

PROJECT FINAL EVALUATION REPORT



Sexual and Reproductive Health and Rights (SRHR)-HIV Knows No Borders (2016-2020)



Government of
the Netherlands

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG



Save the Children

IOM
UN MIGRATION

The International Organization for Migration (IOM), Save the Children Netherlands (SC) and The University of Witwatersrand School of Public Health (WSPH) — the SRHR-HIV Knows No Borders Consortium — are collaborating to implement a holistic, regional project to improve sexual and reproductive health and HIV (SRH-HIV) related outcomes amongst migrant and non-migrant adolescents, young people and sex workers and others living in migration-affected communities in six countries in the Southern African Development Community (SADC) region, including Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia.

IOM (2020) Pretoria, South Africa.

Disclaimer

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Acronyms and Abbreviations

| | |
|----------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Anti-Retroviral Therapy |
| AYP | Adolescents and Young People |
| BCC | Behaviour Change Communication |
| CSE | Comprehensive Sexuality Education |
| EKN | Embassy of the Kingdom of the Netherlands |
| GBV | Gender based violence |
| HIV | Human Immunodeficiency Virus |
| INERELA+ | International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS |
| IOM | International Organisation for Migration |
| KNB | Knows No Borders |
| LGBTI | Lesbian, Gay, Bisexual, Transgender and Intersex |
| M&E | Monitoring and Evaluation |
| MIDSA | Migration Dialogue for Southern Africa |
| OECD/DAC | Organisation for Economic Cooperation and Development/ Development Assistance Committee |
| SADC | Southern African Development Community |
| SC | Save the Children Netherlands |
| SCI | Save the Children International |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health and Rights |
| STI | Sexually Transmitted Infections |
| UN | United Nations |
| WSPH | The University of Witwatersrand School of Public Health |

Executive Summary

IOM's HIV and SRHR Knows No Borders (KNB) project is part of a regional programme of work on HIV/AIDS and SRHR in Southern Africa. The programme is funded by the Kingdom of the Netherlands, with a total budget of approximately €34 million Euros, of which €13,057,000 was allocated to the IOM project.

In 2019, MDF Training and Consultancy was commissioned by the donor to conduct an evaluation of the five projects, including KNB, that together comprise the regional programme. The evaluation included contribution analysis and case studies in Mozambique, South Africa and Zambia, three of the six countries where the KNB project is operating.

The goal of the evaluation, applying the standard OECD evaluation criteria, was to assess the extent to which the programme had realised better information and greater freedom of choice, improved access to, and use of, sexual and reproductive health-related commodities and quality health care, and respect for the sexual and reproductive rights of those currently denied.

Overall, the programme was found to be relevant, effective and efficient. The evaluation concluded that the programme has contributed to positive change in two of the three focus areas of the programme: namely, improved information and greater freedom of choice for young people about their sexuality, together with increased access to, and use of, SRH commodities and quality health care.

In terms of successfully promoting the sexual and reproductive rights of those currently deprived, progress has been more limited. At least in part, this is, a reflection of the challenges involved in shifting established socio-cultural practices and norms, including stigma and discrimination, and in influencing relevant legal and policy frameworks.

HIV and SRHR Knows No Borders

HIV and SRHR Knows No Borders is a project coordinated by IOM designed to improve the sexual and reproductive health of migrants, sex workers and adolescents and young people in migration-affected communities in six countries within the Southern African development community (SADC) region: Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia.

The project builds upon the assumption that members of these target groups living in migration-affected communities only have greater freedom of choice about their sexuality when they are better informed about their sexuality and SRH-HIV rights, have access to SRH-HIV services that are sensitive and responsive to their needs and rights in communities that respect their rights, reflected in the institutionalisation of these needs and rights at local, national and regional levels.



Members of the Youth Club in Leribe, Lesotho. ©IOM 2018

Main Findings

Relevance

While the programme was clearly informed by a rights-based approach and responds to clear, felt needs among its intended beneficiaries, effective gender analysis and related action was less apparent, an observation shared by implementing partners.

Effectiveness

There is evidence (self-reported) of positive behaviour change, for example, sex workers report more consistent condom use, reporting of gender based violence (GBV), and provision of victim support.

The KNB project has made rare and significant progress by engaging traditional leaders and male and female initiation counsellors in chiefdoms, resulting in positive adjustments to traditional practices in support of SRH outcomes.

Efficiency

Coordination and collaboration at local, national and regional levels has improved, reflected in increased willingness to exchange information, best practices and country plans through regional events.

Impact

Desired changes and progress have occurred at both individual and community level, and specifically, in two of the three focus areas: better information and greater freedom of choice about sexuality together with improved access to, and use of, SRH commodities and quality health care.

Progress and impact were most visible when partners could convene large coalitions of stakeholders, including beneficiaries, service providers, traditional and religious leaders, and representatives of national governments.

IOM has considerable convening power in terms of bringing governments and stakeholders to the table. This is reflected, for example, in its regional work with SADC, including cross-border mechanisms and forums.

Legal and policy frameworks, stigma and discrimination, together with negative socio-cultural norms and practices, have proved considerably more challenging. As such, there has been only limited progress in relation to the third field: respect for the sexual and reproductive rights of those currently excluded.

Sustainability

Involvement of national government is a necessity for sustainability. Therefore, relevant sensitisation and advocacy efforts need to be anticipated and integrated from the outset, encouraging governments to allocate budgets and human resources to sustain the legacy of the programme

Achievements 2016-20: Beneficiaries

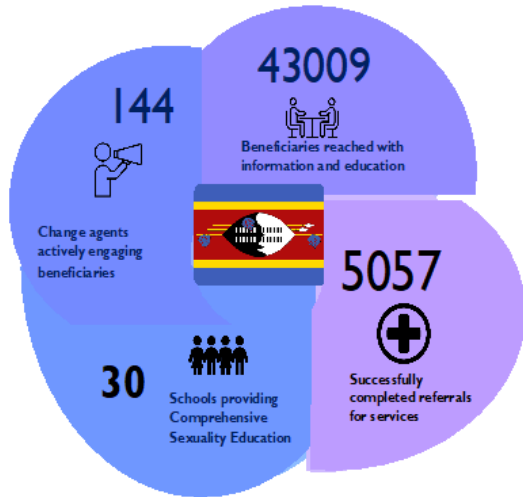
| | | |
|--|--------|---|
| Change Agents working in local communities in 6 countries to provide information, education and advocacy for the rights of target groups | 871 | |
| | 516039 | Adolescents and young people, sex workers & migrants in local communities reached |
| Schools providing Comprehensive Sexuality Education | 351 | |
| | 3017 | Health workers trained to provide user-friendly, relevant SRHR & HIV services to members of project target groups |
| Beneficiaries referred and receive services | 57055 | |

Achievements 2016-20: Enabling Environment

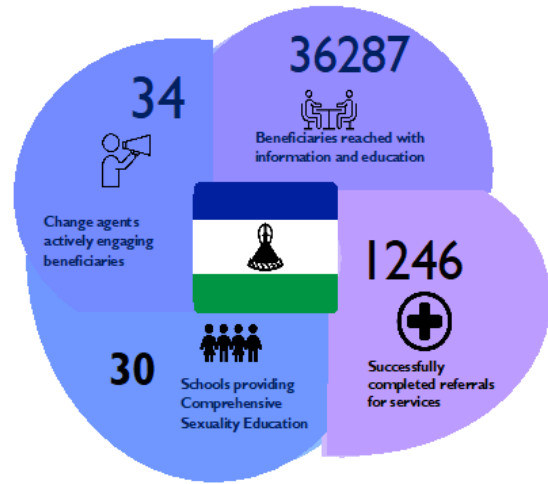
| | | |
|---|------|---|
| Community dialogues and platforms established | 430 | |
| | 3316 | Local, national, and regional policy-makers, gatekeepers and influencers sensitised |
| Local, national, and regional dialogues conducted | 102 | |

Achievements 2016-20: Country Level

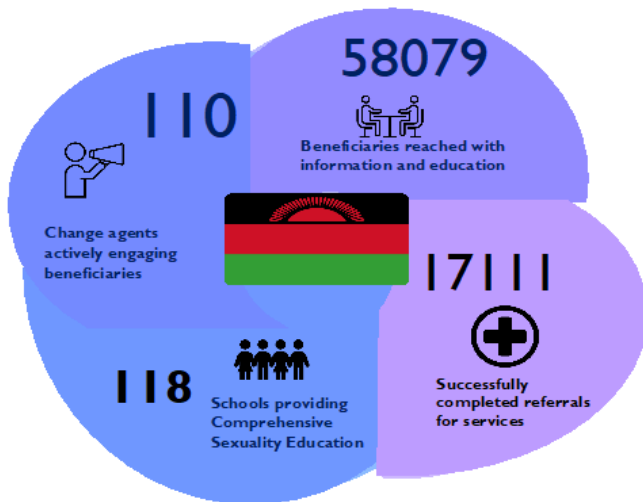
Eswatini: Achievements



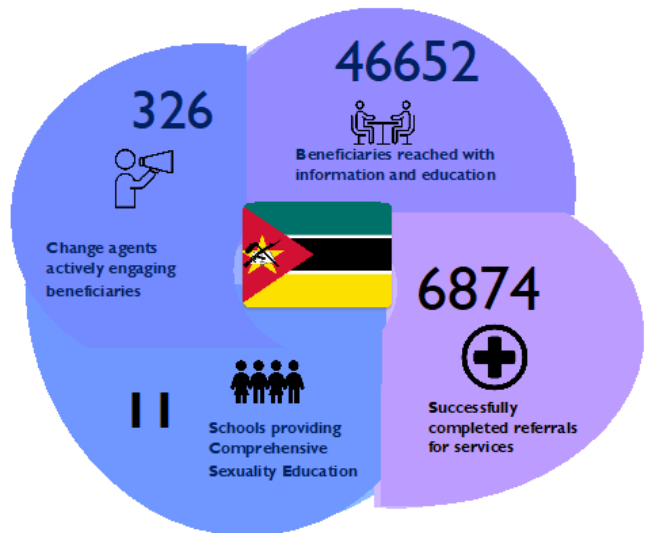
Lesotho: Achievements



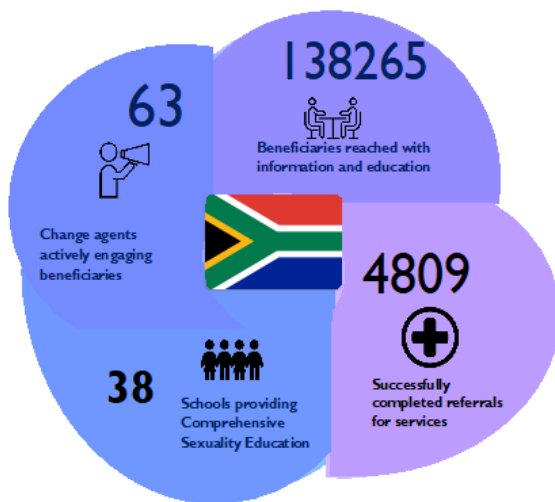
Malawi: Achievements



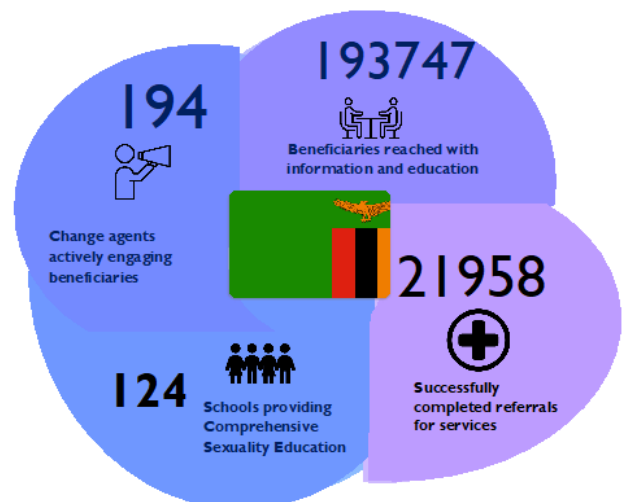
Mozambique: Achievements



South Africa: Achievements



Zambia: Achievements



IOM's SRHR-HIV KNB team holds preliminary consultations with delegates of the participating countries, at the 2019 Migration Dialogue for Southern Africa (MIDSA) in Windhoek, Namibia. ©IOM 2019

Zambia - Changing Traditions



Working with traditional leaders and initiation counsellors, the project successfully overcome profound resistance and engaged in meaningful dialogue with 15 traditional leaders and male and female initiation counsellors in the Kawaza chiefdom.

Previously, boys aged 10-24 years would be gathered and taken to the bush for a brutal initiation process lasting 30 days. Fatal injury sometimes occurred. Initiates emerged feeling entitled to behave as they wished in terms of their sexual conduct.

Through the project, the following changes have occurred. Young men are now initiated only after they have completed education and reached the age of 25. The content of the initiation has been changed to forbid physical punishment and include respect for human rights.

For girls, families now have to announce their intention to send them for initiation. While younger girls are still initiated, they receive age-appropriate information, such as menstrual hygiene, in order to ensure their school attendance is uninterrupted. For both girls and boys, initiation rites no longer take place during the school term.

The culminating celebration – a dance – is no longer held in the evening and takes place during the day with closer supervision.

In this way, the project has complimented the chiefdom's Local Development Strategic Plan which seeks to eliminate child marriage, combat child labour and promote education for both girls and boys.

Mozambique: Sex Workers Mobilise



In response to increasing sexual exploitation of young girls in their communities, two migrant sex workers formed an association with their peers and sensitised local communities to the connections between lack of access to education, poverty, poor health outcomes and risk of sexual exploitation.

Association members pooled their resources to support the construction of two classrooms and the recruitment of a teacher for over 200 learners, while community leaders provided land and requested the District Education Office to assume responsibility for supporting the teacher's salary.

The school was built in 2017 and the following year the Education Department assumed responsibility for the teacher's salary. The school is now successfully integrated within existing governance and financial structures.

The school has an enrolment of approximately 200 girls and boys between the ages of 12 to 18, who attend in shifts.

Change Agents have mobilised parents, guardians and others to ensure that children attend on a regular basis.

By providing a platform for the education of young people, particularly at-risk girls, the school is equipping young people to enjoy greater freedom of choice about their own futures and their own sexuality, and to reduce their vulnerability to sexual exploitation.

Malawi: From Drama to Food Security



In Malawi, members of an existing (pre-project), out-of-school youth club found an innovative way to sustain SRHR-HIV outreach work with communities while creating a livelihoods option through a small-scale farm. Some members had been trained as Change Agents and others were members of a drama group.

The group decided collectively to save a portion of the stipend received for its drama performances and invest this money in seeds and equipment to start a small farm on land gifted to the group by a family member.

With confidence and skills acquired through the project, the group then successfully approached the Ministry of Agriculture as well as a local agricultural retail depot for further support.

The farm produces a variety of vegetables which it sells at local markets. Livestock has been a recent addition. Non-sellable produce is consumed by members or donated to members of local communities, including those on ART, thereby reducing the real risk of food poverty.

South Africa: Collaborative Policy & Planning



Through simultaneous and complimentary interventions at local, national and regional levels, the project has influenced policy both ‘downstream’ and ‘upstream’.

The project provided technical support to the development of the Ekurhuleni Municipality HIV and STI strategic plan, ensuring consideration of migrants, adolescents and young people and sex workers as key and vulnerable populations.

Nine inter-sectoral collaborations were created with local municipalities, police, home affairs, health, education, social development departments, as well as with traditional and religious leaders. The purpose of these collaborations was to improve social cohesion and peaceful co-existence between settled and migrant populations and to reduce stigma and xenophobia.

During the 2018 Migration Dialogue for Southern Africa, migration and health-related issues were incorporated in the draft SADC regional migration policy framework. These included: strengthening public health preparedness and responses at cross-border communities; intensifying HIV integration with SRHR and TB programming in the mining sector; and strengthening multi-sectoral collaboration on migration and health.

Additional Findings



Change Agent in Eswatini © IOM 2019

Change Agents, as members of local communities and beneficiary groups, have played a critical role in sensitising local communities, their leaders and members of the project target groups. They function both as advocates for the rights of their clients and as providers of what has, at times, amounted to life-changing support to individuals.

Through the project, beneficiaries have been able to access family planning, condoms, HIV testing, Antiretroviral Therapy (ART), ante-natal care, counselling and support for sexual and gender based violence. As well as health services, beneficiaries have had access to non-health services such as paralegal, police, judiciary and social welfare.

Consultation was an important element of the project: with government at national, provincial and district levels, and with community leaders and gatekeepers at local level, for example in terms of the process of selecting and training Change Agents and identifying intervention communities.

In some settings, strategies were introduced in response to emerging expressed need, economic empowerment for sex workers for example, to reduce vulnerability.

Establishing and supporting groups for beneficiaries, such as local hubs for sex workers, helped members articulate and address their concerns, increase their solidarity and take collective action, including reporting acts of violence to victim support services. Sex workers also described improved self-esteem and increased ability to claim their rights.

Support for mental health and access to appropriate services emerged as significant concerns among beneficiaries.

Cross-border meetings culminated in harmonisation of a community referral tool and mapping of health facilities that provide services to migrants, sex workers and adolescents and young people, together with a referral directory for Change Agents.

The project engaged with the international network of religious leaders living with or personally affected by HIV/AIDS (INERELA+) in order to disseminate relevant information and services for beneficiaries who belonged to their congregations. INERELA+ also assisted in influencing religious institutions in advocacy for SRHR rights.

The project has demonstrated the need for multisectoral responses to the health of migrants and migration-affected communities. Through regional technical consultations, the project built political commitment at local, national and regional levels to improve SRHR-HIV and health outcomes for the target populations. The integration of key migration and health-related recommendations within the 2019 MIDSA Ministerial recommendations provided a springboard for those working in the field of migration and health, and particularly SRHR-HIV, to develop their work.

IOM also collaborated with Luke International Norway (LIN) to pilot a mobile technology in cross-border communities, designed to strengthen community health systems to improve and synchronise migration data capture and analysis and disseminate messages to target communities using DHIS2.

Considerations for Future Programming



Work with adolescents and young people should continue and be based upon a clear understanding of intersecting layers of vulnerability, including appropriate gender analysis.

01



Effectively challenging prevailing social and cultural norms that adversely affect sexual and reproductive health requires careful consideration of the distribution of power, together with social, gender and political analysis.

02



Adopt a more holistic, pragmatic and flexible approach in SRHR and HIV by incorporating related, pressing issues, such as economic empowerment and mental health.

03



Increase opportunities for linking, learning and sharing between implementing partners to leverage and realise higher impact possibilities, including joint or coordinated advocacy work for policy and law reform.

04



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