Review of IOM Development Fund

Migration Health Projects

2016 – 2020

IOM Development Fund

June 2021

CONTENTS

EXECUTIVE SUMMARY

Key Findings

Project Information
- Between 2016 and 2020, 21 MA projects and two MP projects were funded out of a total of 309 IOM Development Fund projects (7.4 per cent).
- Out of 23 migration health projects, 10 projects (43.5 per cent) have been completed, while 13 projects (56.5 per cent) are still active and ongoing.
- During the period from 2016 to 2020, a total of USD 4,960,000 was allocated towards migration health projects.
- The regional distribution of migration health projects in this review were relatively more prevalent in Asia and Oceania, with about 56.5 per cent of projects being implemented in this region.

Outcomes and Output
- Six out of the 10 completed migration health projects examined in this review (60 per cent) fully achieved planned outcomes and delivered expected outputs.

Project Categories
- The migration health projects examined in this review can be divided in the following categories: (1) Psychosocial Services; (2) Migration Health Policy; (3) Infectious Diseases Control and Care; (4) Global Migration Health Agenda; (5) Regional Coordination; (6) Emergency Preparedness; and (7) Information Access.

Project Partners
- For all 23 migration health projects the IOM Missions engaged with national government counterparts in the respective ministries of health as the primary project partner(s).
- Government buy-in and involvement throughout all project stages was found to be crucial for successful project implementation and sustainability.

Beneficiaries
- All 23 migration health projects examined in this review (100 per cent) directly targeted non-migrant beneficiaries.
  - The most commonly identified type of direct or indirect non-migrant beneficiary was national government institutions, which were targeted by all projects, followed by academia or research institutes, non-governmental organizations (NGOs), international and international and regional institutions, host communities, health services and civil society organizations (CSOs).
- 10 projects examined in this review (43.5 per cent) directly targeted migrant beneficiaries.
  - The most commonly identified type of direct or indirect migrant beneficiary was labour migrants, followed by internal migrants and returnees.

- Six out of 10 completed migration health projects examined in this review (60 per cent) reached all target project beneficiaries, three of which exceeded targets considerably.
- Four out of 10 completed migration health projects examined in this review (40 per cent) were unable to reach all target beneficiaries.

Gender
- 15 migration health projects examined in this review (65.2 per cent) were marked by the Gender Marker code 2a; seven projects (30.4 per cent) were marked code 1; one project (4.4 per cent) was marked 0; no projects examined (0 per cent) were marked N/A or 2b.

Innovative Processes
- 16 projects (69.6 per cent) indicated having produced or involved innovative processes and/or outputs.
- Four projects (17.4 per cent) were featured in the IOM Development Fund Handbook on Innovative Initiatives.
- Various innovations involved contributions to foundational features of effective health care access and services for migrants including migrant health-related data, legislative frameworks, national plans, and stakeholder engagement.

Challenges
- All 23 projects (100 per cent) encountered challenges during project implementation.
- The most common challenges include changing governmental priorities; difficulty accessing existing data; political instability; and changing government counterparts, with six projects (26.1 per cent) impacted by each challenge.
- 16 projects (69.6 per cent) indicated "Other" challenges, nine (39.1 per cent) of which included COVID-19 and/or other disease outbreaks.
- 15 projects (65.2 per cent) indicated that one or more activities and outputs were negatively impacted as a result of the challenges encountered during project implementation.

Revision
- 20 projects (87 per cent) required a revision.
- Budget revisions were the most common type of revision (seven projects, 30.4 per cent), followed by Duration revision (four projects, 17.4 per cent), Results Matrix revision (three projects, 13 per cent), then Beneficiary revision (one project, 4.4 per cent).

Impact
- Four out of the five formally evaluated projects reported having positive impacts. The evaluation of one project noted that it was too premature for changes in health, psychological and economic conditions of migrants to be observed and thus decided to exclude impact as an evaluation criterion.
- No evaluated project reported having any unintended negative effects.

Sustainability

- Out of 10 completed migration health projects, eight projects (80 per cent) have sustained project outcomes after project closure.
- Two projects (8.7 per cent) indicated both outcomes that were sustained and outcomes that were not sustained.
- Two projects (8.7 per cent) indicated that no outcomes were sustained after project completion.

Consideration of COVID-19

- 12 out of 13 active migration health projects examined in this review (92.3 per cent) have been affected by COVID-19 and experienced a negative impact on project implementation due to the pandemic.
- The challenges experienced by these projects include changes in governments' and partners' priorities towards their national COVID-19 response and away from project implementation; changes in health experts' focus towards COVID-19; various physical distancing measures leading to restrictions on in-person events; travel restrictions; and nationwide lockdowns.
- In response to these challenges, five out of 13 active migration health projects (38.5 per cent) underwent a project revision.
- Some projects noted that their government counterparts began showing an even greater interest in the projects, as the pandemic had shed light on migration health challenges.
- Three out of 13 active projects (23.1 per cent) were created partly as a response to the COVID-19 pandemic.

Contribution to Institutional Frameworks and Development Goals

Migration Governance Framework (MiGOF)

- 16 out of the 23 migration health projects examined in this review (69.6 per cent) contributed to Principle 1; 13 projects (56.5 per cent) contributed to Principle 2; 11 projects (47.8 per cent) contributed to Principle 3.
- 15 out of the 23 migration health projects examined in this review (65.2 per cent) contributed to Objective 1; three projects (13 per cent) contributed to Objective 2; eight projects (34.8 per cent) contributed to Objective 3.

Sustainable Development Goals (SDGs)

- Four out of the 23 migration health projects examined in this review (17.4 per cent) contributed to SDG 1; one project (4.4 per cent) contributed to SDG 2; 22 projects (95.7 per cent) contributed to SDG 3; one project contributed to SDG 4; five projects (21.7 per cent) contributed to SDG 5; three projects (13 per cent) contributed to SDG 8; 14 projects (60.9 per cent) contributed to SDG 10; five projects (21.7 per cent) contributed to SDG 16; 11 projects (47.8 per cent) contributed to SDG 17.

Key Recommendations

The following recommendations aim to provide guidance to IOM Missions working with governments to design and implement migration health projects.

- **Project Development:**
  - Develop a stakeholder's engagement plan to effectively build and sustain partnerships with key government counterparts.
  - Formulate a clear and well-articulated theory of change, which identifies desired changes, maps a chain of results and accounts for potential risks.
  - Formulate innovative contingency/adaptation strategies to prepare for potential roadblocks arising from unforeseen challenges and crises, such as political instability and COVID-19.
  - Conduct a participatory needs assessment to identify health-related needs of vulnerable migrant groups and reach a wider scope of migrant beneficiaries.
- **Project Implementation:**
  - Promote regional efforts to encourage knowledge-sharing and coordination mechanisms in response to cross-border migration health issues.
- **Post-Project Closure:**
  - Develop a project sustainability plan outlining financial and organizational strategies to sustain project outcomes in the long-term.
  - Develop an evidence-based framework to measure long-term project impacts.

1. INTRODUCTION

1.1 Migration and Health

As per the IOM glossary, migration health is "a public health topic which refers to the theory and practice of assessing and addressing migration associated factors that can potentially affect the physical, social and mental well-being of migrants and the public health of host communities".[1] This definition adopts a holistic understanding of health by considering physical, mental, as well as social health. Health is accepted as a fundamental human right under Article 12(1) of the International Covenant on Economic, Social and Cultural Rights which recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".[2] By extension, the right to health implies the right to health-related services, claims and freedom on a non-discriminatory basis.[3]

Migrants are among some of the most disadvantaged and marginalized groups in the world, making them especially vulnerable to systemic challenges to their health.[4] While migration itself is not necessarily a risk factor for health, the conditions migrants are exposed to in the process of migration can result in vulnerabilities to physical and mental health problems.[5] Moreover, migrants – especially on irregular migration paths – have more difficulty accessing health care.[6] For this reason, "the right to health should be fulfilled at each stage of the migration process: from the decision to move, to the journey itself, to reception in the new community and any eventual return".[7] Addressing migration health is thus necessary to fully realize the benefits of "migration for all".[8]

The ongoing COVID-19 pandemic has revealed the critical implications of cross-border movements on health and has further stressed the importance of migration health.[9] Migrants are particularly vulnerable to the direct and indirect impacts of COVID-19.[10] In addition to exacerbating migrants' existing vulnerabilities, the pandemic has also generated new ones.[11] Crisis response measures cannot effectively include migrants without addressing the underlying conditions of vulnerability associated with migration.[12] Inclusive approaches to protecting and promoting the rights and health of all are needed for communities to effectively respond to the ongoing crisis

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[1] IOM, *Glossary on Migration* (Geneva, 2019). Available at https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf

[2] UN General Assembly, International Covenant on Economic, Social and Cultural Rights, 16 December 1966.

[3] Toebes, B., The Right to Health as a Human Right in International Law, Antwerp: Interstentia/Hart, 1999, p. 19.

[4] IOM, *Migration and the Right to Health: A Review of International Law* (Geneva, 2009). Available at https://publications.iom.int/system/files/pdf/iml_19.pdf

[5] Ibid.

[6] IOM, *World Migration Report 2020* (Geneva, 2019). Available at https://publications.iom.int/system/files/pdf/wmr_2020.pdf?fbclid=IwAR27MOUJINBl8hmAsbQVmQX1xAxPOUnh0Gq9O6o2dNJO1Rjxn61DXOdo1Lo

[7] IOM, *Migration and the Right to Health: A Review of International Law* (Geneva, 2009). Available at https://publications.iom.int/system/files/pdf/iml_19.pdf

[8] Ibid.

[9] Guadagno, L., 2020. *Migrants and the COVID-19 pandemic: An initial analysis*. Migration Research Series N° 60. International Organization for Migration (IOM). Geneva.

[10] Ibid.

[11] Chetail, V., 2020. *COVID-19 and human rights of migrants: More protection for the benefit of all*. International Organization for Migration (IOM). Geneva.

[12] Guadagno, L., 2020. *Migrants and the COVID-19 pandemic: An initial analysis*. Migration Research Series N° 60. International Organization for Migration (IOM). Geneva.

and reduce the risk of future health crises.[13] Adequate and effective migration health policy is now more important than ever.

1.2 Migration Health and IOM

Within the International Organization for Migration (IOM), the Migration Health Division (MHD) is responsible for the delivery and promotion of "comprehensive, preventive and curative health programmes which are beneficial, accessible, and equitable for migrants and mobile populations".[14] In collaboration with partners, MHD contributes to the physical, mental and social well-being of migrants with the aim of supporting migrants and host communities to achieve social and economic development.

As part of its work to advance migration in global health discussions, IOM and the World Health Organization (WHO) have closely collaborated for a number of decades. In February 2017, the Government of Sri Lanka, in partnership with IOM and WHO, hosted the Second Global Consultation on Migrant Health, in which governments and non-governmental actors identified priority areas and key policy strategies to reach a unified agenda on the health of migrants, thereby facilitating engagement among multi-sectoral partners at the policy level. Then, in May 2017, IOM contributed to the Seventieth World Health Assembly Resolution on Promoting the health of migrants and refugees, which called on the development of a global action plan on the health of refugees and migrants. IOM has remained engaged with WHO in the development of the Global Action Plan and will continue its collaboration throughout its implementation. As a whole, IOM and its partners strive to create and advise governments on policies that link the global health, migration and development agendas in order to foster solutions to pressing migration health issues.

1.3 Migration Health and the IOM Development Fund

Established in 2001, the IOM Development Fund has provided a unique global resource aimed at supporting developing Member States in their efforts to strengthen their migration management capacity. Since the Fund's creation, it has supported the implementation of over 800 capacity development projects across 122 countries worldwide by addressing the capacity-development needs of eligible Member States through essential "seed funding" for innovative projects.

The IOM Development Fund plays an important role in assisting governments seeking to strengthen their capacities to address and manage migration issues related to migration health. Projects related to migration health are categorized by three project types: Migration Health Assessment and Travel Health Assistance (MH), Health Promotion and Assistance to Migrants (MA), and Migration Health Assistance for Crisis-Affected Populations (MP). Each project code corresponds to different MHD programme areas. MH projects focus on the provision of physical and mental health evaluations of migrants to "ensure that the migration process does

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[13] Ibid.
[14] IOM, Migration Health. 2021. Available at https://www.iom.int/migration-health

not endanger the health of either the migrant or host communities."[15] MA projects focus on national-capacity development to enhance Member States' national health systems and improve access to health services for migrants. Meanwhile, MP projects focus on delivering response to humanitarian crises and public health emergencies. Because the latter two project codes are more aligned with the IOM Development Fund's mandate to support capacity development needs, these project types are more commonly funded by the Fund relative to MH projects.

In 2016, the IOM Development Fund conducted a review on migration health-related projects funded by the IOM Development Fund between 2005 and 2015. The purpose of the review was to provide an overview of the funding provided to migration-health projects. In 2021, this review was conducted to provide an updated assessment of migration health-related projects funded by the IOM Development Fund between 2016 and 2020. The purpose of this review was to identify best practices and challenges, in order to provide recommendations for future migration health projects.

2. OBJECTIVES

The objective of this review was to assess 10 completed and 13 active migration health projects falling under the MP and MA project types that have been funded by the IOM Development Fund between 2016 and 2020. It aimed to analyze the target projects' findings and results, in order to provide recommendations for future migration health projects. It examined core project aspects, such as rationales for interventions, outcomes and outputs' achievements, partners and beneficiaries, gender considerations, innovative initiatives, challenges, impacts and sustainability. By highlighting positive and negative lessons learned by these projects, this review sought to formulate recommendations to better inform future migration health projects or other similar projects.

Furthermore, this review explored the relationship between migration health and IOM's Strategic Vision,[16] the IOM Institutional Strategy on Migration and Sustainable Development[17] and IOM's Migration Governance Framework (MiGOF).[18] Particularly, it assessed the different ways the projects in this review have integrated these institutional goals and frameworks.

Finally, this review also assessed the impact of the COVID-19 pandemic on active projects and their subsequent adaptation strategies. In doing so, it discerned any potential links between the rise of the ongoing pandemic and the prevalence of a particular migration health project type (i.e., MP projects on Migration Health Assistance for Crisis-Affected Populations).

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[15] IOM, Migration Health Assessments & Travel Health Assistance. 2021. Available at https://www.iom.int/migration-health-assessments-travel-health-assistance

[16] IOM, *Strategic Vision: Setting a Course for IOM* (Geneva, 2020). Available at https://publications.iom.int/system/files/pdf/iom-strategic-vision.pdf

[17] IOM, *IOM Institutional Strategy on Migration and Sustainable Development* (Geneva, 2020). Available at https://publications.iom.int/system/files/pdf/iom-institutional-strategy.pdf

[18] IOM, *Migration Governance Framework* (Geneva, 2016). Available at https://publications.iom.int/system/files/migof_brochure_en.pdf

It should be noted that this review did not involve or replace a formal ex-post evaluation for the projects. While some projects did include findings from ex-post evaluations, namely in the 'Impact' and 'Sustainability' sections, the findings in this report are largely based on subjective assessments by IOM personnel involved in project implementation.

3. METHODOLOGY

3.1 Project and Parameters

This review provides an assessment of all migration health-related projects funded by the IOM Development Fund from 2016 to 2020. The review provides an overview of 23 total projects comprised of 10 completed projects and 13 active projects (see **Annex 1: List of Projects**).

Sub-section 5.12 of this review on COVID-19 is applicable only for projects that were active from the beginning of the pandemic in March 2020 and onwards.

3.2 Data Collection and Analysis

The information in this review was gathered primarily through questionnaires and interviews. First, a questionnaire was developed and distributed in February 2021 to the IOM Missions overseeing the 23 projects identified for this review (see **Annex 2: Questionnaire**). 22 out of 23 questionnaires (95.7 per cent) were completed and returned. One questionnaire, for project MA.0497, was not completed because the IOM Mission indicated the project was too early in its implementation stage to complete the questionnaire. The questionnaires were completed by relevant IOM personnel, such as Project Managers or Chiefs of Missions, who were either involved in project implementation or have replaced involved personnel due to staff turnovers. The questions were framed within the context of both active and completed projects. It included questions on project partners, project outcome and outputs, beneficiaries, implementation challenges, COVID-19, revisions, project sustainability and evaluations.

The questionnaires were followed by an interview conducted over Microsoft Teams with all IOM Missions (100 per cent) overseeing the 23 projects. The interviews were conducted from the beginning of February 2021 to early March 2021 with relevant IOM personnel, including Project Managers and Chiefs of Missions. In cases where staff involved in the project implementation were unavailable or no longer with the IOM Mission, replacement staff were interviewed. The purpose of the interviews was to gain a better understanding of the course of project implementation for each project and to follow up on any information gaps from the questionnaires.

In addition, final/interim reports and ex-post evaluation reports were reviewed, when necessary, to supplement findings from the questionnaires and interviews. Other project information was gathered through the Project Information and Management Application (PRIMA), IOM websites, IOM reports and documents, and other UN websites and reports.

Based on the analysis of the collected data from the questionnaires, interviews, final/interim reports, evaluations, and other sources the relevant information was aggregated and assessed on a quantitative and qualitative basis. The collected data was categorized and evaluated in order to carry out statistical analysis and generate visualizations of the results. Recommendations were drawn from the observations made in this report.

3.3 Limitations

This report is the product of an internal review conducted over a two-month period by the IOM Development Fund. As such, it provides an informal, rapid assessment of the relevant projects. Due to time limitations, the review does not provide an in-depth analysis of each project involved and potential confounding variables. In particular, because this review includes 13 active projects, including some that are still in the early stages of project implementation, a full and thorough assessment of these projects cannot be provided. Additionally, some information acquired from the questionnaires may be based on subjective assessments, particularly for projects without formal ex-post evaluations. As mentioned previously, it should be noted that this review does not constitute a formal ex-post evaluation for the projects. While some projects did include findings from ex-post evaluations, namely for the impact and sustainability sections, the findings in this report are largely based on subjective assessments by IOM personnel involved in the project implementation. Since ex-post evaluations were only undertaken for six out of the 10 completed projects, a complete assessment of the impacts and sustainability of all projects cannot be provided in this review.

Furthermore, due to IOM staff turnover, Project Managers and relevant IOM personnel who were directly involved in the implementation of some projects were unavailable. As a result, the depth of the assessments and information provided in some questionnaires may be limited or incomplete. Similarly, because the COVID-19 pandemic was still ongoing at the time that this review was conducted, the findings related to COVID-19 are limited, providing only a broad overview of the challenges faced by respective projects and the adaptive strategies implemented in response. Finally, out of a total of 309 IOM Development Fund projects between 2016 and 2020, 23 (7.4 per cent) were migration health related. Because the sample size is relatively small, the validity of the findings and trends in this review cannot be fully assessed.

4. CONTRIBUTION TO INSTITUTIONAL FRAMEWORKS AND DEVELOPMENT GOALS

4.1 IOM Strategic Vision

In 2019, IOM released its Strategic Vision 2019-2023,[19] which represents the organization's reflection of its needs and priorities, based on a landscape assessment of what the decade will bring. By 2023, IOM seeks to be a driving force in the global conversation on migration, capable of supporting migrants at all stages of the mobility continuum and linking the migration agenda to other relevant areas of work, including health and the

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[19] IOM, *Strategic Vision: Setting a Course for IOM* (Geneva, 2020). Available at https://publications.iom.int/system/files/pdf/iom-strategic-vision.pdf

broader 2030 Agenda for Sustainable Development. The three main pillars of the Strategic Vision are (1) Resilience, (2) Mobility and (3) Governance.

4.2 Migration Governance Framework (MiGOF)

IOM's Migration Governance Framework (MiGOF) presents, in a consolidated, coherent and comprehensive way, a set of three Principles and three Objectives which, if respected and fulfilled, would ensure that migration is humane, orderly, and benefits migrants and society.[20] It is the first internationally agreed document outlining the governance of migration through planned and well-managed policies. The three Principles highlight the necessary conditions for well-managed migration through an environment conducive to maximizing results for migration to the benefit of all. They represent the means through which states can ensure the establishment of systemic requirements for good migration governance. The MiGOF Principles are as follows:

1. Adherence to international standards and the fulfilment of migrants' rights.
2. Migration and related policies are best formulated using evidence and whole-of-government approaches.
3. Good migration governance relies on strong partnerships.

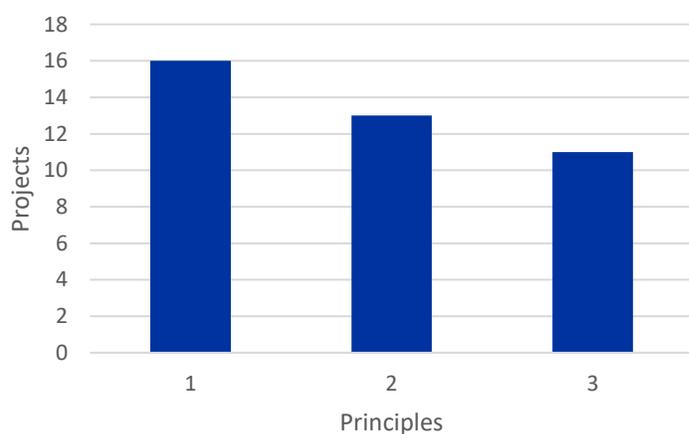*Figure 1: MiGOF Principles Targeted by Migration Health Projects*

Figure 1 provides an illustration of the number of migration health projects targeting each MiGOF Principle. The projects contributed most commonly to Principle 1 (16 projects, 69.6 per cent); followed by Principle 2 (13 projects, 56.5 per cent); and lastly, Principle 3 (11 projects, 47.8 per cent). **Table 1** outlines the project codes contributing to each Principle. Projects MA.0372, MA.0373, MA.0379, MA.0377, MA.0382, and MA.0498 are linked to all three Principles.

Table 1: MiGOF Principles and Projects

Principle 1	MA.0374, MA.0372, MA.0375, MA.0373, MA.0379, MA.0377, MA.1147, MA.0382, MA.0400, MA.0406, MP.0346, MA.0499, MA.0494, MA.0497, MA.0498, MA.0484
Principle 2	MA.0372, MA.0373, MA.0379, MA.0377, MA.1147, MA.0382, MA.0407, MA.0406, MA.0460, MA.0459, MA.0464, MA.0499, MA.0498
Principle 3	MA.0372, MA.0375, MA.0373, MA.0379, MA.0377, MA.0382, MA.0407, MA.0460, MA.0457, MA.0497, MA.0498

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[20] IOM, *Migration Governance Framework* (Geneva, 2016). Available at https://publications.iom.int/system/files/migof_brochure_en.pdf

The three MiGOF Objectives ensure that migration is governed in an integrated and holistic way by considering mobile categories of people and addressing their needs for assistance in emergency situations, building the resilience of individuals and communities, as well as securing opportunities for the socioeconomic health of states. The MiGOF Objectives are as follows:

1. Good migration governance and related policy should seek to advance the socioeconomic well-being of migrants and society.
2. Good migration governance is based on effective responses to the mobility dimensions of crises.
3. Migration should take place in a safe, orderly and dignified manner.

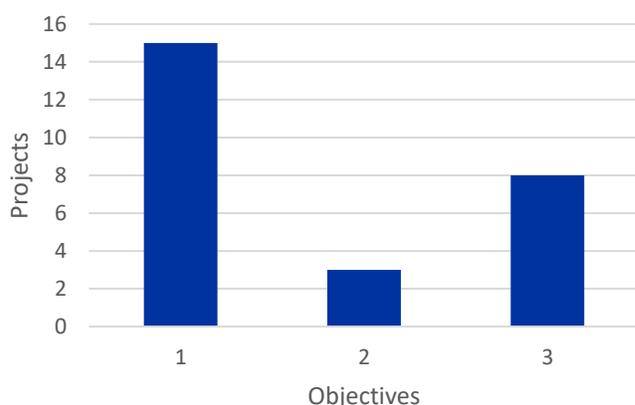*Figure 2: MiGOF Objectives Targeted by Migration Health Projects*

Figure 2 provides an illustration of the number of migration health projects targeting each Objective. The most common Objective among the projects is Objective 1 (15 projects, 65.2 per cent); followed by Objective 3 (8 projects, 34.8 per cent); and lastly, Objective 2 (3 projects, 13 per cent). No single project has been linked to all three objectives. **Table 2** outlines the project codes contributing to each Objective.

Table 2: MiGOF Objectives and Projects

Objective 1	MA.0374, MA.0372, MA.0375, MA.0373, MA.0379, MA.0377, MA.1147, MA.0382, MA.0406, MP.0346, MA.0457, MA.0464, MA.0499, MA.0494, MA.0498
Objective 2	MA.0407, MP.0512, MA.0499
Objective 3	MA.0374, MA.0375, MA.0373, MA.0379, MA.0400, MA.0407, MA.0415, MA.0484

4.3 IOM Strategy on Migration and Sustainable Development

Migration can be a driver for sustainable development, yet it can also be affected by development. IOM recognizes migration as "both a development strategy and a development outcome" when it is well-managed.[21] The organization's approach is "to maximize the potential of migration to achieve sustainable development outcomes" for migrants as well as their communities in respective countries of origin, transit, and destination.[22] To this end, IOM has adopted an Institutional Strategy on Migration and Sustainable Development which aims to comprehensively integrate migration and development into policymaking and programming within the

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[21] IOM, Migration and Sustainable Development. 2021. Available at https://www.iom.int/migration-and-development
[22] IOM, *IOM Institutional Strategy on Migration and Sustainable Development* (Geneva, 2020). Available at https://publications.iom.int/system/files/pdf/iom-institutional-strategy.pdf

organization.[23] Through this Strategy, IOM aims to directly contribute to the Decade of Action to fast-track progress for reaching the Sustainable Development Goals (SDGs) set in the 2030 Agenda for Sustainable Development.[24]

Within the context of the 2030 Agenda, governments are urged to incorporate migrant-sensitive health services and inclusive, targeted activities into national plans, policies and strategies. In addition to representing an essential human right, access to health-related services is a necessary precondition for migrants to engage in work and other productive activities that contribute to social and economic development. For this reason, it is crucial to strengthen local and national health systems to effectively respond to migrant-sensitive health needs throughout the migration cycle. Migrant health initiatives can contribute to the SDGs, including the following:

- SDG 1 – No Poverty
- SDG 3 – Good Health and Well-Being
- SDG 5 – Gender Equality
- SDG 8 – Decent Work and Economic Growth
- SDG 10 – Reduced Inequalities
- SDG 11 – Sustainable Cities and Communities
- SDG 16 – Peace, Justice and Strong Institutions
- SDG 17 – Partnerships for the Goals

The projects in this review contributed to SDGs 1, 2, 3, 4, 5, 8, 10, 16, and 17. The projects most commonly contribute(d) to SDG 3 (22 projects, 95.7 per cent); followed by SDG 10 (14 projects, 60.9 per cent); then SDG 17 (11 projects, 47.8 per cent). **Table 3** lists the specific projects contributing to each applicable SDG.

Table 3: SDGs and Migration Health Projects

SDG	Projects
1 – No Poverty	MA.0400, MA.0407, MP.0346, MA.0498
2 – Zero Hunger	MA.0407
3 – Good Health and Well Being	MA.0374, MA.0372, MA.0375, MA.0373, MA.0379, MA.0377, MA.1147, MA.0382, MA.0407, MA.0406, MA.0415, MP.0346, MA.0460, MA.0457, MA.0459, MA.0464, MP.0512, MA.0499, MA.0494, MA.0497, MA.0498, MA.0484
4 – Quality Education	MA.0407
5 – Gender Equality	MA.0400, MA.0407, MA.0406, MA.0499, MA.0494
8 – Decent Work and Economic Growth	MA.0457, MA.0377, MA.1147

[23] Ibid.

[24] UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*, 21 October 2015.

10 – Reduced Inequalities	MA.0374, MA.0375, MA.0379, MA.0377, MA.1147, MA.0382, MA.0400, MA.0407, MP.0346, MA.0460, MA.0457, MA.0499, MA.0494, MA.0497
16 – Peace, Justice and Strong Institutions	MA.0372, MA.1147, MA.0382, MA.0400, MA.0499
17 – Partnerships for the Goals	MA.0372, MA.0375, MA.0373, MA.0379, MA.0377, MA.0382, MA.0407, MP.0346, MA.0460, MA.0459, MA.0497

5. FINDINGS

5.1 Project Information

Project Types

Figure 3: Number of Migration Health Projects, by Year

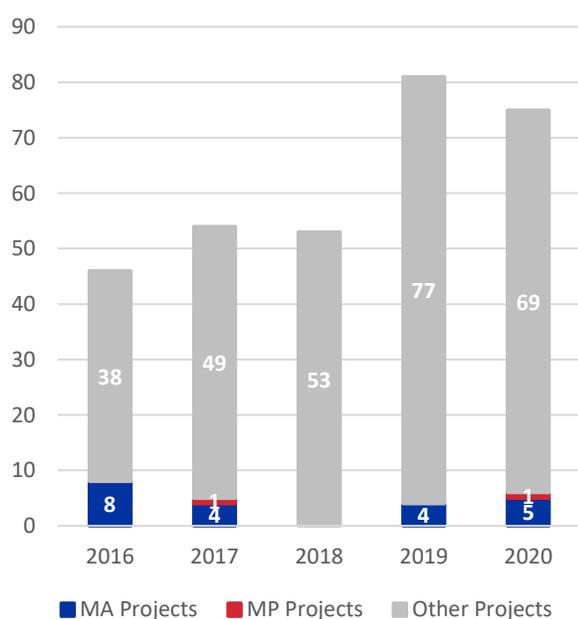Legend: MA Projects, MP Projects, Other Projects

Figure 3 shows the number of migration health projects funded each year from 2016 to 2020, in comparison to all IOM Development Fund projects. During this period, 21 MA projects and two MP projects were funded, out of a total of 309 projects. The IOM Development Fund review on migration health-related projects conducted in 2016 found that 31 migration health projects were funded between 2005 and 2015, out of a total of 463 projects. In both periods, migration health projects constituted approximately 7 per cent of total projects.

Figure 4 shows the proportion of these projects, as a percentage, relative to all projects per year. These figures show that the number of migration health projects have declined significantly from 2016 to 2018, with no migration health projects funded in the latter year. However, since then, the number of migration projects funded have steadily increased, albeit at a lower share of total projects relative to the base year in this review.

Figure 5 provides an overview of the project status of all migration health projects between 2016 and 2020. Out of 23 migration health projects, 10 projects (43.5 per cent) have been completed while 13 projects (56.5 per cent) are still active and ongoing.

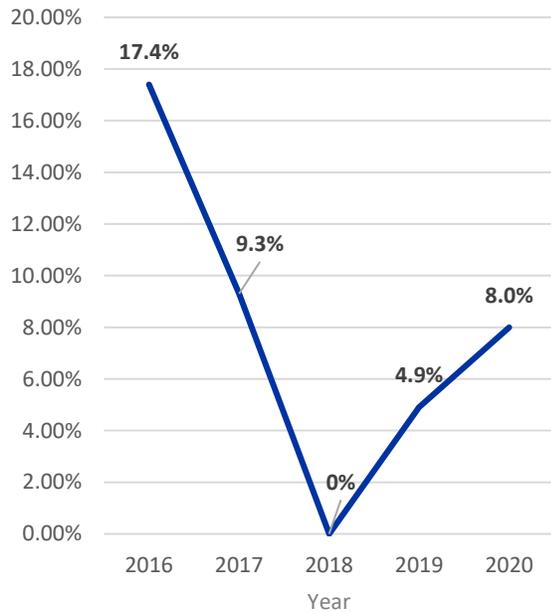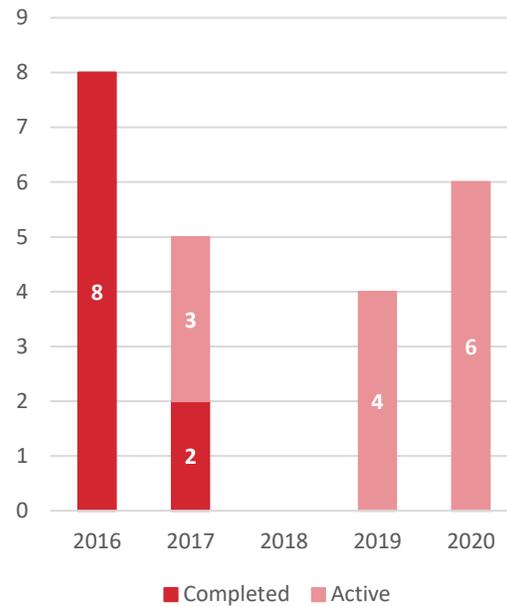*Figure 4: Percentage of Migration Health Projects Relative to Total Projects*

*Figure 5: Project Status of Migration Health Projects*

Budget

Figure 6 compares the IOM Development Fund's total budget per year for all project types with the total funding granted per year for migration health projects. This comparison takes into account all active and completed projects between 2016 and 2020. This figure also illustrates the proportion of IOM Development Fund's total budget allocated each year towards migration health projects during this period. The trends show that funding for migration health-related projects has decreased significantly between 2016 and 2018, with no funding allocated towards migration health projects in 2018. While the IOM Development Fund's budget has steadily increased over the time period, particularly in 2019, there has been a relatively small increase in funding towards migration health-related projects. Nonetheless, funding for migration health projects has been on an upward trajectory since 2018. With the onset of the COVID-19 pandemic in March 2020, health-related vulnerabilities and risks among migrants have been exacerbated in all regions. Accordingly, it could be expected that the share of the total budget allocated towards migration health projects may increase in the upcoming years.

The review on migration health-related projects funded by the IOM Development Fund between 2005 and 2015 found that a total of USD 4,679,434 was allocated towards migration health projects. In the period from 2016 to 2020, a total of USD 4,960,000 was allocated towards migration health projects. Therefore, in the latter period, there was an increase of USD 280,566 in the amount allocated towards migration health projects, which corresponds with the overall budget increase of the IOM Development Fund during this period.

Figure 6: IOM Development Fund Budget, by Year
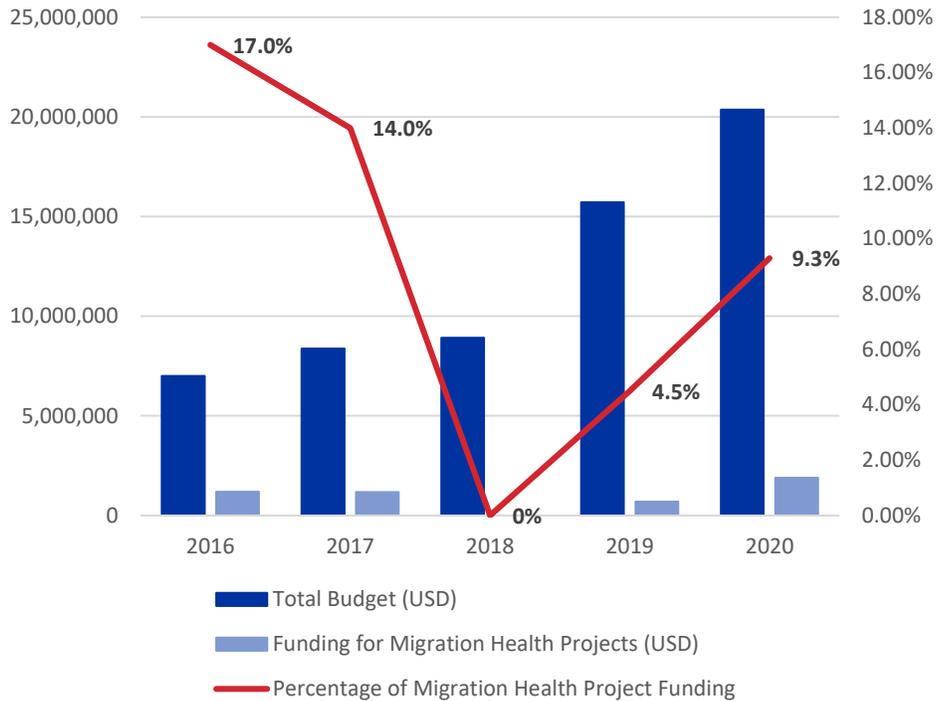
To qualify for IOM Development Fund funding, countries must be designated by the World Bank as low- to upper middle-income economies. There are two lines of IOM Development Fund funding:

1. Line 1: USD 100,000 for national and regional projects (with exceptional increases at the regional project level up to USD 200,000); and
2. Line 2: USD 300,000 for national projects and USD 400,000 for regional projects.

Line 2 increased from USD 200,000 in January 2020, after accounting for a recommendation from the 3rd Evaluation of the Fund, which led to a revision to the Standing Committee on Programmes and Finance (SCPF) Resolution No. 18. As shown in **Figure 7**, the majority of migration health projects between 2016 and 2020 acquired Line 2 funding. Out of 23 projects, 21 MA and MP projects (91.3 per cent) received Line 2 funding, whereas only two projects (8.7 per cent) received Line 1 funding.

Figure 7: Number of Migration Health Projects by Funding Line
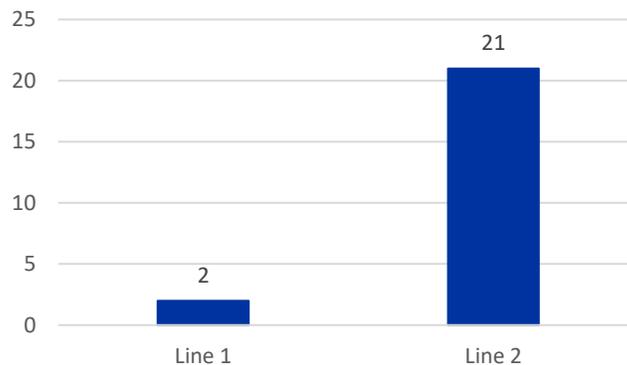
Region

IOM Development Fund projects are categorized by six regions: (1) Africa; (2) Latin America and the Caribbean; (3) Asia and Oceania; (4) Europe; (5) Middle East; and (6) Global or Inter-regional. **Figure 8** shows the regional distribution of all 23 migration health-related projects funded between 2016 and 2020. The regional distribution of migration health projects is relatively more concentrated in Asia and Oceania with over half of all migration health projects (13 projects) being implemented in this region. In contrast, the review on migration health-related projects funded by the IOM Development Fund between 2005 and 2015 found that Africa and the Middle East regions had the highest number of migration health projects. Between Africa, Europe, and Latin America and the Caribbean, there was an even distribution of projects with three projects implemented in each region. Global projects were the least common among the projects that were funded, with just one being funded in 2020. In the period under review, there were no migration health-related projects undertaken in the Middle East region.

Figure 8: Regional Distribution of Migration Health Projects, 2016-2020

■ Latin America and the Caribbean ■ Asia and Oceania ■ Africa ■ Europe ■ Global
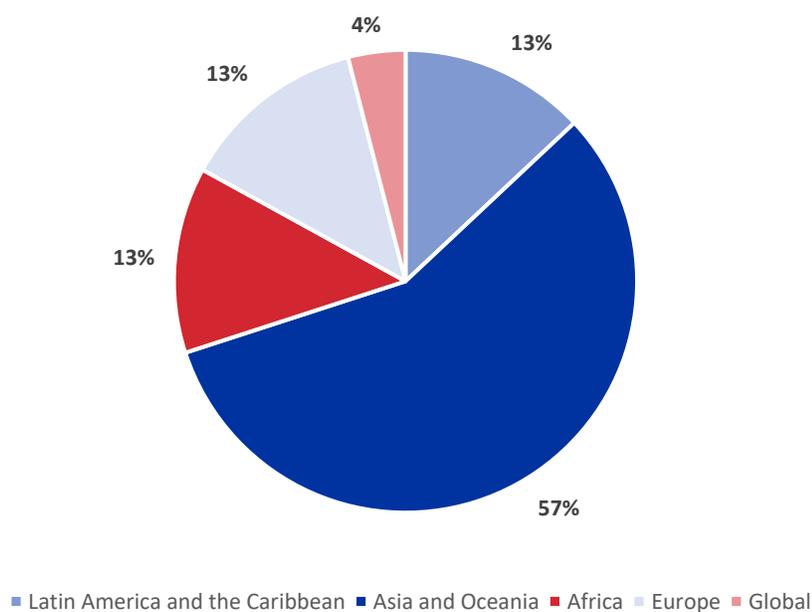
Figure 9 provides a visualization of the concentration of country-level and regional projects at a global scale. Country level projects are represented in blue while regional projects are represented in red, with some countries overlapping. The level of intensity of the colours corresponds to the number of projects, with less intensity (lighter blue or red) representing one project and more intensity (brighter blue or red) representing two projects.

The mapping visualization shows that projects were focused most prominently in the Central Asian, South East Asian, and Central American regions. Some were also undertaken in Central and Northeast Africa, Eastern Europe, and South Asia. Country-level and regional projects are relatively evenly distributed among these regions, with a slightly higher concentration of country-level projects across Asia and Eastern Europe, and a

higher concentration of regional projects in Central America. It should be noted that the global mapping does not present a visualization of the global project, MP.0512, in order to avoid misrepresentation of the reach of the IOM Development Fund projects in this review. MP.0512 is a global project which aims to benefit all eligible Member states, with activities being piloted in Burkina Faso, Mali, Guatemala and Mexico.

Figure 9: Regional Distribution of Migration Health Projects, 2016-2020
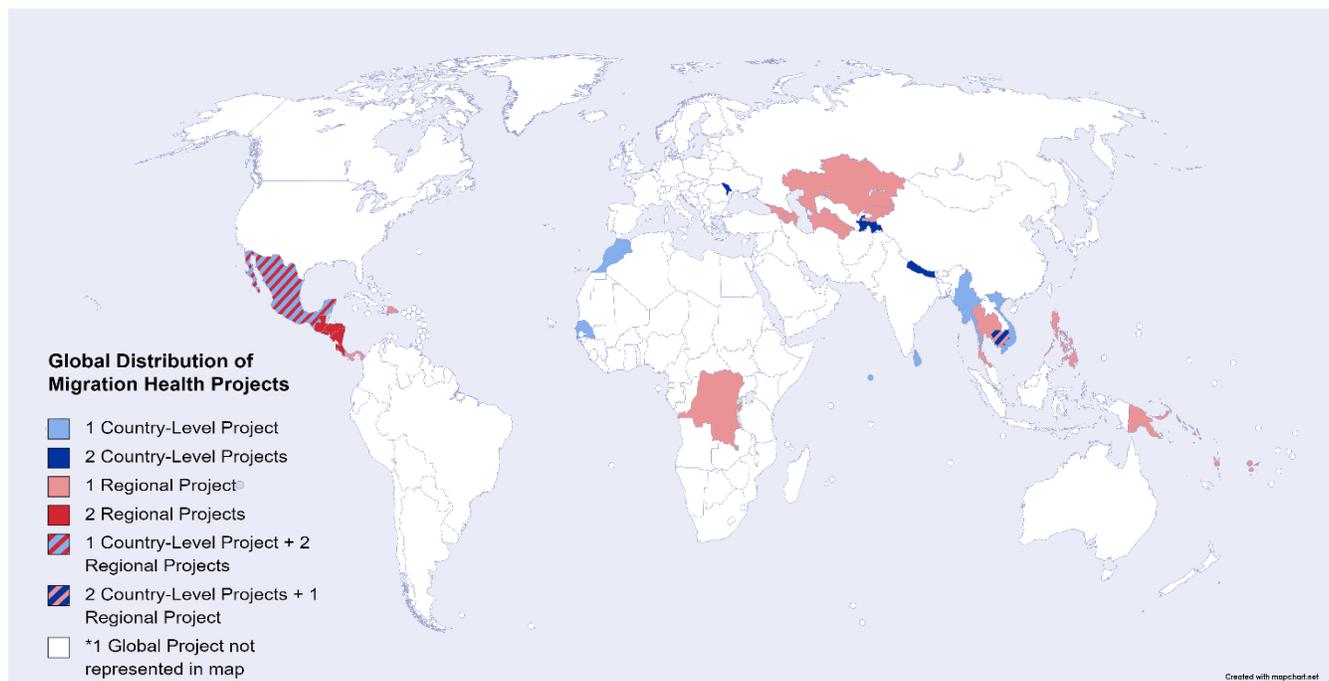
5.2 Outcomes and Outputs

This section will briefly assess completed projects' level of achievement of outcomes and delivery of outputs. As per the IOM Project Handbook, outcomes are the "intended changes in institutional performance, individual or group behavior, or the political, economic or social position of the beneficiaries" and outputs are the "intended changes in skills or abilities of the beneficiaries, or the availability of new products or services as a result of project activities".[25]

Out of the 10 completed migration health projects, six projects fully achieved planned outcomes and delivered expected outputs. More information on the outcomes and outputs can be found in section 5.3 on 'Project Categories'. Some projects did not fully achieve outcomes and/or deliver outputs. Project MA.0373 aimed to print and distribute 2,500 copies of the report summarizing the issues discussed at the 2nd GCMH and offering recommendations relating to the meeting's outcomes, to translate it to French and Spanish and to present the results at the 107th IOM Council. However, due to time and financial constraints, limited physical copies were distributed, the translations were not carried out and the report findings were presented at the International

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[25] IOM, IOM Project Handbook (Geneva, 2017).

Consultation on Pre-Departure Migrant Health Assessment in September 2017 instead. Project MA.0372 was unable to publish the produced Migrant Health Situation Analysis report before project closing and failed to develop a Migration Health Orientation Training Package Curriculum and carry out the related trainings for government staff, due to a lack of resources at the level of the national Ministry of Health and Sports. Project MA.0374 planned to carry out a study tour in a country where trafficking is a prevalent issue. However, due to the national context, the national Ministry of Interior was unavailable for the study tour and it was ultimately cancelled. Project MA.0375 planned to develop guidelines on migration health data exchange between Tajikistan and the Russian Federation. However, Russian counterparts were not ready to develop the guidelines due to confidentiality concerns. Additionally, the project sought to develop joint accreditation of the Tajik health facilities responsible for the pre-departure health assessment of migrants in Tajikistan. Despite several attempts to initiate negotiations, Russian health authorities failed to respond. Nevertheless, all of the aforementioned projects succeeded in delivering most of their expected project outcomes.

5.3 Project Categories

Based on the main project goals and results, the 23 migration health projects in this review were classified by seven different project categories: (1) Psychosocial Services, (2) Migration Health Policy, (3) Infectious Diseases Control and Care, (4) Global Migration Health Agenda, (5) Regional Coordination, (6) Emergency Preparedness and (7) Information Access. **Figure 10** provides a visual representation of the distribution of projects per category and **Table 4** provides a more detailed breakdown of this categorization. It should be noted that these categories were formulated with the purpose of simplifying analysis for this review; they are not formal categories under the IOM Development Fund or MHD. Additionally, the underlying purpose of some projects may cut across multiple categories. This section will assess the projects under each identified category. For each category, it will outline the underlying rationale for IOM's engagement and a summary of the project's outcomes and outputs.

Figure 10: Number of Migration Health Projects by Category, 2016-2020

Table 4: Migration health projects by category, 2016-2020

Project Category	Projects	Benefitting Countries and Region
Psychosocial Services	MA.0374	Morocco (Africa)
	MA.0498	Tajikistan (Asia)
	MA.0400	Republic of Moldova (Europe)
Migration Health Policy	MA.0372	Myanmar (Asia)
	MA.0377	Kyrgyzstan, Kazakhstan, Turkmenistan (Asia)
	MA.1147	Nepal (Asia)
	MA.0407	Cambodia (Asia)
	MA.0406	Solomon Islands, Fiji, Vanuatu, Papua New Guinea (Asia)
	MA.0457	Maldives (Asia)
	MA.0499	Cambodia (Asia)
Infectious Diseases Control and Care	MA.0375	Tajikistan (Asia)
	MA.0379	Armenia, Azerbaijan, Georgia
	MA.0494	Republic of Moldova (Europe)
Global Migration Health Agenda	MA.0373	Sri Lanka (Asia)
Regional Coordination	MA.0382	Costa Rica, El Salvador, Honduras, Mexico, Nicaragua, Panama, Guatemala (Latin America and the Caribbean)
	MA.0415	Cambodia, Thailand, Philippines (Asia)
	MA.0497	Mexico (Latin America and the Caribbean)
Emergency Preparedness	MP.0346	Burundi, Democratic Republic of the Congo (Africa)
	MP.0512	Global[26]
	MA.0484	Viet Nam (Asia)
	MA.0464	Senegal (Africa)
Information Access	MA.0459	Nepal (Asia)
	MA.0460	Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua (Latin America and the Caribbean)

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[26] While this project has global coverage, it is being piloted in Burkina Faso, Mali, Guatemala and Mexico.

Access to Psychosocial Services

Three projects focused on improving migrants' access to psychosocial health services, namely, MA.0374, MA.0400 and MA.0498. All three projects were built on findings from previous IOM projects which highlighted a lack of access to psychosocial services for migrants. For project MA.0374, a study from a project funded by the European Union revealed a lack of access to psychosocial health services for irregular migrants in Morocco. For project MA.0400, a project funded by the European Union and the US Bureau of International Narcotics and Law Enforcement Affairs identified drawbacks in the Moldovan Border Police service of psychological assistance. For project MA.0498, a survey carried out as part of an IOM project on migrant reintegration revealed that the issue of disability and mental health among returned Tajik migrants needed to be studied further. While all three projects aimed to improve access to psychosocial services, the beneficiaries targeted under each project varied. Project MA.0374 paid special attention to departing migrants as part of Assisted Voluntary Return and Reintegration (AVRR); project MA.0400 sought to provide access to both border police agents and migrants; while MA.0498 targeted returning Tajik migrants with mental health problems and disabilities.

The projects in this category worked towards overcoming a lack of psychosocial services for migrants, by seeking to increase engagement and action by national agencies and services. More specifically, the projects aim(ed) to achieve and deliver various outcomes and outputs to: (1) make available courses and training on migrant mental health and psychosocial support; (2) carry out and disseminate an assessment of migrant health and gender-specific needs; (3) increase the understanding of stakeholders (national government, civil society and private sector) on the issue of migrant health and on migrant needs; (4) develop and make operational a system of psychosocial services; (5) provide the facilities, skills and knowledge needed for social work and for medical personnel to deal with migrant psychosocial issues; and (6) enhance cooperation with countries of destination to address the psychosocial needs of migrants.

Migration Health Policy

Seven projects focused on the formulation of a national migration health policy, namely, MA.0372, MA.0377, MA.1147, MA.0407, MA.0406, MA.0457, and MA.0499. All of these projects addressed legislative gaps at the national level which contributed to unaddressed migrant health needs. The projects aimed to promote migrants' access to health services through the development or improvement of national migration health policy. Project MA.0457 was established in response to a situational analysis conducted by IOM in the Maldives which shed light on policy gaps. Some projects, such as MA.0407 and MA.0406, had a more specific focus, including left-behind children and families of migrant workers and female migrants as a result of high levels of violence against women and girls (VAWW). Projects MA.0277 and MA.0406 had a regional focus on improving migration health policy. All the projects in this category were conducted in the Asia region.

The projects in this category worked towards overcoming gaps in migrants' rights to health services, by seeking to improve legal and regulatory frameworks, through evidence-based policy and strengthened capacity. More specifically, the various outcomes and outputs of the projects aim(ed) to: (1) conduct a migration health situational analysis and an assessment of existing legislation and policy on migration health; (2) develop migration

health policy recommendations on the basis of evidence-based and context-specific research; (3) raise the awareness of government officials on migrant-sensitive health services; (4) increase the coordination among relevant government authorities working to address migration health concerns; and (5) develop information, education and communication (IEC) materials for target migrant audience to increase their understanding of infectious diseases and access to health services.

Infectious Diseases Control and Care

All three projects under this category – MA.0375, MA.0379, and MA.0494 – focused on tuberculosis (TB) control and care. These projects were created to address existing concerns with TB rates among migrants and the lack of health care services available for them. In response, the projects aimed to enhance TB prevention, detection and treatment in the respective countries or regions. Projects MA.0375 and MA.0379 had a regional focus, between Tajikistan and Russia, and between Armenia, Azerbaijan and Georgia, respectively. Furthermore, project MA.0379 also targeted human immunodeficiency virus (HIV) rates among migrants. Project MA.0375 was created in response to an earlier project funded by the United States Agency for International Development, which developed the Joint Action Plan for TB prevention among migrant workers by Central Asian countries and Russia. Projects focused on TB control and care tended to be concentrated in the Eastern European and Central Asian regions.

The projects in this category worked towards overcoming high rates of TB among migrants and the lack of health services available to them, by enhancing TB control and care for migrants, through strengthened capacity and improved coordination among government agencies for TB detection and treatment of migrants, as well as increased awareness among migrants of TB. More specifically, the various outcomes and outputs of the projects aim(ed) to: (1) set up a bilateral and/or national working group and coordination mechanism for TB control; (2) establish a mechanism ensuring data exchange for migrant TB monitoring; (3) strengthen knowledge and capacity of government officials, healthcare personnel and border authorities on prevention, detection and treatment of TB among migrants; and (4) carry out a health promotion campaign to increase knowledge of migrants on TB and access to screening and health services.

Global Migration Health Agenda

One project, MA.0373, was carried out as part of a larger project to assist with the organization and hosting of the Second Global Consultation on Migrant Health (GCMH) in Colombo, Sri Lanka. After the President of Sri Lanka committed to hosting the GCMH at the 106th IOM Council in 2015, WHO and IOM partnered to consolidate technical resources and meet the needs of Sri Lanka, other Member States and migrants in advancing the migrant health agenda.

The project in this category worked towards the engagement of multi-sectoral partners at the GCMH with the purpose of reaching consensus on priority areas and key policy strategies, in order to mainstream migrant health and enable an environment for policy change. More specifically, the outcomes and outputs of the project aimed to: (1) establish a Scientific Committee on migration health, comprised of multi-sectoral members; (2) research background papers on the scope of intervention focus areas for addressing the health of migrants to

guide the discussion of the GCMH; (3) present the report on the proceedings and results of the GCMH at the 107th IOM Council; and (4) coordinate the host country's collaboration with national-level multi-sectoral stakeholders involved in the Scientific Committee.

Regional Coordination

Three projects focused on regional coordination for migration health: MA.0382, MA.0415, and MA.0497. These projects addressed the identified gaps in regional coordination for migrant health-related needs in the respective geographical areas. In response, the projects aimed to establish a platform to support collaborative work on migration health between States, to promote inclusive migration health policies and greater access of migrants to health services.

The projects in this category worked towards achieving closer coordination at the regional level, through regional dialogues and strategies to strengthen governments' knowledge and capacity to improve migrants' health at the regional level. More specifically, the various outcomes and outputs of the projects aim(ed) to: (1) establish a regional coordination mechanism to leverage and bring together the countries' capacities; (2) strengthen linkages between stakeholders at the regional level; (3) improve and make available regionally harmonized migration health information; and (4) develop a migration health training curriculum to improve response to migration health issues.

Emergency Preparedness

Four projects focused on public health threats: MA.0484, MA.0464, MP.0346, and MP.0512. All of these projects were created to address identified capacity gaps in delivering effective responses to public health threats and emergencies. In response, the projects aimed to strengthen public health emergency preparedness and response capacity. Projects MP.0346, MA.0484 and MA.0464 are focused on responses to public health threats within specific geographical contexts, namely the border between Burundi and the Democratic Republic of the Congo, Vietnamese migrants abroad and the Kédougou region in Senegal, respectively. Meanwhile, project MP.0512 is a global project, with activities being piloted in Burkina Faso, Mali, Guatemala and Mexico. Projects MP.0512 and MA.0484 were both created in response to the COVID-19 pandemic, which revealed the urgency of strengthening capacity in this respect.

The projects in this category worked towards improving public health emergency preparedness and response, through prevention, detection and response to infectious disease outbreaks by front-line health responders and reductions in migrant vulnerability to infectious disease outbreaks. More specifically, the various outcomes and outputs of the projects aim(ed) to: (1) inform front-line workers of migrants' challenges during infectious disease outbreaks; (2) enhance the knowledge and skills of front-line workers to respond to infectious disease outbreaks; (3) equip border check points with tools and equipment for health screening and surveillance; and (4) raise awareness among migrants for strengthened knowledge on how to protect themselves during infectious disease outbreaks.

Information Access

Two projects focused on increasing access to migration health information: MA.0459 and MA.0460. These projects were created to address the lack of migrant health-related information needed for effective policy development. In response, the projects are both seeking to facilitate access to strategic migration health information to key stakeholders. More specifically, project MA.0459 aims to establish a national migration health management information system, while project MA.0460 aims to gather migration health data on a regional level. Project MA.0460 aims to respond to needs identified by stakeholders from the Joint Initiative on Migration and Health (INCOSAMI), established under project MA.0382.

The projects in this category worked towards overcoming the lack of information on migrant health-related data, through the gathering of strategic migration health information to facilitate evidence-based migrant health policy decisions. More specifically, the various outcomes and outputs of the projects aim(ed) to: (1) make available migration health information and data to relevant stakeholders; and (2) strengthen skills and technical capacity of relevant stakeholder to use migration health information.

5.4 Project Partners

The migration health projects in this review included partnerships with multiple stakeholders at local, national, regional, and international levels of involvement. At the local level, the projects engaged with various non-governmental organizations (NGOs), civil society organizations (CSOs), academic institutions, research facilities, and municipal authorities. At the national level, key partners included relevant government ministries (such as ministries of health), health centres, border management officials, and customs authorities. Finally, at the regional and international level, the projects engaged with relevant UN bodies, for instance the WHO, UNAIDS and UNICEF.

The IOM Missions for all 23 migration health projects engaged with national government counterparts in the respective ministries of health, as the primary project partner(s). The inclusion of government counterparts was crucial for fostering a consultative and participatory approach to national capacity development, ultimately promoting national ownership of migrant health policies and programmes.

Because government counterparts at ministries of health, were often both the primary project partners and the intended beneficiaries, buy-in from government partners as well as their involvement throughout all project stages was found to be very important for successful project implementation and sustainability. The importance of government buy-in and involvement was indicated by projects such as MA.0372, MA.0374, MA.0375, MA.0377, MA.0379, MA.0382, MA.0415, MA.0460, MA.0499, and MA.1147.

5.5 Beneficiaries

Figure 11: Direct Beneficiaries
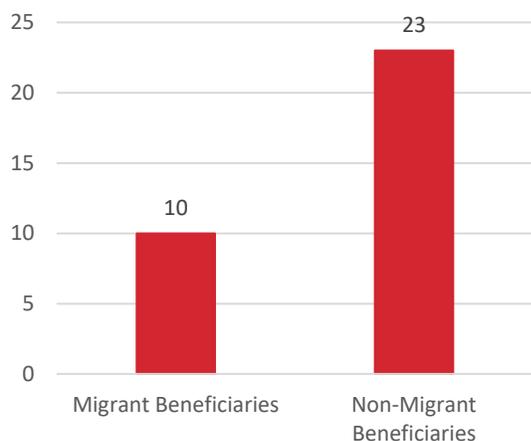
The migration health projects in this review had a number of intended direct and indirect beneficiaries, primarily migrants and national government health authorities. As illustrated by **Figure 11**, all the projects directly targeted non-migrant beneficiaries, while only 10 projects identified migrants as direct beneficiaries. This is because most of the projects provided direct assistance to governments in implementing measures that would indirectly benefit migrants. This is in line with the IOM Development Fund's mandate to develop Member States' institutional capacities to improve migration management.

Figure 12 shows the various types of migrant beneficiaries and **Figure 13** shows the different types of non-migrant beneficiaries. The most commonly identified type of direct or indirect migrant beneficiaries were labour migrants, followed by internal migrants and returnees. A few projects also refrained from specifying a specific type of migrant, and instead targeted migrant beneficiaries more broadly. The most commonly identified type of direct or indirect non-migrant beneficiaries were national government institutions, which were targeted by all projects, followed by academia or research institutes, NGOs, international and regional institutions, host communities, health services and CSOs.

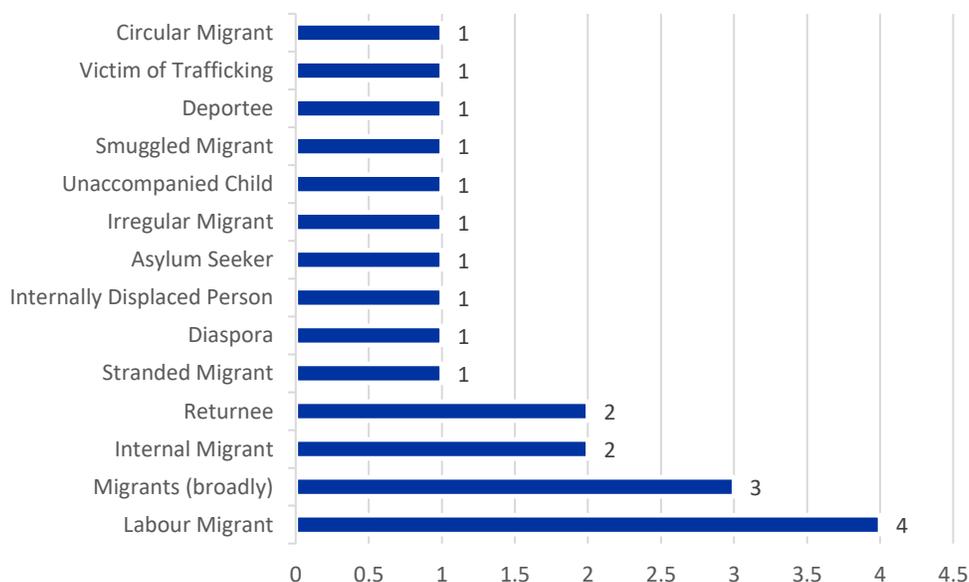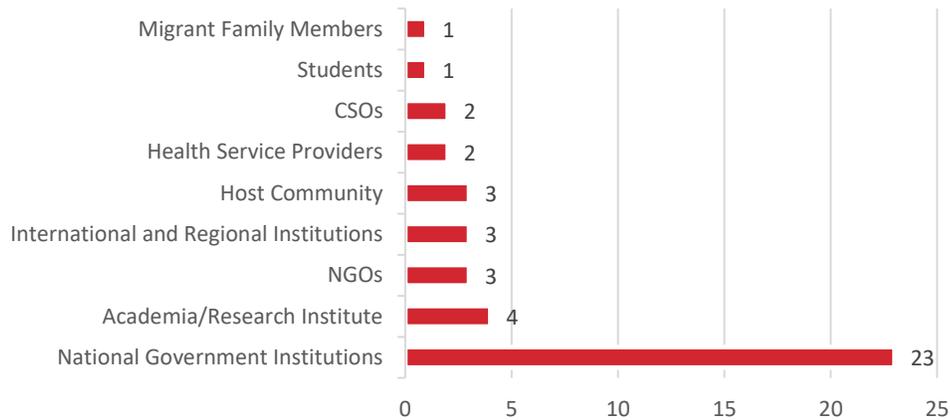*Figure 12: Migrant Beneficiary Types*

Figure 13: Non-Migrant Beneficiary Types

Out of the 10 completed migration health projects, six projects (60 per cent of completed projects) reached all target project beneficiaries, of which three (30 per cent) exceeded targets considerably. Out of the four projects which did not reach all target beneficiaries, project MA.0379 achieved and exceeded targets for all beneficiary types except that of labour migrants, while projects MA.1147, MA.0400 and MA.0407 failed to reach targets for a number of beneficiary types. These beneficiary types include:

- Irregular migrants, unaccompanied children, smuggled migrants, deportees, returnees and victims of trafficking (MA.0400) – when target was set, expected number of migrants to cross the Moldovan border was overestimated;
- Migrant family members (MA.0407) – no explanation provided by the implementing Mission; and
- National government institutions (MA.1147) – no explanation provided by the implementing Mission.

5.6 Gender

IOM uses the Gender Marker tool to assess projects' level of integration of gender considerations. As per the IOM Gender Marker Guide, there are five different Gender Marker codes[27]:

- **2b** – Projects that sufficiently include gender in all three of the following: Needs Assessment, Outputs, Activities, and whose main project objective focuses on addressing gender inequality, through targeting a gender and/or focusing on gender issues. These projects are likely to make a significant contribution to gender equality.
- **2a** – Projects that sufficiently include gender in all three of the following: Needs Assessment, Outputs, Activities, and whose main project objective does not focus on addressing gender inequality (but gender inequality is addressed as one part of the overall project). These projects are likely to make a significant contribution to gender equality – MA.0400, MA.0407, MA.0406, MP.0346, MA.0415, MA.0460, MA.0457, MA.0459, MA.0464, MP.0512, MA.0499, MA.0494, MA.0497, MA.0498, MA.0484

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[27] IOM Gender Market Guide, Gender Coordination Unit, April 2018.

- **1** – Projects that sufficiently include gender in one or two (but not all three) of the following: Needs Assessment, Outputs, Activities. These projects are likely to contribute in a limited way to gender equality – MA.0374, MA.0372, MA.0375, MA.0373, MA.0379, MA.0377, MA.0382
- **0** – Projects that include gender in none of the following: Needs Assessment, Outputs, Activities. These projects are not expected to make a noticeable contribution to gender equality – MA.1147
- **N/A** – Project where gender equality is not relevant - gender cannot be included in Needs Assessment, Outputs or Activities.

As illustrated in **Figure 14**, no projects in this review were marked N/A or 2b. The majority of projects were marked 2a, while seven projects were marked 1 and one project (MA.1147) was marked 0. Nevertheless, this 0-marked project (MA.1147) still noted that gender considerations were implied in the cross-border health vulnerability research and the training curriculum.

Figure 14: Gender Marker Codes by Number of Projects
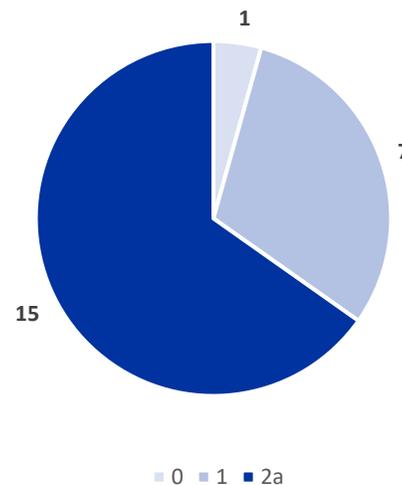
Nearly all projects explicitly noted that gender balance was sought in all project activities.   Moreover, nearly all projects stressed the fact that females are especially vulnerable to migration health threats. For instance, one of the components of project MA.0406 is to respond to high rates of violence against women and girls in target countries. It is noteworthy that all projects from 2017 had 2a Gender Marker, revealing that as the years progressed, greater attention was put on gender considerations in project development.

5.7 Innovative Processes

The IOM Development Fund seed-funding aims to foster innovative projects to address Member States' capacity development needs. The Fund encourages innovative processes and outputs to promote new ideas and inventive solutions to key issues related to migration management. Innovative projects have unique components in relation to community engagement, corporate sustainability, education, entrepreneurship, infrastructure, media, policy, research, and/or technology and data.

It should be noted that because 13 projects (56.6 per cent) are still active and ongoing, innovations for some of these projects cannot be fully assessed. Some projects, including MP.0512, MA.0499 and MA.0497 were too early in the implementation stage to indicate any innovative outputs or processes. Nonetheless, out of the 23 completed and active projects in this review, 16 projects (69.6 per cent) reported having produced or involved innovative processes and/or outputs. In addition, five projects in this review – MA.0374, MA.0382, MA.0406, MA.0407, and MA.0460 – were featured in the IOM Development Fund Handbook on Innovative Initiatives, which highlights good practices to strengthen innovation in IOM Development Fund projects and in the whole

of the organization.[28] The projects were selected using innovation criteria determined across nine innovation categories. The innovative initiatives of these projects are highlighted in in **Table 5**.

Table 5: Innovations of Migration Health Projects featured in IOM Development Fund's Handbook on Innovative Initiatives

Project ID	Innovation Category	Innovation
MA.0374 (Morocco)	Education	"The project developed and launched a specialized course on mental health and integrated psychosocial support for the Ecole Nationale de Santé Publique to expand access to knowledge on this important issue. Further, social workers and border patrol were included in the capacity-development activities, demonstrating a whole-of-society approach to capacity-development on psychosocial support for migrants."
MA.0382 (Regional)	Technology & Data	"As part of this project, a new regional online migration platform for sharing migrant health information was created. The platform allows for the strategic gathering of information from key stakeholders on migrant health issues, improving the efficiency and constructiveness of virtual exchanges and streamlining decision- and policy-making and programming across the region, to improve the health of migrants overall."
MA.0406 (Regional)	Education	"This project developed a Gender, Mobility, and Community Health curriculum for government stakeholders in the Pacific context. The curriculum was based on a conducted baseline assessment in each country (published by IOM) and on IOM's institutional Gender, Migration and HIV (GMH) curriculum (originally developed in Southern Africa). This curriculum was tested through pilot trainings for government and non-government stakeholders."
MA.0407 (Cambodia)	Research	"This project conducted novel research on an often overlooked demographic group, boys and girls left behind when their family members migrate for work. The study included a community-based cross-sectional household survey among left-behind migrant worker families and qualitative study components to explore the impacts of migration on left-behind children in childcare institutions."
MA.0460 (Regional)	Technology & Data	"This project developed an easy-to-use interactive tool to facilitate access to complex migration and health data for a broad range of users. This tool strengthens stakeholder capacity to use the data available in the Interactive Map to develop evidence-based, gender-focused and migrant-sensitive public health policies and programmes in Mesoamerica. The Interactive Map also includes data on provisions within policies, laws or existing services, to improve access to health for female and LGBTI migrants."

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[28] IOM Development Fund, Innovative Initiatives: Project Highlights (Geneva, 2020). Available at
https://developmentfund.iom.int/sites/devfund/files/documents/Innovative-Initiatives-IOM-Development-Fund.pdf

In addition to the innovations highlighted in the IOM Development Fund Handbook on Innovative Initiatives, innovations reported by other projects in this review are highlighted in **Table 6**. No particular criteria were used to categorize these initiatives as innovative. Instead, they were identified by the implementing Missions as innovations for producing and/or using processes and outputs that offered new contributions to the realm of migration health.

Table 6: Innovations Processes or Outputs by Migration Health Projects, 2016-2020

Project ID	Innovation(s)
MA.0372 (Myanmar)	A literature review was conducted to support evidence-based recommendations on the development of the National Migrant Health Policy in Myanmar.
MA.0375 (Tajikistan)	This project engaged with Tajik diaspora and built networks with relevant Russian NGOs.
MA.0373 (Sri Lanka)	A Global Network Member Meeting was organized to develop the British Medical Journal (BMJ) Migration Health Series as a joint scientific publication and reviewing current knowledge to produce policy recommendations on migration and health.
MA.0379 (Regional)	Unprecedented transnational and cross-sectoral partnership frameworks were set between health care and border control institutions through the establishment of multidisciplinary teams in benefitting Member countries tasked with offering preventative TB and HIV services.
MA.0377 (Regional)	"KNOMAD Illustrative Indicators on the Rights of Migrants to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health" was used as a ready-to-use methodology to assess the implementation and progress of the legislative framework of Turkmenistan relating to the rights of migrants to health care.
MA.1147 (Nepal)	Migration health was mainstreamed in the National Development Plan and policy. The project also developed animation on four key health topics based on the revised health component of pre-departure orientation training curriculum and conducted a cross border health vulnerability research.
MA.0400 (Republic of Moldova)	An integrated system approach was developed for the GIBP which fosters an innovative way for the establishment of integrated psychological services in law enforcement agencies.
MP.0346 (Regional)	Trainings were conducted for border officials to enhance their capacity to recognize symptoms of infectious and communicable diseases as well as the link between mobility and transmissible disease spread. The project had a focus on the inclusion of women in trainings.
MA.0460 (Regional)	The project successfully launched and established an online job portal which contains up-to-date information on verified jobs in destination countries. The Job Portal is linked to select Migrant Resource Centres (MRCs) across Nepal.
MA.0457 (Maldives)	The project promoted migrant health through technical cooperation and assistance to develop a Migrant Health Policy and Coordination Framework and strengthen migration health governance.

MA.0494 (Republic of Moldova)	The project plans to develop a designated migration module for processing comprehensive migration data in the existing Information Monitoring and Evaluation system of TB patients in the Republic of Moldova (SIME TB) and the completion of a comparative qualitative study on gender differences in healthcare-seeking behaviour and access to TB treatment.
MA.0484 (Viet Nam)	The Ministry of Health and IOM jointly held a talk show, "Migrants' voices during COVID-19 pandemic", to better understand challenges facing migrants in accessing information and healthcare during COVID-19 pandemic.

For a number of projects, the innovations involved overcoming foundational gaps in migrant health-related data, legislative frameworks, national plans and stakeholder engagement. While these initiatives may not fulfill the traditional sense of what constitutes creative and new innovations, they were innovative for the particular benefitting countries where the bases for migrant health-related services were lacking. For example, project MA.0372 indicated that introducing the migration health agenda in Myanmar and engaging relevant ministries to work together in advancing a migration health agenda was an innovation in itself, albeit not in the traditional sense. Similarly, for project MA.0379, it was relatively innovative to create an environment that was conducive to cooperation and recognize that TB and HIV-related issues were shared among the benefitting countries. Prompting national dialogue on migrant health and introducing basic but fundamental features of effective health care access and services for migrants laid the foundation for further, more creative innovations for these projects.

5.8 Challenges

All 23 active and completed projects encountered challenges during project implementation. **Figure 15** highlights 14 common challenges faced by projects in this review and the respective number of projects that have encountered them. Some of the most prominent challenges encountered by projects include changing governmental priorities, difficulty accessing existing data, political instability and changing government counterparts. 16 projects (69.6 per cent) also indicated "other" challenges, nine of which encountered problems relating to COVID-19 and/or other disease outbreaks. These projects include MA.0406, MP.0346, MA.0464, MP.0512, MA.0499, MA.0494, MA.0497, MA.0498 and MA.0484. Further information on the impacts of COVID-19 can be found in section 5.12 on 'Consideration of COVID-19'. The remaining seven projects faced challenges with multi-sectoral coordination (MA.0372), short project duration (MA.0375), printing of reports (MA.0373), regional coordination (MA.0379), lack of follow up action and resources (MA.0377, MA.0382) and institutional reforms and changes in administration/infrastructure support (MA.0400).

Due to challenges encountered during project implementation, 15 out of 23 projects (65.2 per cent) indicated that one or more activities and outputs were negatively impacted. In response to the implementation challenges, the projects in this review highlighted key mitigation strategies, which are highlighted in **Table 7.**

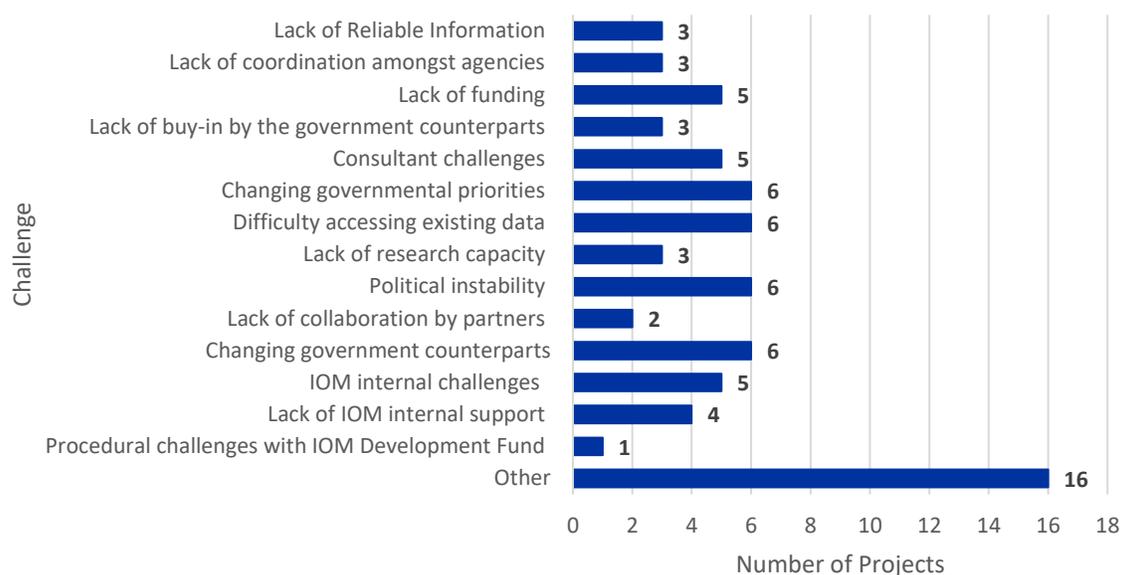*Figure 15:Challenges Encountered by Migration Health Projects*

Table 7: Challenges and Mitigation Strategies

Challenge	Projects Impacted	Mitigation Strategies
Lack of reliable information	MA.0374 MA.1147 MA.0459	• Ensuring close coordination with government counterparts in the Ministry of Health to identify gaps and respond accordingly. • Outsourcing research agency to gather information on migration health and leveraging other sources of information, with continued guidance and support from the Regional Office and Headquarters (HQ).
Lack of coordination amongst agencies	MA.0375 MA.1147 MA.0459	• Forming inclusive Technical Working Groups and Policy Steering Committees involving all relevant ministries and agencies.
Lack of funding	MA.0375 MA.0379 MA.0382 MA.0407 MA.0459	• Projects received or sought additional support from relevant government counterparts, IOM Regional Office, venture fund, and other domestic sources.
Lack of buy-in by government counterparts	MA.0374 MA.0377 MA.0407	• Joining ongoing initiative that government counterparts were already involved with. • Involving government partners at all stages of the project to offer better understanding of migrant health issues.

		• Leveraging networks that have connections with relevant government counterparts to push for support.
Consultant challenges	MA.0374 MA.0400 MA.0406 MA.0457 MA.0459	• Seeking support from relevant partners at the Ministry of Health to identify qualified consultant. • Changing the format of the job Vacancy Note with the aim of broadening pool of potential applicants and addressing lack of response to vacancy. • Hiring both national and international consultant to expedite work.
Changing governmental priorities	MA.0374 MA.0372 MA.0379 MA.0460 MA.0457 MA.0499	• Rescheduling meetings and postponing activities in response to government counterparts being re-tasked with COVID-19 pandemic-related priorities. • Undergoing No Cost Extension (NCE) to overcome delays caused by changing priorities.
Difficulty accessing existing data	MA.0374 MA.0372 MA.0407 MA.0406 MA.0460 MA.0459	• Conducting a small-scale study on migrant and service provider needs in relevant ministry, providing a baseline for other project activities. • Census, demographic health survey, and data review conducted to overcome lack of data access. • Overcoming COVID-19-related travel restrictions preventing data collection from primary sources by gathering data using secondary sources such as existing published data in official websites or publications.
Lack of research capacity	MA.0374 MA.0377 MA.0459	• Research coordinator tasked with additional work to make up for limited availability of local expertise on migration health issues. • Forming a migration health research group under the national health research council to initiate priority research. • Engaging in discussions universities to include subject area of migration health in the institution's public health program to promote public health graduates with adequate research capacity in migration health.
Political instability	MA.0374 MA.0379 MA.1147 MA.0400 MA.0407 MA.0415	• Ensuring close coordination with the Ministry of Health to reinforce relationship with new team following changes in government. • Accounting for sensitive political relations between project's benefitting countries from the outset and throughout project implementation.

		• Focusing on building connections and networks among technical, expert-level practitioners instead of at the strategic and political level. • Extending project duration to address delays caused by restructuring within the Ministry of Health. • Establishing a government partner focal point responsible for coordinating activities.
Lack of collaboration by counterparts	MA.0407 MA.0460	• Gaining support from provincial level stakeholders. • Simplifying support requests to partners in the health sector to account for changing priorities as a result of COVID-19.
Changing government counterparts	MA.0374 MA.0372 MA.1147 MA.0382 MA.0457 MA.0459	• Ensuring frequent formal and informal meetings with government counterparts to provide briefing on the project. • Working in close collaboration with government counterparts and participating in regional events organized by respective partners to maintain government buy-in. • Continuing engagement and maintaining regular contact with government counterparts following changed priorities due to COVID-19, to ensure work remains on track.
IOM internal challenges[29]	MA.0377 MA.1147 MA.0406 MA.0460	• Overcoming lack of human resources by seeking support from HQ such as through a visit to the Mission to maintain collaborative efforts. • Ensuring consistency in management to support effective and timely project implementation.
Lack of IOM internal support	MA.0375 MA.1147 MA.0415 MA.0459	• Maintaining communication with Chief of Mission(s) and Resource Management Officers in respective missions involved in the regional project to ensure improved monitoring and oversight of project activities and expenditures.
Procedural challenges with IOM Development Fund	MA.0484	• Ensuring consistent active communication with government partners through emails and meetings when delays are experienced due to procedural challenges, such as lengthy project revision processes.

5.9 Revisions

Figure 16 shows the number of revision cycles undertaken by all completed projects included in this review. Three projects (13 per cent) were completed without the need for a revision, three projects (13 per cent) underwent only one revision, three projects (13 per cent) underwent two revisions and one project (4.4 per

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[29] IOM internal challenges refers to any broader challenges encountered at the level of the Field Mission, such as lack of human resources or staff turnover.

cent) underwent three revisions. It can thus be concluded that majority of projects required a revision in order to be successfully completed.

As shown by **Figure 17**, the most common type of project revision is the Budget Revision (7 projects, 30.4 per cent), followed by the Duration Revision (4 projects 17.4 per cent) and the Results Matrix Revision (3 projects, 13 percent). The least common project revision type is the Beneficiary revision, which was undertaken by only one project (4.4 per cent).
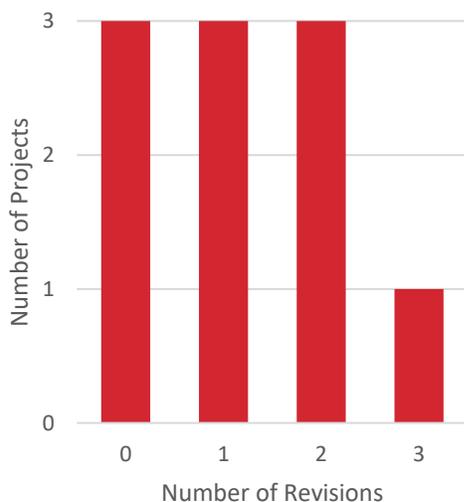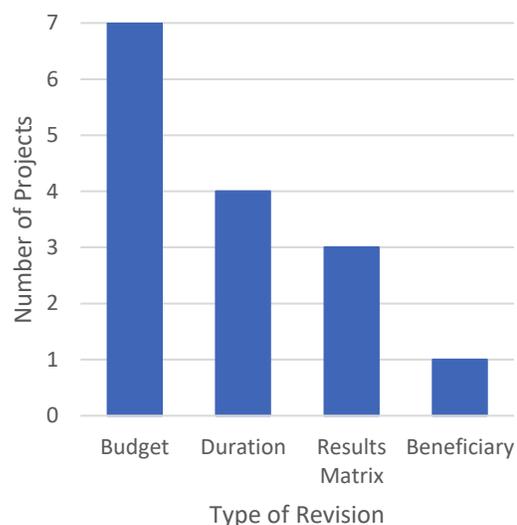
Figure 16: Number of Project Revisions

Figure 17: Revision Types

5.10 Impact

Ex-Post Evaluations

According to the IOM Project Handbook, impact is an "evaluation criterion that assesses the positive and negative, primary and secondary long-term effects produced by a project, directly or indirectly, intentionally or unintentionally".[30] The IOM Development Fund regularly carries out independent evaluations of its projects to assess the performance and success of the projects, through various criterion, including impact. Six out of the 10 completed projects underwent an ex-post evaluation. Three of these were carried out through an internal and independent evaluation and two were part of an external independent evaluation. One of these project's ex-post evaluation report has not yet been finalized, hence its results could not be included in this review.

Four out of the five evaluated projects were reported to have positive impacts, while no projects reported to have negative impacts. The evaluation of project MA.0373 noted that it was too premature for changes in health, psychological and economic conditions of migrants to be observed and thus decided to exclude impact as an evaluation criterion. Similarly, the evaluation of project MA.0372 highlighted the difficulty of assessing its impact. Nevertheless, it was still determined that some impact could be indirectly attributed to the project, as

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[30] IOM, IOM Project Handbook (Geneva, 2017).

its advocacy towards migration health has allowed migration health to become included in the health agenda of the Ministry of Health and Sports of Myanmar. Project MA.0377 was found to have contributed to improving legal and regulatory frameworks and increasing political commitment in Kazakhstan, Kyrgyzstan and Turkmenistan, through the regional assessment and workshop it conducted. Its most notable impact was that the project resulted in migrants being considered as a separate category and not merely in the domain of State Migration Services or Ministries of Labour. Particularly, it helped establish viable partnerships and a dialogue, which can be considered as first steps towards a broader discussion on migration and health with the involvement of Ministries of Health of the three countries.

The external evaluators make use of a scale to rate the evaluation criteria. Projects MA.0379 and MA.0382 were both given a "4/5 - Very good" rating on their impact, meaning that there is evidence of good contribution, but with some areas for improvement remaining. Project MA.0379 was found to have produced strong short-term results, as it supported the governments of Armenia, Azerbaijan and Georgia to increase migrant detection and referral of TB and HIV/AIDS, raise knowledge and strengthen the capacity and sensitisation of health care and other professionals. The long-term impact could not be assessed due to its dependence on other factors, including political will and resource availability. Finally, project MA.0382 was reported to have led to short-term positive change, such as bringing together a range of stakeholders, raising awareness of migration health amongst countries and organizations, encouraging cross-sectional work between migration health specialists and creating a network on migration health across Central America. The findings of project impacts are summarized in **Table 8**.

Table 8: Summary of Project Impacts

Evaluation	Project	Impact
Internal and independent evaluation	MA.0373 (Sri Lanka)	Excluded as evaluation criterion, as it was too premature for changes in health, psychological and economic conditions of migrants to be observed.
	MA.0372 (Myanmar)	Advocacy towards migration health has allowed migration health to become included in the health agenda of the Ministry of Health and Sports of Myanmar.
	MA.0377 (Regional)	Regional assessment and workshop contributed to improving legal and regulatory frameworks and increasing political commitment in Kazakhstan, Kyrgyzstan and Turkmenistan.
External independent evaluation	MA.0379 (Regional)	4/5 – Very good. Supported the governments of Armenia, Azerbaijan and Georgia to increase migrant detection and referral of TB and HIV/AIDS, raise knowledge and strengthen the capacity and sensitization of health care and other professionals.
	MA.0382 (Regional)	4/5 – Very good. Brought together a range of stakeholders, raised awareness of migration health amongst countries and organization, encouraged cross-sectional work between migration health specialists and created a network on migration health across Central America.

Self-Evaluations

All other projects excluded from an ex-post evaluation self-reported some contributions to the strengthening of their local and/or national health systems. For instance, some of these contributions included the development of the capacity of health professionals (MA.0374), the inclusion of diaspora engagement for migrant health promotion in the reintegration programme and cross border cooperation (MA.0375), the mainstreaming of migration into the national plan and policy (MA.1147) and the provision of recommendations to strengthen existing national policy (MA.0407).

Universal Health Coverage

Resilient, accessible and equitable health systems contribute to fostering migrant-inclusive Universal Health Coverage (UHC). UHC means that "all people have access to the health services they need, when and where they need them, without financial hardship".[31] The achievement of UHC is one of the targets set by the SDGs. IOM has been working with Member States and other partners to ensure the inclusion of migrants within national health system and national UHC plans.[32] Eight out of the 10 completed projects have self-reported to have contributed to UHC. Some of these contributions included the development of migrants' health frameworks, the assurance of migrant-sensitive health care services, the improvement of bilateral and regional cooperation to promote migrants' health and the reinforcement of migrant mental health and psychosocial support.

5.11 Sustainability

According to the IOM Project Handbook, sustainability refers to "the durability of a project's results, or the continuation of the project's benefits once external support ceases".[33] Out of the 10 completed MA and MP projects in this review, eight projects (80 per cent of completed projects) have sustained project outcomes. These projects include MA.0374, MA.0372, MA.0373, MA.0375, MA.0377, MA.0400, MA.0407, and MA.1147. Various stakeholders were responsible for sustaining project outcomes including IOM, relevant government ministries (particularly ministries of health), civil society organizations, national health centres, border control authorities, NGOs, regional expert groups on migration health, academic institutions, and international organizations (such as the Red Cross, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and Oxfam). Projects used various methods to sustain outcomes after project completion. These methods include the following:

- Continuing meetings, trainings, workshops, and/or consultations;
- Leveraging materials such as videos and guides;
- Establishing a regional platform to conduct regular meetings and exchange best practices between benefitting Member States;

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[31] WHO, Universal Health Coverage. Available at https://www.who.int/health-topics/universal-health-coverage#tab=tab_1
[32] IOM, Universal Health Coverage "Leave No Migrant Behind" (Geneva, 2019). Available at
https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/mhd_infosheet_uhc_14.08.2019_web.pdf
[33] IOM, IOM Project Handbook (Geneva, 2017).

- Continuing allocation of resources to ensure continuity of outcomes, providing ongoing support to relevant actors (i.e. providing psychological support to border police staff);
- Capacity development on methodology for conducting qualitative and quantitative research; and
- Integrating of outcome/findings with existing initiatives and legislative/institutional frameworks (i.e. using project's policy recommendations in the policy development process of the Ministry of Health).

Two projects, MA.0372 and MA.0375, indicated both outcomes that were sustained and outcomes that were not sustained. Meanwhile, two other projects, MA.0379 and MA.0382, indicated that no outcomes were sustained after project completion. Reasons for not sustaining outcomes include the following:
- Lack of funding and limitations in budget allocations to support continuation of project outcome(s);
- Frequent changes in migrant health focal points in different ministries prompting diminished focus on migrant health issues;
- Lack of intergovernmental dialogue on addressing financial requirements;
- Limited project duration to address issue of lack of response from relevant counterparts; and
- Lack of human resources to support continuation of outcomes.

As demonstrated in **Figure 18**, nine out of 10 completed migration health projects (90 per cent) indicated a form of follow-up budget allocations or follow-up activities/projects after project completion.

Figure 18: Number of Completed Migration Health Projects with Follow-up Funding, Projects, or Activities
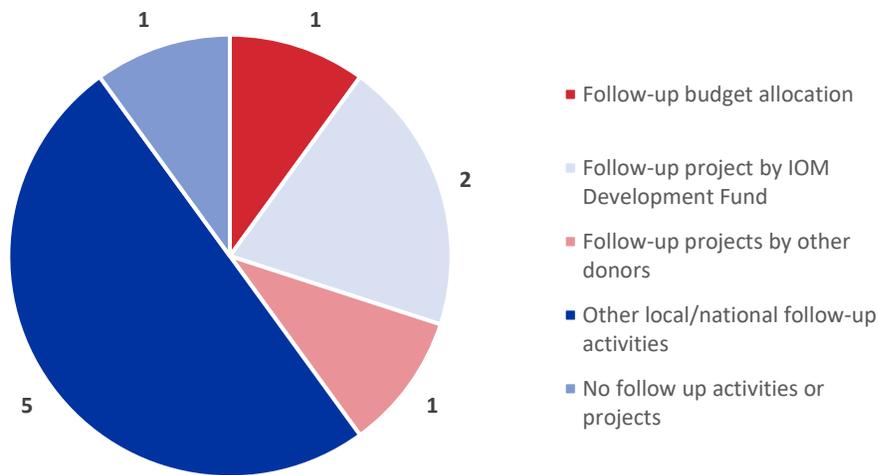
Majority of the completed projects (50 per cent) indicated local or national follow-up activities undertaken after project completed. In particular, five projects (MA.0407, MA.0377, MA.0373, MA.0375, and MA.0372) noted activities such as submitting further project ideas, formulating new project proposals, organizing stakeholder events, and producing and/or disseminating visibility materials. One project (MA.1147) indicated having received domestic funding from the Ministry of Health and Population. Meanwhile, two projects (MA.0382, MA.0400) had follow up or complementary projects funded by the IOM Development Fund

(namely, projects MA.0460 and IB.0120). In addition, one project (MA.0374) had a follow-up project funded by the European Union, Denmark, Finland, Japan, Germany and Switzerland. Finally, one project (MA.0379) indicated that due to lack of funding, no follow-up activities or projects were implemented, however, there were attempts made to submit a regional project proposal.

Out of the 13 active migration health projects, nine projects (69.2 per cent of active projects) have indicated plans to sustain outcomes after the project's end. These projects include MA.0415, MA.0460, MA.457, MA.0459, MA.0464, MP.0512, MA.0499, MA.0494, and MA.0484. Plans for future project sustainability include adopting a participatory and consultative approach to foster government and local ownership of project outputs and outcomes; allocating domestic funding from the Ministry of Health to sustain project outputs; identifying relevant actors to ensure continuity of activities; planning to develop and disseminate relevant materials (i.e. ICT materials); and integrating outcomes with the national action plan on migration health.

5.12 Consideration of COVID-19

On 11 March 2020, the WHO declared COVID-19 a pandemic, referencing 118,000 cases of the virus in 114 countries and 4,291 deaths.[34] As of 11 June 2021, there have been 174,502,686 confirmed COVID-19 cases, including 3,770,361 deaths reported to WHO.[35] COVID-19 has led to a global crisis of unprecedented reach and proportion, changing the world as we know it. The pandemic has prompted far-reaching policy responses, as countries and cities across the globe imposed lockdowns and adopted various safety measures to prevent the spread of the virus, such as travel restrictions, border closures, restrictions on gatherings and other social distancing measures.

The 13 active projects examined in this review have been active during the COVID-19 pandemic. All, but one project, have been affected and experienced a negative impact on project implementation due to the COVID-19 pandemic. **Table 9** provides an overview of the challenges identified by the different projects. The most common challenge is the change in governments' and partners' priorities towards their national COVID-19 response and away from their work on project implementation. This change in priority was especially impactful on projects, given that the main government counterparts of the projects are the respective health ministries of the implementing countries. Similarly, one project had difficulties hiring a project consultant with health expertise, as most health experts were now focused on COVID-19. The next most common challenge was related to the various physical distancing measures in place, which led to restrictions on in-person events. This impacted project activities involving gatherings, such as meetings, trainings, interviews and programme launches. Travel restrictions also impacted the implementation of a number of projects, namely those relying on activities involving travel. Finally, one project reported a complete halt to all project activities caused by a nationwide lockdown. As a consequence of these challenges, projects experienced delays in implementation and cancelled

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[34] WHO, *WHO Director-General's opening remarks at the media briefing on COVID-19*, 11 March 2020. Available at https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020
[35] WHO, *WHO Coronavirus (COVID-19) Dashboard*. Available at https://covid19.who.int

project activities. When possible, in-person activities transitioned to the virtual sphere to conduct virtual meetings, trainings and events.

Challenge	Projects Impacted
Nationwide Lockdown	MA.0459
Change in Government Priorities	MA.0406, MA.0415, MA.0457, MA.0459, MA.0464, MA.0499, MA.094
Change in Health Experts' Focus	MA.0457
Travel Restrictions	MA.0406, MA.0415, MA.0460
Social Distancing Measures	MA.0460, MP.0512, MA.0497, MA.0484, MA.0498

In response to the challenges posed by COVID-19, five out of the 13 active projects underwent a project revision. **Figure 19** provides an overview of the number of revisions carried out. Four of these projects requested a Duration Revision, Budget Revision and Results Matrix Revision, while one requested a Budget Revision, Project Information Revision and Results Matrix Revision. Out of the six projects that have not requested a project revision, five were very early on in their implementation stage, having been initiated only in November 2020. Finally, two projects are preparing to request a project revision. Therefore, COVID-19 has led to increased needs for project revisions.

Yes ■ No ■ Not Yet
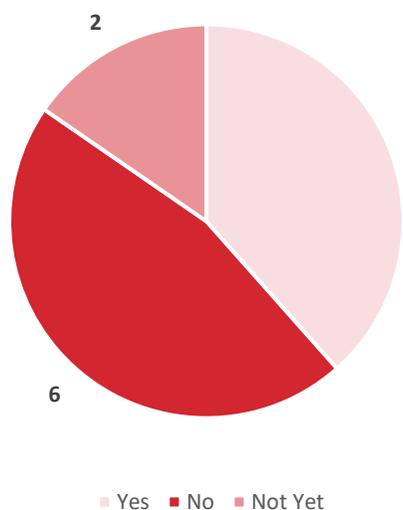
Despite the difficulties caused by the COVID-19 pandemic, some projects noted that their government counterparts began showing an even greater interest in the projects, as the pandemic shed light on migration health challenges. Additionally, project MA.0415 reoriented part of its project activities to support the Ministry of Cambodia in its COVID-19 response, through capacitydevelopment trainings throughout the country. It is also noteworthy that the results of project MP.0346, which was developed in 2017 with the purpose of strengthening the capacity of Burundi and the Democratic Republic of the Congo for preparedness and response to public health threats, were reported to have helped in responding to the COVID-19 pandemic. Materials, such as infrared

thermometers provided under the project served to monitor symptoms of COVID-19 in travelers, and information technology equipment allowed for information-sharing on COVID-19.

Furthermore, three of the 13 active projects were created partly as a response to the COVID-19 pandemic. Project MP.0512 was created out of the gaps in national and local capacities at borders and in communities for case diagnosis and management that were especially revealed by the COVID-19 pandemic. To respond to this need for multisectoral public health responses with a mobility-centred lens, this project seeks to contribute to the prevention and mitigation of disease transmission, particularly, but not limited to COVID-19. It will do so by strengthening the capacity of front-line responders and communities along the mobility continuum, such as at points of entry, health facilities and other spaces of vulnerability. To achieve this, the project will develop a toolbox of training materials and tools to ensure that risk communication messages are culturally and linguistically tailored and that migrants are included in outreach campaigns.

Project MA.0484 was also created in response to the effects of the pandemic in exacerbating the vulnerabilities of migrants throughout the mobility continuum, as the Government of Viet Nam has identified capacity development needs to effectively support Vietnamese migrants during public health emergencies, such as COVID-19, in a whole-of-government approach. Similarly, to the aforementioned project, it will seek to contribute to effective public health emergency preparedness and response along the mobility continuum. Particular attention will be brought to Vietnamese migrants living abroad and returnees from these countries, in order to better understand the challenges faced by these groups in accessing accurate information and health services during public health emergencies. These experiences will serve to develop recommendations for areas of prioritized action. As mentioned earlier in the report, this project organized a talk show titled "Migrants' voices during the COVID-19 pandemic" in December 2020, which constitutes an innovative way of raising awareness of the rights of migrants and understanding the challenges they have faced during the pandemic.

Project MA.0499, has noted in its rationale the exacerbating effects of the COVID-19 pandemic on already existing challenges for mobile and migrant populations (MMPs) in accessing health care. It identified an urgent need to eliminate discrimination and stigmatization against MMPs, as well as the barriers they face in receiving health care services, in order to benefit their and their communities' health and social cohesion. As its overall objective, the project seeks to contribute to improving access to national healthcare for MMPs, particularly women, in Cambodia with regards to three infectious diseases (HIV/AIDS, TB and COVID-19). To do so, it will work to strengthen government capacity and response in providing targeted interventions to support access to the health care system to MMPs, as well as to increase MMPs willingness to seek access to health services and make use of prevention methods related to the targeted diseases.

It is noteworthy that a greater number of migration health projects were funded in 2020 relative to 2019. This trend may be potentially attributed to the COVID-19 pandemic, which shed light on migration health issues and stressed the need for immediate action. This observation is further supported by the fact that three of the six migration health projects funded in 2020 were specific to COVID-19, meaning they would not have been carried out otherwise.

6. LESSONS LEARNED & RECOMMENDATIONS

The following recommendations aim to provide guidance to IOM Missions working with governments to design and implement migration health projects.

PROJECT DEVELOPMENT

➢ **Develop a stakeholder's engagement plan to effectively build and sustain partnership with key government counterparts.**
The projects in this review have demonstrated the importance of forging strong partnerships with national health ministries to create greater access to migrant-sensitive health services. Because the involvement of national partners was central to project implementation for migration health projects, challenges involving government partners – including lack of government buy-in, change in counterparts or change in priorities – heavily impacted projects by causing delays and roadblocks to implementation. Because they are the primary partners and often the main beneficiaries of IOM Development Fund migration health projects, a strong partnership with and the inclusion of government counterparts throughout project stages are vital for the projects' overall success.

While the IOM Development Fund requires projects to identify relevant partners, projects should also formulate a stakeholder's engagement plan prior to project implementation. The plan should outline engagement strategies to effectively communicate with and sustain the support of key government partners. Strong partnership and the inclusion of government counterparts in project design and implementation are vital for the projects' success. By utilizing an engagement plan to foster robust partnerships, projects can bolster the level of involvement of national counterparts, thereby promoting successful project implementation, national ownership and contribute to project sustainability.

➢ **Formulate a clear and well-articulated theory of change, which identifies desired changes, maps a chain of results and accounts for potential risks, to maximize the potential success of a project.**
A number of the completed projects in this review struggled or failed to achieve all planned outcomes and deliver expected outputs, due to various constraints. In some cases, risks or unintended impacts may not have been accounted for during the project development stage. Although some of the projects were able to correct the flaws in their initial design through project revisions, others were too restricted by the challenges encountered. As a result, these projects were ultimately unable to reach their intended objectives.

Using a collaborative approach, a carefully articulated theory of change should be developed to plan the chain of results of the project and maximize the chances of successfully achieving all planned outcomes and delivering expected outputs. A theory of change explains how to bring about a desired change by identifying the causal chains between goals and the preconditions required to realize those goals. In particular, the theory of change should detail how the conduct of activities are expected to

lead to the delivery of outputs; how the delivery of outputs is expected to lead to the achievement of outcomes; and how the achievement of outcomes is expected to lead to the fulfillment of the project objective. In mapping this causal chain of results, the theory of change should identify underlying assumptions about the rationales and potential risks during project implementation. It should be developed in collaboration with key project partners, thereby ensuring alignment between stakeholders involved. Overall, a theory of change enables projects to make more informed decisions about strategies throughout implementation processes. As implementation is underway and more information becomes available through active monitoring, projects should adjust strategies accordingly.

➢ **Formulate innovative contingency/adaptation strategies to prepare for potential roadblocks arising from unforeseen challenges and crises such as political instability and COVID-19.**
For a number of projects, unforeseeable crises and challenges – including those related to political instability and the COVID-19 pandemic – significantly delayed or even halted project implementation. In these contexts, projects were negatively impacted due to shifts in government priorities and task reassignments of counterparts (see section 5.8 and 5.12). Because government counterparts were commonly the key project partners, the change in priorities led to significant delays and/or reorientation or cancellation of project activities. However, as noted by projects such as MA.0499, it is important to address these challenges because they can significantly exacerbate existing challenges for migrant populations in accessing health care.

Given the ongoing COVID-19 pandemic and the risk of other unforeseen roadblocks, migration health projects should develop contingency and adaptation strategies to minimize negative impacts. More specifically, projects can develop potential scenarios and identify possible risks arising from those scenarios (i.e. COVID-19 related lockdown or travel restriction). Projects can develop a course of action in response to each scenario and accompanying risks. These contingency strategies should be formulated in consultation with key partners to ensure alignment. Nonetheless, if a revision is required as a result of such crises, IOM Missions should coordinate with the IOM Development Fund in due course and before implementation of revised activities.

➢ **Conduct a participatory needs assessment to identify health-related needs of vulnerable migrant groups and reach wider scope of migrant beneficiaries.**
A number of projects in this review have revealed the varying ways in which different migrant groups deal with migration health-related issues. Indeed, certain migrant groups, such as women and children, were found to be more vulnerable than others. For example, research conducted as part of project MA.0377 identified gender, age and legal status as among the most important characteristics determining an individuals' vulnerability. More specifically, the project identified women migrants as a sub-group facing specific health challenges, for instance in terms of reproductive health, which requires particular attention.

In order to adequately identify and respond to the specific health-related experiences and needs of different migrant groups, especially of vulnerable ones, projects should conduct a participatory needs assessment. Participatory approaches, in the form of focus groups, informal discussions with community groups and key informant interviews, are crucial for understanding issues from the perspective of those affected. In this way, projects can help strengthen governments' understanding of the needs of local and migrant communities. By carrying out a needs' assessment in an inclusive manner, projects will also be able to represent and reach a wider scope of migrant beneficiaries. A well-formulated needs assessment, which takes into account the specific needs of as many affected migrant groups, would allow the project to better reach its intended goals and ultimately have a greater impact.

PROJECT IMPLEMENTATION

➢ **Promote regional efforts to encourage knowledge-sharing and coordination mechanisms in response to cross-border migration health issues.**

For some projects, the lack of regional dialogue prevented effective management of health-related migration issues. Because health issues, such as infectious disease outbreaks are transnational in nature and have cross-border impacts, coordination between countries in a region may be required to adequately address migrant health needs in these contexts. For example, both MA.0375 and MA.0379 had a regional approach for cross-border TB and HIV control and care. For both projects, the occurrence of infectious disease impacted migrants across Tajikistan and Russia for project MA.0379 and across Armenia, Azerbaijan and Georgia for project MA.0379. To effectively address the prevalence of TB and HIV in these regions, bilateral or multilateral coordination was required.

Projects should promote regional efforts to encourage knowledge sharing and harmonize migration health initiatives. Because COVID-19 and other infectious disease outbreaks have cross-border impacts, enhanced coordination between countries in a region, particularly for knowledge sharing, could help foster more coordinated responses to public health emergencies. Sharing and drawing lessons learned from other projects and partners at a regional level could create synergies to expand the reach and impact of migration health projects. This may be achieved through coordination mechanisms such as joint working groups or steering committees; or through knowledge sharing measures, such as information sharing platforms/tools or collaborative training initiatives. As the circumstances provided by the COVID-19 pandemic have shown, regional dialogue can be facilitated through online platforms and communication tools, and other innovative mediums. These options should be leveraged in order to avoid large in-person meeting requiring additional organizational costs and travel costs for participants.

POST PROJECT CLOSURE

➢ **Develop a project sustainability plan outlining financial and organizational strategies to sustain project outcomes in the long-term.**

Completed projects that have outcomes that were not sustained – such as projects MA.0372, MA.0375, MA.0379, and MA.0382 – cited a lack of funding, human resources and coordination among key partners as some of the main limitations to project sustainability. Conversely, projects that have successfully sustained outcomes have secured funding and other resources and activities required to ensure continuity of outcomes. These projects have also demonstrated that involving national partners is important for advancing national ownership and project sustainability. The ownership from partners in the process of implementation was key to ensuring continuity of outcomes after project closure.

Projects should formulate a sustainability plan with strategies to promote ownership, secure funding, and plan organizational logistics after project completion. This plan should be developed using a participatory approach with key project partners to promote their involvement, buy-in and ownership. To the extent possible, national partners should be involved in all stages of project design and implementation and ensure that the project is aligned with national priorities. The plan should identify potential costs of sustaining project outcomes including, for example, human resources and financing. Accordingly, the plan should also identify and develop strategies for securing potential funding sources to sustain outcomes. Furthermore, it should propose an organizational structure detailing the operational procedures. Finally, the plan could incorporate a results-based monitoring and evaluation mechanisms to track project outcomes and impacts after project completion. Together, these strategies can help projects achieve outcomes and impacts that can be sustained through national ownership in the long-term.

➢ **Develop an evidence-based framework to measure long-term project impacts.**
Considering the given resource availability, the evaluations conducted for completed projects in this review relied on criteria and measures that were largely based on subjective assessments of migration health projects' short term (see section 5.10). However, subjective assessments may undermine the level of accuracy, comparability and consistency of project impacts, particularly for long-term impacts.

Projects should develop systematic methods of assessing the impacts of outcomes after project closure. This should be done through an evidence-based framework using measurable quantitative and/or qualitative indicators. The impact of projects should be assessed with supporting evidence from the identified indicators, thereby enabling migration health projects to conduct more accurate and comparable impact assessments. Information gathered for impact assessments can then also be used to inform other health-related initiatives for migrants.

ANNEX 1: List of Projects

Project ID	Title	Status	Budget	Funding Year	Benefiting Country	Project Type	Duration (In Months)
MA.0374	Promoting Psychosocial Services and Assistance for Vulnerable Migrants in Morocco	Completed	200000	2016	Morocco	MA - Health Promotion and Assist for Migrants	30
MA.0372	Establishing a Migration Health Unit within the Ministry of Health and Sports (MOHS) in Myanmar	Completed	100000	2016	Myanmar	MA - Health Promotion and Assist for Migrants	33
MA.0375	Technical Support and Capacity Building to Improve Cross Border TB Control and Care of Tajik Migrant Workers	Completed	200000	2016	Tajikistan	MA - Health Promotion and Assist for Migrants	26
MA.0373	Technical Support to Global Consultation on Migrant Health - Sri Lanka	Completed	70000	2016	Sri Lanka	MA - Health Promotion and Assist for Migrants	12
MA.0379	Enhancing Mechanisms for Prevention, Detection and Treatment of HIV/AIDS and Tuberculosis Among Migrant and Mobile Populations in the South Caucasus Countries	Completed	250000	2016	Armenia, Azerbaijan, Georgia	MA - Health Promotion and Assist for Migrants	24
MA.0377	Towards an Effective Migrants Right to Health in Central Asia: Assisting Governments in Enhancing the Provision of Health Services for Migrants	Completed	100000	2016	Kyrgyzstan, Kazakhstan, Turkmenistan	MA - Health Promotion and Assist for Migrants	12
MA.1147	Strengthening Government Capacity in the Development and Implementation of the National Strategic Action Plan on Migration Health in Nepal	Completed	150000	2016	Nepal	MA - Health Promotion and Assist for Migrants	30
MA.0382	Development and Implementation of a Central American Joint Initiative on the Health of Migrants	Completed	120000	2016	Costa Rica, El Salvador, Honduras, Mexico, Nicaragua, Panama, Guatemala	MA - Health Promotion and Assist for Migrants	15
MA.0400	Development of Psychological Integrated Services of the Border Police Department in the Republic of Moldova (SPINS)	Completed	170000	2017	Republic of Moldova	MA - Health Promotion and Assist for Migrants	24

MA.0407	Migration and its Impact on Cambodian Children and Families (MICCAF)	Completed	200000	2017	Cambodia	MA - Health Promotion and Assist for Migrants	18
MA.0406	Community Health and Mobility in the Pacific (CHAMP)	Active	300000	2017	Solomon Islands, Fiji, Vanuatu, Papua New Guinea	MA - Health Promotion and Assist for Migrants	33
MP.0346	Health and Humanitarian Border Management: Capacity Building for Public Health Emergency Preparedness and Response in Burundi and the DRC	Active	250000	2017	Burundi, Democratic Republic of the Congo	MP - Migr Health Assist for Crisis Aff Pops	27
MA.0415	Supporting National Level Migration Health Coordination Mechanisms in Asia	Active	250000	2017	Cambodia, Thailand, Philippines	MA - Health Promotion and Assist for Migrants	40
MA.0460	Development of a Migration Health Interactive Map for the Mesoamerican Region	Active	100000	2019	Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua	MA - Health Promotion and Assist for Migrants	18
MA.0457	Maldives: Strengthening Government Capacity in Migration Health Policy Development	Active	200000	2019	Maldives	MA - Health Promotion and Assist for Migrants	22
MA.0459	Migration Health Management Information System (MHMIS): Strengthening Capacity on Data Driven Policy and Planning in Nepal	Active	200000	2019	Nepal	MA - Health Promotion and Assist for Migrants	24
MA.0464	Building the Capacity of the Health Authorities to Promote Access to Health Care for Migrants and Cross-border Communities in the Kédougou Region in Senegal	Active	200000	2019	Senegal	MA - Health Promotion and Assist for Migrants	24
MP.0512	Strengthening Public Health Response Capacity on COVID-19 and other Diseases in High-Risk Communities along the Mobility Continuum through a Capacity Development Toolbox	Active	400000	2020	Global	MP - Migr Health Asist for Crisis Aff Pops	15
MA.0499	Improving Access to Healthcare Services on Key Infectious Diseases Affecting Migrant and Mobile Populations in Cambodia	Active	300000	2020	Cambodia	MA - Health Promotion and Assist for Migrants	24

MA.0494	Enhancing Gender-Sensitive TB Detection, Surveillance, Treatment and Prevention Among Mobile Populations from the Republic of Moldova	Active	300000	2020	Republic of Moldova	MA - Health Promotion and Assist for Migrants	24
MA.0497	Establishment of a Regional Migration and Health Capacity-Building Center in Mexico	Active	300000	2020	Mexico	MA - Health Promotion and Assist for Migrants	24
MA.0498	Returned Tajik Migrants: Promoting a Multi-Stakeholder Response to Mental Health and Disability Issues	Active	300000	2020	Tajikistan	MA - Health Promotion and Assist for Migrants	24
MA.0484	Supporting the Government of Viet Nam in Strengthening Public Health Emergency Preparedness and Response for Vietnamese Migrants Abroad and Potential Migrants	Active	300000	2020	Viet Nam	MA - Health Promotion and Assist for Migrants	24

IOM Development Fund Questionnaire on Migration Health Projects 2016-2020

The IOM Development Fund is currently carrying out a review of the migration health projects. As per the IOM glossary, migration health is "a public health topic which refers to the theory and practice of assessing and addressing migration associated factors that can potentially affect the physical, social and mental well-being of migrants and the public health of host communities". The objective of this review is to assess completed and active migration health projects funded between 2016 and 2020, in order to identify best practices and share lessons learned to guide future migration health projects to achieve the most impact. Additionally, the review will explore the relationship between migration health, the Sustainable Development Goals, IOM's Migration Governance Framework, the IOM Strategic Vision and the IOM Institutional Strategy on Migration and Sustainable Development. Finally, it will examine the impact of the COVID-19 pandemic on migration health projects. **The final report will be shared with all relevant colleagues.**

Instructions: Please fill in all of the questions, only for IOM Development Fund project [project code – project title] funded in [year], based on your knowledge of the project/final narrative report/ex-post evaluation report and information you have been able to collect from government counterparts and partners. Thank you for your assistance in this review.

BACKGROUND
1. **Project ID:**
2. **Project Title:**
3. **Year of Funding:**
4. **What was the reason for IOM's engagement?**
5. **Who reached out to IOM for its support, and when?**

PROJECT PARTNERS
6. **What was the level of involvement with Health and migration authorities during implementation (i.e. involvement of civil society, Health authorities, etc.)? Please identify main project partners this area.**

7. **What was level of involvement with other partners during implementation?**

8. **Please indicate the 2-3 most important outcomes and related outputs which have been or are aimed to be achieved and delivered by this project.**

    (Note: as per the IOM Project Handbook, outcomes are the intended changes in institutional performance, individual or group behavior, or the political, economic or social position of the beneficiaries; and outputs are the intended changes in skills or abilities of the beneficiaries, or the availability of new products or services as a result of project activities)

    ➢ **Outcome:**
        Related output(s):
    ➢ **Outcome:**
        Related output(s):
    ➢ **Outcome:**
        Related output(s):

9. **Has the project produced or involved any new, innovative processes or outputs (I.e. projects having unique components in relation to community engagement, corporate sustainability, education, entrepreneurship, infrastructure, media, policy, research, technology & data, etc.)?**
    ☐ Yes – please explain
    ☐ No

10. **Were any communication products (e.g. publications, videos, etc.) produced during project implementation?**
    ☐ Yes – If possible, we kindly ask you to please share it with us together with your responses to this questionnaire
    ☐ No

BENEFICIARIES

11. **Who were/are the intended beneficiaries of the project?**

    (Note: as per the IOM Project Handbook, beneficiaries are the individuals, groups, or organizations receiving assistance or benefitting from the IOM project e.g. government officials, members from civil society organizations, NGOs, female-headed households, internally displaced persons, diaspora, third-country nationals, etc.)

12. **How was/is gender mainstreamed into the project design and/or project implementation**?

13. **Did this project reach all the intended beneficiaries?**
    ☐ Yes – please specify who and how many.
    ☐ No – please explain why.

14. **Did this project reach any unintended beneficiaries?**
    ☐ Yes – please specify who and how many.
    ☐ No

IMPLEMENTATION CHALLENGES

15. What were/are the main challenges encountered during implementation of the project, if any?

	Challenge	Measure taken to address it
☐	Lack of reliable information	
☐	Lack of coordination amongst agencies	
☐	Lack of funding	
☐	Lack of buy-in by the government counterparts	
☐	Consultant challenges	
☐	Changing governmental priorities	
☐	Difficulty accessing existing data	
☐	Lack of research capacity	
☐	Political instability	
☐	Lack of collaboration by partners	
☐	Changing government counterparts	
☐	Environmental hazards	
☐	IOM internal challenges	
☐	Lack of IOM internal support	
☐	Procedural challenges with IOM Development Fund	
☐	Other (please specify)	

16. What activities/outputs were/are impacted by these challenges?

17. What measures could have been put in place to avoid and/or mitigate these challenges?

18. How could the IOM Development/HQ help Missions in mitigating implementation challenges?

COVID-19

This section applies to all projects impacted by COVID-19 in any way, not just new projects activated in 2020.

19. Was the project implementation impacted by COVID-19? If so, how?

20. Was the project created specifically in response to COVID-19?

21. Was the project adapted or re-oriented to address COVID-19? If so, how?

22. Is there any way the IOM Development Fund can help mitigate challenges associated with COVID-19?

PROJECT REVISION

23. Was/is a revision needed to effectively implement the project?

☐ Yes - If yes, please fill in the below:
- ➢ What kind of revision? (Please tick all relevant boxes)
  - ☐ Budget
  - ☐ Duration
  - ☐ Results Matrix
  - ☐ Beneficiary Type
- ➢ **What was/is the reason for the revision? Which challenges led to this request?**

- ➢ **Did it allow the project outcomes to be achieved? Please briefly elaborate.**

- ➢ **Did it allow the project outcomes to be achieved? Please briefly elaborate.**

☐ No

SUSTAINABILITY

24. **How does/did the project plan to sustain its outcomes after completion?**

25. **Were the project outcomes sustained after the project ended?**

☐ Yes – please list the institution/body that sustained it and the method used. Examples of methods: trainings, workshops, routine systems, etc.

Outcome	Institution/Body	Method Used
1.		
2.		
3.		

☐ No – please explain why.

Outcome Not Sustained	Explanation
1.	
2.	
3.	

26. ***For completed projects only* Please specify any follow-up activities/projects that have been implemented as a result of this particular project.**

27. **Did this project contribute to the strengthening of the local and/or national health system? If so, how?**

28. **Did this project contribute to Universal Health Coverage? If so, how?**

30. **Do you have any recommendations for similar future migration health projects on specific methods to ensure sustainability of project outcomes?**

31. **Do you have any recommendations to ensure project ownership by counterparts in benefitting member state(s)?**

<u>EVALUATION</u>
For completed projects only

32. **Has an ex-post evaluation of this project been carried out?**
☐ Yes – We kindly ask you to please share it with us together with your responses to this questionnaire
☐ No

33. **What were the main lessons learned from project implementation?**

34. **What were the main gaps or weaknesses of the project?**

35. **Do you have any recommendations for improving the implementation of migration health projects?**