RIPFUMELO FINAL EVALUATION REPORT

MID-TERM EVALUATION OF RIPFUMELO PROJECT 2012 – 2016

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This report is prepared by Dr Backson Sibanda – BACTHA CONSULTING and Wambui Gititu PDME IOM.

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
ART	Anti-Retroviral Therapy
CA	Change Agents
CPC	Centre for Positive Care
CSO	Civil Society Organizations
CO	Country Office
CoM	Chief of Mission
DHA	Department of Home Affairs
DoH	Department of Health
DSD	Department of Social Development
EDM	Ehlanzeni District Municipality
EPWP	Expanded Public Works Programme
HBC	Home Based Care
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HTT	Hoedspruit Training Trust
IBBSS	Integrated Biological Behavioural Surveillance Survey
IDP	Integrated Development Plan
IEC	Information, Education and Communication
IPs	Implementing Partners
IOM	International Organization for Migration
JMAC	Johannesburg Migration Advisory Council
KZN	Kwa- Zulu Natal
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MHF	Migrant Health Forum
MMC	Medical Male Circumcision
MSM	Men who have Sex with Men
MOU	Memorandum of Understanding
NGO	Non- Governmental Organization
NLAC	Nkomazi Local AIDS Council
NSP	National Strategic Plan
OVCs	Orphan and Vulnerable Children
PHAMESA	Partnership on Health and Mobility in East and Southern Africa
PHAMSA	Partnership on HIV and Mobility in Southern Africa
PHC	Primary Health Care
PMTC	Prevention of Mother to Child
PRM	The Bureau of Population, Refugees and Migration
RBM	Results Based Management
RMO	Resource Management Office
RO	Regional Office
TB	Tuberculosis
SALGA	South African Local Government Association
SAQA	South African Qualification Authority
SBCC	Social and Behaviour Change Communication
SDCB	Service Delivery and Capacity Building
SGBV	Sexual and Gender Based Violence
UAM	Unaccompanied Minor
VCT	Voluntary Counselling and Testing
VSL	Voluntary Savings Loans

EXECUTIVE SUMMARY

The International Organization for Migration (IOM) commissioned an internal Mid-Term Evaluation of the Ripfumelo project in order to take stock of what the project has done and achieved at mid-point. The Mid-Term evaluation is intended to provide information on whether or not the project is on course and is set to achieve its planned results. Through funds from USAID/PEFPFAR Ripfumelo's implementation began in 2009 and is currently in its second phase which will end in March 2016. Ripfumelo grew from IOM's Partnership on HIV and Mobility in Southern Africa (PHAMSA) a five year programme that ended in 2009 giving way to Partnership on Health and Mobility in East and Southern Africa (PHAMESA). Ripfumelo is part of PHAMESA, the regional programme which is on its second phase and is set to end in December 2017. More about the relationship between Ripfumelo and PHAMESA is detailed in the report.

A mixed methods approach was utilised to obtain information and triangulate information in order to compile the findings in this evaluation report. This executive summary of the Ripfumelo Mid Term Evaluation Report condenses only major findings, recommendations, lessons learned and conclusions for the benefit of senior management who may have the time to read a report of this length. This summary of Ripfumelo project evaluation as a whole is derived from and informed by the detailed site specific findings and recommendations.

1. MAJOR FINDINGS AND RECOMMENDATIONS

Project Findings and Recommendations.

Finding 1.

While the evaluation found that the project design of Ripfumelo responded to the identified needs and problems, the project design is weak as it does not fully apply the Results Based Management approach (RBM).This resulted in the weak articulation of the results chain and the project causality linkages. This weakness in results articulation led to poorly defined performance indicators and hence impacting on results measurability. The evaluation found that had the results been clearer the indicators would have been more precise and hence allowing the evaluation to make more definitive conclusions.

Recommendation 1.

It is recommended that Ripfumelo adopts RBM as a design tool and retrospectively develops a new Results Matrix in order to sharpen the results statements, indicators as well as include baselines and assumptions in order to improve results measurability.

Finding 2.

The evaluation found that in general the project resources have been utilized efficiently in providing technical capacity to Implementing Partners (IPs) through the hiring of external experts/institutions to provide the needed capacities. While this approach worked very well in providing the much needed capacity and technical support to the project activities being implemented by IPs in the short term, it was however not sustainable and because of its short term nature it has not built IOM's

internal expertise. As a result Ripfumelo still has no in-house specialised expertise to develop the capacities of IPs and other stakeholders in these specific areas.

Recommendation 2.

It is recommended that in order to address this situation Ripfumelo takes a two pronged approach and: a) Hire external expertise on a retainer basis in order to meet immediate/short term needs, b) In order to build sustainability IOM should build its own capacity so as to be able to capacitate the IPs and other stakeholders in the medium to long term periods.

Finding 3.

The evaluation found that the approaches used by Ripfumelo such as partnerships, change agents/peer educators and provision of information and training have led to success and some project activities are now supported by government and farm owners. Sustainability intervention such as inclusion of migration in government planning, payment of stipends by some municipalities, farm owners implementing progressive work place policies, provision of transport by municipalities and farm owners, releasing workers to seek health services and paying them when they are away are early indications of sustainable support. Farm owners now understand better the link between a healthy workforce, productivity and profitability and this has led farmers to support Ripfumelo's health activities. However the current level of support and commitment by government, municipalities and farmers cannot result in the sustainability of all the benefits being provided by the project.

Recommendation 3.

It is recommended that IOM and the IPs promote these successful approaches such as the use of change agents and provision of information and capacitate government to adopt these approaches. Once there is a buy in from government on these approaches IOM and the IPs should then develop the capacities of government so that these approaches can become part of the Government's delivery mechanisms. Further, IOM and IPs continue to work hard so as to improve the relationships between service providers, farmers and farm workers as well as include more farms in the project as this will be part of building a basis for sustainability.

Finding 4.

The evaluation established that the use of Change Agents (CAs) in this project is the pillar of success. The project's approach has demonstrated why, how and under what conditions this change agents' approach works as demonstrated by the changes on the farms and in communities affected by migration. The use of change agents is effective because it is non-threatening and allows for dialogue as opposed to teaching which is often done by public health service providers.

Recommendation 4.

The evaluation recommends that the IPs and IOM document this approach and related practices and promote their adoption by government and other service providers as part of service delivery in the broader community set up.

Findings and Recommendations on Ripfumelo Management Arrangements.

Finding 5.

The evaluation found that IOM through the Ripfumelo project is doing good work which has earned the organization government respect. However, IOM has not always employed a strategic approach in engaging with right levels of government and this has led to some opportunities being missed because government has sometimes felt that IOM does not recognise government support for its work. Opportunities of further collaboration are lost when no strategic and effective follow up is done by IOM's senior management.

Recommendation 5.

IOM's senior management at the IOM country office needs to develop a more strategic approach of engaging with the right levels of government officials so as to attend strategic meetings and events as viewed by government and hence maximise collaboration.

Finding 6.

The evaluation found that there is inadequate institutional support from senior management at the country office level, PHAMESA programme and from the Resources Management Office (RMO). This lack of adequate institutional support leads to the project team being overstretched by additional responsibilities and this undermines the team's ability to deliver efficiently and effectively because of lack of both technical and administrative support.

Recommendation 6.

There is an urgent need for senior management at the country office to clarify the support that is to be provided by the CoM, PHAMESA and RMO to Ripfumelo as well as put in place mechanisms and plans that will guarantee the delivery of that support. The management should also put in place a monitoring and reporting system for Ripfumelo, PHAMESA and RMO that will ensure that the CoM is fully informed about what is happening.

2. LESSONS LEARNT

The lessons learned from this evaluation have a direct bearing on Ripfumelo and are also applicable to other projects and situations. This executive summary as part of the report provides only a summary of the most important lessons, a longer list of lessons is included in the body of the report.

Lesson 1.

It has been learnt from this project implementation that the delivery of sensitive information (such as HIV/AIDS) requires the right strategy and a non-threatening approach for it to be well received. The use of change agents as peer educators and information providers in Ripfumelo was premised on the change agents' knowledge of the clients, the fact that they work and live with the targeted client communities (farm workers) support and hence are able to deliver sensitive information in a non-threatening manner. The fact that change agents dialogue with the clients and not teach them engenders a sense of peer support and confidentiality and enables their co-workers to trust them and use the information to change their behaviours.

Lesson 2.

Working, engaging and developing relationships with government is critical for success but takes time and this time factor must be built into the design of project strategies. As the HIV/AIDS Unit Manager in Ehlanzeni put it, "the fact that officials are stretched means that migration may not be mainstreamed as fast as we would like it to be, an MOU may not be translated into implementation plans that fit into government strategies" getting government buy in requires patience. This provides a valuable lesson for Ripfumelo as it tries to expand into Gauteng and KZN. For the case of Gauteng and KZN, there are lessons that can be drawn from Limpopo and Mpumalanga's experiences. A critical lesson is to ensure that the project ideas and efforts also meet the government priorities for buy in.

Once relationships are built and government institutions have confidence in the organization and the project, government responds favourably and this produces results. This approach by Ripfumelo in working with government in Mpumalanga and Limpopo led to government institutions at various levels incorporating/integrating migration issues to their plans and has led to the rights of migrants being respected and upheld. The rights of migrants have also been mainstreamed by IPs into their work because IOM built their capacities on issues of migration. Information and training on health and migration provided to farm owners has led to farmers putting in place progressive work place policies. Building capacities also takes time and a lot of effort but bears results and hence must be built into the project development process.

Lesson 3

Apart from the use of change agents, capacity building and partnerships have been found to contribute to the success of Ripfumelo. Involving all client communities (farm owners, farm managers and farm workers) in the development of the activities and approaches and allowing the communities to elect the change agents guarantees full participation and ownership at all levels. If success has to be achieved there is no substitute for participation by all.

Lesson 4

It has been learnt from this project that for sustainability of project interventions, government buy in is critical and has a positive impact on ensuring the project results can continue being enjoyed even after Ripfumelo exits the ground. At the implementation level, IPs that engage with their local governments stand a better chance of sustaining the positive results realised. Therefore building the knowledge and capacities of all stakeholders (Government and IPs) is the critical element in ensuring sustainability.

3. CONCLUSIONS.

The evaluation concludes that the Ripfumelo project has shown signs of success through its delivery of results as per project plan. The project has delivered so far, and given the success so far the project should be able to deliver its planned results by end of project. In terms of project design, the evaluation has found that there are some weaknesses that include a weak result matrix that does not adequately capture results, articulates weak indicators and does not articulate assumptions and risks. The weak results impact delivery and hence short changes a good project. It is also concluded that sound implementation approaches such as the development of partnerships, use of change agents and engagement of government all have played a critical role in the success of the project.

The evaluation also concludes that if these lessons and recommendations are adopted and used they will address the identified weaknesses and hence lead to more effective implementation during the remaining period of this project. The lessons learnt and experience should also inform future projects and programmes of IOM. Ripfumelo will need to review site specific recommendations with the IPs to develop a way forward on how these will be implemented. Building on its Project Development Handbook which guides design and implementation of projects and programmes, IOM will have to take some bold steps in fully adopting RBM as a design and management approach to its work. The organization will also have to confront and take proactive action to address the identified challenges if it is to be poised for excellence.

PART ONE: EVALUATION SUMMARY OF RIPFUMELO PROJECT

1. INTRODUCTION

This Mid-Term evaluation is being undertaken at this point so that it can provide information that will inform the future implementation of the project and enable the implementers to use lessons and take corrective action where necessary. But the results of this evaluation will also inform future IOM programmes and projects.

This evaluation report is divided into two major parts. Part one of the report provides an overview of Ripfumelo major findings, lessons, challenges, recommendations and conclusions. This part of the report captures the achievements of the project as a whole at mid-point. Further it uses the lessons and challenges to inform future implementation by providing relevant recommendations. Part two of the evaluation report provides detailed information on how each IP has implemented the project activities on each site. The evaluation wanted to capture how each IP has adapted the implementation approach and process to the needs and peculiarities of each project site. It is the diversity and not the uniformity that is driving the project success because the approach responds to the local conditions and the needs guide implementation.

1.1 Background and Context

The IOM Ripfumelo project under the regional umbrella programme, Partnership on Health and Mobility in East and Southern Africa (PHAMESA) focuses on HIV, TB and migration. PHAMESA's overall objective is to contribute to the improved standard of physical, mental and social well-being of migrants by responding to their health needs throughout all phases of the migration process. PHAMESA is a follow up of the Partnership on HIV and Mobility in Southern Africa (PHAMSA) programme which was implemented from 2004 to 2009. PHAMESA I expanded the implementation of activities into additional East and Southern African countries from 2010 and it ended in December

2013. PHAMESA II started in 2014 and will end in 2017. The evaluation of PHAMESA was concluded at the end of 2013 and the findings provide some inputs to the Ripfumelo evaluation.

As indicated in the executive summary, the IOM Ripfumelo I project was established in 2009 through financial support from USAID/PEPFAR and ended in December 2011 after which Ripfumelo II continued implementing activities from April 2012 and is scheduled to end in March 2016. From documents reviewed, the Ripfumelo I project identified problem was, a serious HIV epidemic in commercial farms in South Africa due to high mobility, seasonal migration, lack of information and limited access to health services by migrants and farm workers. People who work on commercial agricultural estates in South Africa were identified as a highly mobile, vulnerable group, with little or no access to HIV-related information, care, support or treatment. The overall objective of Ripfumelo I was therefore to reduce HIV vulnerability of farm workers in various districts of South Africa by implementing a coordinated, evidence-based and focused HIV and AIDS prevention and care program. Interventions under Ripfumelo I were informed by the Integrated Biological Behavioural Surveillance Survey (IBBSS) which was conducted in 2010.

Amongst the findings of the IBBSS were the high prevalence of HIV amongst farm workers; of the 2,798 participants interviewed 39.5% were HIV positive, 52.2% of farm workers aged between 30 and 39 years were found to be HIV+. The findings further indicated that farm workers were vulnerable to HIV infection as indicated by the high prevalence of HIV. Reason for the high prevalence included multiple concurrent partners, transactional sex, irregular condoms use as well as sexual gender based violence (SGBV). Interventions for Ripfumelo I and largely of Ripfumelo II were designed to address the recommendations from the IBBSS. These were: strengthening combination HIV prevention approaches including availability of HIV Counselling and Testing (HTC) services, prevention of mother to child transmission (PMTC) as well as interventions to counter SGBV, responding to TB in migrant settings and addressing other structural factors such inclusion of migration in key development instruments and policies at local, national and regional policies related to migrations. An examination of both Ripfumelo I and II project design will reveal that the IBBSS recommendations have remained a critical focus for the project.

Project strategy and activities aimed at building the capacity of local IPs to provide sustainable prevention and care to farm workers. As the project targeted the commercial farming sector, activities were implemented in selected commercial farms in Mpumalanga and Limpopo provinces.

According to the project document the overall anticipated results of Ripfumelo I were:

1. HIV incidence in the targeted areas is reduced; and
2. The impact of AIDS on farm workers and their families/communities mitigated.

The impact envisaged was:

1. Improved HIV understanding and knowledge and increased access to health services;
2. Increased opportunities for healthy lifestyles; and
3. Reduced HIV related stigma.

The Ripfumelo II was designed to continue the implementation of project activities as from April 2012 with continued funding from USAID/PEPFAR. The overall objective of Ripfumelo II is to

contribute to the reduction in HIV/AIDS/STI and TB vulnerability amongst migrants and mobile populations and the communities affected by migration in South Africa with a specific focus on the Mpumalanga, Limpopo, Gauteng and KwaZulu Natal provinces.

Under Ripfumelo II the overall anticipated outcomes are:

1. Migrants and mobile populations and the communities affected by migration have access to sensitive HIV/AIDS/STI and TB services and programs; and

2. Improved legal and policy environment that facilitates migrants' access to HIV/AIDS/STI and TB related services and programs.

This second phase of the project expanded the geographical coverage, economic sectors and migrants targeted. Geographically Ripfumelo II was meant to extend interventions to KwaZulu Natal and Gauteng thus enabling the project to cover four provinces in South Africa including Mpumalanga and Limpopo. The project is currently focusing on the commercial farming sector though opportunities in the mining sector are under consideration. Under the second phase, Ripfumelo is also targeting not just labour migrants but other types of migrants such as irregular migrants. In addition to this, the focus for Ripfumelo II is not only HIV and AIDS but now also includes TB and STIs. But to date the expansion into Kwa Zulu Natal and Gauteng provinces has been slow; no implementation partners have been identified to conduct activities on the ground. Focus has been on getting Government buy in and uptake has been slow.

Ripfumelo II's goal is to ensure that HIV/AIDS is integrated into broader health, migration and development programs. The central strategy of Ripfumelo is local involvement of change agents for sustainability. Implementation is also guided by the Spaces of Vulnerability approach which promotes inclusivity and access to positive determinants of health. Ripfumelo seeks to mainstream gender and human rights through the process of social and behavioural change communication.

In both Ripfumelo I and II implementation used the Service Delivery and Capacity Development framework (SDCB). The SDCB framework consists of addressing gender dynamics in the context of health and migration; addressing contextual barriers to health; facilitating access to health services and products; promoting peer lead education; strengthening local IPs and creating an enabling environment. According to the 2013 PHAMESA end of project evaluation the SDCB framework has been particularly beneficial in building the capacity of government and non-governmental organisations. The project has a specific focus on gender because gender disparities and practices have an impact on HIV vulnerability.

The evaluation assessed the progress that has been made in the implementation of the project and the achievement of planned results (outputs, outcomes and impacts as shown in the Results Matrix below).

Ripfumelo II

Table 1. *The table below is a summary of Ripfumelo II expected results which are the focus of this evaluation*.

RESULTS MATRIX

Objective: To contribute to the reduction in HIV and TB vulnerability amongst migrants and mobile populations and the communities affected by migration in South Africa, with a specific focus on the Mpumalanga, Limpopo, Gauteng and Kwa Zulu Natal provinces.	
Outcome 1: Migrants and mobile populations and the communities affected by migration have access to sensitive HIV/AIDS/STI and TB services and programs	
Outputs	**Output 1.1.** Increased coverage and access for migrants and migration affected communities to sensitive prevention HIV, STI and TB services, programs and products **Output 1.2.** Increased awareness and understanding of the linkages between gender, HIV and Migration **Output 1.3.** Increased access for migrants and migration affected communities to comprehensive HIV, STI and TB care and support services, programs and products Support services, programmes and products available to migrants and migration affected communities **Output 1.4.** Increased capacity to provide gender-sensitive, comprehensive HIV/AIDS/STI and TB prevention and care services **Output 1.5.** Strategic information generated through application of rigorous research methodologies, regular monitoring and evaluation to ensure evidence-informed, effective and efficient interventions
Outcome 2: Improved legal and policy environment that facilitates migrants' access to HIV/AIDS/STI and TB related services and programs	
Outputs	**Output 2.1**. Policy makers and program planners have the skills and knowledge to integrate migration health into their plans **Output 2.2.** A new NSP's Key Populations Implementation Plan that incorporates migrants and mobile populations **Output 2.3.** A regular report on the WHA Resolution 61.17 developed by NDoH

It is against the above outcomes and outputs that Ripfumelo was evaluated.

1.2 Purpose of Evaluation

The purpose of the evaluation was also to identify promising practices as well as challenges experienced to date. It is hoped that stakeholders will learn from this evaluation and take corrective action on the current phase and use recommendations and lessons to adjust and inform future projects. The evaluation also informs stakeholders on how the project is being implemented, whether Ripfumelo is reaching the target groups (farm workers, migrants and mobile populations, and communities affected by migration). The evaluation also provides information on the project effectiveness of institutional, implementation and management arrangements in relation to achievement or lack there off of results. The evaluation also addresses issues of sustainability beyond 2016.

1.3 Evaluation Scope

The evaluation focuses on Ripfumelo II but drawing on implementation and achievements from Ripfumelo I. Further, the emphasis is on Mpumalanga and Limpopo provinces where the project has

been implemented for a much longer period. The evaluation looked at overall project implementation and achievements but was also IP specific in order to capture in full the activities and changes that have occurred as a result of the project. The implementing approaches were adapted to site specific needs and this formed the pillars of success and hence evaluation wanted to capture this approach for learning purposes. The buy in activities with government in Gauteng and KwaZulu Natal provinces were still at their infancy and were therefore not fully evaluated. The evaluation used both the standard international evaluation criteria and gender and human rights lenses in assessing achievements and impacts of health interventions on the lives of farm workers, migrants and mobile populations, and migrant affected communities.

1.4 Methodology

The evaluation used mixed methods and techniques of triangulation which included review of documents, interview with key informants, focus group discussions and briefing meetings that enhanced understanding of the project and thereby increasing the accuracy of interpretation of findings and the evaluation quality. Triangulation allowed for evidence to be sought from different sources to confirm the accuracy of the findings. The following methodology was developed and used for this evaluation and includes the design matrix for the exercise. The evaluation criterion (relevance/design, effectiveness, efficiency, impact, sustainability) was used in developing the major questions for the evaluation. Specific questions were also developed to further define each criterion so as to capture achievements or lack of achievements thereof. While RBM was not fully used in the design of the project as the design mixed objectives and outcomes and outputs, the evaluation elected to superimpose RBM fully in assessing achievement of RESULTS in order to demonstrate the value of using RBM in project design.

RBM was superimposed on the project document in order to assess if causality linkages were demonstrable at each of the results levels. RBM also assisted in determining if the project document had baselines, targets and hence measurable indicators. While the project cannot be evaluated based on RBM design the use of RBM principles helped in identifying weaknesses especially of indicators. In the absence of baselines the evaluation had to rely on targets where available and on the implementation plans prepared by the IPs to assess achievements of the project. While in the Ripfumelo project baselines were not available the IPs developed post factor baselines by establishing the conditions at the farms and used that as the starting point for implementation. The evaluation used the IP information to provide a basis for project achievement.

The framework was used to create a series of evaluation instruments and templates to summarize and analyse information from the following sources:

- Documents – including the Ripfumelo I and II project documents, Ripfumelo I End of Project Report, progress reports, financial reports (see list of documents as provided by IOM). Documents provided the needed project background which helped evaluators understand the origins of the project and how the design was meant to respond to the identified needs.
- Developed evaluation instruments – 2 semi-structured interview questionnaires for Key Informants. This generated primary data which was compared with information from other sources for purposes of triangulation.
- Guidelines for structured Focus Group Discussions. Focus Group Discussions were particularly suitable and useful for client communities. Three forms of Focus Group Discussions were used (Female groups, male groups and mixed groups of males and females). This was done as

appropriate and as necessary to capture gender perspectives and differences. The focus group discussions were tailor made for each IP and project site. Focus Group Discussions also generated primary data which was triangulated with other sources of information.

- In-depth discussions were also held with Ripfumelo project staff both those based in Pretoria and in the field. This was also another source of primary data for the evaluation.
- The list of IPs and some key informants such as government officials was provided by Ripfumelo project staff. The evaluators provided project staff with the categories of stakeholders to be interviewed; project staff then went ahead and selected the participants. The IPs provided the lists of change agents, health staff, farm managers and supervisors. Change agents provided other informants such as farm workers or supervisors who were interviewed or who participated in focus group discussions.
- Field visits to selected sites covering all IPs, sites, government and other NGOs partners etc. were provide by the project staff and IPs. Field visits were undertaken to all the recommended sites and IPs to make sure that the coverage was comprehensive.
- The evaluation approach was participatory ensuring that there was full participation and ownership of both the evaluation process and products by all stakeholders. Stakeholders included Government partners, IOM staff, IPs, and project client communities. Information was sought from all these stakeholders.

The Evaluation Criteria included the following:

a) **Relevance** – is the programme the relevant/appropriate solution for the identified problem or need. Does the programme address issues of HIV, STI and TB vulnerability of migrants and migrant communities in its design as well as execution strategy?
b) **Effectiveness** – the extent to which the project is achieving its desired or planned results (outputs, outcomes and impacts). Has the project and the initiatives put in place by IOM, Government and IPs been effective in reducing migrants' vulnerability to HIV, STIs and TB? Does the project have effective monitoring mechanisms in place to measure progress towards the achievement of results?
c) **Efficiency** – In the period that Ripfumelo II has been implemented were inputs utilised or transformed into outputs in the most optimal or cost efficient way. Could the same results be produced by utilising fewer resources?
d) **Impact** – In the period that Ripfumelo II has been implemented has the project produced planned positive changes that have the potential to bring about long term changes? So far has the project produced unplanned negative changes?
e) **Sustainability** – Is the project creating conditions that will ensure that benefits continue beyond the life of the project? Is there evidence that ownership is being promoted for those who benefit from the project.

Specific questions were developed to further define each criterion and to capture achievements or lack there off against the criteria.

1.5 Limitations

The evaluation was impacted by the lack of baselines for Rifpumelo II which made measurement difficult. Further in order to accurately measure the achievement of some of the results a second IBBSS survey was needed but this was not done before the evaluation was conducted. Therefore accurately measuring the reduction in the prevalence of HIV in the absence of this information

limited the scope of the evaluation although figures were provided by health providers that showed a reduction in HIV prevalence. As will be seen in the body of the report some assessment of HIV/AIDS was done based on information availed by health care providers and from the impacts of messages on the changed behaviours of farm workers.

In certain instances focus group discussions were larger than the acceptable focus group size because there was either misinformation or farm workers could only be released at certain times. This meant that instead of the normal focus groups of 8 to 12 discussants the groups were sometimes as large as 20 or 25. The evaluators elected to work with the larger groups than to stick with the standard size and miss out on valuable information from enthusiastic participants. Farm workers were only released at specific times for these meetings and could not be released in small groups. Therefore managing large groups was sometimes a challenge, however the benefits outweighed the limitations.

Some trained government officials that were slated for interviews and focus group discussions were not always available because in certain instances they could not be identified and in other cases they had moved to other functions or locations. However, the evaluation concluded that those who were reached were representative of the trained government officials.

2. GENERAL RIPFUMELO FINDINGS

The findings indicated in this section are overall for Ripfumelo as a project which are informed by the detailed findings from those four sites where the project is implemented as well as interviews with IOM's management and staff based in Pretoria and Musina. A detailed site specific analysis and findings is contained in the second part of the report. In presenting the findings this section will begin by summarily presenting the general findings for Ripfumelo I. Even though the evaluation's main focus was on Ripfumelo II the second phase of the project is built on work that was started in the first phase. Therefore success of the second phase of this project is as a result of the foundation built by Ripfumelo I.

2.1 Findings for Ripfumelo I

According to the narrative reports the major achievements of the phase one of Ripfumelo were the following: Facilitating access to health/HIV services, programmes and products, 1,000 individuals received HIV care surpassing the 900 target figure. A total of 30,000 farm workers were reached with HIV prevention packages and 500,000 prevention products such as condoms were distributed. The Social and Behavioural Change Communication (SBCC) tool was used to train farm owners, farm workers, change agents and thus creating awareness and knowledge that led to change of behaviour. The evaluation found that the SBCC as a tool was very effective in contributing to the changes that were brought by this project. It is however clear that the SBCC tool on its own would not have produced all the changes, the changes were as a result of combined efforts and tools as shown in the site specific findings. IPs were also trained using the SBCC tool and were then able to support change agents to disseminate HIV prevention messages leading to farm workers receiving factual information on HIV, TB and other health issues.

The information provided to target client communities led to safer sex practices. Change agents were seen as leaders in their communities as they demonstrated increased levels of confidence, led

by example and self-worth as a result of the training and support they received from Ripfumelo I which was used in Ripfumelo II. Ripfumelo I also addressed gender dynamics in the context of migration. Gender advocates were trained to facilitate dialogue using the SBCC approach targeting farm workers. The dialogue begun to address issues of gender based violence, gender equality between men and women both at the work place and at home. Changes realised as a result of Ripfumelo I facilitated implementation of Ripfumelo II which continued implementation in the same sites covered under the first phase as well as expanding to Gauteng and KZN.

2.2 Findings for Ripfumelo II

Table 2. Table of Findings and Recommendations

CRITERIA	NO	FINDING	RECOMMENDATION
Relevance/ Design	1	Whilst Ripfumelo's project design responds to the identified needs and problems; it is weak as it does not fully apply the Results Based Management approach (RBM). Therefore there is a weakness in the articulation of the results chain, the project causality linkages, the performance indicators and results measurability.	It is recommended that Ripfumelo adopts RBM as a design and management tool and retrospectively develop a new Results Matrix in order to sharpen the results statements, and indicators and assumptions, but also to include baselines and assumptions in order to improve results measurability.
	2	Ripfumelo's monitoring framework does not dovetail to the PHAMESA framework, therefore reporting to PHAMESA has remained a challenge for Ripfumelo.	There is need to develop a unitary tool/framework that allows for the collection and reporting of data on PEPFAR indicators, PHAMESA and all other IOM Ripfumelo activities. It is urgent for the monitoring framework to be revised and be web-based and Ripfumelo needs to treat this with the urgency it deserves.
Effectiveness	3	The evaluation found that IOM through the Ripfumelo project is doing good work which has earned the organization government respect. However, IOM has not always employed a strategic approach in engaging with the right levels of government and this has led to some opportunities being missed because government has sometimes felt that IOM does not recognise government support for its work. Opportunities of further collaboration are lost when no effective follow up is done by IOM's senior management.	IOM's senior management at the IOM country office needs to develop a more strategic approach of engaging with the right levels of government officials so as to attend strategic meetings and events as viewed by government and hence maximise collaboration opportunities.
	4	The changes noted on the ground by the evaluation are more qualitative in nature rather than	It is therefore recommended that to measure changes in terms of statistical evidence of reduction in prevalence

		quantitative.	another IBBSS should be conducted.
	5	The Evaluation noted that IPs and change agents do not have enough knowledge about migration to provide information and adequate support to migrants.	It is therefore recommended that IOM provide capacity development on migration for IPs and change agents as a strategy of ensuring sustainability.
	6	While the SDCB framework has been beneficial to the IP management, evaluators found that some of the field workers and coordinators with IPs were not well conversant with the framework.	There is need therefore to further assess the utility of the SDCB framework amongst the IPs and identify what revision to the frame work needs to be made in order for IPs to use it as the planning tool of choice for their work.
	7	Cultural and religious beliefs were found to sometimes undermine project interventions and progressive approaches.	There is need to explore ways of building the capacity of IPs and change agents to address culture and beliefs in their communication strategies as a way of addressing the negative impacts of some of the cultural and religious practices.
Efficiency	8	The evaluation found that in general the project resources have been utilized efficiently in providing technical capacity to Implementing Partners (IPs) through the hiring of external experts/institutions to provide the needed capacities. While this approach worked very well in providing the much needed capacity and technical support to the project activities being implemented by IPs in the short term it was however not sustainable and because of its short term nature and hence did not build IOM's internal expertise. As a result Ripfumelo still has no in-house specialised expertise to develop the capacities of IPs and other stakeholders in these specific areas.	It is recommended that in order to address this situation Ripfumelo takes a two pronged approach and: a) Hire external expertise on a retainer basis in order to meet immediate/short term needs, b) In order to build sustainability IOM should build its own capacity so as to be able to capacitate the IPs and other stakeholders in the medium to long term periods.
Efficiency/ Effectiveness	9	While the autonomy of implementing organisations is upheld, there are no mechanisms to address internal challenges that may be experienced by IPs. The evaluation found that there were unattended to, difficulties experienced by IPs and their staff which interfere with project implementation.	Ripfumelo needs to explore ways of strengthening IPs management structures and processes.
Sustainability	10	The evaluation established that the	The evaluation recommends that the

		use of Change Agents (CAs) in this project is the pillar of success. This approach has demonstrated why, how and under what conditions this change agents' approach contributes to positive changes on the farms and in communities affected by migration. The use of change agents is effective because its' bottoms up participatory nature creates a non-threatening environment which allows for dialogue as opposed to the teaching top down approaches utilised by public health service providers.	IPs and IOM document this approach and related practices and promote their adoption by government and other service providers as part of service delivery in the broader community set up.
	11	The evaluation found that the SDCB approach which promotes partnerships, social behaviour change communication, use of change agents has led to success and some project activities are now supported by government and farm owners.	It is recommended that IOM and the IPs promote these successful approaches such as the use of change agents and provision of information and capacitate government to adopt these approaches. It is also recommended that IOM provides funds to hire expertise to document the experiences of each project site for internal learning. These individual SITE/IP reports should be synthesized into one Ripfumelo report that is shared with all the partners for broader learning. IOM should use this report to promote the adoption of this approach among government departments as a way of improving health service delivery using public sector health facilities. The approach that IOM and the partners have used to take the services to the farms has proved to be one of the pillars of success for this project.
Recommendations Related to Internal Institutional Arrangement			
Efficiency	12	The evaluation found that there is inadequate institutional support from senior management at the country office level, PHAMESA programme and from the Resources Management Office (RMO). This lack of adequate institutional support leads to the project team	There is an urgent need for senior management at the country office to clarify the support that is to be provided by the CoM, PHAMESA and RMO to Ripfumelo as well as put in place mechanisms and plans that will guarantee the delivery of that support. The management should also put in

		being overstretched by additional responsibilities and this undermines the team's ability to deliver efficiently and effectively because of lack of both technical and administrative support.	place a monitoring and reporting system for Ripfumelo, PHAMESA and RMO that will ensure that the CoM is fully informed about what is happening.
	13	The evaluation has found that the project lacks sound resource accountability systems related to field visits.	Ripfumelo needs to develop a sound Field Visit Plan that shows details of who and what will be visited, what will be done and achieved during the visit. The field visit plan should be submitted to the project manager for approval and form the basis for field mission authorisation. The narrative field visit report should be prepared in line with this plan. A payments report as reflected above should be prepared and submitted as part of the reporting and accountability system together with the narrative report.
	14	The project has inadequate staffing.	Senior Management needs to address the inadequate staffing issues in order to ensure that project implementation is not hampered and that responsibilities such as providing support to IPs through mentoring, project filing system do not suffer.
Efficiency/ Effectiveness	15	In Pretoria office, Ripfumelo and the programme responsible for regulating migration (PRM) operate in silos hence creating challenges for the Musina field office.	There is need for Ripfumelo to strengthen collaboration with PRM, the IOM programme that deals with management of migration. This would maximise on capacity building efforts and relationship building with government departments.
	16	Evaluation finds that there is lack of clarity of the nature of technical support that Ripfumelo staff should receive from PHAMESA and RMO.	There is need for senior management to clarify the processes between Ripfumelo and PHAMESA regional, and Ripfumelo and RMO as well as the nature of technical support that Ripfumelo should expect from PHAMESA and RMO.
Effectiveness	17	Evaluation found that senior management and RMO in Pretoria is not visible on the ground; interaction with the field offices and sites is minimal.	To better understand the project and its challenges and offer appropriate support, IOM Senior Management and RMO should make regular and strategic visits to the various project sites.

a). Relevance/Design

The evaluation found that the project design was relevant and responded to the identified needs and problems. The project addresses the issues of migrants and farm workers vulnerability to HIV/AIDS, TB and STIs. It also directly addresses lack of accessibility to health services by these marginalised groups of people. The use of IPs locally placed in the geographical location where interventions are implemented has borne fruit and contributes to development capacity at the local level as well as sustainability of interventions. The SDCB model is relevant as it broadens the understanding of issues and allows for synergies among the implementing partners and with IOM.

However, as already noted the project design is weak when it comes to clearly articulating the results chain and demonstrating causality linkages at different results levels. This lack of clear results chain leads to poor performance indicators and hence impacts on indicator measurability. Without demonstrating causality linkages in the results chain it is difficult for the project to say with absolute certainty that all changes are attributable to the project interventions.

b). Effectiveness

As will be later discussed in the second part of this evaluation report, the project is effective in responding to the identified needs and problems. Migrants and migrant affected communities now have access to health services as demonstrated by provision of health services on the farms and via mobile clinics. As a result there is increased HCT uptake and treatment adherence by migrants and farm workers. People who are HIV positive have access to ARVs and TB treatment as these are provided by mobile clinics and health facilities on the farms. There is increased information which is contributing to positive change in behaviour where project is implemented. The use of IPs, change agents, capacity building and technical support provided to stakeholders has enabled the project to effectively implement interventions. Changes realised are at the individual and institutional levels.

c). Efficiency

Based on the data available the project resources (financial, human and material) have all been efficiently utilized and have provided the health services that were previously not accessible to migrants and farm workers. IPs, government and the Ripfumelo project form partnerships to work together, complement each other and hence create synergies. This is an efficient approach to the provision of services as it ensures that duplications are minimised. Services are efficiently and timely provided. The use of IOM M&E framework to monitor the project, collect data and report on the project progress generates data that is useful to IOM, the donors, the IPs and the government. While the M&E framework is not perfect and deficient in certain areas the use of the framework is an efficient way of project monitoring and utilisation of resources as it generates critical information. The evaluation concluded that in the absence of a cost benefit analysis in the project design, efficiency of resources use could also be made by using other equally important parameters such as qualitative information which was made available to the evaluation.

There was a reliance on consultants to provide technical capacity on IPs e.g. Sonke for Gender training, Sibambene for communication. While this worked, it was not sustainable and didn't build IOM's capacity to provide that kind of specialised expertise. A solution to this would be taking on

board consultants on retainer basis but also ensuring that IOM's own capacity would be built to make sure that there is long term support to the IPs.

d). Impact

It should be noted from the outset that this is a mid-term evaluation and hence it is too early to fully assess impacts. However, there are clear indications of specific but limited impacts that can be demonstrated at this point. The greatest impact created by Ripfumelo project is the change of behaviour by farm workers as they now voluntarily go for HIV testing and are open about their status. Behavioural change by farm workers has led to a reduction in new HIV infections as reported by health providers. Adherence to treatment and protective sex behaviour are leading to reduced new infections and a healthier community. Evaluation findings indicate that the project interventions are having a positive impact upon the farm workers, farm owners and government officials. The change of behaviour at all these levels is a clear demonstration of how the approach is creating impacts in the medium term but which are the basis for long term impacts. Interventions are contributing towards reducing vulnerability to HIV/AIDS, STI and TB; migrants' rights are being upheld and there is more increased awareness of migrants' rights. Migration has been incorporated in government planning and the evaluation found that the voice to raise migrant's rights has become louder, but government officials who were negative towards migrants before the project now uphold the rights of migrants. These changes have impacts on the lives of people who now enjoy these benefits.

e). Sustainability

The project implemented through the different IPs has a number of sustainability issues built into the project such as government paying stipends for change agents, provision of transport by government and farm owners (see part two of the report). Sustainability of benefits beyond the current IOM funding will depend on the continued improvement in the relationship between health service providers, farmers and farm workers. The link between a healthy work force, productivity and profitability is now better understood and this provides a strong base for sustainability. There is government and farm owners buy-in of the project as demonstrated by inclusion of migration in government planning, the inclusion of migration in IDPs is a clear indication of not just buy- in but commitment to address the issues on a long term basis. Farm owners are already supporting aspects of the project such as progressive work place policies, provision of transport, food and other supplies, contributing farm produces during project events, releasing farm workers and paying them while they are seeking health services are all indications of commitment by farmers that would go a long way in creating sustainability conditions.

More work will have to be done in this area during the remaining time of the project so as to create conditions for full sustainability.

2.1.1 Achievements

1. Strategic Information and technical support provided to government has led to positive changes in informing policy on migration. Migration is now included in the Integrated Development Plans (IDP) of Vhembe District where Centre for Positive Care (CPC) implements as well as the Mopani District Municipality where Hoedspruit Training Trust and Choice Trust are implementing. The three IPs together with IOM have played a key role in highlighting migrant

rights through their work. The National Strategic Plan 2012-2016 includes migrants, South Africa Local Government Association (SALGA) now has a position paper on migration. Government health facilities consulted by evaluators are aware that migrants have a right to health services and therefore do not turn away any migrant. Nkomazi Local Municipaltiy is in the process of developing a migration management plan, which is now in its draft form.

2. Increase in the availability and accessibility of HIV and AIDS, TB and STIs health services programs and products to farm workers both migrants and non-migrants. Through provision of primary healthcare mobile clinics in the farms, farm workers now have health services taken to their door step on a weekly/bi weekly basis. On some sites such as Nkomazi, transportation facilities are provided by the Municipality to take people to the clinic for chronic medication including ARVs and TB treatment. In all the four sites visited, both male and female condoms are provided to farm workers. Even so, the male condom is more readily available in comparison to the female condom.

3. There is increased HIV/AIDS, TB and STI information leading to an uptake in HCT, treatment adherence, positive behaviour change such as condom usage, seeking HCT, reduced stigma on the farm sites as well as reduced discrimination amongst farm workers. The evaluation has found that farm workers are taking protective measures by using condoms, sticking to one partner and refusing to engage in transactional sex.

4. There is an increased understanding of linkages between gender, migration and HIV especially amongst government officials, farm owners and IPs.

5. There is an increased awareness of gender equality through interventions to address norms of masculinity and gender based violence. Evaluation found that there are now more female supervisors and jobs that were initially reserved for men are being taken up by women. Gender interventions were found to have contributed to reduction in transactional sex, multiple concurrent partners and there were incidences of migrants having confidence to report cases of rape.

6. Change agents are the key drivers of the success of the project; Ripfumelo's strategy to partner with local IPs and build their capacity as well as that of change agents has yielded positive results. The success of the change agents approach is premised on the agents' knowledge of the culture of the clients, living with the clients, working with the clients and knowing how to present uncomfortable information in a non-threatening way.

7. The capacity building component of the project has provided the key stakeholders with information, skills and the technical support to ensure project goals are realised. It is through the technical support provided to government that migration has been integrated into the government planning of departments reached. The evaluation found that the difference in services provided by mobile clinics and the public stationary clinics is glaring. Farm workers prefer the services at the mobile clinics or where available, clinics on the farms as in the case of Bavaria Farm in Hoedspruit. This is clear evidence of what capacity development has done to change agents and health staff who provide services at these project supported initiatives. They have better "people skills". This should be a lesson for the public health service providers.

8. Through the project, farms reached now link a healthy workforce to productivity and profit. As a result farm owners interviewed are supportive of the project; farms that are part of the project have instituted work place policies that ensure farm workers' rights to health and well-being are upheld. Through work place policies, farm workers are allowed to seek medical services without the fear of deductions on their salaries.

9. Through the project, partnerships between farmers, government and other stakeholders have been formed to address migration through the establishment of Migrant Health Forums. The Vhembe District Migrant Health Forum continues to meet and address migrants' rights. Its success has motivated the establishment of the Mopani District Migrant Health Forum and the Waterberg Migrant Health Forum. Ehlanzeni District in Mpumalanga is also in the process of establishing one, after visiting the Vhembe forum.

10. It is clear that unlike in the initial stages of the project when time was spent 'knocking on farm doors' services are now demand driven. In all four sites, farmers are now calling IPs to take the services to the farm workers; doors have been opened so to speak. Government and farmer's buy- in has increased.

2.1.1.1 Summary Achievements Against Result Matrixes: Objectives, Outcomes and Outputs

The following table summarises the achievements of Ripfumelo at mid-point as measured against the project's stated overall objective, outcomes and outputs. These summary findings are derived from the evidence as provided by the IPs and individual project sites evaluation results.

Table 3. Below is a general findings measured against Ripfumelo II result matrix:

RESULTS MATRIX	EVALUATION FINDINGS
Objective: **To contribute to the reduction in HIV and TB vulnerability amongst migrants and mobile populations and the communities affected by migration in South Africa, with a specific focus on the Mpumalanga, Limpopo, Gauteng and Kwa Zulu Natal provinces.**	
Outcome 1: Migrants and mobile populations and the communities affected by migration have access to sensitive HIV/AIDS/STI and TB services and programs	
Evaluators find that based on the findings, targeted populations have increased access to health services. HIV/AIDS/STI and TB services, products and programmes to reduce vulnerability have been taken to the farms that have been reached by all four IPs as will later be discussed in the second part of this report. Therefore it can be said that all IPs have contributed towards the achievement of this outcome.	
Output 1.1. Increased coverage and access for migrants and migration affected communities to sensitive prevention HIV, STI and TB services, programs and products	Through different interventions, the evaluation finds there is increased coverage and client communities now have access to service and programmes. These include, the availability of mobile clinics that provide HCT, and treatment for minor ailments. Accessibility to chronic medication ARVs included is available to all regardless of nationality. Partnerships with service providers such as municipal health clinics assist to facilitate farm workers' access to services.

Output 1.2. Increased awareness and understanding of the linkages between gender, HIV and Migration.	Through community dialogues, support groups, one on one discussions conducted by change agents, farm workers reached have increased knowledge about gender and HIV. In relations to migration, evaluators found there is still a need to increase understanding and information about migration amongst IPs and change agents. However there are already positive changes on migrants as a result of information provided to government officials who now uphold the rights of migrants. Gender advocates have been established by some IPs and in all, interventions to promote gender equality have been implemented.
Output 1.3. Increased access for migrants and migration affected communities to comprehensive HIV, STI and TB care and support services, programs and products Support services, programmes and products available to migrants and migration affected communities	As indicated earlier, the evaluation has found there is increased access to comprehensive care for HIV,STI and TB amongst farm workers. This has been through provision of mobile primary health care services on the farms every two weeks in most farms as well as the provision of both female and male condoms in the farms. In some sites, provision of transportation facilities has also contributed towards increasing HIV/TB treatment adherence.
Output 1.4. Increased capacity to provide gender-sensitive, comprehensive HIV/AIDS/STI and TB prevention and care services	The evaluation has found that in all four sites, efforts are made to ensure that all regardless of their sex have access to services and programmes offered in the project. Ripfumelo through IPs has ensured that both male and female condoms are accessible to all. It was however noted that female condoms are not as readily available as the male condoms. Gender has been mainstreamed in the work structures in the farms and evaluation team was informed that there are more female supervisors than when Ripfumelo began in 2009. In addition to this, it was noted that women were beginning to take up responsibilities that were male dominated. Gender advocates in the farm sites have ensured there is continuity of gender equality messages on the farms.
Output 1.5. Strategic information generated through application of rigorous research methodologies, regular monitoring and evaluation to ensure evidence-informed, effective and efficient interventions	This output has not been fully met, there is an ongoing assessment in collaboration with the Department of Social Development (DSD) yet to be completed. In terms of monitoring, data is collected by IPs; Ripfumelo has provided support to IPs to ensure they are able to collect data that corresponds to the IOM monitoring framework.

Outcome 2: Improved legal and policy environment that facilitates migrants' access to HIV/AIDS/STI and TB related services and programs	The project is contributing towards improving legal and policy environment to ensure migrant rights are addressed. Findings from the evaluation indicated that migration is being mainstreamed into the local government planning by all four IPs. Enhlanzeni District Municipality (EDM) is now addressing migration in its planning. Migrants have been included in the Vhembe and Mopani Municipalities IDP.
Output 2.1. Policy makers and program planners have the skills and knowledge to integrate migration health into their plans	Through sensitization initiatives and technical support provided by the Ripfumelo team, policy makers have been provided with skills and knowledge to enable them address migration in their programmes. This is continuously being done with positive results.
Output 2.2. A new NSP's Key Populations Implementation Plan that incorporates migrants and mobile populations.	The 2012- 2016 National Strategic Plan (NSP) on HIV, STIs and TB in its strategic objective 1 to address social and structural drivers of HIV/STI and TB recognizes both cross border and internal migration as key in addressing prevention and care. Technical support provided to government by Ripfumelo contributed to migration being incorporated in the NSP. The plan to develop a guideline or integrating migration into the Ehlanzeni IDP is in the pipeline. An Operational guideline for Key Population brief was developed, migrants are considered to be key population. Technical support provided towards development of Provincial Strategic Plan (PSP) on HIV/AIDS, STI and TB SP in Limpopo, Mpumalanga, KZN and Gauteng
Output 2.3. A regular report on the WHA Resolution 61.17 developed by NDoH.	As indicated on Ripfumelo's project document, it was envisioned that the National Department of Health would provide a regular report on the WHA Resolution. However this was not implemented by Ripfumelo Evaluation was not able to speak to a government official to ascertain whether this output has been achieved. Interviews with Ripfumelo staff revealed that it is an output that has not been achieved thus far.

Table 4. Ripfumelo Progress Achievements for 2013

RESULT AREAS	INDICATORS	BASELINE	TARGET	ACHIEVED 2013	PROGRESS AS PER EVALUATION FINDINGS

OBJECTIVE: To contribute to the reduction in HIV and TB vulnerability amongst migrants and mobile populations and the communities affected by migration in South Africa, with a specific focus on the Mpumalanga, Limpopo, Gauteng and Kwan-Zulu Natal provinces.					
	HIV and TB Prevalence amongst migrants and mobile populations	Unknown	**<10%**		It was outside the scope of the evaluation to statistically establish if the prevalence of HIV and TB have reduced. The evaluation findings indicate that the project is implementing interventions that will contribute towards reducing vulnerability to HIV and TB through behaviour change. This evaluation would like to recommend that Ripfumelo undertakes a quantitative study similar to the IBBSS conducted in 2010 in order to statistically quantify the changes that have been achieved by the project.
Outcome 1. Migrants and mobile populations and the communities affected by migration have access to sensitive HIV/AIDS/STI and TB services and programs					
	• % of migrants accessing comprehensive, quality, culturally sensitive, primitive, preventive, curative and rehabilitative healthcare services; • % of migrants and mobile populations reporting to have received sensitive quality services	Unknown	80%		It was outside the scope of the mid-term evaluation to establish whether target has been met.

Output 1.1. Increased coverage and access for migrants and migration affected communities to sensitive preventative HIV, STI and TB services, programs and products	• Number of vulnerable migrants reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	30,000	50,000	55,628	Project is on track, target had been met and exceeded.
	• Number of individuals who received Testing and Counselling (T&C)	0	10,000	7306	Project on track to meet the target.
	• Number of Enterprises implementing an HIV/AIDS workplace program, providing at least one of the four of the critical components	134	200	289	Project on track, target has been achieved.
	• Estimated number of people reached through workplace programs	20,000	50,000	95,379	Project is on track target achieved (the number is inclusive of both season and permanent workers).
Output 1.2. Increased awareness and understanding of the linkages between gender, HIV and Migration	• Individuals reached with interventions; focused on norms about masculinity	20 000	50,000	21,469	Project needs to upscale interventions in order to meet the target.
	• Individuals reached with interventions focused on gender-based violence and coercion	20,000	50,000	43,983	Project is on track in meeting target.

Output 1.3. Increased access for migrants and migration affected communities to comprehensive HIV, STI and TB care and support services, programs and products Support services, programmes and products available to migrants and migration affected communities	• Number of eligible adults and children provided with a minimum of one care service	0	2,000	Not known	From monitoring report provided, evaluation was not able to establish what has been achieved. This is not a PEPFAR indicator on the larger monitoring framework, evaluators were not able to locate this indicator.
	• Number of HIV-positive adults and children receiving a minimum of one clinical service	0	600	Not known	Evaluation was not able to establish status of indicator from monitoring provided.
	• HIV-infected individuals who received COMMUNITY-BASED care	5000	2,000	259	Project will need to upscale interventions in order to meet the target.
	• % of HIV Positive patients who were screened for TB in an HIV Care and treatment setting	0	600	Unknown	Beyond the scope of the evaluation to obtain this information.
	• Number of eligible clients who received food and/or other nutrition services	0	200	Not clear	According to the Ripfumelo monitoring framework for Q1 2013, 153 clients benefitted from food security interventions.
Output 1.4. Increased capacity to provide gender-sensitive, comprehensive HIV/AIDS/STI and TB prevention and care services	• Number of health care workers who successfully completed an in-service training program within the reporting period;	150	200	0	Monitoring reports indicate 0, discussion with project staff indicate that this is not implemented.
	• Number of change agents/ community volunteers trained;	0	500	334	Interviews with IPs and documents from IPs indicate that 334 change agents have been recruited as of 2014.

	• Number of government health facilities providing migrant-sensitive health/HIV/STI/TB services and programs	0	10	5	A total of 325 participants were trained in the five health facilities that were reached with this intervention.
	% of trained healthcare workers reporting increased knowledge of migration health related issues	Unknown	70%	Not Known	It was beyond the evaluation's scope to establish the status of this output
Output 1.5. Strategic information generated through application of rigorous research methodologies, regular monitoring and evaluation to ensure evidence-informed, effective and efficient interventions	• No. of assessments completed	Look at the report	4	3	1 Policy brief on migration drafted by SALGA Mpumalanga Plans to Draft guidelines on migration mainstreaming to IDPs in Ehlanzeni District are underway. A study on the needs and vulnerabilities of long term residents, internal and cross border migrants in Ekurhuleni, Tshwane and Johannesburg Metropolitan was commissioned, final report is yet to be approved. The study was conducted in collaboration with DSD and IOM.
	• Quality of project implementation reports	Not Indicated	Not Indicated		
Outcome 2: **Improved legal and policy environment that facilitates migrants' access to HIV/AIDS/STI and TB related services and programs**					
Output 2.1. Policy makers and program planners have the skills and knowledge to integrate migration health into their plans	• Number of new health policies and strategies and other development instruments integrating migration health issues	1 (NSP)	3	Unknown	Evaluators could not establish status of this result from monitoring reports provided. However as already indicated, Ripfumelo is working with the Nkomazi Municipality and Ehlanzeni District to mainstream migration.

	• No of individuals sensitized on Migration Health issues	Unknown	100	575	Sensitisation and seminars for government officials were held: Mpumalanga: 70; Tshwane:15; Limpopo:162 (Maruleng, Mopani, Waterberg); Ekhuruleni (Health care professionals):325
Output 2.2. A new NSP's Key Populations Implementation Plan that incorporates migrants and mobile populations	• Key Populations National response integrating migration issues	N/A	N/A		Migrants have been incorporated in some municipal IDPs in Mpumalanga and Limpopo. An Operational Guideline for Key Population Brief was developed. Technical support provided towards development of Provincial Strategic Plan (PSP) on HIV/AIDS, STI and TB SP in Limpopo, Mpumalanga, KZN and Gauteng.
Output 2.3. A regular report on the WHA Resolution 61.17 developed by NDoH	• TA on WHA Resolution 61.17 report provided	0	1		This result has not been achieved; project will need to plan on how result will be achieved by end of project.

While this information provided in Table 4 above is useful, it should be noted that the monitoring framework and the monitoring data are in a poor state. Some of the indicators are not in the framework and this makes data collection, monitoring and reporting very difficult. There is an urgent need for the monitoring framework to be revised (see recommendations).

This section has presented findings, and progress achievements for Ripfumelo acknowledging that these successes have been as a result of interventions that begun under Ripfumelo I back in 2009 to 2011. The subsequent sections will provide an in-depth analysis of Riptumelo II and how its institutional arrangements in relation to how it interacts with IOM's management and other programmes with a view of highlighting challenges experienced and recommendations. Thereafter the key drivers of success for the project as identified by the evaluation will be presented followed by identified factors that pose a challenge in project implementation. This part of the report will be concluded by a section on lessons learnt to inform future implementation.

3 INTERNAL MANAGEMENT ISSUES

Ripfumelo does not exist in isolation, it is part of the larger PHAMESA regional programme as well as IOM South Africa Country Office (CO). Interactions at these two levels have a bearing on project implementation. The evaluation finds that the current institutional arrangements at IOM are not always conducive for optimal productivity of staff as a result of the following challenges being experienced.

3.1 Lack of Adequate Support

The evaluation has found that there is inadequate support from CO's Resource Management Office (RMO). As a result, Project staff have to take on additional responsibilities related to finance and administration. Project staff expects IOM's RMO to review and provide financial reports, provide timely feedback and provide technical input to ensure proper budgeting. At the moment the RMO only settles invoices and there is minimal input from RMO when it comes to budgeting. To the project staff the concerns of the RMO are not in line with the priorities of the project. Queries are often on the constant travel undertaken by project staff. RMO seems to only play a controlling role rather than also providing the financial and management support required by the project. There is lack of clarity on the expectations from both sides. RMO is not clear about what the project team expects from them and the Ripfumelo project team is equally not certain about what support they can get from RMO. It is also not clear if inadequate support is an issue of lack of capacity from RMO.

Apart from the RMO, there is a general feeling that there is a lack of strategic support from IOM's senior management. Greater participation and strategic involvement from the IOM senior management would increase government buy- in for the project. In many cases government officials feel that their support for the project is not recognized due to the fact that IOM senior management is less visible during strategic meetings or engagements. Opportunities in increasing government support for the project and IOM have been lost due to this lack of strategic involvement by senior management. For example IOM has an opportunity to provide technical expertise 'migrant desk' at the invitation of the Mpumalanga Provincial Office-establishment of migration health forums in the district.

These challenges and issues have been raised by the project management with the Chief of Mission (CoM), however no progress has been made in addressing these issues. In line with this, there is need for the CoM to articulate clearly his expectations of the project. There is a lingering feeling from the project team that there is little participation and support from the CoM and RMO and this impacts project delivery. The Project Manager has little control over the project resources and is burdened by the lack of support and guidance which negatively impacts on management of resources.

3.2 Lack of Clarity of Expectations

Lack of clarity on expected support also exists between Ripfumelo project staff and the PHAMESA regional staff. There was an expectation that RO PHAMESA would provide technical expertise but that has not happened. There is need for management to clarify the relationship between PHAMESA and Ripfumelo regarding the expected technical support that should be provided by PHAMESA to Ripfumelo, reporting requirements for Ripfumelo to PHAMESA and how Ripfumelo should contribute to PHAMESA programme outcomes. Owing to the limited interaction between Ripfumelo and PHAMESA, monitoring and reporting has been a challenge. The result matrices and indicators for

the two are not well aligned. While Ripfumelo project development preceded PHAMESA it is still possible to retrofit the results chain and indicators.

3.3 Inadequate Staffing

Another identified challenge is that of inadequate staff in terms of numbers and technical expertise thereof in the project. As a result Project staff are stretched as they have to take on additional roles some of which require some level of expertise that the staff may not be able to provide. For example the Project Manager is responsible for managing the project, representing IOM and the project to stakeholders, filling in gaps for the lack of technical expertise in the project. There are other additional responsibilities related to regional work: TB in the mines, Ports research, project development, PHAMESA related reporting, management planning for PHAMESA II; Country Migration Health responsibilities all fall on her shoulders as well. It is just not possible that one individual would have the expertise and the energy to do a decent job of all these functions and responsibilities.

The project officer responsible for Mpumalanga is also responsible for the project's M&E and while she has been trained in RBM and M&E she does not have adequate time to address these two responsibilities which require full time attention. This Project Officer has to juggle the two roles and at times the M&E responsibilities suffer. The Musina sub-office is in need of a technical person with health knowledge to support the project's work in this province. The present practice is that the Project Manager provides health expertise when it is needed. The project manager has to do this over and above her many other responsibilities and hence cannot provide full support to this function. The other area that has suffered due to a stretched staff is that of updating the project's filing system for easy access to important project documents.

The project has made a step in addressing the staffing issue by hiring an Admin and Finance staff who mainly deals with the administration issues. There is need for this new staff member to be capacitated by the RMO on finance and budgeting. If the staffing issue is not addressed it will begin to impact on delivery and reverse some of the gains that the project has achieved. This will in turn negatively impact IOM as an organization and impact donor funding. Therefore CO management needs to take urgent decisions to address the issue of staff by not just increasing staff of Ripfumelo but also making sure that the staff have requisite technical and managerial skills.

3.4 Lack of Sound Resource Accountability Systems

Within Ripfumelo project there is a lacks of a sound resource accountability system related to field visits and reports. For example, currently there is no field visit plan that provides details of activities and results expected from field visits. This lack of a clear field visit plan with deliverables is the weakest link in reporting and accountability. The current field visit report back does not link achievement from field visits to resources used for field visits. There should be a plan for each field visit outlining what will be achieved from each visit by whoever is undertaking a field visit. There must be a link between the original field visit plan, narrative report, what has been achieved and resource utilisation.

The other weakness of the existing system is that there is no link between payments report and the narrative field visit reports. A sound system should consist of a Field Visit Plan that shows details of

who and what will be visited, what will be done and achieved during the visit. This field visit plan should be prepared by each traveller to the field. The field visit plan should be submitted to the project manager for approval and form the basis for field mission authorisation. The narrative field visit report should be prepared at the end of the field visit based on and the field visit plan. A financial report should be prepared on the completion of the field visit. The field visit plan, the narrative field visit report together with financial report should be submitted for approval by the project manager who is the first accountable officer by virtue of being the budget holder. Generally no payments should be approved without having a field visit report that relates to the field visit plan. If developed at the Ripfumelo level this system could be used by the whole organization at the CO level.

The project manager has little control over staff and office costs and what is paid out by CoM and RMO. The current practice seems to promote the 'community of property' over project funds which can undermine checks and balances to guard against fraud. Given current practices based on "community of property" there seems to be double taxation of the Ripfumelo project leading to weak resource management which project management does not clearly understand.

3.5 Interaction with Field Office and Sites

The field office in Musina facilitates an enabling environment for project implementation by liaising with government and farm owners and creating platforms to address migration issues. In Musina the staff multi task to serve the different functions as they provide support to both the migration health programme and managing irregular migration programme in Pretoria. This has been a challenge since the two programmes in Pretoria operate in silos while in Musina both programmes are inter-related. While some efforts have been made in addressing this issue of operating in silos more strategic work needs to be done. The multi-tasking approach has stretched the staff in Musina and impacts on the staff's ability to provide adequate support and management to both programmes.

There seems to be a disconnect between IOM Pretoria and project implementation on the ground. Head office in Pretoria doesn't seem to understand or appreciate the work on the ground. As a result of this disconnect the Pretoria Office does not provide adequate support to the project. Above all, the full extent of project activities and achievements are neither reported nor documented. IOM is short changing itself on this front as the total value of its achievements are not fully known or understood by all stakeholders including donors.

Great work has been accomplished since Ripfumelo was first implemented in 2009, however it must be recognised that the good work achieved can be undermined by the internal well-being of the project. Therefore the identified challenges related to lack of support, inadequate staffing, lack of a sound accountability system in the project, greater participation of senior management with the project at the local sites need to be addressed.

4 THE KEY DRIVERS OF CHANGE IN RIPFUMELO

Having looked at the findings and recommendation in relation to project implementation and institutional arrangements, there is need to shift gear and examine what has contributed to the positive changes that have been achieved based on the analysis of data collected from the evaluation. The evaluators find that Ripfumelo's decision to partner with IPs in order to deliver services on the ground was far sighted and has yielded results. Ripfumelo supports the IPs through

advocacy with high levels of government, facilitating partnerships and capacity building. Capacity building interventions provided to IPs by IOM have been fundamental in building the capacity of IPs to implement the initiatives. The use of change agents has been one of the key drivers of the successes realised on the farms. The use of the SDCB and SBCC approaches have been found to be beneficial to the IPs and it is through capacity building that change agents have been able to be effective.

To discuss the drivers of change in the Ripfumelo project, this report will provide an analysis of the identified drivers: capacity building; change agents; and partnerships. It is of importance that the nature of capacity building is discussed in detail as it is Ripfumelo's key driver when it comes to working with IPs. The other two drivers, change agents and partnerships, really are based on the success of Ripfumelo's capacity building interventions.

4.1. Capacity Building in Ripfumelo

IOM describes capacity building as '...*the process by which skills, expertise, and leadership is developed to support workforce and programmatic sustainability*'[1]. Capacity building interventions are not limited to the IPs but are extended to government, health service providers, community care givers as well as the service providers contracted by Ripfumelo. Through capacity building stakeholders acquire skills that enable them to design sustainable contextualised interventions that facilitate access to health services. Capacity is built through the provision of funds, technical support, institutional support and training workshops.

It is hinged on ensuring sustainability both internally and externally. Internally, Ripfumelo promotes the development and use of in-house skills possessed by its staff to provide training and technical support to stakeholders. Where specialised skills are not available in-house, the services of consultants are contracted. Other instances where consultants are contracted are when the training needs to be South African Qualification Authority (SAQA) accredited as in the case of home based care (HBC) NQF Level 1 & 2 Palliative care. Externally, Ripfumelo works with locally based IPs and targets client communities who live in the communities where interventions are implemented. To ensure that this critical component is robust Ripfumelo has a Migration Health Project Officer responsible for capacity building; responsibilities include providing in-service training, quality assuring the training provided to stakeholders, ensuring workshops and technical support are delivered in a timely effective manner, ensuring that training tools remain relevant and updated, mentoring trained facilitators from IPs as well as contracting service providers where specialised skills are needed. The Project Officer is also responsible for quality assuring the training curriculum that contracted service providers' use. Tools to build the capacity of partners are those developed by IOM's migration health unit.

4.1.1 Approaches to Capacity Building

To ensure that training is sustainable, each IP is required to identify facilitators who are then trained as trainers; the facilitators are required to train the change agents on the farms. This ensures that trained individuals in the communities such as facilitators, change agents and peer educators acquire transferable skills. The IP is required to provide support to the trained facilitators and provide

[1] Final Proposal, Partnership on Health & Mobility in East and Southern Africa (PHAMESA) 2010-2013. 23rd March 2010

opportunities for the facilitators to use their skills. Mentorship and coaching of trained trainers is built into the training strategy, Ripfumelo remains at hand to provide the trained facilitators additional support. On-going support to trained facilitators is at times challenged by the fact that the project staff do not have sufficient time to adequately provide support. Also staff turn-over amongst IPs at times undermines continuity of skills transfer especially when those trained leave an IP.

The training given to facilitators introduces them to the project management, health promotion, the rights and responsibilities of migrants, the care and prevention of HIV in the community and at the work place. Through the training, facilitators are given skills and knowledge to develop partnerships and referrals, treatment adherence, peer led awareness as well as developing and implementation of wellness programme in the workplace. The change agents' training aims at creating an understanding of: health promotion, the responsibilities of a change agent and the nature of HIV including prevention and care. As they are the ones responsible for collecting information on the ground, change agents also receive monitoring training. The change agents are expected to abide by a code of conduct which they are responsible for developing.

There are two IOM designed models that inform the training offered to stakeholders: the SBCC and the SDCB, the two models are interrelated. The SBCC model employs participatory communication where change agents are trained to dialogue with targeted audiences at the space where the targeted audiences are not inconvenienced. The SBCC model uses a bottom up approach as opposed to the didactic top down approach. Therein lies the success of this approach; during discussion with evaluation respondents, IPs and change agents referred to the SBCC model as having been very beneficial to their work. As one respondent said, "I *have learnt to engage with people not telling people what to do*" the respondent added that through community dialogues farm workers are able come up with solutions to address their own problems.

a). The Social and Behavioural Communication Change (SBCC)

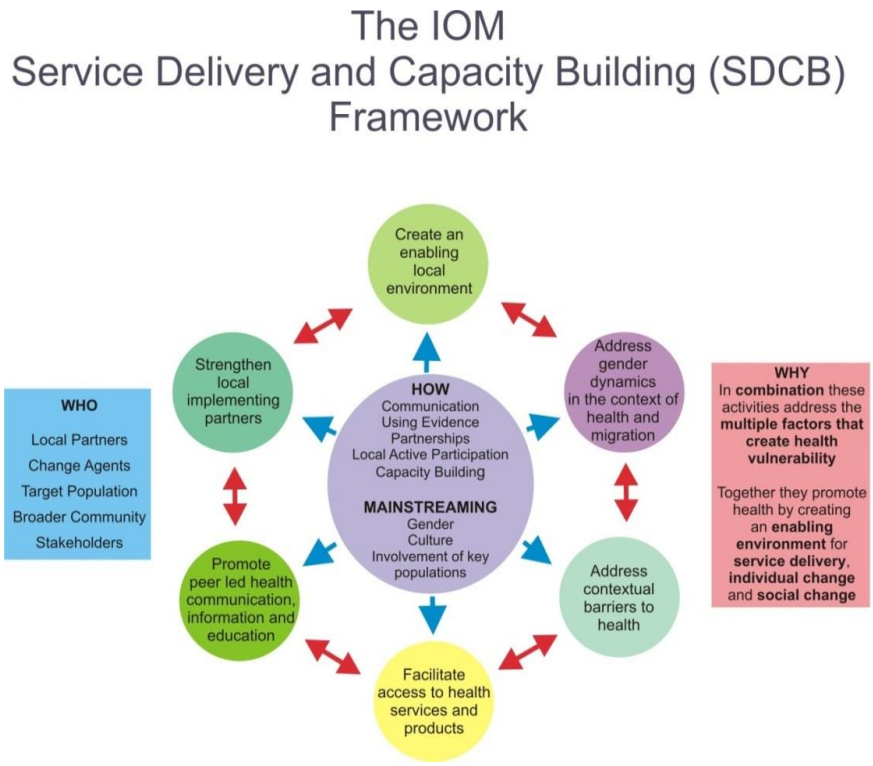
The SBCC approach promotes experiential learning where both the change agent and target audience exchange information. In addition to the bottoms up approach, through the SBCC approach each IP has branded its interventions using a local name selected through a participatory process with the change agents. In the farms the use of the selected local name has given the project an identity and increased ownership. During individual interviews and focus group discussions, evaluators had to use the local project name at each site as it is what the farm workers are aware of.

b). Service Delivery Capacity Building (SDCB)

The SDCB framework as defined by IOM is "*The framework promotes combination prevention approaches as it addresses the individual, environmental and structural factors. It also promotes the continuum of care, linking behavioural and biomedical prevention activities to care, and support and treatment interventions. It is also anchored strongly on the bottom-up social and behavioural change communication approaches and methodologies*"[2].

[2] Scaling Up HIV Prevention and Care Intervention for Migrants and Affected Communities in South Africa (Ripfumelo II)

SDCB framework:



As a planning tool, Ripfumelo uses the SDCB framework with IPs to explore implementation strategies for each IP. The exploratory process undertaken with IPs is informed by the SBCC principles. Since this is perceived to be a planning tool, the evaluators found that it is not a tool used on a day to day basis and hence retention and understanding of the framework is easily lost. While the SBCC and SDCB approaches are inter dependent, knowledge and skills acquired through SBCC are put into practice on a daily basis as fieldworkers, change agents communicate with target audiences. The SDCB framework on the other hand is used during planning with IOM and hence perceived by field workers as a tool for their management.

When asked about their experiences with the SDCB framework, specifically the field workers, the evaluators had to show the framework to respondents for them to recall it. On the other hand IP managements were more aware and understood the SDCB framework. A director at one of the IPs said "*this approach has really worked. The localised partners are aware of the context and can build on relationships that already exist in the areas of intervention. It is also a way for IOM to pass on skills that will remain in the District*". For the respondents who understand it, the SDCB framework has broadened their thinking in terms of partnerships, addressing migration and gender issues. A respondent in Nkomazi said that as a result of using the SDCB framework she understands that "*when dealing with HIV, you also look at gender not just HIV*".

All training offered by IOM to the IPs and other stakeholders has mainstreamed migration in its content. This has resulted in broad learning which exposes participants to the issue of migration. For example at the Sivulindlela Community Based centre in Nkomazi municipality 30 participants

received HBC training. One caregiver who attended the training indicated that knowledge about migration added value to her work noting that of the 30 HBC clients 15 are from Mozambique. Migration knowledge enables change agents and the community carers to better understand their clients and how best to meet their needs.

However the evaluation has found that there is still a need for more training on basic migration concepts and challenges. Some of the strategic stakeholders such as the health services provider at the Truck Wellness Clinic in Komatipoort did not have sufficient information on how to identify challenges of migration. Some of the IP coordinators indicated that they would need more training on migration. In one of the farms, farm workers said that passports were considered to be an inferior form of identification in comparison to a South African identify card.

4.1.2 Results Achieved through Capacity Building

One of the objectives of the evaluation was to identify what change has occurred as a result of all the different capacity building interventions. The evaluation found that change has occurred at both individual and institutional levels, this in turn has had a positive impact towards achieving the overall goal of Ripfumelo which is to reduce vulnerability to HIV/AIDS and TB. Results achieved will be broadly presented here as the detailed analysis of results achieved have been captured in the individual project sites of this report.

a) Change at Individual Level

Capacity building has equipped client communities with transferable skills with which they can address needs in their communities. Also, accredited trainings give client communities the opportunity to progress in terms of careers. Interviews and focus group discussions revealed that for the participants involved with the project, there is a sense of empowerment. For instance, the gender based training at Nkomazi Municipality had a lasting impact on one of the field workers who attended it. She was able to walk away from an abusive relationship and now speaks about gender based violence with conviction as a result of her personal experience. The following sample statements from key informants attest to the changes that have occurred at the individual level:

> "*when we were in high school we knew what migration is, but with this training I have learnt more, what people experience when they are migrating and what it means to these people and their countries, you learn not to judge and my rights as a South African are the same as that of someone coming from another country I may not like the Pakistani but they have given my sister a job and the big companies like …… didn't want to give her job, so I see the benefit of migration*" respondent in HTT.

> "…..*listening skills, I am no longer shy I speak in front of people*" a Coordinator at CPC.

> "*From where I was before, climbing the steps to where I am now, this organisation has lifted me because of the mentoring, they have given me support, I can be able to run this programme without any assistance, I am now managing the transmission project because of the knowledge I have gained*" a Coordinator at HTT.

Other notable changes include the sense of self-worth that field workers, change agents and care givers have at being able to make a difference in their community. This drives their passion to work as volunteers whether they get a stipend or not. Also, those trained to give HBC now have accredited palliative care qualifications which increases opportunities for career development. In Hoedspruit, the government is now paying the change agents a monthly allowance which contributes to their monthly income.

b). Change at the institutional/ organisational level

Perhaps the most visible changes are those that have occurred at the institutional level in the farms and amongst the government departments that Ripfumelo has engaged. These changes as articulated in this report, have contributed towards reducing vulnerability to HIV/AIDS, STI and TB amongst the once marginalised community of farm workers. According to the HIV/AIDS & STI Services Manager for Mopani District "……*we would not bridge the gap of reaching farms if it was not for IOM*". This was further confirmed by the HIV/AIDS Unit Manager, Enhlanzeni District when she said, "*IOM's work has benefited the district in addressing HIV/AIDS and TB in the farms, farmers attitudes have changed in that they are now opening up their farms to people. Today farmers are requesting programmes to be taken to the farms*". Getting farmers' buy- in was a painstaking undertaking that required relentless patience. This has changed and all four IPs have been able to recruit and retain farms.

Training is also extended to farm managers in order to enable them to be aware of the nature of HIV and AIDS in the work place. This facilitates the development of work place programmes as the training brings the change agents and the farm management to a common understanding of HIV and AIDS in the work place. According to a key informant at one of the farms in Hoedspruit, engagement with the farm managers and implementation of the projects in the farms is bearing fruit, "*I am not sure about statistics but seeing from the people coming for chronic treatment, the number is increasing, it means people are not afraid and are now coming for treatment*".

Amongst the training offered is one that addresses issues of gender such as gender and socialisation, power and privilege and gender based violence. Gender advocates are trained to address gender issues providing a platform for people to discuss and explore solutions to problems emanating from gender related challenges. This seems to have had a positive impact in all the farms visited, key informants said that people were now aware of different forms of abuse and how to deal with gender based violence. It was also noted that women have started to take up roles that were previously associated with men. One respondent in Bavaria Farm, Hoedspruit said "m*en have changed, if you can compare the issue of gender where I stay and in the farms it is different. On the farms women are empowered more than in the community*". Transactional sex has also greatly reduced and in one farm in Musina, women in a focus group discussion said that in their farm quarters, violence as a result of multiple concurrent partners has reduced. The provision of gender training to change agents and supervisors has led to changes in the farms.

Through technical support provided by Ripfumelo, IPs attest to their ability to address migration issues as a result of partnering with IOM; "*CHoiCe staff have a clear increase in understanding of the particular vulnerabilities of migrants as a result of this project. We have mainstreamed it into certain trainings (i.e. gender) but will do more to enhance this into a greater number of manuals in the future*" noted the staff of the Choice. According to the Community Services Manager at Nkomazi,

"*the introduction of the project has influenced policies*", the local government in Ehlanzeni District has begun to mainstream migration into their planning. For example, the sensitisation workshop was one of the activities that were implemented as part of the SALGA partnership with the municipality. This has led to the March 2013 SALGA position paper on migration which has been adopted at the national level.

Technical support in the form of sensitisation workshops, training meetings with government at different levels have created opportunity for Ripfumelo to provide support to address migration and health. At times these opportunities have enabled government to explore within their structures ways of addressing migration and the challenges thereof. Institutional barriers to the provision of health services such as inadequate policy implementation, limited resources like mobile clinics are addressed. By addressing policy services rendered become sustainable as the government is held accountable and responsible to uphold the policies in question. Providing support to government requires constant engagement and availability to respond to government requests. This way, IOM through Ripfumelo is perceived to be government's development partner of choice.

The success of the capacity building can be attributed to the availability of Ripfumelo staff to provide support when needed, thus continually engaging with their stakeholders. The use of local partners living in the communities where interventions are implemented enables the partners to contextualise application of skills and knowledge acquired. Participation of all duty bearers in addressing issues is critical e.g. for the change agents to utilise their skills on the farms, the support of the farm management is requisite as is the support of Ripfumelo. Through the use of the SDCB framework IPs are able to form partnership linkages so as to provide comprehensive interventions.

4.2 The Concept of Change Agents in Ripfumelo

This report has kept reference to change agents and clearly indicated that the success of Ripfumelo on the ground intervention is built on the work of IPs through Change Agents. IPs recruit Change agents who normally tend to be farm workers; some IPs such as CPC have included community workers who do not work in the farms but however reside in the farms. The change agents are recruited by the farm workers themselves and therefore not imposed on the client communities. This means that those selected as change agents are trusted by their peers. This makes their work easy in terms of mobilising their peers into the programme and facilitating project interventions. The evaluation found that change agents are often not paid though in the case of HTT the government has taken up the responsibility of paying a stipend to some of the change agents. During interviews and FGD, change agents said that their commitment to make a change in their community and help their peers keeps them serving even when there is no money. There is a sense of self-fulfilment amongst the change agents in knowing that they are part of positive changes in their community. This commitment was confirmed by the people they serve. Therefore continuous affirmation, training and interventions to facilitate the work of change agents on the ground is recommended.

The SBCC approach was found to have greatly strengthened the change agents' ability to communicate. Skills built include listening, engaging in dialogue as opposed to having a top down approach when talking to their peers. The fact that change agents receive the skills to communicate, the right information about HIV/AIDS, STI and TB, migration and gender means that farm workers

have access to information when they need it. This information is imparted by their peers in a non-threatening manner.

It would greatly benefit IOM to document the concept of change agents, how it works, why it works and conditions under which it works and how to motivate change agents. Through IPs, IOM has the right resources and information bearers to bring about evidence based resource information on change agents.

4.3 Partnerships in Ripfumelo

The evaluation has found that through partnerships the project has been able to build in sustainability as well as ensure that comprehensive services are available. Through the SDCB model, IPs noted that they have been able to broaden their interventions and thinking leading to partnerships with local organisations. For example, Nkomazi Municipality's engagement with Masisukemeni Women Crisis Group has meant that client communities have access to counselling and other assistance on issues of gender based violence as well as migration related challenges. All IPs have been able to engage local health facilities where farm workers are referred to when they need services not offered by the mobile clinics.

Perhaps where partnerships have been beneficial is where government, farm owners and IPs have coordinated services and as a result the establishment of the Migrant Health Forums as in the case of Vhembe District and soon to be, in the case of Mopani District. It is through these coordination forums that stakeholders have met to deliberate on migrant issues and identify ways of providing services to migrants and migrant affected communities. Such multi-sectorial forums can be instrumental in influencing policy at high government levels and be able to sustain positive changes of the project.

It is through partnership and technical support provided to government that issues of migration are now being incorporated in government discussions and in some cases have been integrated into government plans. The SALGA position paper earlier highlighted in the report is a clear indication of the local government's interest to address migration. HTT's, CPC's involvement with its municipality has now seen migrants being included in the Municipality's IDP. The unique partnership with Nkomazi Municipality means that the municipality is committed to addressing service delivery to both migrants and host communities in the Nkomazi area.

Linking back to the recommendations of the IBBSS, discussed in the introduction section of this evaluation report, Ripfumelo through its IPs has made great strides in addressing regional and national policy through the inclusion of migrants in IDPs as well as the establishment of Migrants Health Forums. Programmatically, Ripfumelo has developed interventions that have informed client communities this infers that changes noted by this evaluation are contributing towards reducing vulnerability to HIV/AIDS, STI and TB.

5 GENERAL CHALLENGES OF PROGRAMME IMPLEMENTATION

1. It is still an uphill task for project staff to get political buy in from some government quarters because not everyone has the knowledge and the willingness to address issues of migration. Government priorities, lack of resources contribute to slow uptake in government buy in.

2. Slow delivery pace by Public clinics is still an issue in service delivery. Referrals from the IP clinics and mobile clinics are still disgruntled by the slow pace of service provision.

3. Lack of adequate institutional support and clarity of expectations within the IOM CO has posed a challenge on project implementation.

4. On monitoring, to capture changes as well as activities, there is need for a more efficient monitoring tool that is comprehensive but user friendly. The lack of a unitary monitoring and reporting framework for Ripfumelo and PHAMESA makes reporting to PHAMESA difficult, takes more energy to produce reports and does not allow the staff to report on all Ripfumelo activities or achievements. Monitoring reporting is more quantitative and less qualitative and hence some critical information is missing in the reports. The monitoring framework does not have all the indicators and makes data collection and reporting difficult. IOM is greatly short changed by this situation as the stakeholders do not have a comprehensive picture of what this project is doing and achieving.

5. Cultural and religious beliefs have a capacity to undermine the efforts of projects like this especially on the treatment of HIV/AIDS as well as efforts of gender equality and in the process promote Gender Based Violence. The myth that having sex with a virgin is still prevalent and this results in child rape and other forms of gender based violence.

6. Staff turnover in IP organisations pose a challenge because it means when trained workers leave for reasons such as new employment opportunities then implementation is interrupted.

7. Owing to inadequate staffing issues within the project, coaching and mentoring of trained facilitators has not been optimal; mentoring has been more virtual than on the ground when the facilitators are training.

PART TWO: REPORTS ON EACH PROJECT SITE AND IMPLEMENTING PARTNER

The evaluation took a participatory approach, the involvement of the IPs in the evaluation created the expectation that the report would be utility based and hence the need to document experiences for each site. Further to this Ripfumelo's achievements are a direct result of the on the ground service delivery by IPs. This interdependent approach between Ripfumelo and the IPs promotes shared commitment hence results achieved on the ground cannot entirely be attributed to either Ripfumelo or the IPs in isolation. The results of this project are therefore shared by the partnership.

Information collected from each IP during the evaluation was subjected to the international evaluation criteria of relevance/design, efficiency, effectiveness, sustainability and cross cutting. Unless where indicated, statistical achievements in this section fall within the period of 2012 and 2013. They have been obtained from monitoring reports from Ripfumelo and presentations made by the IPs. Lessons learnt (where applicable) and recommendations for each IP will be presented; this will be followed by an analysis of Ripfumelo II's expansion to Gauteng and Kwan-Zulu Natal (KZN) and the challenges this expansion has faced. From the inception of this mid-term review, the idea

was to have a utility based report for all stakeholders. It is for this reason that the evaluators embarked on identifying change drivers which have formed part of the discourse in this evaluation.

1. NKOMAZI MUNICIPALITY – TIRA UHHANYILE PROJECT

Nkomazi Local Municipality is located in the eastern part of the Ehlanzeni District Municipality of the Mpumalanga Province. The municipality is strategically placed between Swaziland (North of Swaziland) and Mozambique (east of Mozambique). It is linked with Swaziland by two provincial roads and with Mozambique by a railway line and the main national road (N4)[3]. The Municipality is one of the five municipalities of Ehlanzeni District of Mpumalanga Province. The major economic activities in the municipality as per the Integrated Development Plan are Agriculture, Tourism, Mining and Construction[4] . According to the Integrated Development Plan (IDP) for Nkomazi Municipality, the area hosts a population of 393, 030 people as per the 2011 Stats SA findings[5]. The area is characterised by unemployment and high levels of poverty. The Nkomazi IDP further states that TB and HIV are amongst the top five causes of mortality in the municipality.

The Nkomazi HIV/AIDS strategy of 2006 noted that there was a need for accessibility of health services and treatment management in the municipality[6]. The strategy however makes no reference to migrants though it does list farms as priority sites to be reached with HIV/AIDS prevention and care services. As of 2011 the HIV Prevalence in Nkomazi was at 37.5%[7]. The objective of the Municipality as far as HIV is concerned is "to Reduce new HIV, STI & TB Infections by 50% in 2015. Local Priorities: Farming and migrant communities, sex workers, LGBT, HIV positive & negative individuals, men, traditional healers, people with disabilities and mobile population"[8].

It is against this backdrop that the Municipality partnered with IOM's Ripfumelo Project in 2012. An agreement between IOM and Nkomazi municipality was signed; the renewable agreement stipulates the deliverables and expectations between the two entities. In the Nkomazi Municipality, the

[3] http://www.nkomazi.gov.za/about%20us.html- accessed on 26/02/14
[4] http://mfma.treasury.gov.za/Documents/01.%20Integrated%20Development%20Plans/2013-14/02.%20Local%20Municipalities/MP324%20Nkomazi/MP324_%20IDP_2013-2014.pdf- accessed on 07/04/14
[5] http://cgta.mpg.gov.za/IDP/Ehlanzeni2013-14/Nkomazi2013-14.pdf- accessed 07/04/14
[6] Nkomazi MUNICIPALITY HIV/AIDS Strategy Document Final Draft: http://www.nkomazimun.co.za/PDFS/HealthDep/HIV%20Strategi%20Doc%20-%20Final.pdf- 26/02/14
[7] Tira Uhhanyile 2014 Evaluation Presentation
[8] Ibid

Ripfumelo Project is known as 'Tira Uhhanyile' which means 'Healthy Worker'. Ripfumelo's partnership with Nkomazi Municipality as an IP is the newest of the four IPs. This partnership is also unique in the sense that it is the first time Ripfumelo is directly partnering with government as an IP. This is seen as the way forward in order to guarantee sustainability because these activities can be built into the services provided by the municipality. The experiences here are therefore slightly different from how the project is implemented elsewhere in the two provinces.

Owing to its location, the Tira Uhhanyile services both host and migrant communities; migrants from both Mozambique and Swalizand cross the border in search of work opportunities in sectors such as the commercial farms in Komatipoort. Locations covered by Tira Uhhanyile include Malelane, Hectorspruit, Komatipoort, KaMhlushwa and Tonga; services are rendered in the commercial farms as well as the impoverished communities of Nkomazi.

Services rendered by Tira Uhhanyile[9]:

- HIV Counselling and Testing;
- Condom distribution and demonstration;
- Medical Male Circumcision (MMC);
- Treatment Defaulter Tracing;
- Awareness Campaigns and general health education;
- Care and Support to infected and affected individuals;
- Treatment readiness and adherence sessions;
- Recruiting and training of change agents;
- Topical dialogues on various health and migration topics;
- Topical focus group discussions in the farms.

The above services are rendered by 20 field workers who provide services to 46 farms, 16 of whom have the Tira Uhhanyile project fully implemented. Even though Nkomazi recruited 46 farms, a total of 256 farms have been reached with once off interventions and hence made aware of the project. Nkomazi has 104 change agents eight of whom have been formally inducted into the project. Induction for all change agents is a work in progress as availability to attend five days of training is a challenge. At the moment, training given to the change agents is ad-hoc in nature. The field workers report to field workers coordinators who are based at Nkomazi Municipality and are employed by the Municipality. The Municipality's Community Services Manager oversees the implementation of the project in the municipality.

Nkomazi's interventions have been lauded and last year October 2013, the Nkomazi Local Aids Council (NLAC) hosted the Umgungundlovu District Municipality of KwaZulu-Natal (KZN) which visited the area to learn and adopt the strategies that Nkomazi is using in addressing HIV/AIDS. The

[9] Nkomazi Power Point Presentation to IOM.

KZN delegation visited the Masibekela Clinic, NLAC articulated their strategies such as the medical male circumcision[10].

1.2 Evaluation Findings

a). Relevance and Design

The evaluation has found that the project is relevant in addressing the problem of inaccessible health services for migrants. One of the recommendations of the 2010 Integrated Biological and Behavioural Surveillance Survey in the Commercial Agricultural Sector in South Africa (IBBSS) for Ripfumelo was the need to promote testing and positive living as well as address SGBV in the farms. Through Tira Uhhanyile, Ripfumelo has been able to promote HIV/AIDS information and awareness for behaviour change amongst farm workers. Initiatives have focussed on providing services and care that promotes healthy living and reducing vulnerability to HIV/AIDS, STI and TB. The project is therefore relevant in responding to the local conditions, needs and problems.

The staff interviewed have a general understanding that the project is addressing the issue of migrants and access to health services so that migrants are able to live a healthy life. The other problem that the project aimed to address was that of migrants' rights in the farming community being abused. According to a respondent working with Nkomazi municipality, "people had a low opinion of migrants", their rights were violated in different ways.

b). Effectiveness

Nkomazi's agreement with IOM has expectations and results at the output level some of which have been achieved. The project was expected to recruit 21 field workers, the evaluation has established that 20 field workers and one supervisor were recruited. They are the ones responsible for servicing the 46 farms as well as others that are not formally in the project. Effectiveness of the project is summed up as below:

i. **Uptake in HCT and treatment adherence**: There is evidence of increased uptake of HCT and treatment adherence, respondents interviewed said they are able to access ARVs and TB treatment regardless of their nationality. This was confirmed by the Operations Manager at the Nkomazi Clinic who said that to access health services all one needs is a date of birth. The fact that the municipality also provides transport services to farm workers and community members to go fetch their chronic medication has also contributed to increased adherence to HIV and TB treatment. Provision of mobile HCT and other minor health related services on the farms has increased HCT uptake. Indeed the evaluators witnessed farm workers queuing for HCT services after FGD in the farm visited in Komatipoort

ii. **Increased HIV/AIDS, STI and TB information**: Through the recruited change agents in the farms, farm workers have access to information about HIV/AIDS, STI and TB as well as gender issues. This information is provided by peers in a non-threatening environment using a language that farm workers understand. The target to reach 5000 migrants and mobile populations with public education campaign has been achieved, 11735 migrants and mobile populations were reached between 2012 and 2013. 3888 migrants were reached with one on one interventions.

[10] **KZN visits Nkomazi to learn about HIV/Aids:**
http://www.looklocal.co.za/looklocal/content/en/lowveld/lowveld-news-general?oid=7836425&sn=Detail&pid=490185&KZN-visits-Nkomazi-to-learn-about-HIV-Aids Retrieved 26/02/14

Channels to disseminate information include one on one discussions, support group meetings as well as counselling sessions during HCT.

iii. **Increased health service delivery**: Apart from taking mobile clinics to the farms, the project also provides transportation from farms and even surrounding communities to take client communities to municipal clinics. Through working with farm management, farm workers interviewed are no longer denied the time to go to the Nkomazi clinic for chronic medication. As a result, the rate of defaulters has reduced. Farm owners who are currently not part of the project have even approached Nkomazi to extend services to their farms.

iv. **Increased condom usage**: There is increased usage of both the male and female condoms in the farms based on the demand for both. Availability of condoms and information has led to change of behaviour as people are now practising safe sex. From documents reviewed, 272 960 condoms have been distributed, this is inclusive of both male and female condoms. The female condoms are however not readily available. According to a respondent, "people are using condoms and are going for testing and taking control of their lives and they know their rights they don't have to say yes to sex in order to get work. Those infected are taking control, and are not infecting others"

v. **Reached Migrants' are aware of their rights**: Interviews with key respondents revealed that migrants are now reporting cases of rape, SGBV without fear of deportation. The project has increased interaction with other government departments to address the issue of HIV/AIDS in the farms.

C). Efficiency

Some of the interventions were implemented on time. However care and support services were delayed due to limited **resources.** The project relies on one vehicle to take farm workers from different farms in the area to the clinic for medication and other health services not offered by the mobile clinic. Nkomazi's work was limited to farms and not extended to schools owing to the transport challenges. A proposition to set up clinics in the farms as a means to supplement services on the farms was indicated during discussions.

Another challenge that has affected efficiency is that of ***delayed payment of stipends***. Field workers get 3000 rands per month from the municipality; IOM provides the funds to pay the field workers. However, payment is not regular and some respondents reported having gone for three months without pay. This affects project implementation because at times a field worker might not have money to commute from home to work. There is lack of communication in terms of informing fieldworkers on the nature and reasons of the delay. While the fieldworkers have a passion for their work and committed to it, inconsistency in paying them may result in staff flight or divided attention as they spend time looking for supplementary income hence undermining project implementation. It is not clear why change agents stipends are not paid on time when IOM has advanced the project the money for this and how stipends are managed. There is need for IOM to follow up on this issue in order to make sure that there is accountability for these resources but also to ensure that the field workers are able to do their job properly.

Due to ***Insufficient knowledge of migration*** it seems that field workers have not been able to raise awareness about migration and migrants rights with confidence. During a focus group discussion, participants were not aware of the passport being a form of identity document for migrants. Also the staff at Nkomazi encounter migration related challenges and have partnered with Masisukumeni

Women's Crisis Centre for assistance with gender based violence and migration issues. In addition, the ***Municipal's priorities*** at times take precedence and project work has to be put on hold in order to accommodate the priorities of the municipality. This obviously negatively impacts the delivery of health services to the farms and the timely implementation of all the project activities. Currently the project is using the municipality's vehicle to transport farm workers to the clinic. The project also has one computer serving the field workers. Owing to Insufficient ***funds***, financial support is not enough to hire more field workers to provide services such as HBC and to be able to reach the needs of OVCs. One respondent said funds were not sufficient and there were times when field workers have had to delay servicing the farms.

With regards to ***monitoring***, the project has a monitoring focal person who indicated that she has received training and technical support from IOM. Nkomazi uses monitoring information to inform project plans and baselines. Currently the data collection processes have been going on well due to ongoing support and open communication with Ripfumelo. The clinic provides monthly HCT, STI data to Nkomazi who also provides data to the District's Department of Health (DoH) and local AIDS council. The collected data is therefore useful for the government at various levels. Ripfumelo therefore contributes important data to the municipality and the district. Through the support of Ripfumelo, Nkomazi has revised its monitoring framework and is now collecting data on migrants reached. Monitoring data is disaggregated by age and sex.

d). Impact

Where the Tira Uhhanyile project is implemented there is evidence to show that lives of farm workers are being positively impacted. The project impact is seen on targeted communities, especially on HIV positive individuals who now access treatment. The reduction in new infections are a result of the education and information provided to migrants and farm workers that is a result of people practising safe sex. Client communities are now empowered by the project and migrants now enjoy their rights and women at the work place and at home are more empowered. Gender based violence has also reduced due to the project's initiatives.

Making do with what is available: HCT in one of the farms in Nkomazi

Farm workers are no longer afraid to seek health services in government clinics. Migrants no longer need to produce identity documents when they access health services including treatment. Through the work policies implemented by participating farms, farm owners and managers now understand the importance of health of their workers. Healthy workers are productive and this is good for business profitability. Through awareness programmes and dialogues on the farms, transactional sex has reduced and is not tolerated. This has improved women's opportunities at work.

The provision of health services on the farms has led to farm workers enjoying better health. The mobile clinic provides referrals to public health facilities that offer higher levels of health services.

At the government policy level, working with Ripfumelo has enabled the Nkomazi municipality to address migration and is now working at the district level with Ehlanzeni District Municipality to mainstream migration into its programming .

e). Sustainability

According to the Community Services Manager, Tira Uhhanyile's management plan is part of municipality which feeds into the provincial sector plans. As a result, the local government has absorbed three out of the 21 field workers into its Local AIDS Council and has provided a vehicle to transport farm workers weekly to the clinic for health services. Since the municipality is already responsible for both staff and vehicles and the medicines are provided by the DoH, sustainability of health service provision is assured beyond the IOM partnership. Plans are afoot to adopt this approach to the other health services provided by the public sector.

Whilst no farm has indicated or promised to provide funds to the project, their support is evident. Farm owners donate their produce during events, give farm workers time to go access HCT when Tira Uhhanyile is conducting HCT and sensitisation activities in the farms. Farm owners now pay wages to farm workers even when they are away accessing health services. The 'no work no pay policy' is no longer applicable when farm workers seek health services, this is reinforced by the institution of work place policies in the farms.

The project has also served to build trust and relationship with farm owners who tend to be perceived as capitalists only concerned about profits. The sustainability of these benefits will by and large depend on the continued improvement in the relationships and cooperation between health service providers, farmers and farm workers.

f). Cross Cutting Issues

The project has had a positive impact on gender equality; in Nkomazi, issues relating to men and women have to be handled with culture in mind. It is for this reason that the evaluators were advised not to have a mixed male and female group for discussions. Health matters affect women more than men owing to cultural practices e.g. it has been found that some women who test positive for HIV find it difficult to divulge the information to their husbands because there is fear of accusation of having 'brought the disease'. Men tend to seek treatment on their own, some women will bring along their husband's file to request for medication. Some progress has been made and according to the Community Services Manager, men are participating in the project and are being used to champion the issue of gender equality. Culture change is slow and the project needs to build this into its intervention approaches.

The uptake of MMC has increased men's involvement in the project; the use of 'all men need to come out' slogan on 'makarapa' (specialised designed head helmets) has promoted the practice of male circumcision. Traditional healers and leaders are being used to promote MMC. It is as a result of the MMC work that the local leaders from Mgungundlovu in KZN came for a learning visit to benchmark the MMC project in Nkomazi.

Through the project, field workers have challenged SGBV promoting myths such as having sex with a baby will cure HIV/AIDS. Women are educated to stay safe as they are vulnerable to rape when coming to hospital when they have to use unsafe routes. The mobile clinics, transportation to the

clinics and HCT vehicle from the project have been instrumental in assisting women access health services in a safe manner.

Field workers reported that before the project farm workers were not informed about gender issues and were silent about gender equality but with training, farm workers are now reporting cases of GBV. Through the project's partnership with Masisukumeni Women's Crisis Centre, victims of SGBV have been referred for assistance. Sharing information with farm workers has changed attitudes as women are being taught to negotiate use of condoms. Gender equality in Nkomazi is critical as it contributes to HIV infection, women are not always able to negotiate sex and use of condoms because of cultural issues.

Men have not responded well to gender awareness as they feel women are now taking over the leadership at home as a result of empowerment. One has to bear in mind that gender workshops expose women to forms of abuse they may not be aware of. To address the negative connotation associated with gender empowerment amongst men, there is a men's forum in Nkomazi. Men don't attend most of the time because of fears, this is a clear indication of how cultural mind-sets have to be approached with patience and skill. Designing awareness message is an undertaking that needs cultural contextualisation. When Prevention of Mother to Child (PMTC) programme was introduced, it was to women only, but now men are being included in order to support and challenge some of the cultural perception of men and parenting.

Human rights and migrants: According to field workers these issues need to be articulated louder. The migrants from Swaziland and Mozambique without documentation are prone to different forms of abuse. Failure to report cases of abuse is due to fear of law enforcement especially in instances where the victim does not have the right immigration documents. However progress has been made as articulated by the Operations manager at the clinic who narrated a recent incidence where a migrant's child was raped and the family called the police rather than hushing it for fear of being deported.

1.3 Recommendations:

1. There is need to develop a strategy of how the recruited change agents will be provided with training to strengthen their effectiveness.
2. There is need to address internal governance issues in the project and strengthen processes that promote project implementation. The issue of stipends needs to be clearly communicated to all staff in a sensitive manner. IOM and Nkomazi need to find a solution to ensure that project implementation is not undermined by inconsistent stipend payments.
3. The project is in need of extra resources such as a vehicle to supplement the one offered by the Municipality.
4. It is recommended that the project develop targeted HIV/AIDS, TB education information to reach its client communities.
5. The evaluation found that the establishment of food gardens amongst farm workers not only increases food security but provides farm workers with alternative occupation that reduces idleness. It is recommended that Nkomazi Municipality look into food gardens as a way on increasing incomes and food security.

2 CHOICE TRUST

CHoiCE is a non-profit making Trust that was initiated in 1997 and is located in Tzaneen, Mopani District of Limpopo Province. According to information obtained from ChoiCE Trust management[11], Mopani District has a population of 1,067,567 majority of whom are aged between 15 and 19 years. 81% of the district is rural, 14% is urban and 5% lives on commercial farms. ChoiCE Trust's management further states that according to the District Operational Plan, there is a high rate of unemployment in the district. The HIV and AIDS prevalence in Mopani District is 25.2%[12]; in the farms, new infection rates of HIV are approximately 10% while outside of farms it is approximately 3%.

In a presentation made by ChoiCE, the district faces the challenge of high death rates due to co-infection and late presentation of HIV and TB, stigma and discrimination are yet to be eliminated. Another challenge is that of cross border migration. Evaluators were informed that migrants from Mozambique and Swaziland cross the border for economic opportunities in the farming sector. Therefore to address the above challenges, the District's Operation Plan as presented indicated by ChoiCE management proposed to scale up condom distribution, raise awareness amongst hard-to-reach communities such as farm workers, strengthen workplace DOTs to fight TB as well as strengthen infection prevention and control in communities.

ChoiCE interventions are in line with government's priorities, the project has a well-established relationship with various donors as well as the Limpopo DoH & DSD. Also ChoiCE's activities fit in with the South African HIV and AIDS and STI National Strategic Plan (2007-2011) in the Priority Area 2: Treatment, Care and Support. On the ground in the farms, the project is known as 'Hanyani' which means 'Care Givers'. The focus of the organisation is health training and development and has a strong HIV focus with staff trained to carry out voluntary counselling, testing (VCT) as well as education and support.

[11] Information obtained from ChoiCE Trust's power point presentation to the Evaluation Team, 14/02/201
[12] The 2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa, P. 32 http://www.maruleng.gov.za/docs/IDP%202010-15.pdf – Accessed 08/04/14

The goals of Choice are to improve knowledge and skills through capacity building of client communities, local change agents, peer educators and farm management; increase awareness of areas of vulnerability on farms; increased understanding of HIV vulnerability of farm workers by government and other strategic stakeholders; facilitated access to HIV-related services, including prevention, treatment and care to farm workers and improved wellbeing of farm workers through promotion of productive, healthy lifestyles.

Therefore, services offered to the farms include life skills, HCT and TB screening, condom distribution, voluntary savings and loans group, support groups and awareness raising activities. Apart from Ripfumelo related interventions, ChoiCE's other specific services include: Home Based care Training (Home Nursing Skills, Counselling, First Aid, TB/DOTS, Hope); First Aid Training (St. John's and SA Resuscitation Council); General health training (Malaria, diabetes, hypertension, etc); Wellness training (linked to Anti-Retroviral (ARV) treatment literacy); Orphans and Vulnerable children (OVC) (using the Cubs and Scouts model);Food Security; People Living With AOIDS (PLWA) Support; Health CBO capacity building and mentorship[13].

2.1 Evaluation Findings

a). Relevance & Design

Respondents interviewed demonstrated an understanding that the project was developed to address vulnerability to HIV amongst farm workers. The evaluation finds that the project is relevant to address the problem of vulnerability to HIV amongst farm workers. The use of local partners, change agents are important strategies that have yielded results. The management informed the evaluators that the use of the SDCB model has broadened their perspective and they are applying it in their other interventions not related to Ripfumelo. The design of Ripfumelo II built sustainability into the project.

b). Effectiveness

There is evidence that ChoiCE is contributing to Ripfumelo's overall goal of reducing vulnerability to HIV/AIDS, STI and TB. On the 27 farms that have been reached with interventions, as of April 2014, 62 change agents have been trained on gender, use of SBCC to disseminate information, primary healthcare, HCT and TB. ChoiCE has exceeded the target of training 60 change agents in 16 farms as indicated in the agreement signed with IOM. Of the 62 change agents, 13 have been trained as gender advocates, 25 have been trained on primary health care (PHC) and 24 as TB advocates. The skills and knowledge that have been given to the change agents have enabled them to serve a critical role in the success of the project. It is through their efforts that farm workers have access to the right information on HIV/AIDS and TB as well as condom use when needed.

The evaluation has found that apart from information availability, health services have been taken to the farm workers. In a discussion with interviewed farm management, it was noted that the

[13] **PHAMSA Partners Pack:** ***A guide to being an IOM/PHAMSA Implementing Partner.*** Towards Building Capacity to Support Migrants' Right to Health. IOM Edition 4, 2009

prevalence of sickly farm workers has reduced leading to a reduction in absenteeism at work. HCT services are now available on the farms and in a presentation made by ChoiCE, 21 241 people were screened for HIV and TB, 1263 of these were 'declared' migrant. According to the Trust, 202, 700 condoms have been distributed in the farms up to 2014, this has exceeded the targeted figure of 100,000 by June 2013.

Through gender awareness campaigns between the period of 2012 and 2014, the project has been able to reach 7938 people with gender related interventions. As a result, the problem of transactional sex has reduced and is not tolerated in the two farms where farm workers and change agents interviewed worked. Forums established in the farms have provided farm workers with platforms to discuss and identify solutions to issues that concern them. Farm workers are no longer afraid to seek health services including HCT or request for condoms. There is treatment support provided to people thus addressing the issue of defaulting.

According to one respondent, "we know of people who were close to death and who the change agent convinced to take treatment, and they are now back at work and speaking openly about their status" . HIV/AIDS support groups openly held in the work place are a demonstration of people's acceptable of their status One respondent from ChoiCE noted that "these changes have come about because the project has reached people in a specific areas, and while working to change people's thinking around HIV and health, we have also worked to make sure that the space itself is accepting and allows people to openly seek help and practice healthily lifestyles". CHoiCE management noted that 2010 HIV prevalence in the farms was 23% at present it is 10% in 2013, "people are now not afraid of talking about HIV, they are not afraid to test and know their status. CAs have been trained to communicate with their peers, how to create an enabling environment the CAs give HBC e.g. patient left 1 CD4 count, there were 6 six CAs and together they provided HBC to health, the patient is now an ambassador of the project"

It can be said that ChoiCE has been effective in bringing about positive results in the targeted client communities in the farms.

"ChoiCE has particularly benefited farm works including change agents through its Voluntary Saving Loans (VSL) a strategy where participants are provided with life skills to increase food security as well as a savings scheme. A total of 19 VSL groups have been started in the farms, through the loans scheme, farm workers do not have to borrow from 'loan sharks' but find the group's kitty a safe place to borrow money from. Evaluators were informed that one group was able to save about R.500,000. Food gardens established in 20 farms and life skills training has reached 238 farm workers.

In terms of engaging with local government, the project has forged partnerships and has been instrumental in the ongoing plans to establish the Mopani District Migrant Health Forum. ChoiCE will serve as the secretariat for the forum. According to the agreement signed with IOM, it was envisioned that the forum would be established by June 2013. However the process of establishing a forum is not linear and is fraught with challenges hence the delay. It is expected that by second quarter of 2014, the forum will be fully operational.

c). Efficiency

At the start of Ripfumelo II the project struggled because there was a nine months delay between the two phases of the project when ChoiCE Trust management was not sure whether funding from Ripfumelo would be renewed. This affected implementation of activities on the farms including monitoring of data. During this period of uncertainty, ChoiCE lost staff and when funding was renewed, the project in a way had to 'start again'. CHoiCE needed to re-motivate change agents to start monitoring and collecting data hence a delay in reporting on project activities.

The launch of the Migrant Health Forum (MHF), Mopani District was also delayed due to time constraints affecting stakeholders. It is envisioned that the MHF, Mopani District will be operational by end of quarter 2 2014. Further to this, some activities were not conducted on time because working with Farm owners is a challenge especially when it comes to training and more so accredited training. Depending on the season some work did get delayed and hence the project did not deliver as expected in a timely manner.

With regards to M&E, the evaluation has found that frameworks provided by IOM are being used by ChoiCE and have enabled the project to collect data which it submits to the DoH and the local USAID partner (ANOVA). This means that ChoiCE is influencing District planning and is used in the District Operational Plan. Internally, the project used some statistics i.e. HCT which illustrates the higher incidence rate on farms as compared to villages, to highlight the importance of carrying out prevention work on farms. CHOICE uses this information on high HIV incidence on the farms when talking to farmers and clinics about the importance of supporting the programme. It can be concluded that the use of IOM M&E frameworks is an efficient way of monitoring and collecting useful data.

d). Sustainability

Sustainability was not built into ChoiCE's project design under Ripfumelo I as there was no exit strategy, transition to Ripfumelo II was not smooth. Under Ripfumelo II, ChoiCE is now addressing sustainability by engaging with farmers to mobilise support from them; the organisation has also hired a business developer and they have put an exit strategy into place. To address sustainability of interventions in the farm, ChoiCE identifies a farm manager who serves as liaison between change agents and ChoicE. Evaluators were informed that this approach has served to increase farm management ownership of the project. In addition to this, five farm managers have been trained about sustainability through training them about HIV and its implication on farms and farm workers.

According to ChoiCE management, even though farm owners might be interested in funding the project it is difficult to lock them into a specific funding amount. It is unlikely that they would ever fund the full package of services; there is a chance for them to fund some of the smaller interventions (such as awareness campaigns). Some farms are already doing so and fund their own Health Days. The link between a healthy work force, productivity and profitability is well understood and will most likely be the reason for farmers supporting these activities.

e). Cross-Cutting

ChoiCE has trained and built the capacity of 27 of the 62 change agents have been trained on issues of gender, 13 of the 27 have received mentoring to become gender advocates to champion gender

equality. Gender related interventions such as sessions focusing on norms about masculinity and gender based violence have reached 1512 according to Ripfumelo monitoring reports for the period of 2012-2013. All services are offered to all regardless of sex and place of origin. Owing to the work of change agents in the farms, gender issues are discussed in the farm and as a result, evaluators were informed that transactional sex has reduced and is not tolerated in two of the farms that evaluators made contact with.

2.3 Recommendations

1. Migration knowledge is required for staff at ChoiCE as well as change agents if farm workers are to be better informed about migration.
2. It was noted that a high turn-over at the organisation affected transfer of knowledge and skills. Therefore the management needs to develop a strategy to ensure skills and knowledge gained are retained in the organisation.
3. To further strengthen sustainability through funding, it is recommended that a funds mobilisation strategy for the newly hired business developer be developed and implemented.
4. According to ChoiCE one thing which could be improved is in terms of IOM assisting the partners to make better use of the indicators and the gathered data internally. There is need for IOM to learn what data bases currently exist in ChoiCE, what is being collected and what information that is gathered for IOM could also be used more strategically by ChoiCE itself. This would make it less of a burden for the organisation and it would empower staff at ChoiCE. It would also make this kind of data collection sustainable as the organisation would collect it for its own records and use, and not just for IOM / USAID reporting purposes.

3 HOEDSPRUIT TRAINING TRUST (HTT)

HLOKOMELA

The Hoedspruit Training Trust (HTT) was formed from the Rural Foundation, a community development initiative, in February 1996. HTT is based in Hoedspruit the administrative and economic hub of Maruleng Municipality in Limpopo's Mopani District. The main economic activities in Maruleng are tourism and agriculture, with large commercial farms that export mangos and citrus

fruits[14]. Maruleng Municipality's 2010/2015 Integrated Development Plan (IDP) acknowledges the need to address HIV particularly targeting the work force in the area. In terms of HIV prevalence, statistics from the 2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa produced by the National Department of Health[15] indicate that Mopani District has a prevalence of 25.2 %.

Historically (1992 – 1996), the Limpopo Province had a strong farm workers health programme that supported the training of farm workers as lay health workers to address some of the infectious and communicable diseases that, due to poor hygiene, were commonly found on farms. These lay health workers were called Nompilos[16]. The Nompilos programme has remained active within the Hoedspruit area, however with the increasing prevalence of HIV, the programme realised a need to re-focus its work away from the traditional primary health care role to a more comprehensive development focus.

The Nompilo programme developed into the current Hlokomela Programme, the localised name for the project which means 'farm workers care for each other'. The Maruleng Municipality IDP specifically mentions the Hlokomela Programme as one of the key partners in fighting HIV highlighting the need to support Hlokomela.

The vision for Hlokomela is "to support commercial farming communities toward stable and informed family units empowered to take responsibility for health, spiritual and educational issues and improve their quality of life". This is done by providing HIV/AIDS, TB prevention and care services and products to farming community of the Maruleng Commercial Farming District. The project services 65 agri-business farms, each farm is served by one change agent hence a total of 65 change agents.

Project implementation consists of the following:

- Development and implementation of HIV and AIDS work place policies programmes;
- Establishment of support group known as 'Gingrikanis, meaning working hard together';
- Recruitment and training of farm workers peer educators;
- Provision of Primary Health Care by training and mentoring farm workers as caregivers (Nompilos);
- Sensitizing, training, and mentoring male role models with the aim of addressing issues such as GBV, transactional sex, and poor health-seeking behaviour in men;
- Developing and implementing an integrated social behaviour change communication (SBCC) programme;
- Organizing and implementing recreational programmes to increase social participation and improve the quality of farm workers' lives;
- Establishing and running wellness clinics to provide information, condoms, and health care services and referrals, including VCT and ART to farm workers and their families; and
- Improving the nutrition of sick workers by providing them with food grown in a community vegetable and herb garden.

[14] The Department of Provincial and Local Government of South Africa: Nodal Economic Profiling Project, Maruleng, Limpopo.
http://www.btrust.org.za/library/assets/uploads/documents/6_CIPPN_Maruleng%20profile.PDF – Accessed 08/04/14

[15] The 2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa, P. 32
http://www.maruleng.gov.za/docs/IDP%202010-15.pdf – Accessed 08/04/14

[16] Nomplio-(after a Zulu word meaning 'mothers of life')

Each intervention is designed and implemented with the aim of reducing the HIV impact on businesses, improving the wellbeing of farm workers and their families (regardless of whether they are permanent or seasonal), and investing in the communities where farm workers come from. Farm owners have bought into the programme because a healthy work force is a productive force and this is good for business.

3. 1 Evaluation Findings

a). Relevance & Design

The Hlokomela project was designed to respond to the alarming HIV/AIDS epidemic. In 2005, the project started by raising awareness about HIV/AIDS on the farms, this created the need to provide HCT and treatment. The project identified problems and proceeded to implement workplace policies and activities that addressed gender issues, alcohol, health issues such as blood pressure, diabetes, and cervical cancer. The use of the SBCC and SDCB models is relevant in their implementation strategies as the two approaches enable the project to forge partnerships with relevant government departments and organizations. The SDCB model broadens the understanding of issues and allows for synergies. Through SBCC Hlokomela field workers and change agents have been able to disseminate information to targeted client communities using mediums and messages that are easily understandable but also non-threatening. Evaluators were able to see wall murals with HIV prevention messages on the farms where project is implemented as well as public billboards in the area.

Given that many farm workers are migrants the issue of migration is considered to be a major one and hence all the programmes have integrated migration into all the Nompilos work "*we always sensitise on the issue of migration on the farms, awareness campaigns, site visits*" said a Nompilo. Even so, there is need for Hlokomela to strengthen its migration component owing to the changes occurring in the region, these are noted in the section on recommendations. The project responds to the identified needs and problems, hence its design addresses the major issues that were identified. Evaluators were informed that when migrant farm workers go back to their homes they talk about Hlokomela, so that when new workers join farms, they ask about the project. Some of the migrants have been trained on gender, migrants' rights; when new migrants are hired they are given talks that include the rights of migrants to access health services. Further, the project is enabling people to change their lives through the work of Nompilos and the information they provide.

b). Effectiveness

The evaluation examined if Hlokomela and the approach used were effective in addressing the identified problems and needs of reducing vulnerability to HIV/AIDS, TB and STIs. The following are some of the identified changes that have occurred as a result of the project as indicated by respondents which demonstrates the effectiveness of the project and the locally adapted approach.

The client communities said before HLOKOMELA started there was limited information on health, HIV/AIDS or migration provided to the farm workers on the farms. Information was only available on the radio and other media of communication. There was no one to provide explanations or to refer clients to any service provider. Generally people did not take any sex protective action because there were no condoms provided for either males or females. In a presentation made by HTT, in 2013 the

project has managed to distribute 1,392,000 male condoms and 26,000 female condoms; HTT distributes condoms on behalf of DoH hence the high numbers.

With the implementation of the project, farm workers and their families now have access to HCT and treatment for not just HIV, STI and TB but also for other chronic diseases such as Hypertension and Diabetes. Services available on the farm sites are open to both permanent and seasonal workers on the farms and their families. Documents examined showed that 16,500 HCT and TB screenings were conducted in 2013.

Health services have been taken to the farm sites; as a result farm workers do not spend hours away from work. Respondents interviewed preferred the services offered at the farm clinic visited and mobile clinics to the services provided at the government clinics. The evaluators were informed that some farm employees take their families to these clinics even if these are further than the ones at the villages. According to a respondent staff member of one of the farm visited, "I am not sure about statistics but seeing from the people coming for chronic treatment, the number is increasing, it means people are not afraid and are now coming for treatment". One of the gender coordinators had this to say about her experience since joining this project. "*As an individual this organization has lifted me up from where I was because of the mentoring and support they have given me. I have learned many new things and I can be able to run this programme without any assistance. Outside this project I am now managing the transmission project owing to the knowledge I have gained, provincial DoH are requesting me to train others in the organisation*".

At the individual level, change agents have gained self-confidence and growth e.g. one of the change agents is on the board of HTT and has grown from being a lay counsellor to coordinator, 2 others have grown to become counsellors. The project has been effective in particular in the area of personal growth through the capacity development offered to the change agents.

Work place policies: "*before the project, farmers were just interested in farming, for two years we worked with them to develop workplace policies to address issues of staffing. Farmers are now calling HTT to come and assist and provide information to farm workers*" a respondent with Hlokomela said. The attitudes of farmers has changed they are now interested in the health and well-being of farm workers because they now appreciate the relationship between profitability of farming and the health and well-being of farm workers. Ripfumelo Monitoring reports examined indicate that in the 70 farms reached with interventions, 19,339 individuals benefited from the work place programmes between the period of 2012 and 2013.

The work of HTT has been so appreciated by **Hoedspruit Clinic,** the local government clinic, that the two entities provide complementary support to each other. TB patients from Hlokomela are referred to the clinic and the clinic refers patients to the project for care and support. In addition, the HCT services provided at the clinic have eased the burden of testing for this clinic which is short staffed; one nurse, 2 sisters and the operations manager whose 40-60% of time is taken by attending to patients and the remaining time is allocated to resource management at the local clinic. The respondent at the government clinic confirmed that they are short staffed and would never be able to cope with the HCT numbers if Hlokomela was not a VCT. The clinic also gives health talks to the Nompilos at Hlokomela.

c). Efficiency

Hlokomela staff have found the M&E tool introduced by IOM to be very helpful for their work. Many of the staff have adopted, adapted and adjusted the IOM framework to include indicators that fit their sex workers project. Information collected using this tool has been shared with DoH. Now the DoH has data that they would not have if this project did not generate such information.

The respondents said most of the activities have been efficiently executed and resources have been used to produce the planned results. The complementary support between HLOKOMELA and the Government clinic is an efficient way of delivering services as well as resources utilization.

d). Sustainability

Sustainability plan was a big issue for Hlokomela prompting the organization to approach DoH for funds to pay the change agents' stipends for the three years. This was met with a positive response and government has budgeted for the South African Hlokomela change agents and now those that have served for more than two years are paid R 1420 by the government. This is a positive outcome that has combined HTT's interventions with the Department of Public Work's Expanded Public Works Programme (EPWP); was found to be unique to HTT. It is a demonstration of government's commitment to the project. After two years of negotiating with government's DoH, HTT now has a partnership under which the project will provide health services on behalf of DoH. Health personnel in the clinics will be paid by the government.

Hlokomela has been identified by the Maruleng 2010/2015 IDP as a key player in the fight against HIV in the region. Further to this, engagement with government has ensured that the Municipal's IDP now encompasses migrants. Hlokomela's partnership with government indicates that the project has the chances to continue implementation even after Ripfumelo exits. Farm owners have taken up some services e.g. recreational activities; their support is in kind e.g. provision of transportation, first aid kits, food stuff all which are encouraging in terms of sustainability. When Ripfumelo I ended IOM funding also ended but work continued in terms of information sharing and services continued.

e). Impact

The HTT interventions have created impact in the lives of client communities. Health services are now available on the farms and this has enabled and encouraged farm workers to take HIV tests and know their status. Having health services on the farms has enabled farm workers to receive treatment leading to a healthy work force which is more productive and this is good for business. Farm policies now enable farm workers to receive full pay even when they away receiving treatment. Change agents have gained confidence because of the project and are now able to provide quality services.

f). Cross Cutting Issues

Gender awareness and sensitisation activities have yielded fruit as there is reduced transactional sex with supervisors. One man in his 60s attended a gender workshop and he made a decision to start helping his wife with household chores on Mondays, Tuesday and Thursdays but left Fridays for his social drinking. While changes have happened there is room for improvement. There are still

problems because of gender stereotypes and cultural beliefs that undermine some of the gender equality initiatives being promoted by the project.

Observations were also made by many respondents about how men have changed on the farms compared to some of the villages where these men come from. Gender equality is better on these farms than it is in the villages. On the farms women are more empowered than in the community. The challenge is that there are few men who are change agents; it would be better if there were more men role models who could be part of the men's fora.

On the often sensitive LGBTI, the project has sensitised change agents about LGBTI; this has been an attempt to deal with homophobia. People are coming out to talk about their sexual orientation. The youth are generally more accepting than the older people who are more traditional. There is need to change community mind-set on the issue of LGBTI and MSM which are often embroiled in culture and religious beliefs. Support is needed to deal with these issues because there are migrants who are in the closet for fear of coming out. This will remain a sensitive issue and will require a different approach that creates understanding.

Issues of belief and culture sometimes are a hindrance to progress on work especially on HIV/AIDS as many believe that the disease is because of witchcraft. Some religious beliefs also just promote prayer and discourage people from receiving treatment. There is still a need to find ways of addressing the issue of culture as it affects the work of the change agents as relates to domestic violence.

Other Prevalent Issues

It was observed that due to the mobility of migrants, adherence to treatment is not always good and this poses a health threat to both migrants and host communities. Many migrants move jobs and locations because either they are seasonal workers or they look for greener pastures. When they move they very often do not say where they are going and hence it is difficult to follow them up. HTT has capitalised on speaking to people about adherence to treatment more than pushing for initiating treatment. Even though they have health booklets, when they leave the farms they do not continue seeking health services in their new location because the health services may not be in close proximity and sometimes not even available.

3.2 Recommendations:

1. HTT is the IOM's oldest IP having started its interventions with PHAMSA, it therefore has lessons that can be shared with the other IPs on government engagement as well as implementation of government plans on the ground. It is therefore recommended that Ripfumelo and HTT develop a strategy of how HTT can share these lessons with other IPs and government.
2. There is need for HTT to further strengthen its migration intervention work because from discussions with project staff, Hoedspruit has seen an increase in cross border migrants brought by labour brokers to work in the farms. Some of the migrants end up being vulnerable when they do not find work. There is need to change the misconception that migrants are responsible for criminal activity as mentioned by HTT management. According to HTT management, the addition of mining activity in the Phalarborwa area has led to about 360 trucks moving from the area to Komatipoort. This has brought the challenge of sex workers and most likely migration

related challenges such human trafficking and irregular migrants. It is recommended that HTT develops interventions that will address the afore mentioned challenges.

3. During FGD discussions held with women, the issue of culture posing a threat to interventions was mentioned. It is recommended that HTT and Ripfumelo build the skills of change agents on issues of communication and culture so that they are better equipped to deal with challenges.
4. HTT and IOM should explore ways of moving interventions from farms to wider communities using the concept of change agents. After implementing the project with IOM since 2005, HTT has a model to use in promoting wellness of the migration affected community of Hoedspruit.
5. The Trauma Releasing Exercise (TRE) has been beneficial for HTT debriefing sessions for care-givers. The exercises have been found to be very good for the Hlokomela care givers; this may very well benefit other IPs. It is recommended that HTT share this approach with the other IPs and government for a possible wide adoption.

4 CENTRE FOR POSITIVE CARE (CPC)

Although CPC's administration offices are located in Thohoyandou in the Vhembe district, interventions are implemented in the Musina Municipality of the Vhembe District Municipality in Limpopo Province. Musina Municipality borders Zimbabwe and Botswana in the Northern West side and Mozambique in the South East[17]. Therefore, CPC implements in locations that are impacted by both internal and cross border migration as a result of economic migrants seeking for work in the commercial farms in the district. According to the 2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa produced by the National Department of Health[18] , Vhembe District has a 14.6% HIV prevalence rate; in comparison to other districts in the Limpopo, Vhembe has the lowest HIV prevalence though according to CPC, some locations in the Vhembe district have higher prevalence than some of the districts in Limpopo.

To address the issue of HIV/AIDS, STI and TB, CPC's interventions are in line with the local government's plans. Interventions focus on addressing issues of gender based violence, strengthening local partners and community mobilisation. Activities are geared towards educating and informing client communities about HIV/AIDS, STI and TB so as to influence positive behaviour change amongst targeted client communities. Before partnering with IOM, CPC was already working in two farming sites but did not have the capacity to expand its intervention. As a result of partnering with IOM CPC has been able to extend services to 12 farms. To serve the farms, CPC has

[17] The Local Government Handbook: Vhembe District Municipality (DC34). http://www.localgovernment.co.za/districts/view/29/vhembe-district-municipality accessed 12/04/14

[18] The 2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa, P. 32 http://www.maruleng.gov.za/docs/IDP%202010-15.pdf – Accessed 08/04/14

recruited a total of 103 change agents; some work in the farms and some are community workers who do not work in the farms though reside within the farms.

Simuka Upenye, CPC's localised project name was started in 2009 to address poor health services and lack of access to health services by the majority of people working and living on the farms. Simuka Upenye was designed by the farm workers themselves and the name was selected by farm workers too. It came about as a way for the farm workers to reclaim their dignity. Most migrant farm workers from Zimbabwe had an irregular status and hence were either afraid to access health services or were denied access to health services because they were foreigners. Some female job seekers were compromised and subjected to transactional sex (jobs in exchange for sex with the supervisors on farms). In addition, there were tribal in fighting among migrants on the farms that generally went unreported. Gender based violence was a big problem as migrant women were abused and yet they could not report this to officials. Migrants generally did not enjoy their human rights as most officials either did not know the policy provisions that protected migrants' rights or they were unwilling to let migrants claim their rights.

Some farm owners and managers did not care much about workers health. Farm workers were getting sick and dying; this directly affected productivity. But farmers concentrated on productivity and profits and did not realise that workers' health would contribute to profitability of the business. When workers were sick they were expected to find their own way to seek health services and were not paid when absent from work. The farm work policies were not worker friendly.

The subsequent summary findings represent the responses of staff members of CPC, change agents farm management and farm workers who participated in the evaluation. It should be noted here that the one of the FGD was larger than a normal focus group discussion. A decision was made to hold the discussion with the larger group who were eager to participate in the evaluation than to send some people away.

4.1 Evaluation Findings

a). Relevance & Design

The evaluation has established that the strategy was to take services to marginalised communities such as farm workers and provide health services. Therefore Simuka Upenye was designed to ensure that migrants and farm workers have access to health services, enjoyed their rights and led healthy lives. The project also wanted the farm owners to understand the importance of the health needs of workers and take responsibility for farm workers' health by developing progressive farm work policies that promote a healthy work force.

Partnership with IOM and the project design made it possible for CPC to respond to the identified needs of marginalised farm workers and migrants. While CPC focuses on service delivery in the sites of implementation IOM plays the role of advocating for the rights of farm workers at the higher

At Alicedale Farm, a Zone Leader facilitating a supervisor's meeting

government levels. This approach has permitted CPC to apply its expertise of working at grass-root levels in the farms and provide services on the ground.

Unlike the other sites, evaluators found the strategy of training the pastors who live and work in the farms to provide support to the work of change agents value adding. In the farm visited, there was a challenge of some religious leaders countering the work of the change agents on the farm by misinforming people. Farm workers would be encouraged to fast and pray in order to get healed from HIV and at times would be advised to stop taking ARVs. To deal with this, CPC trained trainers who trained pastors in the farm. The farm management also took 21 pastors for theological training and this has yielded fruit. The trained religious leaders are now on board with Simuka Upenye and support the interventions.

The project design focussed on migration and awareness building on issues of abuse of migrants that come from other countries. The emphasis on migration issues was relevant in addressing migrants' lack of access to health services and the violation of their rights. The project was also designed to address issues of gender equality and this was relevant to some of the identified problems of gender based violence, women not having the same opportunities as men and the problem of transactional sex which undermined especially migrant women job seekers.

b). Effectiveness

Simuka Upenye has managed to provide services, programmes and products that reduce vulnerability to HIV/AIDS. The training of trainers' strategy, use of change agents, and inclusion of religious leaders in the project's intervention has served to produce results. The implementation of work place policies in some of the farms ensures that farm workers are protected through addressing their health needs by the farm management. Through engaging with farm owners, there is buy in from the farmers and this is demonstrated by the farm management that decided to facilitate theological training for lay pastors residing in the farm houses. The Farm owner at Alicedale has also provided structural facilities from where health services are provided when the Mobile clinics are taken to the farm. Further to this, the management of the farm provided supplies of food and soap to new farm workers. This has reduced transactional sex and hence promoted healthy living. According to a change agent, "some of our farms before this programme were selling liquor during the week and SGBV was high amongst those who excessively drank". Change agents had meetings with supervisors and farm owners and as a result, liquor is only sold over the weekend and this has decreased SGBV. According to CPC project documents, between October 2012 and March 2013, 18,582 people were reached with interventions focusing on human rights and gender based violence; of these, 11 758 were cross border migrants.

As in the other implementing sites of Limpopo and Mpumalanga, health services are taken to the farms in partnership with the DoH. That means that farm workers that are reached with interventions are no longer marginalised. According to CPC management inadequate transportation makes accessing health services in Musina town difficult for the farm workers. As a result taking mobile health services to the farm has been one major achievement for the project. Lay counsellors are working with farms, and CPC has partnered with DoH and PHC to provide HCT. Government provided the nurses. CPC covers 124 farms and together with government provides a regular mobile clinic twice a month to the farms. According to the Human Resources official "*in Alicedale*

before the project, there were sick people with high deaths and more absenteeism, Now there is less absenteeism, no sickly people and deaths have reduced".

The work of change agents in the farms not only provides timely information but also forums to discussion troubling issues such as alcohol abuse and gender based violence. CPC's partnership with farm owners and management has ensured that 34 farms now have work place policies during the period of 2013. Evaluators were informed that between 2012 and 2013, a total of 406,550 condoms were distributed; 350,000 male and 46,500 female condoms.

c). Efficiency

The project had envisioned activities that included greater participation of farmers, seminars for farmers to share experiences, farmer of the year award. However these activities did not happen because priority was given to mobilising the communities to participate in the programme such as getting nurses to appreciate communities and communities to appreciate nurses. This approach created a rapport between DoH service providers (mobile clinic) and communities. This approach is an efficient way of providing health services and creates synergies between the project and government.

The project has been able to bring migrants and locals together, brought health services to farm workers, farm owners are appreciating their employees by building houses, uplifting the farm people, motivating government departments like DHA and DoH to be interested in farm workers are major achievements of CPC/IOM partnership. This has been an efficient way of using resources.

Some activities have not been implemented on time because of the limited time farm workers have. Issues of negative attitudes also slow down the process of work as resources have to be diverted to address impacts of negative attitudes.

The M&E statistical data part is fine, however the narrative part is not user friendly, it addresses things in silos. It would be more efficient if it was comprehensive. It is currently categorised and users sometimes find it difficult to fit all the activities into the framework and hence the project under reports. The emphasis is on collecting statistical/quantitative data but does not provide enough room for comprehensive reporting on all the activities. The framework is weak in collecting qualitative data. It would be more efficient to have a monitoring and reporting framework that includes and allows for all the activities to be reported on and enable the Implementing Partner to use the same for its own use.

D) Impact

The project interventions have led to progressive work place policies being developed and implemented. These policies support and promote the health of workers and this has led to farm workers enjoying better health and their human rights being upheld. The involvement of religious leaders on the programme had created harmony and complementarity between treatment and religion. Pastors work with change agents to make sure that religious beliefs do not undermine the project efforts. Gender based violence has been reduced due to gender sensitisation and limiting the sale of alcohol to weekends only. Women now enjoy equal rights with men and can perform any job that men can do. Women are now supervisors and hence also wield power and authority.

e). Sustainability

CPC was an outsider in the farming communities, the model of using change agents on the farms provided the opportunity to lay the foundations. When implementation started change agents worked to address simple things like general cleanliness. With time there was a realisation that implementation had targeted farm workers not farm managers and supervisors. As a result buy in from farm manager was slow; change in approach was implemented and CPC begun to build relationships with supervisors and farm managers.

Sustainability of project interventions has also been built through the work place policies. To the farmers, work place policies were introduced as strategies that would promote productivity and health in the work place. CPC also made the decision to involve farm owners' wives into the project as the wives; according to CPC management, involving Farmer's wives was also found to be beneficial because they were willing to share their handcraft skills with farm workers, or start and work with female workers on crèches for children.

CPC's strong partnership with government was noted in discussion with the DoH in Musina, CPC supports the DoH's PHC Mobile clinics by ensuring that medical personnel have all they need to provide services. According to Operations Manager PHC, Musina, staff that work with the mobile units have demonstrated increased motivation and commitment to the project.

f). Cross Cutting Issues

Until this project was started, women were seen as objects, but through the project a lot has been achieved, women know and understand that they have rights to choose what they want without being dictated to, non-discrimination is their right. Ripfumelo I was about getting buy in especially from the farming community, "*we didn't want to undermine the intelligence of farm workers; they lacked a platform to express themselves*" said are respondent at CPC. When Ripfumelo I started, there were few female supervisors and even then they would supervise store rooms. After engaging with farm owners, now women are having supervisor roles, driving tractors and fork lifts. Environmental conservation is addressed through promotion of hygiene in farmer workers quarters. Simuka Upenye encourages farm workers to have food gardens, conduct cleaning campaigns and create dumping sites. Evaluators visited the farm quarters and were able to note the general cleanliness in the staff quarters.

Migration: When new recruits are taken in, CPC provides talks on migrants rights, South African and migrants are mixed and are treated the same. There is now an understanding that crime is not only committed by migrants. Farm owners are also taking initiative to assist workers with getting the right documentation. Even so, there are still strides to be made because according to CPC management, migrants are not always equally treated like the South Africans, migrants are still the scapegoats for problems on the farms yet they are not always responsible for crimes. To address this, change agents facilitate discussions with affected participants in a focus group to discuss the issues and find solutions.

4.3 Recommendations:

1) CPC's community mobilisation activities have yielded fruit and ought to be documented, this would serve future interventions. The documented evidence should be shared with other IPs and government and encourage government to adopt this approach.
2) CPC and IOM should develop a comprehensive monitoring and reporting framework that allows for data collection and full reporting of all project activities.

All four IPs have partnered with IOM for more than year with Choice, CPC and HTT being with Ripfumelo from phase I to the current phase. It would therefore follow that they have been a wealth of experience to be shared as a result of the lessons that have been learnt. During interviews with the IPs, the following were identified as lessons learnt.

5. LESSONS LEARNT FROM SITES IMPLEMENTATION

1. It is important to engage with government at District level and not just with local clinics. For ChoiCE Trust, this has ensured that the project was able to reach more people at the local level as well as at higher government levels.
2. Monthly mentoring of change agents is critical to ensure they are well supported and to keep them abreast of information necessary for their work.
3. Farm owners need to be supported in running the programmes as they struggle in running the programme themselves.
4. Establishment of support groups on the farms is critical for ensuring sustainability of the project.
5. Strengthening relationship between clinics, farm workers and government is critical for success and sustainability of interventions.
6. ChoiCE Trust has found that food gardens as a way of 'healthy living' have been bought by farm workers in addition, having recreational activities for farm workers is part of building a healthy lifestyle.To better understand the farming community, going to work in the farms can be insightful. It is through such a process that CPC was able to understand the context within which the change agents operate in and hence tailor make appropriate interventions. This is how weekend based activities to keep farm workers occupied were initiated in the Vhembe District where CPC implements.
7. Involving all the stakeholders on the farms provides for sustainability beyond the IOM funding because the various players are taking responsibility and ownership of the activities.
8. Under Ripfumelo I the project did not do much to address the issue of transactional sex with farm workers. CPC did not involve supervisors in the process of raising awareness on issues related to transactional sex and gender. Under Ripfumelo II it was realised that it was necessary to involve Supervisors and this has been done with successful results, as a result some of the supervisors have become gender champions. It is therefore important to involve farm supervisors in project, planning and execution of interventions increases buy in and sustainability of interventions. Involving all levels of farm workers including farm workers and managers creates conditions for sustainability beyond the life of the project.

   It is important for IPs to know their stakeholders e.g. government, farm owners, supervisors etc. and then start from the top in terms of management on the farms then work your way to the bottom where the farm workers are, supervisors and farm owners have to be involved from the beginning. This builds a foundation for sustainability.

6 EXPANSION ACTIVITIES IN GAUTENG AND KWA ZULU NATAL (KZN)

Under Ripfumelo II, the plan was to extend interventions to two other provinces namely Gauteng and KZN. Unlike in the case of Limpopo and Mpumalanga, these two new sites do not have on the ground service delivery activities and no IPs have been identified. This is due to the donor's requirement for Ripfumelo to work through government to ensure sustainability. The roll out plan of activities started in 2012 with a major focus being on getting government buy in by sensitising them on migration issues. It was necessary to identify the needs of government as far as migration is concerned and exploring how to respond to the identified needs. To get government buy-in, activities undertaken have included training healthcare workers, providing awareness raising material about migrants' rights and responsibilities, attending forums such as the Johannesburg Migration Advisory Council (JMAC).

In Gauteng specifically the City of Johannesburg, the government has adopted a policy that seeks to integrate migrants into the host communities through the JMAC. In the city of Johannesburg the areas of intervention that align with IOM's mandate that the project can contribute to are health, community awareness raising, peaceful coexistence and migration and development[19]. Specific activities will include training health care workers, increasing migrants' knowledge of available health facilities in the city, raising awareness about migrants' rights and responsibilities as well as increase the knowledge of migration and development.

Project uptake in Johannesburg has been slow; the project has held discussions with City's Migrant Helpdesk and the DoH to facilitate project implementation. In collaboration with the Gauteng DSD a research study to inform government planning has been commissioned. The objective of the study is to identify the needs and vulnerabilities of migrants in identified informal settlements in three metropolis in Gauteng. With the roll out of the project being slow in Johannesburg, focus has moved to the Ekurhuleni Municipality where Ripfumelo has been able to roll out training to health care providers. In addition to this, distribution of booklets containing information about accessing health service facilities available for migrants has been conducted.

Owing to the slow progress in getting government buy in, a decision was made to try and identify stakeholders already at work in Gauteng and KZN and forge partnerships for collaboration. In Gauteng, Ripfumelo is exploring opportunities to work with Aurum Institute a South African Non-Governmental Organization (NGO) that focuses on health issues specifically HIV/AIDS and TB. Discussions on interventions focusing on cross border TB referrals are on-going with Ekurhuleni Municipality. City of Tshwane has shown keenness to work with IOM on addressing migration issues in the context of HIV and TB. Start-up activities have included awareness campaigns and HIV Counselling and Testing. The biggest challenge is ensuring ownership by the Municipality.

Like in Gauteng, activities in KZN, specifically the eThekwinini Municipality, have focused on getting the 'foot in the door' ; according to narrative reports reviewed by the evaluation team, there is progress as demonstrated by the invitation by the Office of the Premier for IOM to discuss possible interventions in the ports communities in Durban and Richards's bay. The IOM work is now encompassed in the joint UN Programme of Support which was signed by the Premier and the UN Resident coordinator. Through Ripfumelo, IOM has identified the areas it will support the KZN

[19] City of Johannesburg's Inner City First Point of Intervention document

government as part of the joint UN response to development issues in South Africa. IOM has also been in discussion with the DSD to provide support in their planned research on Migration in the province. Technical assistance has been provided in the development of the Concept Note for the study.

Reports reviewed indicate that part of the slow uptake of the project is that mainstreaming migration is not a priority for government; as is often the case, migration is perceived as a problem that needs to be dealt with. Also, in a discussion with one of the project staff, Gauteng presents an environment that is challenging: the prevalence of many civil society organizations (CSO) some of whom have an activists approach means that forging partnerships becomes a challenge for IOM. As an inter-governmental organization, IOM's approach is one of supporting government and working from the same side. Finding like-minded partners to collaborate with and address migration in Gauteng is a work in progress.

Based on the documents reviewed and discussions with project staff, it appears that expansion to Gauteng and KZN was not informed by a clearly developed strategic plan. A swot analysis would have prepared the project for the current challenges being experienced as well inform the strategy in terms of clarity of objectives, stakeholders to engage, activities to undertake and the results to be expected. As a result of not having an initial strategy plan, a lot of activities undertaken are more reactive in a bid to take advantage of opportunities rather than being strategically proactive. For example, in order to accommodate challenges encountered, Ripfumelo has had to shift focus from targeting government only to also targeting other stakeholders. Initially Ripfumelo was to engage IPs to implement activities on the ground, a directive from the donor changed course and it was decided that Ripfumelo should focus on building government's capacity.

This shift completely ignored IOM's experience and the success that the organization has enjoyed with other IPs. While it is absolutely essential to develop the capacity of government for sustainability purposes, ignoring the lessons from the current Ripfumelo success story is folly. Starting a capacity development programme with government that are not informed by lessons from successful IP/IOM experience is not wise to say the least. This has been an uphill task as indicated in the reports reviewed and as a result Ripfumelo made a decision to also pursue partnerships with other stakeholders already implementing activities in Gauteng and KZN. Clearly given the experience of Ripfumelo it is not a question of choosing government against the other IPs but rather letting experience inform the decisions about where emphasis must lie.

In addition to the aforementioned, a clear strategy would have led to the development of a monitoring framework to monitor results for these two new geographical lessons. The current monitoring framework is not suitable for Gauteng and KZN as the indicators suit sites with activities being implemented on the ground such as in Limpopo and Mpumalanga. At the moment the project is not able to easily quantify achievement of efforts and that means opportunities to recalibrate interventions are missed.

Granted progress has been made in terms of engaging government, however the absence of on the ground activities with expected results as in the case of Limpopo and Mpumalanga means that the project is not able to demonstrate what is its capacity in changing lives in the two regions. Government lobbying activities are therefore more theoretical in the absence of tangible initiatives. The evaluation acknowledges that presently it is not critical for these two provinces to show tangible

results. Strategically it is important for IOM to establish good relations and buy in with government to ensure sustainability. The present relationship building with government is just as important as tangible results for as long as these efforts translate into strong partnerships. Then results achieved in Limpopo and Mpumalanga can showcase what can be done in Gauteng and KZN from a learning perspective.

All is not lost, as a result of persistence on the project's side to engage with government there are achievements at the output level and the doors seem to be opening:

6.1 Results Realised

6.1.1 Increased knowledge on health and migration

a) Through the use of IEC material, presentations during 'Indabas', identified client communities such as health service providers, community health workers and migrants have received information on migration. Such information has included health services available for migrants, relationship between migration and health as well as migrants' rights and responsibilities'. Progress achieved has been obtained from reports, there does not seem to be a proper monitoring system to measure progress achieved in the two new geographical locations. The project has continued to take available opportunities to disseminate information.

b) In KZN a rapid assessment to identify what interventions exist to address the health and social needs of migrants was conducted. Findings showed the existence of both internal and cross border migrants with one main service provider, the Refugee Social Services (RSS). The assessment also revealed that migrants live in deplorable conditions hence aggravating their vulnerability to ill health.

c) To understand the needs, vulnerabilities of migrant and mobile populations along the ports in Southern Africa, a two year research study is ongoing and Durban is one of the selected ports. The findings will inform programming that targets migrants and migrant affected communities around the selected ports.

6.1.2 Increased government interest:

There is need to appreciate that it takes time and effort to get government buy in and see results. The fact that government is starting to invite IOM to participate in strategic meetings and forums, is an indication that progress is being made. For example the invitation extended by DSD to contribute in the Strategy on HIV prevention to guide the planning, delivery and prioritization of appropriate programs and interventions to promote social and behavioral change. Also IOM has been identified as a key stakeholder to provide technical support in monitoring and evaluation in relation to targeted key populations of which migrants are included. This will provide the opportunity to develop migration related indicators.

Going forward, the following are recommended:

6.2 Recommendations

1. There is need for Ripfumelo to go back to the drawing board and develop a strategy to inform its roll out plan for Gauteng and KZN for the remaining project period. This exercise should include

a consolidation of what has been done and achieved as well as the development of a proper monitoring tool with clear indicators to chart progress;

2. According to the Project Manager, with the transitioning of PEPFAR from direct service delivery to technical assistance and diminishing resources, it is key that the project looks at how it carries its activities in Gauteng and KZN, and at what level. It will make sense to focus at provincial level and build government's capacity and generate strategic information for effective response to migration issues.
3. There is need to explore whether the use of CAs in the urban context of Gauteng and the farming community is possible. The Gauteng urban setting offers its own unique challenges as issues may focus more on social cohesion, youth and social integration though the farming community in KZN may be similar to an extent with the work done in Mpumalanga and Limpopo.

ANNEXES

Annex 1 Evaluation Team Response to the Comments and in inputs of the Review Team.

Introduction

The evaluation process followed the international norms and standards of how evaluations are conducted and managed. Following the commissioning of the evaluators an Inception Report was developed, presented to a team of reviewers as decided by IOM. A Draft Report was prepared and presented to the same team, and some comments and inputs were received and fully addressed by the evaluation team. Following the submission of the Final Evaluation Report further and more detailed comments were received which had not been raised before when the Draft was considered. The evaluation team has addressed most of the second batch of comments by including the requested changes in the Final Evaluation Report. However, there are some comments or inputs which cannot be addressed by the evaluation team for various reasons. This annex addresses those issues so that the process is brought to closure.

Opinions and Preferences: A number of comments ask the team to make certain changes to the report or how to present information in the report. Demands such as how information should be presented and to link certain findings to project design are not supported by evidence from the evaluation. These requests/demands are opinions or preferences of individuals and hence they cannot be addressed as this would distort the evaluation findings. These preferences border on interfering with the independence of the evaluation process and products by wanting to see the evaluation findings in a particular way as preferred by the review team. It is not standard evaluation practice to want information if accurate presented in one form or another.

Lack of Monitoring Data: The evaluation found that there were deficits of information and data that should have been captured to inform this evaluation. The data is not available and the evaluation makes this observation clearly but could not determine why there are these gaps. The review team makes several inferences and wanted the evaluators to conclude that this was because of poor design. Based on the information availed to the evaluation team, there is no evidence to support the conclusions being made by the reviewers. There are other possible reasons like those who were supposed to monitor did not doing their work. The evaluation cannot alter its findings or use preferred justification as suggested by the review.

THE EXECUTIVE SUMMARY: There is a request to include all the findings and recommendations in the Executive Summary. The purpose of an Executive Summary of an evaluation report is to summarise the *MOST IMPORTANT FINDINGS and RECOMMENDATIONS* of an evaluation. The whole idea of doing a summary is to avoid repeating the same information three times. The purpose of an Executive Summary is to highlight the most important findings to be considered by the most senior management in an organization. Therefore given this, the evaluators considers it redundant to summarise all the findings and recommendations of the evaluation many of which are not important for decision makers. The table of findings and recommendations does justice to the subject.

COST BENEFIT ANALYSIS: The evaluation team was asked to do a cost benefit analysis comparing RIFPUMELO I and II. The budgets for both phases were provided and a limited number of narrative

and financial reports were provided. This information is not adequate for the exercise that was requested, further part of the requests belongs to an audit and not an evaluation. In order to do justice to the subject of whether programme delivery was cost effective compared with administration costs of delivering it requires the provision of annual work plans which reflect outputs, activities and line budgets for each output and each activity. The narrative and financial reports should have been prepared based on those annual work plans and accompanying budgets. Also reflected on the annual work plans should have been costs of delivering the project including field visits and other costs. If this information were available then the evaluation would have carried out the requested analysis. If the evaluation found out that the resources both human and financial had not been utilised as per plan and project document, the evaluation would make this observation and recommend that an audit be done. Comparing budgets of Phase I and II would not provide any useful information and would not produce a cost benefit analysis. The evaluation does however show that the resources provided to the project were put to good use by delivering services and leading to change of behaviour and improving people's lives.

IMPACT: There are several references to measuring impact most which imply that there is no evidence to measure impact. Firstly, it is not standard practice to measure impact at mid-term of a project because it is normally too early. However, there is no rule about this as this depends on the nature and achievements of an intervention. The evaluation used the current outcome achievements that clearly demonstrate that lasting and irreversible changes have occurred. These are demonstrated by the change of behaviour that has led to a reduction in the new HIV infections which has led to a healthier population. Taking ARVs and adherence has reduced deaths, people being absent from work etc. Taking ARVs has also added to healthier populations. This means that the provision of information and treatment has transformed communities. These are impacts and some of them are the foundations of long term impact and the evaluation concludes that these changes are sustainable. The evaluators therefore retain these findings mindful of the fact that further measurements will be made in the future. These findings however benchmark future impact analysis for this project.

Targets reached at Mid-point: There is a reference being made about achievements at mid-point as if this was a problem needing explanation. Achieving targets ahead of schedule is "good news" that needs no explanation. No one should be worried about achievement. There are several reasons why these happen including opportunities that present themselves which were not known or present at the design stage. However, when targets are achieved the evaluation recognizes that because it is good news, equally the evaluation highlights those targets that are behind. More emphasis is put on non-performance and recommendations are made to ensure that targets are reached during the life of the project.

On page 27 information on Part I of the report necessarily derives from the evidence in Part II. This is clear cross referencing and is appropriate. It is not possible to make the bold statements in Part I without the supporting evidence from Part II of the report.

Conclusion.

The evaluation team considers that all the issues raised by the review team have been addressed, the majority of which have been addressed by changes to the evaluation report and the minority are addressed in this report annexed to the Final Evaluation Report.

Annex 2 Ripfumelo Mid Term Evaluation Key Informants List

	RESPONDENT	ORGANISATION /TITLE
	IOM	
	Dr. Erick Ventura	E.g. Chief of Mission IOM SA & Migration Health Regional Coordinator
	Dabea Gaboutloeloe	National Migration Health Coordinator
	Tendayi- Rita Muteerwa	Migration Health Project Officer (Ripfumelo)
	Patience Sinzani	National MH Project Officer (Training)
	Rosemund Yarquah	Resource Management Officer, IOM South Africa
	Mohamed Hassan	Head of sub-Office Musina; Migration and Health Officer
	Julia Hill-Mlati	Migration Health Officer (HPSD& Research)
	Theogene Nshimiyimana	National MH Project Officer, (Governance and Coordination)
	IMPLEMENTING PARTNER	
	NKOMAZI MUNICIPALITY	
	Emmah Sizakele	Director Community Services, Nkomazi Municipality
	Thandeka Angel	HIV Coordinator, Prevention
	Peter Mabunda	HIV Officer, Tracing
	Khanyisile Hutchinson	HIV Manager
	Norah Mahori,	Supervisor
	Mawele Mokosazana	ME Coordinator
	Blessing Mahlela	Field Worker, Team leader, Komatipoort
	Patience Ntombenhile Lubisi	Field Worker, Team leader, Komatipoort
	Nelly Rosemelter	Field Worker, Team Leader, Malelani
	Sivulindlela Community Base Centre, Hectorspruit (a partner of Nkomazi Municipality):	
	Esther Masinga	A.g. Project Manager
	Mimi Shabangu	Administration staff in charge of reports
	Johan Cossa	Community Care Giver
	Sandra Shabangu	Community Care Giver
	FARM MANAGEMENT	
	Farm Manager	Coopersdal Farm, Komatipoort
	GOVERNMENT	
	Mrs. Ndazo Mdluli,	HIV/AIDS Unit Manager, Enhlanzeni District Municipality
	Mandy Mthethwa	Project Manager, Community Development, South Africa Local Government Authority (SALGA)
	Sipho Thwala	Community Dev elopement Advisor, SALGA
	Anita Makhubela	Operations Manager, Kamhlushwa Clinic, Malelane
	OTHER	
	Sister Mphuti	Truck Wellness Clinic, Komatipoort
	FOCUS GROUP DISCUSSIONS	
	70 men and women participated in the 8 different focus group discussion that we conducted: One focus group discussion with Community Care Givers at Sivulindlela Community Based Centre, Hectorspruit;	

	Four (two male/ two female) group discussions with CA and farm workers at the Coopersdal Farm in Komatiport 2/3 group discussions with Nkomazi field workers.	
CHOICE TRUST, TZANEEN		
	Nicki Stewart-Thomson	Director, Choice Trust
	Rebecca Maluleke	Project Coordinator
	Antoinette Schutte	Operations Manager
	Buhle Sibuye	HCT Data Capturer
	Matome Strike Motloutsi	HCT Coordinator
	FARM MANAGEMENT	
	Nursery Manager	Du Roi Farm
	Administration Manager	Du roi Farm
	GOVERNMENT	
	Mrs Mazibuko Josephine	HIV/AIDS & STI Services Manager, Mopani District
	FOCUS GROUP DISCUSSIONS	
	A total of 17 men and women participated in the four focus group discussions: Three with changes agents from Du Roi and Westfalia farms One with the coordinators at ChoiCE trust	
HOEDSPRUIT TRAINING TRUST (HTT)		
	Christine du Preez	Director at HTT
	Antoinette Ngwenya	Programme Manager
	Teenage Rapatsa	Gender Coordinator
	Candy Nkgogo	Change Agents Coordinator
	Change Agent	Bavaria Farm
	Packing Supervisor	Bavaria Farm
	GOVERNMENT	
	Operations Manager	Hoedspruit Clinic
	FOCUS GROUP DISCUSSIONS	
	A total of 33 men and women took part in the focus group discussions: one group was held in Bavaria farm and consisted of change agents and farm workers, second group of women was held at New Dawn farm A third mixed group was held at Richmond farm	
CENTRE FOR POSITIVE CARE (CPC), MUSINA, VHEMBE DISTRICT		
	Mashudu Madadzhe,	CPC Director
	Norman Sebe,	CPC Programme Manager
	Philemon Nbivhuwo	Project Coordinator for Prevention
	Julia Sebola	Project Coordinator, Prevention, Simuka Upenye
	Benjamin Meleke	Coordinator for Lay Counselling
	FARM MANAGEMENT	
	Letta Motong	HR Alicedale Farm, Musina
	Mnyaradzi Dziva	Zone leader in charge of CA, Alicedale Farm
	GOVERNMENT	
	Sister Khawuvisa Mokoki	Operational Manager, PHC Musina
	Mr. George Makuya	Musina Hospital, Assistant Director Allied Services

	FOCUS GROUP DISCUSSIONS
	A total of 64 Men and women working in the farm were interviewed and five focus group discussions were held: Two at Tshilidzini Hospital in Thohoyandou with a total of 16 male and female nurses One female group with 13 workers and change agents at Alicedale farm quarters One male with 30 farm workers and change agents One with 12 Pastors and supervisors at Alicedale farm.

Annex 3 Documents Reviewed

RIPFUMELO I

1. 2009-01-08 Signed Contract (2)
2. End of Project Report to the United States Agency for International Development under the President's Emergency Programme for AIDS Relief, 31st March 2012;
3. Ripfumelo I Project Document submitted to U.S. President's Emergency Plan for AIDS Relief (PEPFAR) South Africa, ASP 674-08-003
4. SAPPA Reports
5. Assessment of Knowledgment, Attitude, Beliefs and Practices Related to HIV and Gender Amongst Commercial Farm Workers in Musina, 2010
6. 2009-08-06 MA 0116 Budget 12 August 09
7. ME Documents for 2010

RIPFUMELO II

8. Scaling up HIV Prevention and Care Interventions for Migrants and Affected Communities in South Africa (Ripfumelo II);
9. Implementation Agreements:
    a. Choice – up to June 2013
    b. Centre for Positive Care- up to June 2013
    c. Hoedspruit Training Trust- up to June 2013
    d. Nkomazi Municipality- up to May 2013
10. Narrative Reports:
    a. Q2 2012: Ehlanzeni District Non-site specific (Final)/ Ehlanzeni District/Vhembe
    b. Q3 2012: Ehlanzeni District/ Vhembe
    c. Q4 2012: Ehlanzeni/ Consolidated Mopani & Vhembe Districts/ Gauteng/ KZN/ Mopani District
    d. Q1 2013: Ehlanzeni District/ Gauteng District/ Gauteng Province Final/KZN Province Final/ Vhembe District/ Narrative report to USAID/PEPFAR
11. Mission Visit Reports to IPs in Vhembe and Mopani in Limpopo, 20th February 2013
12. Mission Report: Workshop for Ripfumelo Fielworkers and Facilitators, (Inkomazi Municipality), 16th January 2014
13. CPC Annual Report- January 2013- December 2013
14. Semi-Annual Ripfumelo 2012-11-23 Submitted to USAID-Final

15. April –September 2012 Semi-Annual Report to the United States Agency for International Development Under the President's Emergency Program for Aids Relief
16. 2011 Training Report, Tshilidzini Hospital
17. HTT minutes for meeting held on 07/02/2013
18. Migration Health Forum minutes for meeting held on 06/02/2013
19. Note for File for the Mopani District HAST meeting held on 28/03/13
20. Note for File for the Ekurhuleni Health TB INDABAs
21. Nkomazi Municipality Project Document Annexure II
22. Minutes of Site Visit IP Meeting held on 6th February 2013, IOM Musina.
23. Minutes of the Eighth Johannesburg Migration Advisory Council Meeting- 11/09/2012
24. IOM proposed activities to support the City of Johannesburg Migration Management and Integration of Migrants
25. Memorandum of Understanding between IOM and Ehlanzeni District Municipality, Mpumalanga Province South Africa
26. 2014 Choice Final Evaluation Presentation
27. Centre for Positive Care Presentation. Ripfumelo II Mid Term Evaluation 2014
28. HTT 2014 IOM Presentation
29. Nkomazi Municipality: Tira Uhhanyile Presentation, 2014
30. Monitoring Reports: Quantitative Data Q1 2013 Monthly Consolidated
31. 2012-04-02 Ripfumelo II Budget

PHAMESA/PHAMSA

32. IOM Partnership on Health and Mobility in East and Southern Africa (PHAMESA) End of Programme Evaluation, final report 13 December 2013
33. End of Project Evaluation: Partnership on HIV/AIDS and Mobile Populations in South Africa (PHAMSA) 2006
34. PHAMSA II 2010 Evaluation Report (2007-2010)

OTHER

35. City of Johannesburg, Inner City First Point of Intervention
36. Gender Manual Part 1 & 2
37. Operational Guidelines for HIV, STIs and TB Programmes for Key Populations in South Africa- National Department of Health, Republic of South Africa 2012
38. Towards Achieving Sensitive Healthcare Services for Migrants: Training of Healthcare Providers to Improve Migrants' Access to Services, - 2013 Participants Manual.

39. 2011 Full Curriculum for all trainings SAQA Reviewed & Aligned

40. Outline of the Induction Programme for Newly Appointed Change Agents

41. Sixty-First World Health Assembly WHA61.17

42. National Strategic Plan on HIV, STIs and TB 2012 – 2016

43. National Development Plan; Vision for 2030

44. Policy Framework for Population Mobility and Communicable Diseases in the SADC Region

45. SDCB documents: 3 tool boxes, 2012-07-12 SDCB FRAMEWORK, 'Untitled' SDCB Power Point Presentation (obtained from Phamesa Regional MH Project Officer-HPSD);

46. 2012 -05-14 SDCB Framework 2 Pager

47. De Vos, A. S et. al

2003 *Research at Grassroots for the Social Sciences and Human Service Professions*. Pretoria: Van Schaik Publishers;

48. Imas Morra, L.G. & Rist, R.C.

2009 *The Road to Results: Designing and Conducting Effective Development Evaluations*. The World Bank, Washington D.C.

49. International Organization for Migration (IOM)

2010 *Integrated biological and behavioural surveillance survey (IBBSS) in the commercial agricultural sector in South Africa*.

Annex 4 Interview Guides

3.1 Interview Guide for IOM staff & Implementing Partners

Tick as appropriate:

IOM staff:
___ Pretoria
___Musina

Implementing partner:
_____ Mpumalanga:
_____Limpopo

1. How long have you been with the organization?
2. What are your responsibilities?

	QUESTION	RESPONSE
	RELEVANCE & DESIGN	
IP/ IOM	What is the nature of the problem the project is addressing	
	Has the approach used been able to address the problem? (e.g. use of IPs, SDCB) Has the approach met the needs of the client communities? How has this approach met the needs of client communities?	
IOM	To what extent is the project aligned to the international, regional commitments and the South Africa priorities?	
IOM	How is the project aligned to USAID strategies and technical guidelines? Does this alignment respond to the local needs?	
	EFFECTIVENESS	
IP/ IOM	How is the project contributing to the reduction of vulnerability to HIV/AIDS, STI & TB?	
	What evidence is there that there is increased access to care and services as a result of the project?	
	What is the impact of increase in care and services to the different client communities (*migrants & host comma, IPs, Farms, Government*)?	
IOM	How is the project addressing societal, environmental, political and economic barriers to migrants accessing health services?	
IOM/ IPs	How is the SDCB model operationalized on the ground? • What are the challenges • What are the benefits • Does the SDCB model respond to the needs on the ground? • What lessons have you learned in the process of using the SDCB model?	
IOM/ IPs	What tangible benefit has the project's capacity building interventions brought? (*to IPs, CA, Service providers, Government officials, policy makers*) • How have recipients been able to use the acquired skills and knowledge? • What changes need to be made in the institution the recipients come from for them to utilize the new skills and knowledge?	
IOM	How has strategic information (*research findings, reports*) been used to inform policies and programming?	

IOM	What are the achievements of the project's advocacy and policy interventions? (*integrating migration, inclusion of migrants in the NSP*) • In what ways are these achievements benefiting migrants?	
IOM/ NDoH	The regular reporting on the WHA resolution in the NDoH : • Who receives the regular report? • How is the report used and by whom? • What are the benefits of the report? • Is this reporting effective?	
	EFFICIENCY	
IOM/ IP	Were interventions implemented within the planned time and costs?	
	Have resources (fund, human, time, material) been properly used and produced the planned results?	
	Were budgeted funds adequate to address the problem?	
	Is expenditure in line with agreed upon budget?	
	Are financial reports well prepared and easily understood?	
	In what ways does having a sub-office in Musina facilitate project implementation? • Do IPs know the roles of the musina and Pretoria office?	
	Monitoring: What M&E systems and procedures used by IOM and partners? • Have these systems ensured greater accountability? • In what ways has monitoring information been used to inform project implementation and management? What kind of support in terms of M&E is needed? • Do you know where to obtain that support?	
	SUSTAINABILITY	
IOM/ IP	Which results of Ripfumelo I are still being enjoyed by client communities?	
	What lessons on sustainability were learnt from Ripfumelo I • Are they being addressed in Ripfumelo II?	
	What has been done to ensure sustainability of results amongst the different stakeholders (*IPs, Government officials, Farms*)?	
	Is there indication that any other donor is interested in funding the project? Are commercial estates interested in funding the work that has been started on their farms?	
	IOM CROSS-CUTTING ISSUES	
IOM/ IP	What changes have occurred as a result of incorporating: • Gender equality • Human rights based approach • Environmental sustainability	
	MANAGEMENT STRUCTURE	
IOM	Describe the ripfumelo management structure? • What change would you recommend and why?	
	Describe the IOM organizational structure? • What would you change would you recommend and why?	
	OTHER	

IOM	What is the impact of the ripfumelo's expansion (geographical & types of migrant)? • Lessons learnt from the expansion?	

3.2 Interview Guide for Other Stakeholders

Tick as appropriate:

___ Service Provider ___ CSO ___ Farm management
___Training participant ___ Change Agent
Organization: _____
Province:_____

3. How long have you been with the organization?
4. What is the nature of your work?
5. How do you work with IOM/Ripfumelo

	QUESTION	**RESPONSE**
	RELEVANCE & DESIGN	
	What capacity in relation to migration and health did you need strengthened? • How did IOM (***branded project name***) meet the above needs? • Do you think the methods they used were suitable? • How can IOM (***branded project name***) improve its work?	
	EFFECTIVENESS	
	How do you think IOM is contributing to the reduction of vulnerability to HIV/AIDS, STI & TB?	
	What impact has IOM had on your work? (workplace programmes, policies, new services developed)	
	How has working with IOM changed the way you provide HIV/AIDS, STI and TB services and care as an individual? • What about as an organization, are there changes that have been made to ensure the capacity built is utilized? (e.g. new services) • What would your organization need in order to make maximum use of the skills acquired?	
	What have you done to make your services migrant sensitive?	
	How have migrants responded to the services and care programmes you offer • How many migrants come to you for assistance?	
	How have you been able to integrate migration in your work	
	What strategic information have you received from IOM that provided have informed your policies or programmes?	
	Now that the NSP includes migration, what changes can be seen on the ground?	

	Has the NDoH produced regular reporting on the WHA? • What are the benefits of the report? • Is this reporting effective?	
	EFFICIENCY	
	Has IOM provided you with funds to implement your activities? • Were funds adequate to address the problem? • Is expenditure in line with agreed upon budget? • Do you submit a financial report and receive feedback from IOM	
	Which IOM office do you mainly interact with? Musina's or Pretoria	
	SUSTAINABILITY	
	How prepared are to continue providing services even after IOM finishes its work in the region?	
	Is there indication that any other donor is interested in funding your work? Have you been able to undertake resource mobilization?	
	What support do you think you would need from IOM to ensure sustainability?	
	IOM CROSS-CUTTING ISSUES	
	How do you address the following as a result of working with IOM: • Gender equality • Human rights based approach • Environmental sustainability	
	OTHER	
	What challenges have you experienced in working with IOM?	
	How can IOM serve you better?	
	From ongoing discussions with IOM on migration, will a partnership with IOM meet your needs as far as migration is concerned? If no, what needs are not addressed in the partnership	
	How can government and IOM maximise on its partnership?	

3.3 Focus Group Discussion Guide

1. Are you able to easily access HIV/AIDS, STI and TB care health services from where you live and work?
2. What challenges do you experience when trying to access HIV/AIDS, STI and TB care and services?
3. Since your involvement with IOM how would you describe the services you have received as far as HIV/AIDS,STI and TB are concerned
4. As a migrant do you feel comfortable to go and access HIV/AIDS, STI and TB care services?
5. How has the project benefited you?
6. How can the services be improved?

ANNEX 5 Evaluation Terms of Reference

Ripfumelo Evaluation Terms of Reference

1. Background Information

The International Organization for Migration (IOM) is a dynamic and growing inter-governmental organization, with 146 member states that works with governments and other stakeholder to ensure the orderly and humane management of migration. In South Africa IOM is headquartered in Pretoria where the office oversees projects focusing on counter-trafficking; assisted voluntary return and reintegration; immigration and border management; migration and health; migration and development; and regional cross-border programmes.

Ripfumelo is an IOM project that focuses on migration and health under the regional umbrella programme, Partnership on Health and Mobility in East and Southern Africa (PHAMESA). PHAMESA's overall objective is to contribute to the improved standard of physical, mental and social well-being of migrants by responding to their health needs throughout all phases of the migration process. PHAMESA is a follow up of the Partnership on Health and Mobility in Southern Africa (PHAMSA) programme which was implemented from 2004 to 2009. PHAMESA expanded the implementation of activities into additional East and Southern African countries from 2010 and is set to end in December 2013.

Ripfumelo is on its second phase; Ripfumelo I was established in 2009 and ended in 2011 after which Ripfumelo II continued implementing activities from April 2012 and is scheduled to end in March 2016. The overall objective of Ripfumelo I was to reduce HIV vulnerability of farm workers in various districts of South Africa by implementing a coordinated, evidence-based and focused HIV and AIDS prevention and care program. Project activities aimed at building the capacity of local implementing partners (IPs) to provide sustainable prevention and care to farm workers. As the project targeted the commercial farming sector, activities were implemented in selected commercial farms in Mpumalanga and Limpopo provinces.

The overall anticipated results of the project were:

3. HIV incidence in the targeted areas is reduced; and
4. The impact of AIDS on farm workers and their families/communities mitigated.

The impact envisaged was:

4. Improved HIV understanding and knowledge and increased access to health services;
5. Increased opportunities for healthy lifestyles; and
6. Reduced HIV related stigma.

When Ripfumelo I ended, Ripfumelo II continued to implement project activities from 2012. The overall objective of Ripfumelo II is to contribute to the reduction in HIV and TB vulnerability amongst migrants and mobile populations and the communities affected by migration in South Africa with a specific focus on the Mpumalanga, Limpopo, Gauteng and KwaZulu Natal provinces.

Under Ripfumelo II the overall anticipated results are:

3. Migrants and mobile populations and the communities affected by migration have access to sensitive HIV/AIDS/STI and TB services and programs; and

4. Improved legal and policy environment that facilitates migrants' access to HIV/AIDS/STI and TB related services and programs.

In the second phase, growth is envisioned in the following areas: geographical coverage, economic sectors and in the categories of migrants targeted. Geographically Ripfumelo II will extend interventions to KwaZulu Natal and Gauteng thus enabling the project to cover four provinces in South Africa including Mpumalanga and Limpopo. The project is now focusing on the commercial farming and mining sectors and is targeting not just labour migrants but other types of migrants such as irregular migrants. In addition to this, the focus for Ripfumelo II is not only HIV and AIDS but now also includes TB.

Ripfumelo I and II have been funded by USAID/PEPFAR and therefore the project's goal is to ensure that HIV/AIDS is integrated into broader health and development programs. Central to Ripfumelo's strategy is local involvement of change agents for sustainability. Implementation is also guided by the Spaces of Vulnerability approach which promotes inclusivity and access to positive determinants of health. Ripfumelo seeks to mainstream gender through the process of social and behavioural change communication.

In both Ripfumelo I and II implementation of activities has included operationalizing the IOM HIV Prevention and Care Project Model (which evolved to become the Service Delivery and Capacity Building model-SDCB). The SDCB model consists of addressing gender dynamics in the context of health and migration; addressing contextual barriers to health; facilitating access to health services and products; promoting peer lead education; strengthening local IPs and creating an enabling environment. The project has a specific focus on gender because gender disparities and practices have an impact on HIV vulnerability.

The results planned under the two phases of Ripfumelo are represented in the following result matrixes:

Ripfumelo II

<table>
<tr><th colspan="2">RESULTS MATRIX</th></tr>
<tr><td colspan="2">Objective: To contribute to the reduction in HIV and TB vulnerability amongst migrants and mobile populations and the communities affected by migration in South Africa, with a specific focus on the Mpumalanga, Limpopo, Gauteng and Kwa Zulu Natal provinces.</td></tr>
<tr><td colspan="2">Outcome 1: Migrants and mobile populations and the communities affected by migration have access to sensitive HIV/AIDS/STI and TB services and programs</td></tr>
<tr><td>Outputs</td><td>Output 1.1. Increased coverage and access for migrants and migration affected communities to sensitive prevention HIV, STI and TB services, programs and products

Output 1.2. Increased awareness and understanding of the linkages between gender, HIV and Migration
Output 1.3. Increased access for migrants and migration affected communities to comprehensive HIV, STI and TB care and support services, programs and products

Support services, programmes and products available to migrants and migration affected communities
Output 1.4. Increased capacity to provide gender-sensitive, comprehensive HIV/AIDS/STI and TB prevention and care services

Output 1.5. Strategic information generated through application of rigorous research methodologies, regular monitoring and evaluation to ensure evidence-informed, effective and efficient interventions</td></tr>
<tr><td colspan="2">Outcome 2: Improved legal and policy environment that facilitates migrants' access to HIV/AIDS/STI and TB related services and programs</td></tr>
</table>

Outputs	**Output 2.1**. Policy makers and program planners have the skills and knowledge to integrate migration health into their plans **Output 2.2.** A new NSP's Key Populations Implementation Plan that incorporates migrants and mobile populations **Output 2.3.** A regular report on the WHA Resolution 61.17 developed by NDoH

It is against the above outcomes and outputs that Ripfumelo will be evaluated.

2 Purpose

As part of IOM's on-going process of reflection and learning, the Ripfumelo's project management have commissioned an external evaluation in order to assess achievements and progress of Ripfumelo II from inception to present. This will be done with a view of identifying promising practices and identifying challenges in order to take corrective action on the current phase and inform future projects. The final report of the evaluation will inform IOM's project management, IPs, government and the donor how the project is being implemented, whether Ripfumelo is reaching migrants in particular and what interventions need to be in place to ensure sustainable results are achieved. It is expected that the evaluation report will inform project staff about the project design in relation to results; areas that need improvement for implementation going forward with Ripfumelo II; and what needs to be in place to ensure sustainability of the interventions after the project ends in 2015.

3 Scope

While the main focus of the evaluation will be on Ripfumelo II, there will be need to examine results achieved under Ripfumelo I and whether lessons learned under the first phase of the project were incorporated in Ripfumelo II. The geographical coverage will be the sites where the project has been implemented in the four provinces in South Africa.

Relevance and design	**Relevance** • Is the project consistent with the International health standards, legal frameworks on health, National Priorities etc? • Is the project implementation strategy consistent with stated objectives and IOM's priorities and mandate • Are the project's objectives still in line with the current realities related to the needs of the target groups, government policies etc. **Design** • Are the problems clearly stated? Do the overall objectives, project purposes and activities properly address the problem to be solved? • Are the expected results clearly stated in the product? Do they cover the project's purposes? • Are indicators SMART for each expected result? • Is the project design aligned to USAID applicable strategies and technical guidelines • Does the project description builds on lessons learned from the Ripfumelo I • To what extent do the project activities align to the IOM Service Delivery and Capacity Building Framework

Effectiveness	**Ripfumelo II:** • Is the project achieving its outputs
Efficiency	• Are the effects being achieved at an acceptable cost (*compared to alternative approaches to accomplish the same*) • Are project activities undertaken and outputs delivered on time • Are the financial reports sufficiently well prepared to guarantee transparency and to make an analysis of cost incurred • Is expenditure in line with agreed upon budget and work plan • Are costs incurred consistent with the strategy of the project • Are there enough funds to reach the expected results
Sustainability	**Ripfumelo II** • Are IPs demonstrating capacity to implement the project activities beyond the funding cycle • Did IPs and IOM build strategic partnerships ensure ownership of the project and ensure continuity of services • Will the benefits continue beyond donor funding • Is there evidence stakeholders are being capacitated (see bullet 1) • Is there evidence that there are funds for services to continue • Are there sustainability issues from Ripfumelo I which are addressed in Ripfumelo II • Is there a clear sustainability plan/ transition plan for IPs;
IOM Cross-cutting issues	• To what extent have the three IOM global thematic areas (gender equality, human rights based approach and environmental sustainability) been incorporated and addressed in the programme design and implementation

It is expected that the evaluation report will include findings, lessons learned and recommendations on the following:

1. An analysis of efficiency in-terms of programme planning and implementation including an assessment of project's organizational structure, role of sub-offices in relation to implementation of interventions, is there adequate managerial support and coordination of project activities;
2. What outputs have been achieved as well as progress towards achieving outcomes;
3. An analysis of the relevance, effectiveness, efficiency, and sustainability of the project;
4. Problems and constraints encountered during implementation;
5. The necessary human and institutional mechanisms IPs need to support sustainability of the project;-
6. Impact of capacity building (training) in improving effectiveness of the project and ensuring sustainability; and
7. If the recommendations or weaknesses stated in the assessment reports for Ripfumelo I are being addressed in Ripfumelo II.

Evaluation Questions:

The evaluation questions will be guided by the evaluation criteria of relevance and design, effectiveness, efficiency, sustainability and Cross cutting issues such as mainstreaming migration, human rights approach, environmental sustainability and gender equality will be examined to find out if they are embedded in the project design and implementation.

Further specific questions will be developed in an evaluation matrix and this will focus on project design, capacity building of implementing partners and the sustainability thereof and achievement of results in relation to outcomes and outputs so far.

7. Methods

To achieve the objectives of the evaluation the following methods are suggested:

1. A desk review of all relevant documents
2. Interviews with key informants
3. Field visits
4. Focus Group Discussions with selected stakeholders (IPs, client communities)
5. The evaluation will obtain/collect and utilize both qualitative and quantitative data
6. The selection of key informants and focus groups will be guided by the implementing partners' criteria and types of project activities.
7. The evaluation approach will be participatory in nature engaging a broad representation of stakeholders

8. Team Composition

The evaluation will be conducted under the leadership of Backson Sibanda. PDME unit will participate in the evaluation under the guidance of Backson who will be the lead evaluator. The PDME unit is an independent one and is not involved in the implementation of Ripfumelo's project activities.

9. Implementation Arrangements

1. The evaluation will be led by the evaluation expert, Backson Sibanda who will be responsible for conducting the evaluation with the assistance of the PDME unit.
2. IOM through Ripfumelo unit will provide support making logistical arrangements- this should be unpacked as to what it means- in reference to my earlier email. The Rifpumelo team will not make bookings and travel arrangements as it will be cost-effective for the evaluation team to do those arrangements) to access identified stakeholders for the evaluation for fieldwork as well as provide the consultant(s) with required documents.
3. IOM evaluators in consultation with Ripfumelo's Migration Health Project Officer will compile all background documents and develop list of stakeholders to be interviewed and the project sites to be visited.
4. The evaluators will be responsible for processing their own Travel Allowance (TA) and DSA arrangements.
5. Prior to conducting the evaluation, the evaluators will present an inception report and data collection instruments to a reference group which will be set up with the assistance of Ripfumelo management team.
6. Other expected deliverables from the evaluators will be: an evaluation draft report which will consist of findings and recommendations, lessons learnt as well as half day presentation to IOM Ripfumelo staff and management and a final evaluation report will be ready by date this obviously need to change.

7. Deliverables:
    a. Inception report (10-15 pages): explaining the methodology
    b. Draft report (max 35p): including findings and recommendations
    c. Final report (max 35p): including the findings, recommendations and feedback from project team and stakeholders.

8. The draft and final evaluation report should not be more than 35 pages (excluding annexes) and should follow the outline below:
    a. Executive summary (maximum 4 pages) *include major findings with their corresponding recommendations*
    b. Introduction (maximum 1 pages)
    c. Background (project description) (maximum 1 pages)
    d. Evaluation purpose and scope (maximum 2pages)
    e. Evaluation Methodology (maximum 2 pages)
    f. Major Findings (maximum 15)
    g. Lessons learnt (both negative and positive) (maximum 2 pages)
    h. Constraints that impacted project delivery (maximum 2 page)
    i. Recommendations and conclusion (maximum 5 pages)
    j. Annexes (TORs (*mandatory*), list of interviewees, bibliography etc.) (maximum 15 pages)

10. <u>Evaluation Planning and Deliverables-</u>

Phases	**Dates (2014)**	**Deliverables**
Inception phase	20th – 31st January	Inception report
Field mission	3rd – 17th February	Presentation of Preliminary findings
Post-mission phase	18th – 28 February	Draft report and final report