synergy between project components. This has not limited activity levels (which have been high overall) or created financial risk, but it has resulted in some major opportunity costs. For example:

- Different levels of attention paid to different sectors or countries do not appear to be the result of high level strategic choices; PHAMSA feels unbalanced across sectors
- The PHAMSA Model has been repeated in the same sectors, rather than attempted in different ones
- The creation of the PHAMSA Model seems to be a poor strategic decision; more appropriately, PHAMSA should have strategised to reach and provide mobility/migration health technical support to existing actors implementing comprehensive community responses in spaces of vulnerability
- Choice of research topic does not appear to coincide with an overall regional strategy towards research and information dissemination.
- The regional dimension of the project is under-developed and poorly understood by the wider staff group, both within PHAMSA and among key staff of the Pretoria MRF
- Insufficient attention has been given to planning the interaction between the project components/activities to maximise results
- Under spending and high variances have been ongoing problems.

Part of the challenge seems to stem from IOM having such a strong culture of projectisation. Staff operate under constant pressure to develop and fundraise for projects, and are encouraged to be opportunistic. Successful delivery of a large and complex project such as PHAMSA requires a very careful balance between opportunism (which can achieve valuable unplanned results but must be kept in check so as to avoid project 'drift') and strategic management to deliver intended results. The challenges experienced with PHAMSA will only be greater for PHAMESA since the new project is broader both in terms of geographical coverage and thematic areas. It should be a top priority for IOM to ensure that the new project has sufficient strategic management capacity.

---

<sup>30</sup> This was recommended by the mid-term review. In response, PHAMSA has been supporting the implementation of an office-wide knowledge management upgrade (utilising sharepoint). It was decided that revising the knowledge management system for the Migration Health Unit only was not effective and thus the whole regional office was included. The down side of this is that implementation has been slow and as of October 2010, it is still been only partially implemented.

## 7.2. Human resources

Overall, stakeholders speak highly of the technical capacity of PHAMSA project staff in the regional office. The only notable challenges associated with human resources in the regional office occurred in 2009 during which the PHAMSA Project Coordinator moved to work at IOM HQ in Geneva and one of the other senior staff (responsible among other things for the Pilot Projects) took maternity leave. These gaps were addressed by reallocation of responsibilities among remaining staff, but they clearly left the project's human resources stretched.

PHAMSA has demonstrated the great value of having a staff person at national level to attend meetings, advocate and share information, take forward project ideas and funding proposals, etc. In Mozambique, Tanzania, and Zambia there have been some challenges in recruiting and retaining good staff, but stakeholders interviewed for the evaluation speak highly of current incumbents. It is clearly difficult for PHAMSA officers at national level to manage competing demands on their time. These demands arise in terms of the breadth of work they are expected to take forward, but also because in effect they serve two managers (the head of the national office, and the PHAMSA coordinator, who do not necessarily share the same perspectives or sense of priorities). This is an area where increased and routine supportive supervision from project managers (involving liaison between project staff and national office senior managers) would be helpful.

## 7.3. Financial management

A specially prepared interim financial report for the period from March 2007 to 31 August 2010 shows an expected 93% budget execution (actual, plus commitments, as of end of August 2010; see appendix 8). It also shows 39% spending has been attributed to staff and office costs and IOM overheads, while 61% has been attributed to programming costs.

Financial control and accountability of PHAMSA has proved unproblematic. The project has sufficient and well-trained human resources devoted to finance and IOM has established systems (for example, for regular audit) in place.

However three areas of financial management raise concerns.

First, budget execution has not been very successful<sup>34</sup>. The specially prepared interim financial report—summarised opposite—shows that advocacy for policy development (APD)(69% execution) and regional coordination and technical cooperation (RCTC)(81%) are under spent. This is unfortunate since these have proved highly effective parts of the project and much more could have been done. As shown in the table, nearly two thirds of the funds spent on programming have gone to the pilot projects (PPs). Given project achievements, the cost effectiveness of this component does not seem good<sup>35</sup>.

PROJECT COMPONENT	% PROGRAMMING SPEND <sup>31</sup>	EXECUTION <sup>32</sup>
APD	16%	69%
R&L	13%	114%
RCTC	6%	81%
PPs	64%	92%
M&E	1%	46% <sup>33</sup>

<sup>31</sup> I.e. Project total minus staff costs, office costs and IOM overheads.

<sup>32</sup> I.e. Actual and committed spend divided by budget allocation.

<sup>33</sup> The apparently low budget execution on M&E is not a concern since the majority of remaining funds are committed to cover the final evaluation process.

<sup>34</sup> Illustrated by three no-cost time extensions to the project.

<sup>35</sup> Note: This is judged not in terms of the impact on individuals or their specific communities (which can, of course, be great and life changing/saving), but in terms of value generated at the project level given the level of resources expended.

The second area of financial management to raise concerns is financial monitoring and financial support to implementing partners; there has been an inconsistent approach. Over the last year some partners have received financial monitoring and support visits (Swaziland and Mozambique) while others have not (Lesotho, South Africa and Zambia). If IOM is to continue operating pilot projects in PHAMESA, a more rigorous and systematic approach to financial monitoring visits and grants management should be adopted. This is important with regard to both capacity building of project partners and financial control. Much could be learned from organisations that specialise in CBO/NGO support<sup>36</sup>.

Third, IOM Pretoria office employs an advanced financial management system (PRISM) designed to enable access to tailor-made financial information. Although time-consuming to operate, this system is highly valued by project finance staff. PHAMSA project managers, however, find the software difficult to use. This seems to be due to insufficient training, pressure of work/lack of time and—to a degree—a slight lack of motivation to learn the new system. Whatever the reason, inability to fully utilise PRISM limits the financial management capacity of the project managers (and may be part of the explanation for variances and poor budget execution noted above). As IOM shifts from PHAMSA to PHAMESA it would be a good investment of time and resources to address this issue.

#### 7.4. M&E

PHAMSA began without a functional M&E system and it is ending in much the same situation.

Challenges with M&E run throughout the project. This is partly because the project's M&E framework is complex and unwieldy<sup>37</sup>. This is not a cosmetic issue; inability to quickly see the overall project, understand the interrelationship of components, and grasp project M&E, is a serious barrier to effective project management.

A particular area of weakness within the M&E framework is the overabundance of lower level indicators (for example 19 different indicators for advocacy for policy development) and yet lack of a clear way of linking such data to the stated indicator at the component outcome level.

A particular weakness of the overall M&E system is the lack of routine reporting forms and procedures, for example between country office staff and the regional secretariat. For these and other reasons, PHAMSA reports tend to contain very little quantitative data and lack analysis or discussion about the rationale for, or impact or importance of, the activities listed<sup>38</sup>. These reports are well presented, readable, and structured according to the log frame, but of limited analytical value in telling the story of the project, identifying lessons, or justifying the donor's investment.

Throughout the group of staff implementing PHAMSA, there are capacity gaps in M&E. This creates problems for both monitoring/reporting and operational management (whereby effective decisions should be made in light of monitoring data). This problematic situation is exacerbated by technical expertise from the IOM Regional Office Project Monitoring and Support Unit that seems to constantly press for more complex systems than are required and useful for effective project management and delivery, and are feasible given available capacity and resources. It also results in some questionable decisions about M&E procedures to pursue. PHAMSA has recently expended huge amounts of time, money and energy on a 'Most Significant Change' process with implementing partners. This in itself is a useful methodology for partners to learn, and can generate some useful

---

<sup>36</sup> For example, Southern African AIDS Trust or the International HIV/AIDS Alliance.

<sup>37</sup> The M&E framework occupies four different worksheets of an excel file. In word format, the framework took up a staggering 22 pages in the annex of the 2009 annual report.

<sup>38</sup> There is an intriguing contrast between the high quality academic research data generated by the project, and the lack of data and analysis in project reports.

information. However, it would probably have been better to spend scarce resources conducting a fundamental review of M&E and tackling the major, perennial problems the project has experienced.

Galvanised by new staff in the Migration Health Unit and the challenges of starting the PHAMESA project, IOM is once again confronting its M&E challenges. This is both welcome and necessary. It is hoped that M&E for PHAMESA can be a much more effective and efficient process, and ultimately more satisfying for those required to undertake it.

## 7.5. Partnership

As noted in several sections above, PHAMSA has operated very successful partnerships with SADC and UN bodies as well as national government line ministries and National AIDS Councils. It has also worked closely with Sonke Gender Justice and Sibambene and other stakeholders in developing the PHAMSA Model, and partnered with implementing partners Hoedspruit Training Trust, CHAMP, and TEBA.

***Highlight***  
 ‘PHAMSA’s focus has been critical for the regional response’  
*UNAIDS RST*

This core group of partners was extremely strategic for the purposes of PHAMSA; establishing and maintaining these partnerships took much work and effort. However, PHAMSA has found it hard to build and maintain relationships beyond this core group.

IOM could and should be better linked in to the wider HIV and AIDS and social development communities. To achieve this, specific attention is required to improve the organisation’s approach to external relations.

## 8. REGIONALITY

### 8.1. PHAMSA definition

Judged by PHAMSA’s own definition of regionality (see section 1.3, plus IOM’s self-assessment data in appendix 7), the project has a mixed track record. Clearly much has been done and achieved in terms of bringing together national and regional stakeholders to raise awareness, share lessons, provide networking opportunities, increase coordination and cooperation, and build capacity in migration health. PHAMSA has delivered a large number of diverse fora across the region at regional and national levels, and actively sought to link actions and stakeholders at regional level, with those at national level. The project has also succeeded in terms of providing an umbrella for HIV/migration-related activities being implemented in the region, especially those by IOM country offices. However, (as noted in section 6) the pilot projects component—which took the bulk of programmatic funds—has been less successful as a contributor to regional impact. PHAMSA’s approach has not been systematically piloted, assessed or documented with an eye to ensuring it is relevant and can be replicated regionally. PHAMSA has also done relatively little in cross border areas and project M&E has been poor.

REGIONALITY	
PHAMSA definition	Mixed success
Regional Team definition	Mixed success

## 8.2. Regional Team definition

PHAMSA has been funded by the Regional Swedish-Norwegian HIV/AIDS Team for Africa, which operates a particular definition of regionality.

There is a direct correlation between the stated purpose of the Regional Team's work, and the activities and achievements of PHAMSA. In particular, PHAMSA has made a significant contribution to strengthening SADC capacity to harmonize, coordinate and monitor policy frameworks linked to migration health. To a lesser extent, PHAMSA has also helped to strengthen regional CSO/networks' capacity to participate in, and monitor development of the regional policy-, legal-, and regulatory framework. Projects funded by the Regional Team should display essentiality and subsidiarity as well as add value. As summarised below, the PHAMSA design correlates well with these criteria:

CRITERION	COMMENTS ON PHAMSA
<b>Essentiality</b> —inter-country collaboration must be key to resolution of the problem.	Strong correlation with PHAMSA design, activities and achievements. Migration and mobility are classic issues requiring a regional approach.
<b>Subsidiarity</b> —the role of the regional level is subsidiary to the national level.	Overall strong correlation with PHAMSA design, activities and achievements. Only weak spot is that the pilot projects have not been as strategically and regionally important as they could be, and hence rationale for their funding from a regional budget is undermined.
<b>Added value:</b>	
<ul style="list-style-type: none"> <li>• Inter-country information sharing and/or exchange of good practices</li> </ul>	Moderate correlation. PHAMSA has lacked a clear strategy on communications and information dissemination.
<ul style="list-style-type: none"> <li>• Economies of scale, as in bulk purchasing</li> </ul>	No apparent correlation.
<ul style="list-style-type: none"> <li>• Critical mass, as in sensitive/neglected areas, and regional vaccine trial sites</li> </ul>	Strong correlation with PHAMSA design, activities and achievements – highlighting migration health.
<ul style="list-style-type: none"> <li>• Cost effectiveness, as in capacity building via specialist regional organizations</li> </ul>	Moderate correlation. PHAMSA has lacked a clear strategy on capacity building.
<ul style="list-style-type: none"> <li>• Employing the legitimacy of the regional organization to influence lower/higher level policies/programs.</li> </ul>	Strong correlation with PHAMSA design, activities and achievements.

PHAMSA was well designed as a regional project, but regional impact could have been improved with stronger strategic management and a stronger regional dimension to the research and pilot projects components.

## **PART C:**

# **KEY LESSONS & RECOMMENDATIONS**

---

## **9. KEY LESSONS**

- IOM holds an important position in the regional response to HIV and AIDS. The organisation's expertise on mobility and migration issues, inter-governmental nature, and close association with the UN create a niche role, in particular with regard to mobilising stakeholders, raising awareness, increasing access to relevant evidence, and policy-development processes
- To play this niche role more actively and increase impact, requires relationships not only with official structures (i.e. SADC, UN, governments) but also the wider community of civil society and private sector actors
- To get policy on paper is in many ways a significant achievement; but the real test comes in terms of policy implementation and monitoring
- Capacity development is just as essential among project staff as it is among partner organisations. For instance, to deliver a regional project effectively, all staff need to have a strong understanding of regionality and its implications for thinking, planning, and action at both regional and national levels
- To improve their work, implementing partners tend to need capacity building in terms of both programming and organisational development
- Capacity building among project staff and with implementing partners needs to be planned as a long-term process. This can be difficult to achieve in IOM's very projectised environment
- PHAMSA has illustrated and begun to popularise the concept of 'spaces of vulnerability'
- Research of national importance does not always have a regional impact. For relevance and impact at regional level, regional research is also required
- Project success is dependent on both technical output/quality as well as organisational competence to manage/deliver; in a complex, regional project, the latter requires significant strategic management capacity at the regional level, as well as close collaboration between regional and national management structures
- In IOM's projectised environment, regional projects can be a way of providing staff and supporting programme development at national level. Having a person on the ground can be catalytic of many achievements at national level
- Weak M&E leaves a project poorer in many different ways, including inability to easily report progress, inability for staff to understand what their work has achieved, lack of information to guide project management decisions (at operational and strategic levels), etc.
- Regional projects are best located in regional offices, not under national offices<sup>39</sup>.

---

<sup>39</sup> IOM is discussing the idea of placing regional projects under country offices, i.e. PHAMESA would sit under the South Africa national office. This would be an unfortunate development and could add significant challenges to the project's successful delivery.

## 10. RECOMMENDATIONS

### 10.1. Programmatic improvement

1. Communications work—including advocacy, publications, media, external relations, etc.—should be guided by a clear strategy.
2. In the new PHAMESA project, attention should also be given to follow through and the implementation process after policies have been agreed or action points generated at meetings.
3. The research portfolio would be significantly strengthened by including truly regional research projects, not only local or national studies.
4. The concept of ‘spaces of vulnerability’ merits further research, particularly to explore its utility beyond generalised (high) epidemic situations.
5. The relationship between research and policy/practice needs to be better understood. It may prove helpful to consider processes such as GRIPP (Getting Research into Policy and Practice).
6. Partner relations require more active attention and planning. Mapping of relevant actors would be a good starting point, followed by identifying priority partners and actively building relationships. This is particularly relevant to IOM’s relationships with civil society bodies at the regional level, and with the private sector.
7. Pilot projects are to be continued under the new PHAMESA project. Ideally, these should be supported as ‘learning centres’ rather than as ‘implementation sites’. To achieve this requires capacity development in activities associated with active learning and active sharing of information and lessons.
8. IOM should develop its capacity to provide technical support to the mainstream HIV and AIDS and social development actors, in order to assist such actors to improve their attention to mobility/migration issues.

### 10.2. Organisational development

9. PHAMSA/PHAMESA project managers should receive tailor made training to ensure they are skilled and fully comfortable utilising the PRISM financial management system.
10. A more rigorous and systematic approach to financial monitoring should be adopted with regard to implementing partners.
11. IOM needs to pay greater attention to strategic project management (in addition to effective operational management) in order to maximise impact at the regional level. This will assist with the prioritisation of human and financial resources on the most important groups, sectors, countries, and activities, and thus achieve a higher correlation between a) plans and budgets and b) activities and actual spend.
12. Improving project M&E must be treated as a top priority. The aim must be to design a straightforward and effective M&E system and build the capacity necessary to operate it.
13. In-country migration health staff act as catalysts for action. IOM should also explore whether seconding staff to SADC and EAC would also be possible and productive.

## APPENDICES

---

## APPENDIX 1: PHAMSA LOG FRAME

The overall programme objective of PHAMSA 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.

Objectives	Indicators	MOV	Planned activities	Planned outputs
<b>ADVOCACY FOR POLICY DEVELOPMENT</b>	<p>OVERALL OBJECTIVE: To advocate for national 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</p> <p>Outcome for the Overall Objective: The HIV dynamics of labour migration 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.</p> <p>Outcome Indicator for the Overall Objective: Increased inclusion of issues related to the HIV dynamics of labour migration in SADC plans and frameworks, in National HIV and AIDS Strategic Plans (NSPs) of selected SADC Member States, in UN Development Assistance Frameworks (UNDAFs), and in private sector policies.</p>			
<b>1.1 To increase awareness among policy makers (key SADC Secretariat officials, national policy makers, UN partners and employers) on the importance of addressing the HIV dynamics of labour migration in the region.</b>				
1.1.1 Key policy makers among SADC Secretariat officials, national policy makers, and UN partners are more aware of the importance of addressing, and are more willing to address, the HIV dynamics of labour migration in the region	Key policy makers among SADC Secretariat officials, national policy makers, and UN partners are better able to recognise the importance of addressing the HIV dynamics of labour migration in the region	Interviews with key recipients of information	1.1.1.1 Develop information materials for selected SADC Member States, which gives an overview of the current labour migration dynamics of the country, assesses the gaps/needs in addressing migration and mobility in NSPs and sectoral policies, and provides recommendations on how the countries could better respond to the challenges of HIV and AIDS among labour migrants	Up to date Briefing Notes on HIV and Mobility for selected SADC Member States, which includes assessments of existing policies and strategies

PHAMSA II evaluation report 2010

	Increased request for support in reviewing/drafting policies by key SADC Secretariat officials, national policy makers, UN partners and employers	Record of requests; invitations to workshops/meetings; workshop reports; meeting minutes		
	Increased willingness among SADC, NACs, UN partners and sectoral stakeholders to undertake collaborative events with IOM that address HIV dynamics on labour migration in the region	records IOM including: minutes of meetings; financial support received; mission reports; workshop reports from collaborative events	1.1.1.2 Review the process of developing/reviewing the NSPs and UNDAFs for selected SADC Member States	Baseline matrix on UNDAF and NSP reviews
1.1.1.3 Sensitise key SADC Secretariat officials, national policy makers, UN partners and sectoral stakeholders on how to address HIV dynamics of labour migration in policies and programmes			Briefing Notes on HIV and Mobility distributed to selected SADC Member States	
			"Country Consultation Missions" in selected SADC Member States in order to raise awareness on the issue of HIV and mobility, increase understanding of IOM's role and remit in HIV and mobility in the region, identify key stakeholders and possible partners, and develop recommendations for future actions.	
				MIDSA on HIV and labour migration co-hosted by IOM and SADC HIV and AIDS Unit
1.1.2 Key policy makers in the private sector are more aware of the importance of addressing the HIV dynamics of labour migration in the region	Increased attention to the HIV dynamics of labour migration in key private sector forums	Content analysis of forum agendas/programmes	1.1.2.1 Develop information materials for selected sectors which provide an overview of the labour migration dynamics, factors of HIV vulnerability, and provides recommendations on how different stakeholders in the sector can better respond to the challenges of HIV and AIDS among their workers	Country Briefing Notes; Desk research on SIAs in construction industry
	Increased request for support in reviewing/drafting policies by private sector organisations	Record of request; invitations to workshops/meetings; workshop reports; meeting minutes	1.1.2.2 Sensitise key officials of private sector organisations and forums on how to address HIV dynamics of labour migration in workplace policies and programmes	Increased engagement with private sector

PHAMSA II evaluation report 2010

	Key policy makers in the private sector are better able to recognise the importance of addressing the HIV dynamics of labour migration in the region	Interviews with key recipients of information		Increased inclusion of HIV dynamics of labour migration in workplace policies and programmes
				Presentations on HIV and population mobility at relevant international and regional meetings, such as the World Economic Forum, and other similar events
		list of officials; information distributed to relevant ministries; bilateral meetings with key officials; regional information sharing workshop	1.1.2.3 Sensitise key officials in relevant construction/public works line ministries (in their client and regulatory capacities) on how to address HIV dynamics of labour migration in policies and programmes	Regional workshop on how to address HIV dynamics of labour migration in construction/public works policies and programmes
<b>1.2 To strengthen the capacity among policy makers in addressing the HIV dynamics of labour migration in the region</b>				
1.2.1 Policy makers have increased knowledge and skills of the HIV dynamics of labour migration in the region	Increased knowledge among policy makers of the HIV dynamics of labour migration in the region	Interviews with key recipients of information provided	1.2.1.1 Provide information relevant to policy development with policy makers	Briefing Notes, Guidelines, examples from other countries, etc.
	Policies increasingly informed by up-to-date information on HIV dynamics of labour migrants in the region	Analysis of information on HIV dynamics of labour migrants in relevant policies; interviews with policy developers		
	Increased skills among policy makers of the HIV dynamics of labour migration in the region	Analysis of policies; interviews with policy developers	1.2.1.2 Provide technical support on integration of HIV dynamics of labour migration in policies and programmes to policy makers	Comments on draft policies (NSPs, UNDAFs, sectoral HIV policies) on how to adequately address the HIV dynamics of labour migration
		evaluation of IOM support by means of structured questionnaires		Participation by IOM in identified NSP and UNDAF strategic meetings (reviews, planning meeting)
<b>1.3 To facilitate a conducive environment for policy development addressing the HIV dynamics of labour migration in the region</b>				

PHAMSA II evaluation report 2010

1.3.1 Increased awareness of and support for the importance of addressing HIV dynamics of labour migration in the region among the general public	Increased exposure of HIV dynamics of labour migration in the region in different media (general public, partners, media)	Finalised quarterly PHAMSA newsletters / Receipt by stakeholders and partners	1.3.1.1 Provide information on responses that address HIV dynamics of labour migration among partners and stakeholders in the region	Quarterly PHAMSA newsletter
	Increased interest in information on HIV dynamics of labour migration in the region among different stakeholders (general public, partners, media)	records of requests, invitations to workshops/meetings, workshop reports, meeting minutes		Up to date PHAMSA website
	Increased coverage by various media in the region (print, radio, TV, websites) of stories related to the HIV dynamics of labour migration	media analysis of newspaper, radio, TV, links to IOM reports at relevant websites, including HIV dynamics of labour migration	1.3.1.2 Produce advocacy/information material utilising various media that talks about the HIV dynamics of labour migration in Southern Africa	Reproduce advocacy outputs from PHAMSA I (e.g. radio programmes, comic strips, photo exhibitions)
			1.3.1.3 Sensitise journalists on HIV dynamics of labour migration	Produce new material (e.g. Comic stories, photo exhibition?) Sensitisation meetings with journalists on the HIV dynamics of labour migration Print journalism regional competition with schools of journalism
		1.3.1.4 Facilitate access by media to migrant sites	Field visits for identified journalists to IOM project sites	
<b>RESEARCH AND LEARNING</b>	<p>OVERALL OBJECTIVE: To increase knowledge and understanding of the HIV dynamics of labour migration in Southern Africa</p> <p>Outcome for the Overall Objective: Increased knowledge and understanding of the HIV dynamics of labour migration in Southern Africa among relevant policy makers</p> <p>Outcome Indicator for the Overall Objective: Policy makers are better able to address issues related to the HIV dynamics of labour migration in SADC plans and frameworks, in National HIV and AIDS Strategic Plans (NSPs) of selected SADC Member States, in UN Development Assistance Frameworks (UNDAFs), and in private sector policies.</p>			
<b>2.1 To conduct research on the individual and environmental HIV dynamics of labour migration</b>				
2.1.1 Increased knowledge and understanding within IOM and relevant stakeholders/partners of the extent to which the HIV dynamics of labour migration are integrated in the planning and implementation of construction projects in the	Increased ability to identify the need for integration of HIV dynamics of labour migration in the planning and implementation of construction projects in the Southern African region	IOM project proposal(s) developed based on research recommendations; IOM confirms increased insight into HIV dynamics of labour migration in the construction sector	2.1.1.1 Conduct research (desk-review and interviews with key informants) on inclusion of HIV dynamics of labour migration in Social Impact Assessments and Occupational Health Programmes in the construction sector	Research report written, printed and/or distributed

PHAMSA II evaluation report 2010

Southern African region				
2.1.2 Increased knowledge and understanding within IOM and relevant stakeholders/partners of individual and environmental factors affecting the HIV vulnerability of labour migrants and mobile workers in Southern Africa	IOM has increased ability to advice on integration of HIV dynamics of labour migration in the planning and implementation of transport sector projects in the Southern African region	IOM project proposal(s) developed based on research recommendations; IOM confirms increased insight into HIV vulnerability of mobile taxi and truck drivers in Southern Africa	2.1.2.1 Conduct research on the HIV vulnerability of mobile taxi and truck drivers in Southern Africa through one or more of following methodologies: 1) conducting a BSS; 2) mapping social and sexual networks; 3) conducting seroprevalence survey; and /or 4) mapping services	Research reports on taxi and truck drivers in Southern Africa written, printed and/or distributed
	IOM has increased ability to advice on integration of HIV dynamics of labour migration in the planning and implementation of agricultural sector projects in the Southern African region	IOM project proposal(s) developed based on research recommendations; IOM confirms increased insight into HIV vulnerability of mobile and migrant farm workers in Southern Africa	2.1.2.2 Conduct research on the HIV vulnerability of mobile and migrant farm workers in Southern Africa through one or more of following methodologies: 1) conducting a BSS; 2) mapping social and sexual networks; 3) conducting seroprevalence survey; and /or 4) mapping services	Research report on farm workers working on commercial farms in Hoedspruit written, printed and/or distributed
	IOM has increased ability to advice on integration of HIV dynamics of labour migration in the planning and implementation of fishery projects in the Southern African region	IOM project proposal(s) developed based on research recommendations; IOM confirms increased insight into HIV vulnerability of local and foreign commercial fishing crews in Southern Africa	2.1.2.3 Conduct research on the HIV vulnerability of local and foreign commercial fishing crews in Southern Africa through one or more of following methodologies: 1) conducting a BSS; 2) mapping social and sexual networks; 3) conducting seroprevalence survey; and /or 4) mapping services	Research report on local and foreign commercial fishing crews in Walvis Bay, Namibia written, printed and/or distributed

PHAMSA II evaluation report 2010

	IOM has increased ability to advise on integration of HIV dynamics of labour migration in the planning and implementation of transport mining projects in the Southern African region	IOM project proposal(s) developed based on research recommendations; IOM confirms increased insight into HIV vulnerability of mineworkers in Southern Africa	2.1.2.4 Conduct research on the HIV vulnerability of mineworkers in Southern Africa through one or more of following methodologies: 1) conducting a BSS; 2) mapping social and sexual networks; 3) conducting seroprevalence survey; and /or 4) mapping services	Research reports on mineworkers in Zambia written, printed and/or distributed
	IOM has increased ability to advise on integration of HIV dynamics of labour migration in the planning and implementation of cross border projects in the Southern African region	IOM project proposal(s) developed based on research recommendations; IOM confirms increased insight into HIV vulnerability of Customs and Immigration Officials in Southern Africa	2.1.2.5 Conduct research on the HIV vulnerability of Customs and Immigration Officials in Southern Africa through one or more of following methodologies: 1) conducting a BSS; 2) mapping social and sexual networks; 3) conducting seroprevalence survey; and /or 4) mapping services	Research report on Customs and Immigration Officials at selected borders written, printed and/or distributed
			2.1.2.6 Collate the above sectoral studies and extract key findings about the HIV dynamics of labour migration in Southern Africa	Report on the HIV dynamics of labour migration in Southern Africa written, printed and/or distributed
<b>2.2 To facilitate learning on the HIV dynamics of labour migration in Southern Africa</b>				
2.2.1 HIV dynamics of labour migration in Southern Africa increasingly integrated in academic courses and research globally	Increase in number of modules on link between labour migration and HIV integrated in courses	Number of courses that include modules that address HIV dynamics of labour migration	2.2.1.1 Conduct a desk review of curricula offered through relevant academic courses (including public health, social sciences, population and development, incl. migration etc) in the region and identify opportunities to include link HIV/labour migration	Report of desk review; list of opportunities for integration
	Increase in academic articles that refer to the HIV dynamics of labour migration in Southern Africa published in peer-reviewed journals	Number of academic articles published in peer-reviewed journals that refer to the HIV dynamics of labour migration in Southern Africa	2.2.1.2 Liaise with relevant stakeholders at universities and other learning institutions in order to include HIV/labour migration in curricula of relevant courses	Meetings with focal persons at universities and other learning institutions; minutes/agreements on contents to be included

PHAMSA II evaluation report 2010

	PHAMSA staff supported field research of Masters/PhD students looking at HIV dynamics of labour migration in Southern Africa; Increase in number of Masters theses that refer to the HIV dynamics of labour migration in Southern Africa	PHAMSA comments on Masters/PhD students involved in PHAMSA field research looking at HIV dynamics of labour migration in Southern Africa	2.2.1.3 Provide technical assistance in the HIV dynamics of labour migration in Southern Africa to stakeholders at academic institutions	Requests for information; meetings with students/academics/course supervisors etc; research interns involved in PHAMSA projects
	Increased number of students at academic institutions have been taught HIV dynamics of labour migration	Analysis of course programmes at universities; analysis of university records on successful participation of students in course that refer to HIV dynamics of labour migration		
	Increase in number of students at academic institutions involved in research on HIV dynamics of labour migration	Analysis of research at universities; analysis of university records on successful participation of students in research that refers to HIV dynamics of labour migration		
	Increase in number of research theses on HIV dynamics of labour migration in Southern Africa or referring to it	Analysis of research at universities; analysis of university records on successful participation of students in research that refers to HIV dynamics of labour migration		
2.2.2 Increased access to information on HIV dynamics of labour migration in Southern Africa	Increased availability of PHAMSA research findings and HIV/labour migration-related information on IOM website and online IOM literature database	Analysis of IOM records on number of sources available at the IOM	2.2.2.1 Provide up-to-date information on existing HIV/labour migration research and programming in the region to the public	Updated electronic literature database on HIV/labour migration on the IOM website
	Increased requests to IOM for information on HIV dynamics of labour migration in Southern Africa	Analysis of number of requests for information by email and number of hits on website		Up-to-date information available on programmes/policies and research on HIV dynamics of labour migration in the region, including "best practices" on the IOM website
	Increased number of oral/poster presentations by PHAMSA staff and partners on HIV dynamics of labour migration in Southern Africa	Analysis of conference programmes; interviews with conference organisers		PHAMSA has access to relevant international and regional journals and purchase other relevant publications

PHAMSA II evaluation report 2010

	Increased number of articles written by PHAMSA staff and published in relevant journals	Content analysis of relevant journals	2.2.2.2 Write academic articles based on research conducted under PHAMSA and submit to key academic journals	Articles produced by PHAMSA; PHAMSA research published in key academic publications
			Publish and disseminate PHAMSA research reports	Published PHAMSA reports; Disseminated PHAMSA research reports
			PHAMSA research and projects presented at National and International Conferences and forums	Appropriate conference/forums identified; abstracts submitted
2.2.3 HIV dynamics of labour migration in Southern Africa increasingly integrated into relevant vocational training courses	Increase in vocational training courses that have integrated HIV dynamics of labour migration in Southern Africa	Number of courses that include modules that address HIV dynamics of labour migration	2.2.3.1 Conduct a desk review of vocational training courses in the region and identify opportunities to include HIV dynamics of labour migration in Southern Africa	Report of desk review; list of opportunities for integration;
	Increase in number of people in targeted sectors/institutions have been trained in HIV dynamics of labour migration in Southern Africa	EAP, HIV in the Workplace Diplomas, Training Institutes/courses used by partners	2.2.3.2 Liaise with relevant training institutions in order to include HIV/labour migration in curriculum of relevant courses	meetings with course leaders/trainers who provide vocational training courses
	Increased capacity to address HIV dynamics of labour migration in Southern Africa among relevant training institutions	Interviews with identified trainers providing training partner organisations;	2.2.3.3 Provide technical assistance in addressing HIV dynamics of labour migration in Southern Africa to relevant training institutions	Support to trainers who provide vocational training courses
<b>REGIONAL COORDINATION AND TECHNICAL COOPERATION</b>	<p>OVERALL 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</p> <p>Outcome for the Overall Objective: Improved collaboration and coordination in the response to HIV among institutions and companies that affect or are affected by HIV dynamics of labour migration in Southern Africa</p> <p>Outcome Indicator for the Overall Objective: Increased and better collaboration and coordination in the response to HIV among institutions and companies that affect or are affected by HIV dynamics of labour migration in Southern Africa</p>			
<b>3.1 To strengthen and harmonise IOM's HIV programmes in the SADC Region and increase collaboration with IOM's regional HIV programmes in East and West Africa</b>				

PHAMSA II evaluation report 2010

3.1.1 Lessons learned from IOM HIV programmes in Sub Saharan Africa shared with other IOM offices in coordination with MHD Africa focal point in MRF Nairobi	Increased access to information on IOM HIV programmes in East/West and Southern Africa among IOM offices	Interviews with IOM officers in the region	3.1.1.1 Organise workshop to share lessons learned, challenges and good practices between IOM's Migration Health programmes in East/West and Southern Africa	Workshops in which lessons learnt challenges and good practices are being shared between IOM's Migration Health programmes in East/West and Southern Africa; Workshop reports
	Increased knowledge on IOM HIV programmes in the region among IOM offices	Interviews with IOM officers in the region	3.1.1.2 Include highlights from other IOM HIV programmes in Southern, West and East Africa in PHAMSA Newsletter and website	Articles on other IOM HIV programmes in Southern, West and East Africa in PHAMSA Newsletter
3.1.2 Coordination and harmonisation of IOM HIV programmes in Southern Africa	Common approaches found in IOM programmes in line with the regional IOM HIV strategy	Content analysis of IOM programmes	3.1.2.1 Organise project visits for IOM MH Staff and study tours to IOM HIV projects	Visits for IOM MHD Staff; study tours to IOM HIV projects; Staff that have been exposed to IOM HIV projects; mission reports
			3.1.2.2 Review and endorse IOM HIV project proposals from Southern Africa	Endorsed project proposals; database of IOM HIV ongoing projects
			3.1.2.3 Develop and distribute IOM's HIV regional strategy for Southern Africa	IOM HIV regional strategy document distributed to IOM offices
3.1.3 Bilateral or regional IOM programmes based on the PHAMSA model developed in East, West and Southern Africa	Project proposals in line with PHAMSA approach		3.1.3.1 Provide and facilitate technical assistance to IOM offices in countries in west/east/Southern Africa to facilitate project development based on the PHAMSA programme	Presentations; training provided to IOM offices in countries in west/east/Southern Africa to facilitate project development based on the PHAMSA programme
<b>3.2 To complement and strengthen mutual outputs of PHAMSA and regional partners and make efficient use of available resources through partnerships between PHAMSA and other regional organisations, programmes and initiatives</b>				
3.2.1 HIV dynamics of labour migration integrated in programmes, activities and outputs of regional partner organisations	Targets of partner programmes include labour migrants; environmental factors of HIV vulnerability addressed by partners;	Content analysis of partners' strategies/programmes; Interviews with partners	3.2.1.1 Identify potential regional partners that could complement PHAMSA	Selection criteria (avoiding duplication; access to target groups; technical expertise and capacity); database of partners;
			3.2.1.2 Liaise with potential partners and agree on	Meetings; MoUs

PHAMSA II evaluation report 2010

			collaboration	
			3.2.1.3 Provide and facilitate technical assistance	Technical inputs (presentations, comments, suggestions based on research findings etc) to programmes of regional partners by technical resource people from IOM and IOM partners
<b>3.3 To strengthen networks coordinating the HIV response in sectors employing mobile workers</b>				
3.3.1 Increased coordination and collaboration at national and regional level on responses to HIV among stakeholders in selected sectors in the region	HIV related networks and partnerships among national stakeholders with regard to HIV responses in 3 target sectors	Interviews with stakeholders in selected sectors in the countries; Analysis of IOM records on events with stakeholders	3.3.1.1 Facilitate networking on HIV responses in selected sectors among national stakeholders within countries	Technical assistance (presentations, comments, suggestions based on research findings etc) on development of national strategies/plans in selected sectors; IOM facilitated study visits for stakeholders; IOM facilitated/organised meetings for national partners/stakeholders; formation of national networks; information on partners and their programmes on the PHAMSA website; facilitate development of email groups (Target: 3 sectors - Transport, Comm Agr, Commercial Fisheries)
	Formal HIV related networks among regional stakeholders; partnerships among regional stakeholders with regard to HIV responses in 3 target sectors	Interviews with stakeholders in selected sectors in the countries; Analysis of IOM records on events with stakeholders	3.3.1.2 Facilitate regional networking on HIV responses in selected sectors amongst stakeholders	Action plan for future HIV interventions in selected sectors (commercial agriculture, transport, fisheries); facilitate/organise study visits; facilitate/organise meetings; information on partners and their programmes available on the PHAMSA website; facilitate development of email groups
<b>PILOT PROJECTS</b>	<p>OVERALL 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</p> <p>Outcome for the Overall Objective: 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.</p> <p>Outcome Indicator 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 on the model from organisations that use the model for developing and implementing interventions</p>			

PHAMSA II evaluation report 2010

<p><b>4.1 To build capacity in the region to implement comprehensive HIV programmes as guided by the PHAMSA Project Model</b></p>				
<p>4.1.1 Strengthened capacity of implementing partners (IPs) to develop programmes in targeted migrant communities</p>	<p>Quality of project plans (design, plan, budget, management); SCC &amp; Gender programmes &amp; other programmes developed</p>	<p>Review of project plans and documents by IOM staff; PD mission reports; IPs feedback and comments on project documents and plans;</p>	<p>4.1.1.1 Collaborate with IPs in project development</p>	<p>project document, including problem description, needs assessment, context description, method, management procedures, budgets and timeframes; baseline dated collection; midterm reviews</p>
			<p>4.1.1.2 Develop Projects</p>	<p>Scoping &amp; research reports. Project Documents (Target: Mozambique, Malawi &amp; Cape Town)</p>
<p>4.1.2 Increased institutional capacity of Implementing Partners (IPs) to run HIV programmes and deliver HIV related services to migrant and mobile populations (IPs able to run the programme without PHAMSA support)</p>	<p>Proper financial management; delivery according to project plan; proper monitoring of outputs, evaluation of outcomes/impacts</p>	<p>Financial, monitoring and evaluation reports; IOM mission reports; feedback through bi-annual interviews with IPs on their capacity; feedback from beneficiaries through key informant interviews and focus groups on IPs capacity</p>	<p>4.1.2.1 Provide assistance on project management to partner organisations</p>	<p>Mentoring of project management skills development, regular progress meetings, telephone coaching and support, reviewing of their documentation to ensure quality</p>
	<p>IPs able to solicit buy in and support from relevant stakeholders, Number of partnerships developed; Percentage of targeted partners on board;</p>	<p>MoUs; attendance registers; meeting notes; records of requests for partnerships; amount of stakeholders personnel time devoted to supporting the project; number of in-kind contributions received; feedback through bi-annual interviews with IPs on their capacity; Feedback from beneficiaries through key informant interviews and focus groups on IPs capacity; Request received for partnering;</p>	<p>4.1.2.2 Provide organisational capacity building to implement the PHAMSA Project Model informed by the needs assessment</p>	<p>M &amp; E systems including training on how to use the systems; funds for human and capital resources; How to guidelines developed</p>
	<p>IPs able to secure resources (financial and other); % of funding applications awarded; \$ donor organisations received per year; \$ private sector contributions received; \$ government received per</p>	<p>Project proposals project agreements/ contracts; feedback through bi-annual interviews with IPs on their capacity</p>		

PHAMSA II evaluation report 2010

	year; IPs trained on HIV & population mobility issues (HIV & Mobility, gender & social change communication) SCC Communication strategy; increase mainstream in of HIV & mobility in their various programmes, No of trainers trained as gender advocates; gender programme in place	Training reports; Mission reports; interviews with IPs regarding their technical capacity	4.1.2.3 Provide technical assistance to partner organisations on HIV and population mobility issues	Training on migration and "one man can" including the GIPA principle, Training on migration and social change communication including GIPA principle (communication strategy, participatory material development process and innovative communication media)
4.1.3 Organisations interacting with migrant and mobile populations have access to tools and methods on how to roll out the PHAMSA pilot project model	Percentage of relevant organisations that have access to toolkit; Percentage of relevant organisations that have used the toolkit; Satisfaction with toolkit among relevant organisations; No. of request for toolkit received by IOM; No. of enquiries regarding the toolkit received by IOM Link with PHAMSA relate research	Database held at IOM on request for toolkit and enquiries related to the toolkit; Interviews with relevant organisations on access to, usage of and satisfaction with the toolkit	4.1.3.1 Collect and document lessons learnt of the IOM pilot projects	case studies on the PHAMSA pilot projects; UNAIDS best practise
			4.1.3.2 Produce a toolkit that assists organisations in developing and implementing HIV prevention and care programmes based on the PHAMSA Project model	toolkit which includes modules on gender, developing communication strategies, and tools for programme development and implementation
			4.1.3.3 Disseminate PHAMSA model based on pilot projects lessons learnt	toolkit and other related publication tbd disseminated via website, DVDs etc.
<b>4.2 To reduce vulnerability to HIV and to mitigate the impact of AIDS among migrant and mobile workers, their families and the communities with which they interact through behavioural and social change interventions</b>				
4.2.1 Increased knowledge and understanding of HIV and AIDS among migrant and mobile workers, their families and the communities with which they interact	improved awareness of high risk sexual behaviour; increased understanding of HIV among migrant and mobile workers, their families and the communities with which they interact	Pre implementation data. qualitative studies; Feedback from beneficiaries through key informant interviews and focus groups on their knowledge and understanding of HIV and AIDS	4.2.1.1 Develop & distribute site specific communication materials to migrant sending and receiving sites	DVD; pamphlets; billboards; notice boards; radio programmes; stickers; TV slots; local newspaper articles; t-shirts; posters; hardhat

PHAMSA II evaluation report 2010

4.2.2 Improved attitudes towards HIV, AIDS and SRH among migrant and mobile workers, their families and the communities with which they interact	reduced stigmatisation of PWAs; increased openness to receive information on HIV; positive attitude towards using condoms; improved attitudes towards accessing VCT and other SRH services; increased number of people attending support groups; no. of voluntary disclosure	Pre implementation data ; records at clinics; IPs monitoring and evaluation reports; Feedback from beneficiaries & stakeholders through key informant interviews and focus groups on sexual practices	4.2.2.1 Conduct site specific peer education programme facilitating and supporting behaviour change	peer education programmes;
			4.2.2.2 Sensitise community members in targeted migrant sites on the importance of addressing HIV vulnerability	community meetings, events; stakeholder meetings (district aids council);
			4.2.2.3 Integrate HIV within existing training curricula that target mobile and migrant workers (fisheries)	Training curricula which includes HIV
4.2.3 Improved health seeking behaviour (including behaviour related to sexual and reproductive health) among migrant and mobile workers, their families and the communities with which they interact supported by a conducive environment	increased uptake of VCTs by males and females; increased visits to clinic for SRH treatment by males and females; increased uptake of condoms; decrease in reported number of concurrent sexual partners;	records on VCT up take by males and females; records on visits to clinics for SRH treatment by males and females; condoms distribution records; IPs monitoring and evaluation reports; ANC data, prevalence surveys; IPs monitoring and evaluation reports; KAP; Feedback from beneficiaries through key informant interviews and focus groups on sexual practices	4.2.3.1 Develop and implement gender-based programmes targeting men (One Man Can)	gender specific communication materials; community action teams; partnerships with traditional leaders / police / traditional healers / farmer;
			4.2.3.2 To develop and implement recreational programmes in migrant sites	recreational programmes (such as football, netball, sewing)
			4.2.3.3 To provide life-skills training to migrant and mobile workers, their families and the community they interact with	financial literacy; ABET programme; income generating projects such as microfinance for women
			4.2.3.4 Advocate for and support development and review of site specific workplace policies and/or programmes that are inclusive of different mobile workers	inclusive workplace policies; meetings with employers; meetings between employees and employers;
	Increased uptake by men and women of recreational opportunities;	Records of participation in recreational activities; tournaments;		
	Increase in number of people that received life skills training and perceived benefit of the training	Record attendance at life skills training; evaluation of the life skills training; feedback from the beneficiaries, IPs and other stakeholders		
	Increase in number of workplace policies that address HIV, gender & migration	Review of workplace policies; KAP		

PHAMSA II evaluation report 2010

<p>4.2.4 Improved mitigation of the impact of AIDS on migrant and mobile workers, their families and the communities in which they interact</p>	<p>Increased access to health and psycho-social services for migrant and mobile workers and their families</p>	<p>VCT / public / private clinics attendance records; migrant specific questions in VCT forms; records of condom distribution; partner notifications slips; Feedback from beneficiaries through key informant interviews and focus groups on impact of AIDS</p>	<p>4.2.4.1 Facilitating access to health / HIV related products and services, including psycho-social support</p>	<p>VCT; condoms available; condom cans at appropriate places; primary health care (private/public clinics); wellness support groups</p>
---	--	---	---	---

## APPENDIX 2: REGIONALITY

The regional approach of the Swedish/Norwegian Regional HIV/AIDS Team for Africa is defined as follows:

**Goal:** Poverty alleviation through strengthened role by regional organisations/networks and embassies in HIV&AIDS prevention and impact mitigation

**Purpose:** To contribute towards an enabling environment for more effective responses to HIV&AIDS through:

- Strengthened REC capacity to harmonize, coordinate and monitor Member States' HIV&AIDS/social sector policies, legal and regulatory frameworks
- Strengthened regional CSO/networks' capacity to participate in, and monitor development of the regional policy-, legal-, and regulatory framework.

**Guiding principles:**

- Essentiality...inter-country collaboration must be key to resolution of the problem, as in halting/reversing the trans-boundary spread of HIV
- Subsidiarity...the role of the regional level is subsidiary to the national level
- Added value:
  - Inter-country information sharing and/or exchange of good practices
  - Economies of scale, as in bulk purchasing
  - Critical mass, as in sensitive/neglected areas, and regional vaccine trial sites
  - Cost effectiveness, as in capacity building via specialist regional organizations
  - Employing the legitimacy of the regional organization to influence lower/higher level policies/programs

## APPENDIX 3: EVALUATION TERMS OF REFERENCE

**Project name:** Partnership on HIV and Mobility in Southern Africa 2<sup>nd</sup> Phase (PHAMSA II)

**Project Duration:** March 2007-June 2010

### 1. BACKGROUND

The Regional Office for Southern Africa of the International Organization for Migration (IOM), based in Pretoria, would like to invite interested individuals and organisations to conduct an end-of-project evaluation of its regional programme, the *Partnership on HIV and Mobility in Southern Africa* Phase 2 (PHAMSA II). This three-year programme is nearing completion (October 2010) and needs to be evaluated in terms of its *relevance, effectiveness, efficiency, impact and sustainability*.

PHAMSA aims to reduce HIV vulnerability of migrant and mobile populations in Southern Africa by implementing various interventions in the area of advocacy for policy development, research and information dissemination, regional coordination, and HIV prevention and care pilot projects. 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 characterized by high levels of mobility and migration:

- Construction Sector: male construction workers and the communities in which they work
- 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 the abovementioned sectors PHAMSA implements activities under four distinct but inter-related components: These four components and their main objectives and outcomes 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.

The following is a table of the research studies which have been undertaken by PHAMSA:

Description	Place	Status
Integrated Biological and Behavioural Study (IBBS)	28 farm estates in the Hoedspruit area, Limpopo, South Africa	Completed April 2008; study available from PHAMSA
Hotspot mapping	Beira and Tete transport corridors, Mozambique	Preliminary findings available; currently reanalysing data; report available September 2010
Integrated Biological and Behavioural Study (IBBS)	23 farms in three areas in Limpopo and Mpumalanga Provinces, South Africa	Preliminary findings currently available; report available September 2010
Migration Health Literature Review	-	Currently being written up, report available September 2010

In addition, in 2009/10 the IOM completed a *Regional Assessment on HIV-prevention Needs of Migrants and Mobile Populations* (including sector and country reports) on behalf of the U.S. Agency for International Development. Although the assessment costs were not directly funded by SIDA, PHAMSA staff were heavily involved in the assessment and the assessment is in line with the objective of the PHAMSA research component.

### Component 3: Regional Coordination 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 coordination 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.

The projects are currently undertaking a peer to peer review using most significant change methodologies to assess impact of the projects within the institution and on the ground. This peer to peer review is expected to be finished in early September 2010.

The following table shows the country, target sector and implementing partners with which PHAMSA works:

Country	Target Sector	Implementing Partner(s)
Swaziland	Seasonal and temporary farm workers	Royal Swaziland Sugar Corporation (RSSC)
Namibia (Walvis Bay)	Local and foreign seagoing personnel particularly in the fishing sector	Walvis Bay Multi Purpose Centre (WBMPCC) ( <i>terminated August 2009</i> )
Mozambique	Mineworkers and their spouses	The Employment Bureau of Africa (TEBA)
Lesotho (Leribe District)	Mineworkers and their spouses	The Employment Bureau of Africa (TEBA)
South Africa (Hoedspruit, Limpopo)	Seasonal and permanent farm workers	Hlokomela, a project of the Hoedspruit Training Trust <i>Please note that this project was original Sida funded but from Jan 2009 was funded through the USAID PEPFAR Ripfumelo project</i>
Zambia (Eastern Province)	Commercial Agriculture	IOM Zambia/ CHAMP

Country	Target Sector	Implementing Partner(s)
Zambia (North Western Province)	Mining	IOM Zambia/ CHAMP

To implement the activities effectively, IOM works closely together with SADC governments (National AIDS Councils and relevant line ministries), the SADC Secretariat, civil society, academia, international organisations, employer associations, and trade unions.

### **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 coordination 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; and
8. A coordinated M&E system allows for data collection and analysis at a regional level.

PHAMSA methodology and approach allows for a regional approach that can be tailored for the unique settings faced at the local level.

IOM's regional office for Southern Africa is based in South Africa and supports IOM activities in the SADC region. IOM also has offices in Angola, Democratic Republic of Congo, Mauritius, Mozambique, Zambia and Zimbabwe. PHAMSA has project officers in Mozambique, Tanzania and Zambia

The total PHAMSA budget is SEK (Swedish Kroner) 45,500,000

## **2. OBJECTIVE AND SCOPE**

The overall objective of this evaluation exercise is to generate knowledge from IOM's experience, results achieved and challenges faced, in implementing the PHAMSA II programme.

The evaluation's main goals are to:

- (i) Determine whether the objectives, outcomes and impact as stated in the logical framework were achieved;
- (ii) Identify lessons learned and provide recommendations for future operation;
- (iii) Assess IOM's role and performance as implementing agency; and
- (iv) Assess the effectiveness/appropriateness of Project Management systems and tools (e.g. M&E protocols and frameworks), identify shortcomings and gaps, and make recommendations for future improvement.

The evaluation will take into account the project's *relevance, effectiveness, efficiency, sustainability, and lessons learned*. Specifically the evaluation will examine the following aspects:

**2.1 Changes in context and review of assumptions (relevance):**

---

*Has PHAMSA has been relevant to the needs and priorities of stakeholders and partners and to the IOM mandate and policies?*

Based on actual results achieved, the evaluation will assess the validity of the approach used by the programme and identify possible constraints and challenges. The following questions could be included under this element of the evaluation:

- To what extent has the project been successful to promote HIV and Mobility concerns and gender mainstreaming in its activities?
- Is the project's design adequate to address the problem(s) at hand?
- What internal and external factors have influenced the ability of IOM, and partners (e.g. implementing partners [IPs], technical partners) to meet projected targets?
- Were the project objectives and design relevant given the political, economic, and financial context?
- Are the tools, guidelines and networks that have been developed relevant and useful?

The evaluation should present a brief overview of the policy environment and the economic and business conditions that have had an impact on the HIV and Mobility sector/environment during the programme implementation period.

**2.2 Results in terms of outputs achieved (effectiveness):**

---

*To what extent has the overall programme achieved the stated and non-stated project results and purpose?*

- Did the programme reach the expected number of beneficiaries (individuals)?
- Are the beneficiaries satisfied with the quality and delivery of services? If not, in what way did the services not meet with beneficiary expectations and why?
- What concrete improvements and changes have taken place among the target beneficiary group as a direct result of the programme?
- Is PHAMSA an effective regional programme?
- Are the monitoring and evaluation systems/tools effective and/or appropriate?
- Are the coordination efforts of PHAMSA effective?
- Did the financial resources match the PHAMSA programme objectives and activity commitments?
- Has PHAMSA established, maintained and strengthened existing partnerships to promote HIV and Mobility concerns?

**2.3 Assessment of outcome (impact):**

---

*What has been the overall and specific impact of the PHAMSA intervention?*

- To what extent has PHAMSA achieved its overall objective to reduce HIV incidence and impact of AIDS among migrants and mobile workers?
- To what extent has the project contributed to the capacity of IPs and the beneficiary group to access and deliver interventions?
- How could the programme's impact have been improved?

**2.4 Achievement of projected performance indicators and targets (efficiency):**

---

*How have the available financial and human resources been used?*

- What has been PHAMSA's performance with respect to its projected performance indicators and agreed responsibilities with respect to programme implementation?

- Did the programme achieve the targeted number of activities (including training, workshops, consultations etc?) Does project management possess the capacity (individual, institutional, and structural) needed to effectively implement the programme?
- How has capacity strengthening for delivering programme interventions been built within the project – both at the IOM and IP levels?

Provide a cost/benefit analysis of the delivery of such services and the efficiency with which IOM provided them. Provide information on the difficulties faced by IOM and action taken to overcome them (administrative, operational, financial, political or macroeconomic, etc.).

### **2.5 Sustainability:**

---

*To what extent have elements expected to guarantee the sustainability of the programme been put into place?*

- Will the project's effects remain over time?
- Will the project's activities/services continue to be provided after the SIDA funds have completely been expended?
- Did IOM devise a sustainability strategy/plan?
- Are project components integrated into policies and programmes of PHAMSA's partners?
- Have efforts been made to guarantee sustainability of partnerships?

### **2.6 Lessons learned:**

---

The evaluation should provide information on the qualifications of IOM, required stakeholder participation, and other factors that should be in place for the purpose of informing the design of future operations.

The evaluation will be used not only for programming purposes by IOM and its IPs, but also as advocacy tool with relevant government and key stakeholders to advise on means and methods through which interventions addressing HIV and Mobility may be better mainstreamed and up-scaled.

Therefore, the evaluation exercise must not be thought of merely as stocktaking of project performance but as a review and reflection of its impact at different levels.

In addition to this broader scope and in line with the IOM and the United Nations Evaluation Group (UNEG) Evaluation Guidelines, this evaluation will be a lesson learning and forward looking experience, rather than purely an assessment of past results. It aims to present information about the nature, extent and where possible the effect of PHAMSA interventions in mainstreaming migration dynamics in HIV policies and programmes, strengthening the evidence base on HIV and mobility concerns, coordinating the response at the regional level, and the promotion of migrant targeted HIV interventions where the project has been operational. The emphasis on learning lessons speaks to the concept of understanding of what has and what has not worked as a guide for the future.

The evaluation will also be guided by the UNEG Quality Check List for Evaluation Reports (attached as Annex).

## **3. METHODOLOGY**

3.1 Review of project documentation. Review, as necessary, of archived material related to the overall programme, as well as background material used in project preparation, approved project documents, project monitoring documents, Mid-Term Review Report, disbursement reports, progress reports, action plans, and other information available either in IOM MRF files or at IP country level.

3.2 Field visits and interviews:

(i) In situ visits to carry out in depth interviews, inspection, and analysis of the project activities, as well as interviews with PHAMSA's advocacy and regional coordination partners; (ii) Phone interviews and performance data surveys of IPs in countries not visited in person; (iii) Interviews with IOM and IP staff who participated in the programme design and execution; (iv) Interviews with local stakeholders and final

PHAMSA II evaluation report 2010

beneficiaries; and (v) Interviews with a sample of technical assistance providers who were hired by IOM to provide technical assistance under the programme.

Potential sites and partners to interview are listed below. Please note that this is not a comprehensive nor an exhaustive list and the final list of sites and interviewees will be determined at a later stage.

Location	Project Activities / Partners	Importance
<b>South Africa</b>		
Pretoria	IOM MRF Pretoria	High
	Various Government partners (e.g. NAC, Dept of Health, Transport, Agriculture)	High
	Various donor partners (e.g. USAID)	High
	Various country-level UN Partners (e.g. UNAIDS, ILO, WHO, etc.)	Medium
Johannesburg	Various regional-level UN Partners (e.g. UNAIDS RSTESA)	High
	Technical Partner: Sibambene Communications	High
	Technical Partner: Sonke Gender Justice	High
	Advocacy Partner: Market Photo Workshop	Low
	Advocacy Partner: ABC Ulwazi Radio	Low
Hoedspruit	Pilot Project IP: Hlokomela, a project of the Hoedspruit Training Trust	Medium
Durban	North Star Alliance (possible telephone interview)	Low
<b>Botswana</b>		
Gaborone	SADC Secretariat HIV and AIDS Unit (possible telephone interview)	High
<b>Zambia</b>		
Lusaka	Swedish/Norwegian Regional HIV/AIDS Team for Africa	High
	IOM Zambia	High
	Various Government partners (e.g. NAC, Min of Health, Transport)	High
	Various donor partners	High
	Various country-level UN Partners (e.g. UNAIDS.)	High
	Pilot Project IP: CHAMP	High
<b>Mozambique</b>		
Maputo	IOM Mozambique	High
	Various Government partners (e.g. NAC, Min of Health, Transport)	High
	Various donor partners	High
	Various country-level UN Partners (e.g. UNAIDS)	High
	Research Partner: Kula	Medium
Maputo/Xai Xai	Pilot Project IP: The Employment Bureau of Africa (TEBA)	Medium
<b>Tanzania</b>		
Dar Es Salaam	IOM Tanzania	Medium
	Various Government partners (e.g. NAC, Dept of Health, Transport)	Medium
	Various donor partners	Medium
	Various country-level UN Partners	Medium
<b>Lesotho</b>		
Mbabane	Pilot Project IP: The Employment Bureau of Africa (TEBA)	Medium
<b>Swaziland</b>		
	Pilot Project IP: Royal Swaziland Sugar Corporation (RSSC)	Medium

For each of these interviews, the consultant should first develop and share their ideas with the IOM for the content and format of the survey/interview forms that will be applied to capture the information required, as well as the method to be used in administering them and tabulating the results.

3.1 Collection of data. Data generated from the IOM monitoring system should be another source of information. Information from national statistics institutes could also be considered. The consultant may propose additional methods of conducting the evaluations.

3.2 Pilot Projects Peer to Peer Review: Pilot Projects Implementing Partners are currently undertaking a peer to peer review using most significant change methodologies to assess impact of the projects within the institution and on the ground. This peer to peer review is expected to be finished in early September 2010, and the results thereof should be incorporated in the evaluation.

#### **4. OUTPUTS AND SCHEDULE**

4.1 Preparation: Proposal for in-country visits and interviews during programme implementation. This proposal should include draft travel agendas; identify countries to be visited and persons to be interviewed. Presentation to IOM for review and approval.

4.2 Evaluation: 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.

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)

#### **5. CHARACTERISTICS OF THE CONSULTANCY**

5.1 Supervision. The Regional Migration Health Coordinator, with support from the Migration Health Officers in IOM Pretoria will supervise the consultant.

5.2. Duration and type of consultancy. The consultant will be offered a fixed-price contract for 32 working days spread over 3 months. The consultancy is expected to commence in September 2010.

5.3. Remuneration: Negotiable, subject to previous experience and skills.

5.4 Qualifications and experience. The consultant assigned to the evaluation must have:

- Relevant educational background, demonstrated knowledge of current evaluation theory and practice and several years of experience in evaluating development projects, preferably those that are regional and related to the field of HIV and Mobility;
  - In-depth knowledge in the area of Health, HIV/AIDS, Development and Migration;
  - Relevant 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.
- Consultants with these qualifications are encouraged to apply.

5.4 Presentation of proposals and selection criteria. Interested consultants should present a proposal to IOM outlining:

- A methodology for conducting the work under this consultancy (max 2 pages);
- A proposed work plan (max 2 pages);
- The names and CVs of the individual consultants to be assigned to the job;
- The estimated number of days that the consultant will work on the assignment; and
- An itemized budget and indication of the total cost of the proposed work plan.

**6. EVALUATION TIME FRAME**

The evaluation will commence mid August 2010 and all deliverables will be finalized by end of October 2010.

<i>Specific outputs/ deliverables</i>	<i>No of days</i>	<i>Timeline/ Deadline</i>
Preparation and desk top review	10	August
Field research and interviews (based from MRF Pretoria, travel within Southern Africa)	15	September
Report writing and editing	7	By end October
Final report due		By 25 Oct
<b>TOTAL</b>	<b>32</b>	

## APPENDIX 4: LIST OF DOCUMENTS

The evaluation had access to the following documents:

Title	Year	Description
<b>1-IOM General</b>		
2002_IOM Position Paper on HIV Aids and Migration.pdf	2002	Document outlining IOM's work on HIV and migration
2002_MOU_IOM-UNAIDS.pdf	2002	Global MOU between IOM and UNAIDS
2004_MOU_IOM-SADC.pdf	2004	Regional MOU between IOM and SADC
2005_MOU_IOM-WHO.pdf	2005	Global MOU between IOM and WHO
2006_MOU_IOM-UNFPA.pdf	2006	Global MOU between IOM and UNFPA
2008_WHA Resolution_MigrantsHealth.pdf	2008	World Health Assembly Resolution on Health of Migrants
SADC HIV Aids Business Plan 2005 to 2009	2005	SADC's Strategic 5-Year Business Plan
<b>2-PHAMSA II General</b>		
<b>Prodoc, M&amp;E Framework</b>		
2007 Jan_PHAMSA 2_Project Document.doc	2007	Original PHAMSA II project document
2007-08-16 ME Master Framework_FINAL.xls	2007	Revised M&E framework
<b>Contracts and Amendments</b>		
Contract PHAMSA II.pdf	2007	Contract between IOM and SIDA
2007-02 PHAMSA II First Amendment.pdf	2007	1st contract amendment
2009-08 PHAMSA II Second Amendment_signed.pdf	2009	2nd contract amendment
2010-05_PHAMSA II_Third Amendment_extension.pdf	2010	3rd contract amendment
<b>Donor Reports</b>		
2007 PHAMSA II Financial Report.pdf	2007	Financial report for March-Dec 2007
2007 PHAMSA II Narrative Report.doc	2007	Narrative report for March-Dec 2007
2008 PHAMSA II Financial Report.jpg	2008	Financial report for Jan-Dec 2008
2008 PHAMSA II Narrative Report.doc	2008	Narrative report for Jan-Dec 2008
2009 PHAMSA II Financial Report.pdf	2009	Financial report for Jan-Dec 2009
2009 PHAMSA II Narrative Report.pdf	2009	Narrative report for Jan-Dec 2009
<b>Mid Term Review</b>		
MTR PHAMSA II_TOR.doc	2009	TOR of PHAMSA II Mid Term Review
2009-06-05 Final MTR Report PHAMSA II.pdf	2009	PHAMSA II Mid Term Review Report
IOM Management Response_MTR2009.pdf	2009	IOM management response to the Mid Term Review Report
<b>3-Advocacy for Policy Development (APD)</b>		
2010-02-01 APD Component Management.xls	2007-10	Logical framework, workplan, budget, workshops and meetings attended
<b>1-Awareness Raising</b>		
<b>Country Level</b>		
2008-03-14 Final Namibia Country Consultation Report.pdf	2008	Report of the Country Consultation on HIV and Mobility in the Road Transport Corridor of Namibia
2008-05-27 Zambia Country Consultation Report_final.doc	2008	Report of the Country Consultation on HIV and Mobility in the Road Transport Corridor of Zambia
Draft_Zambia Transport Sector HIV Policy.doc		

PHAMSA II evaluation report 2010

Title	Year	Description
2008-09-18 Malawi Country Consultation - Transport.pdf	2008	Report of the Country Consultation on HIV Responses in the Transport Corridors and Cross Border Sites of Malawi
2008-09-17 Malawi Country Consultation Report_Comm Agri_Final.pdf	2008	Report of the Country Consultation on HIV Responses in the Commercial Agriculture of Malawi
2009-09-30 RSA Transport Sector CC.pdf	2009	Report of the Country Consultation on HIV Responses in the Road Transport Sector of South Africa
SA Migration_Health_Report_pr2.pdf	2010	Draft background and report from the National Consultation on migration health; 'Realizing Migrants' Right to Health in South Africa,' in Centurion, South Africa on the 22-23 April 2010
2010-05-12 Country Consultation Moz Transport.doc	2010	Report of the Country Consultation Meeting on HIV responses in the Road Transport Sector of Mozambique
2010-06_Tanzania CC_Report.pdf	2009	Report of the National Consultation Migration and HIV in Tanzania: Uniformed Personnel and Mobile Populations
<b>Provincial Level</b>		
2009-08-31 Report - IOM_Migration Health Musina Seminar.doc	2009	Report of the Migrants' Health Seminar held in Musina, South Africa
<b>Regional Level</b>		
MIDSAs_Cover.pdf MIDSAs_Report.pdf	2009	Report of the Migration Dialogue for Southern Africa: Promoting Health and Development in Southern Africa (MIDSAs)
Parliamentary Strategies - Migration Report_final.doc	2009	Report from the workshop, Parliamentary Strategies for Ensuring Equitable Access of Migrants to Public Health in the SADC Region
<b>Conferences</b>		
Mexico IAC IOM ILO Satellite_Labour Migration and HIV.doc Mexico IAC IOM Satellite Sex by the side of the road.doc	2008	Mexico IAC 2008 - Two satellite sessions: 1) Co-organised by ILO, on labour migration; 2) Sex by the side of the road
2009-03-09 Scaling up Regional Programmes.doc / 2009 -03-9 Presentation overview Satellite Session (2).doc IOM_UNAIDS Migrants Access to HIV Services and Programmes.pdf	2009	Two satellites organised at the Southern Africa Aids Conference
Vienna IAC IOM Satellite Concept.pdf Vienna IAC IOM Satellite Flyer.pdf	2010	Vienna IAC 2010 - IOM (PHAMSA II funded) organised a satellite session on Spaces of Vulnerability
<b>2-Capacity Strengthening</b>		
2009-12-10_ZambiaMoCT_Request for IOM Assistance.doc	2009	Letter from Ministry of Transport and Communications, Zambia, requesting for IOM assistance in reviewing its HIV policy
Draft_Zambia Transport Sector HIV Policy.doc	2010	Draft Zambia Transport Sector HIV Policy that IOM assisted in
National HIV Prevention Convention Report – securing Zambia's future	2009	
2008-10-31 PSP Free State Mission Report.doc	2008/9	Mission report on IOM technical assistance given to develop Provincial Strategic Plans and National HIV Prevention Strategy for South Africa
2010-03 National Policies.xls	2010	List of policy documents for Southern Africa
pub_SADC Policy_Framework_FINAL.pdf	2009	Draft SADC Policy Framework on Population

PHAMSA II evaluation report 2010

Title	Year	Description
		Mobility and Communicable Diseases (IOM inputs)
<b>3-Conducive Environment</b>		
<b>Radio Documentaries</b>		
2008-04-07 CONCEPT NOTE radio project (2).doc	2008-10	Concept Note
ABC_Ulwazi_IOM_proposal FINALrevised.doc		Final proposal
2010-03-01 ABC Evaluation reportIOM Report Final.doc		Evaluation Rerpot by ABC Ulwazi
<b>Chasing Dreams</b>		
2008-04-09_Partnership Agreement IOM EHP_FINAL.pdf	2009	Contract between IOM and EHP
2009-05-29 Final Chasing dreams (low res) Print.pdf	2009	Comic stories based in Walvis Bay, Namibia
Facilitator_Guide_pr2.pdf	2009	Facilitators Guide
<b>Zambia Photography Project</b>		
2008-06-30 MPW-IOM Photo Internship Proposal.doc	2008	Proposal from Market Photo workshop
MPW contract 2008.pdf	2008	IOM-MPW contract
Final Evaluation Report IOM_Zambia_input.doc	2008	Final evaluation report
<b>Media Training Workshop</b>		
Media Training Workshops 2009 - Concept Note.doc	2009	Concept note on media training, "REPORTING ON DIVERSITY, MIGRATION & DEVELOPMENT WORKSHOPS IN POLOKWANE, JOHANNESBURG & LUSAKA"
150709 - Signed Contract.pdf	2009	Contract with Fray intermedia
FINAL REPORT.doc	2009	Final report
<b>PHAMSA Brochure, Newsletter, etc</b>		
A4 PHAMSA Brochure.pdf		
Issue 1 - Eye on Migration Health.pdf		
Issue 2 - Eye on Migration Health.pdf		
Issue 3 - Eye on Migration Health.pdf		
Migration Health Coverage Tracking Sheet.xls		List of news articles reporting on IOM MH activities
<b>4-Research and Learning (RL)</b>		
2008-03-26 Draft Research Component Concept Note	2009	Concept note to define a specific research and learning strategy for the Partnership on HIV and Mobility in Southern Africa (PHAMSA II) programme.
<b>USAID Regional Assessment</b>		
2009-05-18 Mobile Populations Regional Assessment Concept.doc		USAID retained the services of IOM to investigate HIV vulnerabilities and access to prevention services among migrant and mobile workers in Southern Africa. The outputs were: One regional report, 7 sector reports, and 8 country reports. Concept note, contract, regional report and example of one sector (fisheries) and one country (Mozambique) report are included.
2009-07-02 Signed Contract Grant 674 G 00 09 00082 00.pdf		
2010-02-11 Regional Assessment_Report.pdf		
2010 Report on Fisheries Assessment.pdf		
Mozambique_Report.pdf		
<b>Mozambique Assessments</b>		
PORTS_DRAFT2_MASTER_21_June_20101_AI_BP_Edits1.docx	2010	Assessment of health vulnerabilities among migrants in the ports of Maputo, Beira, and Nacala in Mozambique

PHAMSA II evaluation report 2010

Title	Year	Description
2010-09-23 Cashew Nut assessment DRAFT.doc	2010	Draft Report of the 2010 Cashew Nut Assessment conducted in Mozambique
<b>Mozambique Hot Spot Mapping</b>		
2009-05-12 Hot Spot mapping concept note.doc		Concept Note for Mozambique Hotspot Mapping exercise
2009-09-11 Contract KULA final.doc		Contract with Kula
Mozambique Hotspot Mapping Draft IOM-Report JUNE 11Jun_2010.doc	2009	Draft report of hotspot mapping exercise conducted in Mozambique
<b>IBBS</b>		
FINAL 2007-11-15 IOM IBBS Scope of Work.doc		2009 IBBS in Hoedspruit, conducted by Clive Evian
IBBS March 2009.pdf		
IBBS Protocol - Inception Report Feb 2010.doc		
IBBS Summary of Findings 2-pager July 2010.pdf		2010 IBBS in Musina, Tzaneen and Malelane, conducted by Maromi Health (Mark Colvin)
2010-08-31IBBS Draft Final Report.pdf		
<b>Zambia MCP</b>		
Zambia MCP Protocol_v.0.9_7 January 2009.doc		Multiple Concurrent Partners study in Zambia - IOM provided technical inputs in design and analysis of study to include mobility issues
Zambia MCP.pdf		
<b>Health Curricula</b>		
2010 05 01 Terms of Reference.doc	2010	ToR for Health Curricula being developed in collaboration with Wits University
<b>Conference Abstracts</b>		
IAC Mexico 2008 Abstract Submission.doc		Abstract submitted for the 2008 IAC in Mexico
ICASA 2008, abstract 575.pdf		
ICASA 2008, abstract 449.pdf		
ICASA 2008, abstract 1602.pdf		Abstracts submitted for the 2008 ICASA in Dakar
ICASA 2008, abstract 2263.pdf		
ICASA 2008, abstract 458.pdf		
2008-12-16 Ready for the picking.doc		
2008 -12 19 Chirundu Migrant Support Centre.doc		
2008-12-18 Angola research abstract.doc		Abstracts submitted for the 2008 Regional AIDS conference in Durban
2008-12-11 Chasing Dreams.doc		
2008 -12-18 transport framework.doc		
2008-12-16 One step up.doc		
2008-12-19 Livingstone - Chirundu border abstract.doc		
2010-02-10 Abstract Submission_USAID.pdf	2010	Abstract submitted for the 2010 IAC in Vienna
2010-02-10 Abstract submission SBCC.pdf		
<b>5-Reginal Coordination and Technical Cooperation (RCTC)</b>		
<b>1-IOM Coordination</b>		
Agenda - IOM Workshop on Health, HIV and Population Mobility in Sub Saharan Africa 17-21 Sept 2007.doc	2007	Agenda for the IOM Workshop on Health, HIV and Population Mobility in Sub-Saharan Africa (Sept 2007)
2008-03-13 Gender, Migration & HIV workshop report.doc	2008	Report on the Gender3 training that took place, to which IOM colleagues were invited to participate
2008-06-03 Hoedspruit SCC Training Workshop Report.doc	2008	Report on the Social Change Communication training that took place, to which IOM colleagues were invited to participate

PHAMSA II evaluation report 2010

Title	Year	Description
2008-10-13and14_MHD Africa Strategy Meeting Report.doc	2008	Report of IOM Migration Health Department Strategy Meeting for Africa (Oct 2008)
2009-11-20 Agenda_PHAMESA Review Meeting.doc	2009	Agenda for the PHAMESA Strategy Retreat to plan and finalise PHAMESA proposal (Nov 2009)
<b>2-Regional Partners</b>		
2008-01_SoulCity_IOM_MOU.pdf	2008	Signed MOU between IOM MRF Pretoria and Soul City
<b>3-Sector Coordination</b>		
2007-09 Report HIV Transport Sector.pdf		Regional Transport Sector Workshop report (Sept 2007)
Workshop Evaluation report.doc		Workshop evaluation from above
Maritime_Report.pdf		Regional Maritime Sector Workshop report (Nov 2009)
2010-05-27 Regional Mining Workshop Report_IOM_draft.doc		Draft Regional Mining Sector Workshop report (May 2010)
<b>6-Pilot Projects</b>		
<b>ARID</b>		
2010-06-04 TOR for Material Developer JHM Working Doc.doc		Terms of Reference for ARID Homebased Care consultant
2010-08-01 Service Agreement ARID Reviewed by LEG (1).doc		Draft contract for ARID
<b>CHAMP- Zambia</b>		
2007-12-17 Final Project document.pdf		CHAMP Project Document
2010-03-01 CHAMP_Contract Addendum.doc		CHAMP Contract Addendum
2010-17-05 IOM CHAMP Cooperation Agreement IOM.doc		CHAMP Contract Extension
Annual Report IOM 2009 1 March .doc		Draft of final 2009 Report
Extension Proposal.doc		CHAMP proposal for a no cost extension
CHAMP Cooperation Agreement.doc		Contract
<b>Hoedspruit Training Trust</b>		
2007-06 HTT IOM Signed Contract.pdf		HTT Contract
2008-04-18 Hlokomela Project Document REVISION1.doc		HTT Project document revision
2007-10-03 HTT Contract Addendum.doc		HTT Contract addendum
2009-20-01 HTT-PHAMSA Annua narrativel report.doc		HTT Annual Report 2009
<b>RSSC-Swaziland</b>		
2007-10-12 RSSC Project Document.doc		RSSC Project Document
2010- IOM-RSSC Project Extension Proposal Final 1.doc		RSSC proposal for no cost extension
RSSC Signed Extension Agreement.pdf		RSSC signed no cost extension agreement
signed contract RSSC.pdf		Original signed RSSC contract
2010IOM RSSC PHAMSA Pilot Project Progress Report Final (2) - 15 Feb 2010 (2).doc		2009 Annual Report
2008 Addendum.pdf		Signed Addendum
<b>TEBA</b>		
2007-10-12 TEBA IOM Project Document.doc		TEBA project document which covers TEBA Mozambique, Lesotho and Johannesburg
signed contract Teba.pdf		Signed TEBA contract
2008-06-23 TEBA Dev_Contract Addendum.doc		TEBA contract addendum

PHAMSA II evaluation report 2010

Title	Year	Description
2010 IOM-TEBA Extension Proposal 1-Final.doc		TEBA extension proposal
TEBA Signed Contract Extension.pdf		Signed TEBA no cost extension
FINAL Annula Narrative Consolidated Report 2007-2009.doc		Final narrative report
<b>Walvis Bay</b>		
signed contract walvis bay.pdf		Walvis Bay signed contract
2008-06-23 WBMPCT Contract Addendum.doc		Walvis Bay contract addendum
2007-10-12 Walvis Bay Project Doc FINAL.doc		Walvis Bay project document
2009-20-01WBMPCT-PHAMSA Annual narrative report.doc		Walvis Bay narrative report
2009-05-28 Signed non compliance letter.pdf		Walvis Bay non-compliance letter
Walvis Bay Corrective action Agreement.pdf		Walvis Bay corrective action agreement
Termination of Agreement.pdf		Walvis Bay termination agreement
<b>Sibambene</b>		
2007-08-13 SCC Project Doc.doc		Sibambene project document
Signed contract Sibambene.pdf		Sibambene contract
Sibambene Signed Extension Document.pdf		Sibambene no cost extension
Project Extension Proposal SDC.doc		Project Extension proposal
SDC PHAMSA Final Report Feb combined 2010.doc		Sibambene annual report for 2009
Lesotho - Falimeha site visit report and recommendations nov09 final.doc		Sample site visit report
PHAMESA 6.9. 2010 IOM PDF.pdf		
Sibambene PHAMSA Model Strategy.pdf		
Sibambene poster - 3 main channels of communication.pdf		
Sibambene Poster - 5 key areas of SBCC work.pdf		
Sibambene Poster - checklist for SBCC tools.pdf		
Sibambene poster - Communication Planning.pdf		
Sibambene Poster - Cycle of Dialogue 1.pdf		
Sibambene Poster - Cycle of Dialogue 2.pdf		
Sibambene Poster - SBCC vs Teach and Tell.pdf		
Sibambene poster - What is Dialogue.pdf		
acornhoekHTTbillboards.pdf		
Community dialogue tool.doc		
Informed consent form template Mod7.doc		
Module 2 Change Agents for Communication.doc		
Module 3. Listening Skills.doc		
Module 4. Project ID name and logo.doc		
Module 5 Managing the Change Agent Programme Rev March 2010.doc		
Module 6. Communication Plan revised March 2010.doc		
Module 7 Developing communication tools.doc		
Planning example - HTT.doc		

PHAMSA II evaluation report 2010

Title	Year	Description
Template 6A - Communication Plan.pdf		
The monthly community dialogue cycle rev march 2010.doc		
what to consider and integrate in plan.jpg		
Face to Face 4 FINAL 8.1.09.pdf		
Module1 cover.pdf		
Module1 Section1.pdf		
Module1 Section2.pdf		
Module1 Section3.pdf		
Module1 Section4.pdf		
<b>Sonke</b>		
2007-07-30 Gender Project doc FINAL.doc		Sonke project document
SONKE GENDER JUSTICE NETWORK - signed addendum.pdf		Sonke signed addendum
Sonke signed no cost extension.pdf		Sonke no cost extension
Sonke PHAMSA 2009 end of year report.doc		Sonke end of year report 2009
2010 TEBA SITE VISIT Mozambique REPORT.doc		Sample site visit report
2010-05-10 Sonke TOT and mainstreaming gender cooperation agreement FINAL- Final.doc		Sonke contract
<b>7-Ripfumelo Documents</b>		
2008-05-18 IOM PEPFAR Submission.doc		Ripfumelo final proposal
2009-01-08 Signed Contract.pdf		USAID - IOM Signed Agreement
<b>8-PHAMESA</b>		
2010-06-03 IOM PHAMESA Proposal FINAL.doc		PHAMESA final proposal
2010-03-23 PHAMESA Budget and Matrix.xls		Initial budget and matrix (please note that the budget will be adjusted according to exchange rate changes over the years, and the log frame and M&E framework was subsequently simplified for easier implementation)
2010-05_PHAMESA Agreement_Signed.pdf		IOM-SIDA Agreement

## APPENDIX 5: RESPONDENTS

FACE-TO-FACE INTERVIEWS	TELEPHONE INTERVIEWS
<p><u>Mozambique</u></p> <ol style="list-style-type: none"> <li>1. Stuart Simpson (IOM)</li> <li>2. Sharone Backers (IOM)</li> <li>3. Thibaut Williams (USAID)</li> <li>4. Alfredo Munguambe (Ministry of Labour)</li> <li>5. Chef Zimba (Ministry of Labour)</li> <li>6. Miguel Aragon (UNAIDS Mozambique)</li> <li>7. Juliete Sevene (UNDP)</li> <li>8. Alzira Ferreira (TEBA)</li> <li>9. Georgia Mbuga (TEBA)</li> <li>10. Donna Anna (Change Agent)</li> </ol> <p><u>South Africa</u></p> <ol style="list-style-type: none"> <li>11. Mariano Bernardo (IOM)</li> <li>12. Reiko Matsuyama (IOM)</li> <li>13. Julia Hill-Mlati (IOM)</li> <li>14. Erick Ventura (IOM)</li> <li>15. Erin Tansey (IOM)</li> <li>16. Maria Moreriane (IOM)</li> <li>17. Sikhulili Ngqase (IOM)</li> <li>18. Natalie Ridgard (IOM)</li> <li>19. Dabea Gaboutloeloe (IOM)</li> <li>20. Patience Sizani (IOM)</li> <li>21. Rosemond Yarquah (IOM)</li> <li>22. Patrick Cockanye (Sibambene)</li> <li>23. Janine Simon-Meyer (Sibambene)</li> <li>24. Nobesuthu Mnguni (TEBA)</li> <li>25. Christine Du Preez (Hoedspruit Training Trust)</li> <li>26. Antoinette Ngwenya (Hoedspruit Training Trust)</li> <li>27. Helen Jackson (UNAIDS RST)</li> <li>28. Gary Jones (UNAIDS RST)</li> </ol> <p><u>Zambia</u></p> <ol style="list-style-type: none"> <li>29. Andrew Choga (IOM)</li> <li>30. Katy Barwise (IOM)</li> <li>31. Gladys Ngoma (NAC)</li> <li>32. Florence Chawelwa (Ministry of Communications and Transport)</li> <li>33. Cister Sahlen (Swedish/Norwegian Regional HIV/AIDS Team for Africa)</li> <li>34. Gunnel Unge (Swedish/Norwegian Regional HIV/AIDS Team for Africa)</li> <li>35. Amaya Gillespie (UNAIDS)</li> <li>36. Rosanna Nyendwa (CHAMP)</li> <li>37. Rene Berger (USAID)</li> </ol>	<p><u>Botswana</u></p> <ol style="list-style-type: none"> <li>38. Antonica Hembe (SADC)</li> <li>39. Doreen Sanje (SADC)</li> </ol> <p><u>Kenya</u></p> <ol style="list-style-type: none"> <li>40. Greg Irving (IOM)</li> </ol> <p><u>Lesotho</u></p> <ol style="list-style-type: none"> <li>41. Mamoqeli Malea (TEBA)</li> </ol> <p><u>South Africa</u></p> <ol style="list-style-type: none"> <li>42. Dean Peacock (Sonke Gender Justice)</li> <li>43. Mashudu Masua (Office of the Premier, Limpopo)</li> <li>44. Daryl Martyris (USAID)</li> <li>45. Robin Landis (North Star Alliance)</li> <li>46. Mumtaz Mia (UNAIDS RST)</li> </ol> <p><u>Swaziland</u></p> <ol style="list-style-type: none"> <li>47. Faith Motsa (Royal Swaziland Sugar Corporation)</li> </ol> <p><u>Switzerland</u></p> <ol style="list-style-type: none"> <li>48. Barbara Rijks (IOM)</li> </ol> <p><u>Tanzania</u></p> <ol style="list-style-type: none"> <li>49. Jamila Ilomo (Ministry of Home Affairs)</li> <li>50. Markus Larsson (IOM)</li> </ol>
	<p><b>EMAIL COPRESPONDENCE</b></p> <ol style="list-style-type: none"> <li>51. Mark Colvin (Maromi Health Research)</li> <li>52. Agai Jones (PSI)</li> </ol>

## APPENDIX 6: SUMMARY OF ACTIVITIES AND ACHIEVEMENTS BY PROJECT COMPONENT

The data below were provided by IOM in a self-completion exercise.

ACTOR	ACTIVITY	ACHIEVEMENT
<b>ADVOCACY FOR POLICY DEVELOPMENT (APD)</b>		
<b>Global Level Advocacy</b>		
<ul style="list-style-type: none"> <li>UNAIDS</li> <li>ILO</li> <li>North Star Foundation</li> <li>WFP</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised with IOM two satellite sessions at the <b>XII International AIDS Conference in Mexico (July 2008)</b>: 1) <i>International Labour Migration: Emerging Issues</i> – chaired by IOM’s Deputy Director General, this session saw the launch of the IOM-UNAIDS-ILO Policy Brief on HIV and International Labour Migration. 2) <i>Sex by the Side of the Road: HIV Vulnerabilities within the Transport Sector</i> – chaired by the UN Special Envoy on AIDS in Africa, Elizabeth Mataka. The discussion focused on successful projects addressing HIV vulnerabilities along transport corridors in Africa</li> </ul>	<ul style="list-style-type: none"> <li>Through presentations and organising of satellite sessions, IOM cemented its partnerships with its co-organisers and raised awareness among participants at the conferences on the HIV vulnerability of labour migrants in Southern Africa.</li> </ul>
<ul style="list-style-type: none"> <li>ILO, UNDP, ITF, IMA (Global Maritime Partnership on HIV)</li> <li>UNAIDS</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised with IOM the satellite meeting on “HIV and Mobile Workers: Towards Public-Private Partnerships in the Maritime and Transport Sectors” at the <b>International Congress on AIDS in Asia and the Pacific (ICAAP) (July 2009)</b></li> </ul>	<ul style="list-style-type: none"> <li>Increased understanding among participants at the satellite session on PHAMSA approach and activities in Southern Africa.</li> </ul>
<ul style="list-style-type: none"> <li>IOM Geneva</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised satellite session titled “Spaces of Vulnerability: Moving beyond stigmatising Migrants” at the <b>XVIII International AIDS Conference (Vienna, July 2010)</b></li> </ul>	<ul style="list-style-type: none"> <li>Increased understanding among participants at the satellite session on IOM and partner’s work on Migration Health</li> </ul>
<b>Regional Level Advocacy and Capacity Building</b>		
<ul style="list-style-type: none"> <li>SADC Secretariat HIV/AIDS Unit</li> </ul>	<ul style="list-style-type: none"> <li>With technical assistance from IOM, the SADC Secretariat HIV/AIDS Unit finalised the <b>draft Policy Framework for Population Mobility and Communicable Diseases in the SADC Region (early 2009)</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Draft Policy Framework for Population Mobility and Communicable Diseases in the SADC Region finalised</li> </ul>

PHAMSA II evaluation report 2010

ACTOR	ACTIVITY	ACHIEVEMENT
<ul style="list-style-type: none"> <li>SADC Secretariat HIV/AIDS Unit</li> </ul>	<ul style="list-style-type: none"> <li>With technical assistance from IOM, draft <b>proposal for Global Fund on HIV Cross-Border HIV Initiative</b>, submitted to Round 8 and 9.</li> </ul>	<ul style="list-style-type: none"> <li>Successful application to Round 9.</li> </ul>
<ul style="list-style-type: none"> <li>UNAIDS South Africa Office</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised with IOM the satellite session, “Migrant access to HIV services and programmes” at the <b>first Southern Africa HIV and AIDS Conference (Durban, March-April 2009)</b></li> </ul>	<ul style="list-style-type: none"> <li>Awareness raised among participants at the Conference, as well as partnership strengthened with co-organiser of satellite session.</li> </ul>
<ul style="list-style-type: none"> <li>Government of Tanzania</li> <li>SAMP</li> <li>WHO</li> </ul>	<ul style="list-style-type: none"> <li>Govt of Tanzania hosted, and IOM, SAMP and WHO (include financial contribution from WHO) co-organised the <b>Migration Dialogue for Southern Africa (MIDSA) on Promoting Health and Development: Migration Health in Southern Africa</b> (Dar es Salaam, June 2009), which brought together senior government officials from Ministries of Health and Immigration from SADC Governments, as well as other key stakeholders, in order to work towards the implementation of the World Health Assembly (WHA) Resolution 61.17 ‘Health of Migrants.’</li> </ul>	<ul style="list-style-type: none"> <li>The MIDSA culminated in the adoption of eleven recommendations by the participating Member States. One of the key recommendations adopted called upon Member States to explicitly state migrants’ access to health in national health policies and implementation plans. Furthermore, the recommendations concluded that Member States should implement the Draft Policy Framework on Population Mobility and Communicable Diseases and the WHA Resolution 61.17</li> </ul>
<ul style="list-style-type: none"> <li>SADC Parliamentary Forum (SADC PF)</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised (include financial contribution) with IOM a <b>workshop for Members of Parliaments (MPs) in the SADC Region on “Promoting Health and Development: Migration Health in Southern Africa” (Pretoria, Oct 2009).</b></li> </ul>	<ul style="list-style-type: none"> <li>MPs agreed on a set of recommendations that should be implemented at country and regional level. One of the key recommendations made was to strengthen advocacy for the ratification and domestication of various international and regional human rights instruments pertaining to migrants’ health.</li> </ul>
<b>National Level Advocacy and Capacity Building – Malawi</b>		
<ul style="list-style-type: none"> <li>Government of Malawi</li> <li>UNAIDS</li> <li>FAO</li> </ul>	<ul style="list-style-type: none"> <li>Hosted and co-organised a <b>Country Consultation on HIV and Mobility in the Transport Sector in Malawi</b> (Lilongwe, Sept 2008)</li> <li>Hosted and co-organised a <b>Country Consultation on HIV and Mobility in the Commercial Agriculture Sector in Malawi</b> (Lilongwe, Sept 2008)</li> </ul>	<ul style="list-style-type: none"> <li>Awareness raised, particularly on the Draft Regional Framework to upscale HIV responses in the transport sector in Southern Africa, which was developed at the Regional Workshop on HIV in the Road Transport Sector of Southern Africa (Sept 2007); Lessons learned and good practices shared; Gaps and challenges identified; and Networking facilitated.</li> </ul>
<b>National Level Advocacy and Capacity Building – Mozambique</b>		
<ul style="list-style-type: none"> <li>Ministry of Transport and Communications (MTC)</li> <li>ILO</li> <li>UNAIDS</li> </ul>	<ul style="list-style-type: none"> <li>Hosted and co-organised a <b>Country Consultation on HIV and Mobility in the Transport Sector in Mozambique (Maputo, May 2010)</b></li> </ul>	<ul style="list-style-type: none"> <li>The existing structure of MTC’s steering committee was revitalized to establish a functioning working group. IOM, as a member of the committee, was tasked to lead the technical working group to follow up on recommendations from the Consultation.</li> </ul>
<b>National Level Advocacy and Capacity Building – Namibia</b>		

PHAMSA II evaluation report 2010

ACTOR	ACTIVITY	ACHIEVEMENT
<ul style="list-style-type: none"> <li>German Organization for Technical Cooperation (GTZ)</li> <li>UNAIDS</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised a <b>Country Consultation on HIV and Mobility in the Transport Sector in Namibia</b> (Windhoek, Feb 2008)</li> </ul>	<ul style="list-style-type: none"> <li>Awareness raised, particularly on the Draft Regional Framework to upscale HIV responses in the transport sector in Southern Africa, which was developed at the Regional Workshop on HIV in the Road Transport Sector of Southern Africa (Sept 2007); Lessons learned and good practices shared; Gaps and challenges identified; and Networking facilitated.</li> <li>As a result of this and other IOM advocacy efforts, migrant and mobile populations were included in the National Policy on HIV of Namibia. The same policy explicitly mentions Namibia's interest in collaborating with IOM on this issue</li> </ul>
<p><b>National Level Advocacy and Capacity Building – South Africa</b></p>		
<ul style="list-style-type: none"> <li>South African National Department of Transport</li> <li>ILO</li> <li>Trucking Wellness</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised the <b>Country Consultation on “HIV and Mobility in the Road Transport Sector of South Africa” (August 2009)</b></li> </ul>	<ul style="list-style-type: none"> <li>As a result from this consultation, IOM became a member of the HIV Transport Sector Coordinating Committee, which enables IOM to provide regular technical input in the development of policies and frameworks for the transport sector in South Africa. For example, IOM provided technical input during the development of the “Framework for Developing HIV/AIDS Workplace Policies in the Transport Sector” and the “Transport Sector HIV and AIDS Monitoring and Evaluation Plan”.</li> </ul>
<ul style="list-style-type: none"> <li>Vhembe District Municipality</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised a <b>Seminar on Migrants’ Health in Musina</b>, to highlight the challenges migrants face in accessing health care services.</li> </ul>	<ul style="list-style-type: none"> <li>One of the key resolutions of this seminar was the <b>establishment of a Migration Health Forum in the Vhembe District Municipality</b> where government, NGOs and CSOs may gather to collectively address the challenges of providing health to migrants and mobile populations. IOM was requested to coordinate the forum on behalf of Limpopo Provincial government and as such IOM functions as the secretariat for this forum.</li> </ul>
<ul style="list-style-type: none"> <li>National Department of Health (NDoH)</li> <li>University of the Witwatersrand - Forced Migration Studies Programme (Wits FMSP)</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised the <b>National Consultation on Migrant Health; Realizing migrants’ right to health in South Africa (April 2010)</b>, bringing together senior government officials of relevant line ministries from national and provincial levels, researchers, UN partners, SADC, and other key organisations and migrant community representatives to exchange information and improve coordination for service delivery to migrants in South Africa.</li> </ul>	<ul style="list-style-type: none"> <li>Agreed framework including key action points and agreement on the way forward in achieving the World Health Assembly (WHA) Resolution 61.17 on the Health of Migrants. This includes identifying the health and wellness challenges of migrants in terms of the social determinants of health, access to health care, and realizing their right to health in South Africa.</li> </ul>

PHAMSA II evaluation report 2010

ACTOR	ACTIVITY	ACHIEVEMENT
<ul style="list-style-type: none"> <li>UNAIDS</li> <li>Wits FMSP</li> </ul>	<ul style="list-style-type: none"> <li>Developed the following <b>training modules on Migration Health</b>; 1) Migration Health academic module for undergraduate and graduate students in the Faculty of Health Sciences and Social Sciences at the University of the Witwatersrand; and 2) Migration Health training materials for government and healthcare service providers.</li> </ul>	<ul style="list-style-type: none"> <li>Material developed and tested. Government being engaged in the piloting of the manual</li> </ul>
<b>National Level Advocacy and Capacity Building – Tanzania</b>		
<ul style="list-style-type: none"> <li>Ministry of Home Affairs-Immigration Department</li> <li>Tanzania Commission for AIDS (TACAIDS),</li> </ul>	<ul style="list-style-type: none"> <li>Hosted and co-organised the <b>National Consultation on Migration and HIV in Tanzania: Uniformed personnel, mobile populations and border communities (June 2010)</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Key workshop recommendations: 1) Further comprehensive research is needed; 2) National HIV and AIDS Policy should incorporate migration health; 3) Implementation of the National HIV and AIDS policy should take cross-border collaboration into consideration; 4) Existing medical facilities should be made accessible to migrants, mobile population and the local community; 5) Capacity-building to deal with issues such as gender and sexual violence for border officials is needed; 6) Awareness-raising within the specified targeted groups is needed; 7) More involvement of the private sector.</li> <li>There was a consensus among participants to establish a task force comprising the organising institutions TACAIDS, Ministry of Home Affairs, IOM and other organisations represented at the meeting to ensure that the consultation recommendations are followed up.</li> </ul>
<b>National Level Advocacy and Capacity Building - Zambia</b>		
<ul style="list-style-type: none"> <li>National AIDS Council of Zambia</li> <li>UNAIDS</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised <b>Country Consultation on HIV and Mobility in the transport sector in Zambia (Lusaka, May 2008)</b></li> </ul>	<ul style="list-style-type: none"> <li>Following on the relationship established via the consultation, the Ministry of Communication and Transport (MoCT) approached IOM to assist in the establishment of a <b>Technical Working Group (TWG) on HIV in the transport sector</b></li> </ul>
<ul style="list-style-type: none"> <li>Ministry of Communication and Transport (MoCT)</li> </ul>	<ul style="list-style-type: none"> <li>MoCT and IOM established the <b>Technical Working Group (TWG) on HIV in the transport sector</b></li> <li>IOM provided technical and financial assistance to MoCT in revising the <b>National Policy on HIV in the transport and communications sectors</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Through this TWG, coordination of stakeholders working in the response to HIV in the transport and communications sectors was strengthened</li> <li>Revised National policy on HIV in the transport and communications sectors was finalised</li> </ul>
<b>Facilitating a Conducive Environment</b>		
<ul style="list-style-type: none"> <li>ABC Ulwazi</li> </ul>	<ul style="list-style-type: none"> <li><b>Produced Radio Documentaries on Mobility (2009)</b> in South Africa, resulting in six 20-minute radio documentaries about different</li> </ul>	<ul style="list-style-type: none"> <li>Through an evaluation in three communities where the documentaries were broadcast, it was found that there was</li> </ul>

PHAMSA II evaluation report 2010

ACTOR	ACTIVITY	ACHIEVEMENT
	<p>sectors (construction, commercial agriculture, transport, mining, fisheries and informal cross border trade) in four languages (English, isiZulu, seSotho and Afrikaans).</p> <ul style="list-style-type: none"> <li>The documentaries were aired in nine community radio stations over six weeks. Radio journalists from these nine community stations were trained on migration and HIV vulnerability of migrants, their families and communities they interact with, and they were also sensitized on reporting responsibly on issues of migration</li> </ul>	<p>increased awareness on the topic of migration. In one community in Barberton in the Mpumalanga Province the Coordinator of the Local AIDS Council encouraged voluntary HIV testing among transport workers as a result of the radio documentaries. In another community in the Kwa Zulu Natal Province, the listeners planned to establish a forum for further dialogue on issues raised by the documentaries</p>
<ul style="list-style-type: none"> <li>Event Horizon Productions</li> <li>Desert Soul</li> </ul>	<ul style="list-style-type: none"> <li>Developed and disseminated <b>Comic resource titled “Chasing Dreams”</b>, based in Walvis Bay, Namibia as well as accompanying facilitator’s guide (2009).</li> <li><i>Chasing Dreams</i> was launched at an official event in Walvis Bay (Nov 2009). Subsequent to the launch, approximately 1500 copies were distributed to relevant stakeholders, schools and the private sector through a partnership with a local social change communication partner, Desert Soul.</li> </ul>	<ul style="list-style-type: none"> <li>The launch and subsequent dissemination raised awareness and was widely publicised in Namibian print and online media.</li> </ul>
<ul style="list-style-type: none"> <li>Market Photo Workshop (MPW)</li> <li>IOM Zambia</li> </ul>	<ul style="list-style-type: none"> <li>Implemented the <b>“Zambia Photography Project”</b> in three sites; Solwezi, Katete and Chirundu. Resultant photographs were launched in an exhibition titled “The search for a better life” in Lusaka (August 2009). A collection of more than 100 images and captions were produced for the event. Many of the images were subsequently used on relevant publications, websites, posters and other advocacy material.</li> </ul>	<ul style="list-style-type: none"> <li>Raised awareness of the photojournalists, the media and the general public on the challenges encountered by migrant labourers.</li> </ul>
<ul style="list-style-type: none"> <li>Frayintermedia</li> <li>IOM Pretoria Media and Communications Unit</li> </ul>	<ul style="list-style-type: none"> <li><b>Sensitized journalists on responsible reporting around migration</b>, including the HIV dynamics of labour migration through training and on site visits to migrant sites (August 2009). Three media training workshops were carried out in South Africa and Zambia to train print, broadcast and online journalists in responsible reporting on diversity, migration and development. Nine journalists were trained in Johannesburg, ten in Limpopo and 16 in Lusaka.</li> </ul>	<ul style="list-style-type: none"> <li>Ten feature stories were written by the journalists as a result of the training.</li> </ul>
<b>RESEARCH AND LEARNING</b>		
<ul style="list-style-type: none"> <li>Kula</li> </ul>	<ul style="list-style-type: none"> <li>Contracted research company undertaking Hot Spot Mapping research along 2 transport corridors in Mozambique</li> </ul>	<ul style="list-style-type: none"> <li>Research completed – initial report received. Additional analysis being conducted – Final report due end Sept</li> </ul>

PHAMSA II evaluation report 2010

ACTOR	ACTIVITY	ACHIEVEMENT
<ul style="list-style-type: none"> <li>Maromi</li> </ul>	<ul style="list-style-type: none"> <li>Contracted research company undertaking IBBS with farm workers in 3 districts (RSA) - 2010</li> </ul>	<ul style="list-style-type: none"> <li>High prevalence among farm workers (39%)</li> <li>Additional analysis being undertaken and journal article being written</li> </ul>
<ul style="list-style-type: none"> <li>FHI</li> </ul>	<ul style="list-style-type: none"> <li>Lead research institution for Multiple Concurrent Sexual Partners research - Zambia</li> </ul>	<ul style="list-style-type: none"> <li>Link between mobility/migration and multiple concurrent partners identified</li> </ul>
<ul style="list-style-type: none"> <li>Dr Clive Evian</li> </ul>	<ul style="list-style-type: none"> <li>Contracted researcher for IBBS on 10 commercial farms in RSA (2008)</li> </ul>	<ul style="list-style-type: none"> <li>High prevalence on farms in Hoedspruit</li> <li>Adaptation of project to respond to identified vulnerabilities (condom use, lack of testing)</li> </ul>
<ul style="list-style-type: none"> <li>Forced Migration Studies Project (Wits university)</li> </ul>	<ul style="list-style-type: none"> <li>Contracted research institution for Literature Review</li> </ul>	<ul style="list-style-type: none"> <li>Still in progress</li> </ul>
<ul style="list-style-type: none"> <li>USAID</li> </ul>	<ul style="list-style-type: none"> <li>Regional Assessment on HIV Prevention services for migrant and mobile populations (Primarily funded through USAID)</li> </ul>	<ul style="list-style-type: none"> <li>Regional report, Sector reports and country reports</li> <li>Awareness of prevention needs of migrant populations raised at regional and national levels</li> </ul>
<ul style="list-style-type: none"> <li>Brad Paul (independent consultant)</li> </ul>	<ul style="list-style-type: none"> <li>Mini assessments in the cashew nut processing and ports sectors in Mozambique</li> </ul>	<ul style="list-style-type: none"> <li>Improved understanding of conditions of migrant workers in these sectors</li> <li>Establishment of relationships with key actors in these sectors</li> <li>IOM Mozambique has received funding from UN to address some of the challenges identified</li> </ul>
<b>REGIONAL COORDINATION AND TECHNICAL COOPERATION (RCTC)</b>		
<b>IOM Coordination</b>		
<ul style="list-style-type: none"> <li>IOM Country Offices in Southern Africa</li> <li>IOM Nairobi</li> <li>IOM Geneva</li> </ul>	<ul style="list-style-type: none"> <li>Participated in an internal <b>IOM workshop on Health, HIV and Population Mobility in Sub-Saharan Africa (Sept 2007)</b>, bringing together IOM Health/HIV staff from southern, west and East Africa, as well as some key Migration Health staff from IOM Headquarters in Geneva and IOM Thailand.</li> </ul>	<ul style="list-style-type: none"> <li>Basic understanding on the theoretical framework for developing health and HIV/AIDS programmes in IOM offices in Sub Saharan Africa improved; Participants provided with concrete ideas on how to develop stand-alone HIV projects and how to mainstream health/HIV into other IOM service areas; IOM country experiences and lessons learned shared; and Approaches regarding IOM's Health and HIV projects harmonised.</li> </ul>
<ul style="list-style-type: none"> <li>IOM Country Offices in Southern Africa</li> <li>IOM Nairobi</li> <li>IOM Dakar</li> </ul>	<ul style="list-style-type: none"> <li>Participated in two <b>PHAMSA TOT on Gender (Feb 2008) and Social Change Communication (May 2008)</b></li> </ul>	<ul style="list-style-type: none"> <li>IOM colleagues from Angola, DRC, Madagascar, Mozambique, Zambia, Zimbabwe, Kenya (regional office) and Senegal (regional office) have stronger capacity in the areas of Gender and Social Change Communication.</li> </ul>

PHAMSA II evaluation report 2010

ACTOR	ACTIVITY	ACHIEVEMENT
<ul style="list-style-type: none"> <li>IOM Country Offices in Southern Africa</li> <li>IOM Nairobi</li> <li>IOM Geneva</li> </ul>	<ul style="list-style-type: none"> <li>Participated in a two-day <b>IOM Migration Health Department (MHD) Strategy Meeting for Africa (Oct 2008)</b></li> </ul>	<ul style="list-style-type: none"> <li>The draft IOM Strategy for Migrant Health Programmes in Africa was developed with the following 4 thematic pillars: 1) Service delivery and capacity building; 2) Advocacy for policy development; 3) Research and information dissemination; and 4) National and regional coordination. Based on this Strategy, IOM Pretoria drafted an Africa-wide programme proposal on Migration Health. This was subsequently became the basis for the PHAMESA proposal.</li> </ul>
<ul style="list-style-type: none"> <li>IOM Country Offices in Southern Africa</li> <li>IOM Nairobi</li> </ul>	<ul style="list-style-type: none"> <li>Participated in the <b>Partnership on Health and Mobility in East and Southern Africa (PHAMESA) 2010-2013 Strategy Retreat (Nov 2009)</b> in order for IOM staff in East and Southern Africa to discuss and agree on the framework for the proposed PHAMESA proposal.</li> </ul>	<ul style="list-style-type: none"> <li>Common understanding of the PHAMESA proposal, including implementation arrangements was reached; Team spirit among Migration Health colleagues was strengthened, and the PHAMESA logical framework and annual targets were finalised.</li> </ul>
<b>Regional Coordination</b>		
<ul style="list-style-type: none"> <li>Soul City Institute for Health and Development Communication</li> </ul>	<ul style="list-style-type: none"> <li>Entered into an MOU with IOM (Jan 2008) to increase cooperation and collaboration.</li> <li>Share information, invited to relevant workshops and meetings.</li> <li>Provided IEC for distribution at borders ("Meet Joe")</li> </ul>	<ul style="list-style-type: none"> <li>Stronger relationship and collaboration with Soul City and Soul City regional partners.</li> </ul>
<ul style="list-style-type: none"> <li>SADC Secretariat HIV/AIDS Unit</li> <li>WFP</li> <li>NSF</li> <li>UNAIDS RSTESA</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised the <b>Regional Workshop on HIV in the Road Transport Sector for Southern Africa (Swaziland, Sept 2007)</b>.</li> </ul>	<ul style="list-style-type: none"> <li>The draft <b>Regional framework to upscale HIV responses in the transport sector in Southern Africa</b> was developed.</li> <li>This framework was subsequently used as a basis for the SADC regional proposal on HIV Cross Border HIV Initiative. The proposal was successful in receiving funds from the Global Fund Round 9.</li> </ul>
<ul style="list-style-type: none"> <li>SADC Secretariat HIV/AIDS Unit</li> <li>UNAIDS RSTESA</li> <li>ILO</li> <li>Trucking Wellness</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised the <b>Regional Workshop on HIV Responses Among Seafarers and Port-based Communities in Southern Africa (Durban, Nov 2009)</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Key outcome of the workshop was the framework of comprehensive HIV interventions for the Maritime sector, which has six components: access to health services; social/behaviour change communication; advocacy for policy development; research and strategic information; coordination, harmonization and partnerships and monitoring and evaluation. Issues that were found to be cross cutting are: gender; capacity building; quality assurance and resource mobilization.</li> </ul>
<ul style="list-style-type: none"> <li>SADC Secretariat</li> <li>UNAIDS RSTESA</li> <li>TEBA Development (Regional Office)</li> </ul>	<ul style="list-style-type: none"> <li>Co-organised the <b>Regional Workshop on HIV Responses for Mine Workers, Their Families and Affected Communities in Southern Africa (Maputo, May 2010)</b></li> </ul>	<ul style="list-style-type: none"> <li>Agreed draft regional framework for an HIV and AIDS programme for mine workers, their families and affected communities. The objective of the framework is to scale up an integrated and harmonised programme of HIV prevention, treatment, care, support, and impact mitigation, addressing the specific needs of mine workers, their families and affected communities in Southern</li> </ul>

PHAMSA II evaluation report 2010

ACTOR	ACTIVITY	ACHIEVEMENT
		Africa.
<b>PILOT PROJECTS</b>		
<ul style="list-style-type: none"> <li>Royal Swaziland Sugar Corporation (Swaziland)</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the PHAMSA Health Promotion Model targeting seasonal and temporary farm workers</li> </ul>	<ul style="list-style-type: none"> <li>Improved basic literacy and financial management skills amongst beneficiary groups</li> <li>Improved health seeking behaviour</li> <li>Strengthened relationships amongst key stakeholders and the project</li> </ul>
<ul style="list-style-type: none"> <li>Walvis Bay Multi Purpose Centre (Namibia)</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the PHAMSA Health Promotion Model targeting local and foreign seagoing personnel particularly in the fishing sector</li> </ul>	<ul style="list-style-type: none"> <li>Improved health seeking behaviour</li> <li>Strengthened relationships amongst key stakeholders and the project</li> </ul>
<ul style="list-style-type: none"> <li>The Employment Bureau of Africa (Mozambique)</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the PHAMSA Health Promotion Model targeting mineworkers and their families and communities</li> </ul>	<ul style="list-style-type: none"> <li>Empowerment of women through income generating activities</li> <li>Improved health seeking behaviour</li> <li>Integration of PHAMSA programme into local community and local government interventions and structures</li> </ul>
<ul style="list-style-type: none"> <li>The Employment Bureau of Africa (Lesotho)</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the PHAMSA Health Promotion Model targeting mineworkers and their families and communities</li> </ul>	<ul style="list-style-type: none"> <li>Improved health seeking behaviour</li> <li>Improved knowledge among beneficiary group</li> <li>Increased involvement of traditional leaders in the delivery of project interventions and community mobilization</li> <li>Establishment of support groups for persons living with HIV and community members</li> </ul>
<ul style="list-style-type: none"> <li>Hlokomela, a project of the Hoedspruit Training Trust (South Africa)</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the PHAMSA Health Promotion Model targeting seasonal and permanent farm workers</li> </ul>	<ul style="list-style-type: none"> <li>Running an HCT clinic to ensure easy access for farm workers</li> <li>Project identity has been established and embedded in the farming community</li> <li>Integration of HIV Gender and SBCC interventions into the project</li> </ul>
<ul style="list-style-type: none"> <li>IOM Zambia/ CHAMP (Zambia)</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the PHAMSA Health Promotion Model targeting farm workers</li> </ul>	<ul style="list-style-type: none"> <li>Integration of HIV and SBCC, gender interventions into all the existing projects and companies</li> <li>Improved health seeking behaviour</li> <li>Establishment of the 990 HIV talk line by the community</li> <li>Involvement of PLHIV in planning activities, community outreach activities and support groups</li> </ul>
<ul style="list-style-type: none"> <li>IOM Zambia/ CHAMP (Zambia)</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the PHAMSA Health Promotion Model targeting mine workers</li> </ul>	<ul style="list-style-type: none"> <li>Training of GDA mining partners in Gender and Social Change Communication</li> </ul>

PHAMSA II evaluation report 2010

ACTOR	ACTIVITY	ACHIEVEMENT
		<ul style="list-style-type: none"> <li>• Change agent structure has been institutionalized and formalized at the project sites</li> <li>• Community Action Teams developed and running</li> <li>• Involvement of PLHIV in planning activities, community outreach activities and support groups</li> </ul>
<ul style="list-style-type: none"> <li>• IOM Zambia</li> </ul>	<ul style="list-style-type: none"> <li>• Support to the Zambia Chirundu Border Migrant Support Centre, which provides a range of services to migrants and other vulnerable groups in Chirundu, including water and sanitation facilities; voluntary counselling before referral for testing; information dissemination on HIV and AIDS, gender based violence, safe migration, and human trafficking; and distribution of condoms and mosquito nets.</li> </ul>	<ul style="list-style-type: none"> <li>• Migrants assisted and immigration officials trained.</li> </ul>
<ul style="list-style-type: none"> <li>• Sonke</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment and training of border officials in Beitbridge (2008)</li> </ul>	<ul style="list-style-type: none"> <li>• Built relationships with key stakeholders and thus supported the creation of the Vhembe Migrant Health Forum</li> </ul>
<ul style="list-style-type: none"> <li>• ACBC (African Capacity Building Centre)</li> </ul>	<ul style="list-style-type: none"> <li>• Developing of a health chapter for inclusion in the training manual for immigration officials</li> <li>• Health Assessment tool for IOM officials undertaking Border Assessments on behalf of government</li> </ul>	<ul style="list-style-type: none"> <li>• Once completed the manual and health assessment tool will be rolled out to all Immigration Officials trained through the African Capacity Building Centre</li> </ul>
<ul style="list-style-type: none"> <li>• ARID</li> </ul>	<ul style="list-style-type: none"> <li>• Training material development for implementation of the project model – specifically community health workers and Change Agents</li> </ul>	<ul style="list-style-type: none"> <li>• Manual under development &amp; being tested in preparation for PHAMESA</li> </ul>

## APPENDIX 7: PHAMSA DEFINITION OF REGIONALITY - ACTIVITIES AND ACHIEVEMENTS

The data below were provided by IOM in a self-completion exercise.

PHAMSA CRITERIA	ACTIVITIES	ACHIEVEMENT
Brings together national and regional stakeholders to share lessons and experiences, and increases coordination and cooperation	<ul style="list-style-type: none"> <li>Govt of Tanzania hosted, and IOM, SAMP and WHO (include financial contribution from WHO) co-organised the Migration Dialogue for Southern Africa (MIDSA) on Promoting Health and Development: Migration Health in Southern Africa (Dar es Salaam, June 2009), which brought together senior government officials from Ministries of Health and Immigration from SADC Governments, as well as other key stakeholders, in order to work towards the implementation of the World Health Assembly (WHA) Resolution 61.17 'Health of Migrants.'</li> </ul>	<ul style="list-style-type: none"> <li>The MIDSA culminated in the adoption of eleven recommendations by the participating Member States. One of the key recommendations adopted called upon Member States to explicitly state migrants' access to health in national health policies and implementation plans. Furthermore, the recommendations concluded that Member States should implement the Draft Policy Framework on Population Mobility and Communicable Diseases and the WHA Resolution 61.17</li> </ul>
	<ul style="list-style-type: none"> <li>IOM and SADC Parliamentary Forum co-organised (include financial contribution) with IOM a workshop for Members of Parliaments (MPs) in the SADC Region on "Promoting Health and Development: Migration Health in Southern Africa" (Pretoria, Oct 2009).</li> </ul>	<ul style="list-style-type: none"> <li>MPs agreed on a set of recommendations that should be implemented at country and regional level. One of the key recommendations made was to strengthen advocacy for the ratification and domestication of various international and regional human rights instruments pertaining to migrants' health.</li> </ul>
	<ul style="list-style-type: none"> <li>Organised Country Consultations on HIV and Mobility in transport and commercial agriculture sectors in Malawi, Mozambique, Namibia, South Africa, and Zambia.</li> </ul>	<ul style="list-style-type: none"> <li>Awareness raised, particularly on the Draft Regional Framework to upscale HIV responses in the transport sector in Southern Africa; Lessons learned and good practices shared; Gaps and challenges identified; and Networking facilitated.</li> </ul>
	<ul style="list-style-type: none"> <li>Organised the National Consultation on Migrant Health; <i>Realizing migrants' right to health in South Africa (April 2010).</i></li> </ul>	<ul style="list-style-type: none"> <li>Agreed framework including key action points and agreement on the way forward in achieving the World Health Assembly (WHA) Resolution 61.17 on the Health of Migrants. This includes identifying the health and wellness challenges of migrants in terms of the social determinants of health, access to health care, and realizing their right to health in South Africa.</li> </ul>
	<ul style="list-style-type: none"> <li>Hosted and co-organised the National Consultation on Migration and</li> </ul>	<ul style="list-style-type: none"> <li>Workshop recommendations were made and there was a</li> </ul>

PHAMSA II evaluation report 2010

PHAMSA CRITERIA	ACTIVITIES	ACHIEVEMENT
	<p>HIV in Tanzania: Uniformed personnel, mobile populations and border communities (June 2010).</p> <ul style="list-style-type: none"> <li>Organised in partnership with various partners, three regional sector coordination workshops: <ol style="list-style-type: none"> <li>HIV in the Transport sector</li> <li>HIV responses among Seafarers and Port-based communities</li> <li>HIV responses for mine workers, their families and affected communities</li> </ol> </li> </ul>	<p>consensus among participants to establish a task force comprising the organising institutions TACAIDS, Ministry of Home Affairs, IOM and other organisations represented at the meeting to ensure that the consultation recommendations are followed up.</p> <ul style="list-style-type: none"> <li>Each workshop agreed on a regional framework for comprehensive response in each sector.</li> </ul>
<p>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</p>	<ul style="list-style-type: none"> <li>Several multi-partner meetings to share lessons and experiences and develop tools</li> <li>Cross border site visits undertaken by partners to see the model in action in different sites</li> <li>Peer review among partners using Most Significant Change methodology to build network and share experiences and lessons</li> <li>Emerging best practices from the region currently being collated</li> <li>Migrant stories from the sites</li> </ul>	<ul style="list-style-type: none"> <li>Growing evidence of the impact of the model</li> </ul>
<p>Advocate with regional partners to increase their awareness of the links between migration and integrate HIV and population mobility in their policies and programmes</p>	<ul style="list-style-type: none"> <li>Advocacy vis-à-vis SADC Secretariat, UN partners (e.g. UNAIDS regional and country level, WHO, ILO, WFP), donors, Govt counterparts (NAC, line ministries), media, private sector, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Draft SADC Policy Framework on Population Mobility and Communicable Diseases finalised.</li> <li>SADC Secretariat successful Global Fund Round 9 application of HIV Cross-Border Initiative proposal</li> <li>Various countries with National HIV Strategic Plans that mention migration and mobility concerns.</li> <li>Zambia revised HIV policy for Transport Sector, taking into consideration migration and mobility concerns.</li> <li>IOM received PEPFAR/USAID grant to roll-out interventions targeting farm workers in South Africa</li> <li>IOM received USAID funding to undertake regional assessment on HIV vulnerabilities and access to services of migrant workers.</li> </ul>
<p>Harmonisation of messages, material and branding</p>	<ul style="list-style-type: none"> <li>Harmonisation of PHAMSA IEC and other material. Since the mid-term review, phasing out of PHAMSA logo/brand and utilising IOM logo/brand only</li> </ul>	

PHAMSA II evaluation report 2010

PHAMSA CRITERIA	ACTIVITIES	ACHIEVEMENT
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	<ul style="list-style-type: none"> <li>• Three IOM coordination workshops (2007, 2008, 2009) organised where IOM Health/HIV staff from the region and beyond (East Africa, West Africa, Geneva) got together to strengthen understanding and collaboration.</li> <li>• Facilitated IOM staff to attend PP TOT Workshops on Social Change Communication and Gender to facilitate harmonised approach and strengthen technical capacity.</li> </ul>	<ul style="list-style-type: none"> <li>• Harmonised approach and strengthen technical capacity among IOM country offices and IOM East Africa Regional Office.</li> <li>• Combined East and Southern Africa proposal to SIDA submitted and successful in receiving funds (PHAMESA).</li> </ul>
Operate in cross border areas	<ul style="list-style-type: none"> <li>• Zambia Chirundu Border Migrant Support Centre</li> <li>• Development of a health chapter to be included in training of immigration officials in Africa</li> <li>• Training of border officials, and police on gender in Beitbridge</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity of border officials strengthened</li> </ul>
Ensure quality control and high standards of quality throughout the region	<ul style="list-style-type: none"> <li>• Standardised training of IPs on gender, Social Change communication</li> <li>• Induction manuals</li> <li>• Standardised templates for reporting</li> <li>• Standardised M&amp;E framework</li> <li>• Regular technical partners meetings to assess and review progress/challenges</li> </ul>	Common understanding shared between project partners (implementing & technical)
A coordinated M&E system allows for data collection and analysis at a regional level	<ul style="list-style-type: none"> <li>• M&amp;E Framework developed in 2008 when new M&amp;E Officer retained under PEPFAR/USAID funding.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of M&amp;E Framework partial.</li> </ul>

# APPENDIX 8: PHAMSA INTERIM FINANCIAL REPORT



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

## PARTNERSHIP ON HIV/AIDS MOBILITY IN SOUTHERN AFRICA (PHAMSA) PHASE II

### INTERIM FINANCIAL REPORT- DRAFT

for the period from March 2007 to 31 August 2010

USD

#### CONTRIBUTIONS

Government of Sweden - SIDA	
May 2007	2,305,142
June 2008	2,660,640
October 2009	2,000,740
Transfer to MIDSA project (987-800/TC.0007)	(120,103)
Transfer to PHAMSA project in Zambia (MA.0098)	(306,658)
Interest income	45,856
<b>Total resources</b>	<b>6,585,617</b>

#### EXPENDITURE

	<u>Budget</u>	<u>Actual</u>	<u>*Commitments</u>	<u>Total Actual + Commitments</u>
Staff costs	1,693,711	1,647,733		1,647,733
Office costs	449,510	530,266		530,266
<b>Operational costs:</b>				
Pilot projects	2,763,725	2,377,340	163,417	2,540,757
Regional coordination and technical cooperation	291,659	233,058	2,587	235,645
Advocacy for policy development	918,703	409,493	226,728	636,221
Research	451,593	415,736	100,380	516,116
Monitoring and evaluation	65,882	30,615		30,615
IOM overhead (5%)	331,739	282,025	24,656	306,680
<b>Total expenditure</b>	<b>6,966,522</b>	<b>5,926,266</b>	<b>517,767</b>	<b>6,444,033</b>

Balance of resources carried forward at 31 August 2010

\$141,584

*As the responsible Project Manager, I certify that the financial and narrative reports are correctly stated in accordance with IOM internal rules and procedures.*

Reiko Matsuyama  
Programme Manager  
23 September 2010

\* Funds have been committed for activities / deliverables which haven't been completed.