

Migration Health Division



Report on IOM Development Fund Funding Analysis (2005-2015)



March 2016



Did You Know..?

A Snap Shot (2005-2015)

Total Funds Disbursed by IDF

USD 61,599,636

Total funds Disbursed for Migration Health

USD 4,679,434

(8% of total IDF funds to all IOM programmes)

Total Number of Migration Health Projects Funded

31 out of 463 total IDF funded projects (7%)

Number of Projects Funded in 2015

One. Total funds received USD 200,000 (3% of total IDF funds disbursed that year)

Benefitting Mission that Submitted Most Migration Health Projects

IOM Sri Lanka (3 projects)

Benefitting Mission that Received the Highest Amount of Funding

IOM Sri Lanka, USD 500,000

Region with the Highest Number of Migration Health Funded Projects

Africa and Middle East - 15(48%) Projects

Most Common H2 Theme Addressed by Migration Health Projects

Developing Migration Agendas at Country Level

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Introduction

Migration and Health as an IDF Funded Programme Area

IOM's vision on migration and health is to ensure that migrants benefit from an improved standard of physical, mental and social wellbeing, which enables them to substantially contribute towards the social and economic development of their home communities and host societies. The Migration Health Division's (MHD) vision of "Healthy Migrants in Healthy Communities" is centred on: (a) promotion of migrants' right to health; (b) maintenance of good public health outcomes for both individuals and communities; and (c) contribution to positive health and development outcomes of migration in countries both of origin and destination.

MHD's core programmatic areas are guided by IOM's Constitution and 12-point Strategy,¹ the Sixty-first World Health Assembly (WHA) Resolution on the Health of Migrants (2008)² and related operational framework.³ Within MHD, IOM conducts activities in the following three major programmatic areas:

1. *H1 - Migration Health Assessments and Travel Health Assistance (Project type: MH):*
IOM conducts health assessments for various categories of migrants before departure or upon arrival to countries of destination. Health services provided include immunization against vaccine preventable diseases and pre-emptive treatment for endemic conditions like malaria, and diagnostics and treatment for communicable diseases such as tuberculosis (TB) and sexually transmitted infections (STI).
2. *H2 - Health Promotion and Assistance for Migrants (project type: MA):* Entails promotion of the health of migrants and communities by advocating for migrant-inclusive health policies, delivering technical assistance and enhancing the capacity of governments and partners to provide migrant friendly services. Activities here include prevention and control of diseases (e.g. HIV/AIDS, cholera, tuberculosis, malaria, non-communicable diseases, and emerging epidemics); addressing health system

¹ International Organization for Migration (IOM). (2007). *MC/INF/287 - IOM strategy*. Retrieved from https://www.iom.int/jahia/webdav/shared/shared/mainsite/about_iom/docs/res1150

² International Organization for Migration (IOM). (2008). *Health of migrants report by the Secretariat Migration flows and the globalized world*. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/A61/A61_12-en.pdf

³ International Organization for Migration (IOM). 2010. *Health of migrants – The way forward: Report of a global consultation*. Retrieved from <https://health.iom.int/sites/default/files/Health-of-Migrants.pdf>

challenges for migrants and assisting governments in managing the migration of health workers.

3. *H3 - Migration Health Assistance for Crisis-Affected Populations Health (project type - MP)*: Involves IOM's overall humanitarian response, particularly in natural disasters where IOM is the Cluster lead in Camp Coordination and Management. IOM assists crisis-affected populations, governments and host communities to strengthen and re-establish primary health care systems. IOM delivers health care and psychosocial support for displaced persons, facilitates medical referrals and arranges medical evacuations for individuals who cannot be cared for locally. IOM assists in rebuilding community-based services and strengthens crisis-affected health care systems.

The IOM Development Fund (IDF)

Formerly known as the 1035 Facility, the IOM Development Fund (IDF) was established in 2001 to support IOM developing Member States and Member States with economy in transition in their efforts to strengthen their migration management capacity. The Fund supports the development and implementation of joint government-IOM projects to address particular areas of migration management, particularly capacity strengthening. Allocation and application to the Fund is guided by Resolution No. 134 adopted by the Executive Committee on 3 July 2012.⁴ Priority project areas are identified by Member States in coordination with IOM Offices worldwide and include activities that enhance migration management practices and promote humane and orderly migration.

IDF and Migration and Health projects

Migration and health is one of the 11 IDF funded programme areas. The other funded programmes are:

- Counter-trafficking
- Enhancement of inter-governmental dialogue and cooperation
- Labour migration
- Migration and development
- Migration and environment

⁴ IOM Executive Committee. (2012, July). *MC/2347 - Report of the executive committee on the 109th session*. Retrieved from https://governingbodies.iom.int/system/files/migrated_files/about-iom/governing-bodies/en/council/101/MC_2347.pdf

- Migration management systems, including travel documents, data systems and border improvements
- Policy and legal framework development
- Research and assessment
- Training activities and training system improvements
- Assisted Voluntary Return and Re-integration (AVRR) on an exceptional basis, for projects focusing on government capacity building activities

Eligible Countries and Funding Lines 1 and 2

Funding is provided through two Lines (Line 1 and Line 2) which are both largely similar. The only exception is that Member States subject to Article 4 of the IOM Constitution,⁵ (*if a Member State fails to meet its financial obligations to the Organization for two consecutive financial years, the Council may by a two-thirds majority vote suspend the voting rights and all or part of the services to which this Member State is entitled*) (p. 12) are not eligible to access funding through Line 2. This is further emphasized by the **MC/INF/287** IOM Strategy Document⁶ which links access to this funding under outstanding contributions and subject to Article 4 of the IOM Constitution. To view the list of IOM Member States eligible to access Line 1 and 2, please visit [HERE](#) and [HERE](#) respectively.

Line 1 funding has a budget ceiling of USD 100,000 with an increase in exceptional cases of up to USD 200,000. Applications are reviewed throughout the year. Line 2 funding has a budget ceiling of USD 200,000 for national projects and USD 300,000 for regional projects. Regional applications have two deadlines during the year on 15 March and 30 June.

⁵ International Organization for Migration (IOM). (1953). *Constitution of the International Organization for Migration*. Retrieved from https://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/about_iom

⁶ IOM, 2007 *Supra* p.g. 6

Rationale for the Review

This review focuses on Migration Health related projects funded by the IDF between 2005 and 2015. The objective was to take stock of the IDF funding scenario for Migration Health and compare it against both the total IDF fund provided for all relevant IOM programmes, and the various programmes. Such an analysis will provide an overview of progress to the MHD teams at country, regional and global levels, IOM Missions, Regional Thematic Specialists (RTS), and Project Development Officers, as well as the IDF/Department of Migration Management teams for future planning of IDF specific resource mobilization efforts, awareness raising on IDF, and prioritization of Migration Health submissions to IDF by relevant IOM missions.

Methodology

This review was conducted between 2nd November and 18th December 2015. The goal of the review was to provide an overview of the amount of IDF funding received by the Migration Health programme by various variables including themes, key and cross-cutting issues, region, and country among others. The scope of the review did not involve a detailed analysis of the various themes, keys issues or topics addressed by the projects.

Data collection methods included email and face-to-face communication with relevant IOM colleagues at IOM's headquarters (HQ) including Migration Health Division (MHD) and IDF colleagues. The larger part of data collection, however, involved reviewing of Migration Health IDF-funded project documents. Mainly, final reports were reviewed and, where necessary or where required information was lacking, other documents related to the project, such as reports or IDF award notifications, were reviewed. For projects where final reports were unavailable, the most recent interim report was reviewed. In the absence of either a final or interim report, the project proposal was reviewed.

A summary list of the final project reports reviewed is as shown on *Table 1* below. A comprehensive list of all reviewed projects is available in annex 1.

Table 1 Summary List of Final Project Reports on Migration Health, IDF-funded 2005-2015

Year	Project code	Project titles
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2006	NB3-805	EAC-IOM Regional Stakeholders Baseline Study, Workshop on Migrants' Health & Migration of Health Workers in East Africa and 1st Meeting of the EAC Committee of Experts on Migration Health
2006	NA3-805	Facilitation of the Recruitment and Placement of Foreign Health Care Professionals to work in the Public Sector Health Care in South Africa: Assessment
2008	MA.0031	Improving Health Knowledge and Access to Public Primary Health Care Services among Migrants and Displaced Persons in Selected Districts of Tak and Chiangrai provinces in Thailand
2009	MA.0138	Improving Health Knowledge and Access to Public Primary Health Care Services Among Migrants and Displaced Persons in Selected District of Ranong and Samutsakorn Provinces in Thailand
2009	MA.0144	Enhancing the Capacity of the Ministry of Health to assist Victims of Trafficking in Egypt
2009	MA.0148	Supporting Multi Country Development of the Horn of Africa Partnership on HIV/AIDS (HOAP) Seaports Initiative
2009	MA.0086	Technical Cooperation on Migration Health in Kenya
2009	MA.0127	Managing the Impact of Migration on the Healthcare System of Moldova
2010	MA.0174	Strengthening Migrant Health Structures and Services in Selected Border Provinces in Cambodia
2010	MA.0160	Technical Cooperation on Strengthening Migration Health Management in Sri Lanka
2010	MA.0155	Project to Enhance Migrants' Conditions in Libyan Holding Centres (MICOL)
2010	MA.0159	Migration and Health in West Africa: Capacity Building Support for Regional Health Programmes
2011	MA.0204	Study on Trafficking, Exploitation and Abuse in the Mekong Sub-region (STEAM)
2011	MA.0221	Technical Cooperation Strategy for the Establishment of a Migration Health Unit for the Government of Sri Lanka
2011	MA.0211	Technical Cooperation on Migration Health in Jordan
2011	CE.0146	Enhancing the Capacities of Rwanda's Public Health Sector through Linkages with its Diaspora Health Professionals
2011	MA.0229	Research Study on the Health of Migrants in Georgia
2011	MA.0224	Improving Labour Migrants' Access to Health Services in Tajikistan
2011	MA.0215	Technical Assistance in Migration and Health - Enhancing National Public Health Standards in Migration Management in Turkey
2012	MA.0256	Facilitating the Contributions of Diaspora Health Professionals – Towards Implementation of the National Health Sector Strategic Plan 2010-2015 in Sierra Leone
2012	MA.0261	Enhancing South Sudan's Human Resources for Health through Strengthened Engagement of Health Professionals in the Diaspora

Limitations

One of the key limitation of this review is the lack of financial resources to conduct interviews with project managers, RTSs, governmental partners and beneficiaries. As such this limited the scope of what could be feasibly achieved in the short period of time and with the limited financial resources. A helpful measure would have been to extrapolate the experiences of the different Migration Health stakeholders that have engaged with IDF funding process, regardless of whether or not they received the funds. Such information would be useful to enable MHD RTSs to better understand success criteria. However through the qualitative analysis of available project documents it becomes clear that some of these include active engagement at country level with the Ministry of Health, availability of technical support at RO/Mission and engagement with other DMM thematic areas.

Findings

Numbers and Types of Projects

In total, 31 projects were reviewed. Of these, 22 final reports, six interim reports, and three proposals were available and reviewed (*Figure 1*). Although three of the projects (CE.0146, NA3-805, and NB3-805 –refer to annex 1 for a comprehensive list of all reviewed projects) do not fall under the three conventional IOM MHD project codes outlined at the introduction section (i.e. MH, MA, and MP), they have nevertheless been included in the review, specifically for two reasons: i) the main focus of the project implemented was on migration and health, and ii) the allocations were registered by the IDF program under Migration and Health (MH).

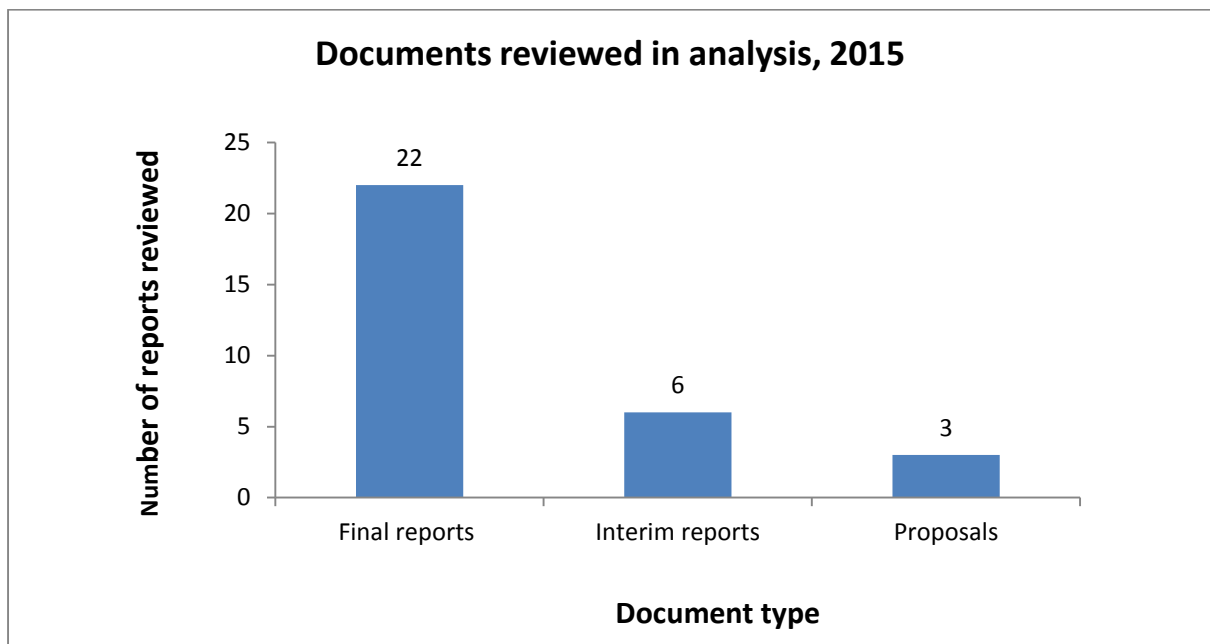


Figure 1 Documents Reviewed in Analysis, 2015

Number of all IDF Funded Projects by Year

In total, IDF funded 463 projects between 2005 and 2015 (*Figure 2*). With 31 funded projects over this period, Migration Health ranks 6th in the number of projects funded.

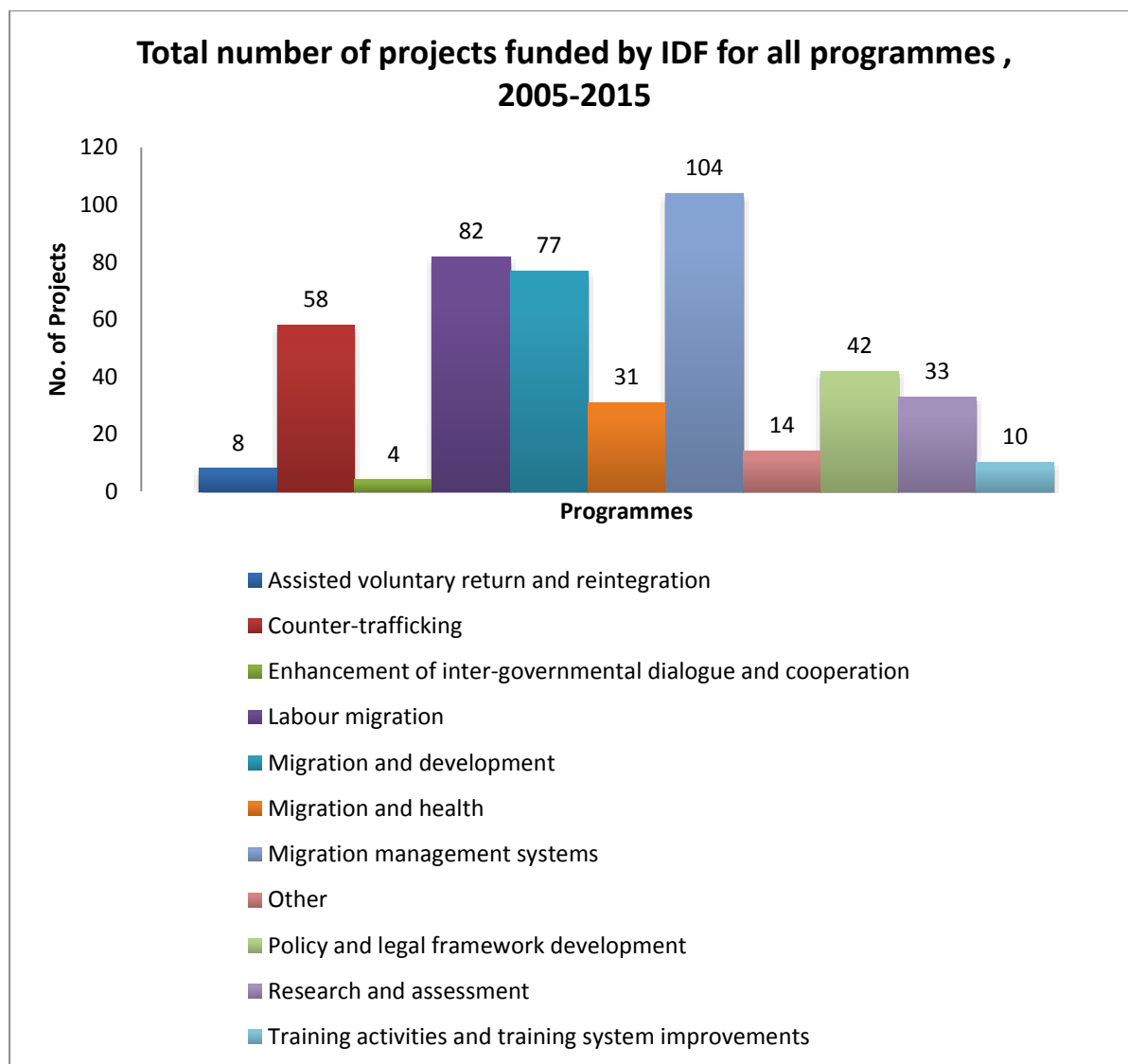


Figure 2 Total Number of Projects Funded by IDF by all Programmes, 2005-2015

As shown on Figure 3 below, no Migration Health projects were funded in 2005 and 2007. Apart from 2005 and 2007, Migration Health projects had a minimum of one project (as shown in 2008 and 2015) and a maximum of seven projects (as shown in 2011) each year.

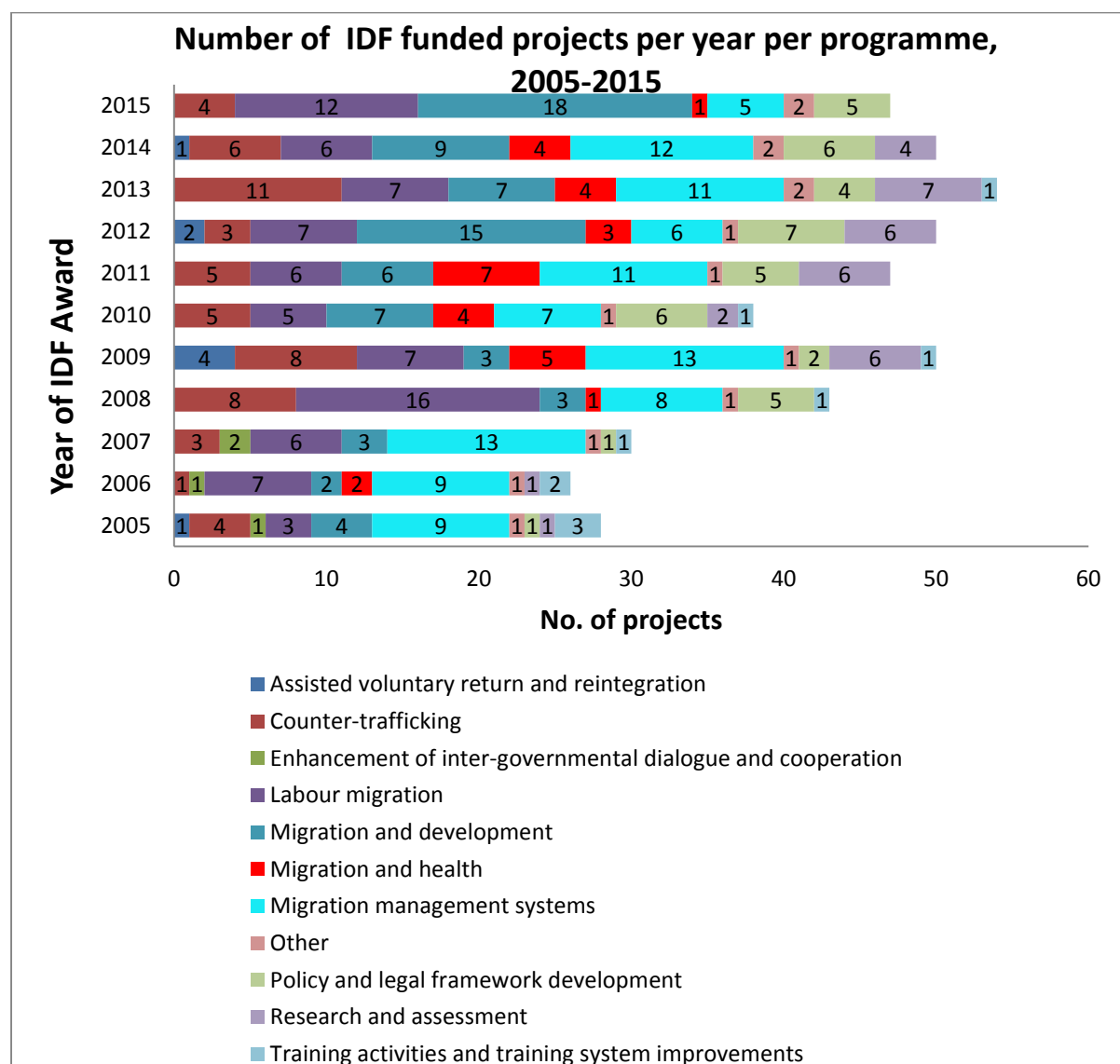


Figure 3 Number of IDF Funded Projects per Year per Programme, 2005-2015

In terms of the number of Migration Health projects per region, Africa and the Middle East region had the highest number (*Figure 4*). 15 Migration Health projects were funded in this region, accounting for 48 per cent of all Migration Health projects over the last 10 years. Asia was second with 11 projects representing 36 per cent of Migration Health funded projects, while Europe, the Americas and the Caribbean had the lowest number of projects with 3 (10%) and 2 (6%) funded projects respectively.

Number of Migration Health projects per region, 2005-2015

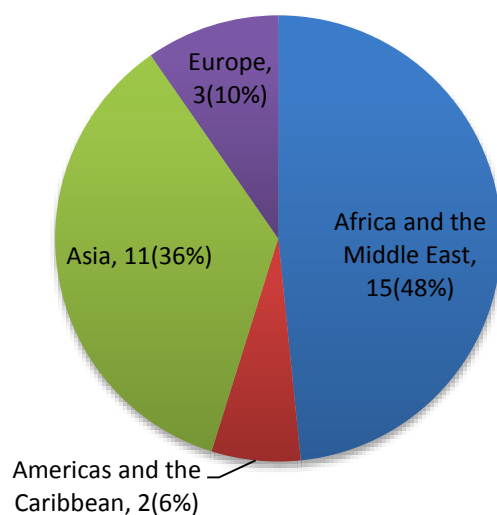


Figure 4 Regional IDF Funded Migration Health Projects (2005-2015)

Projects funded were either categorised as regional, multi-country, or national projects (Figure 5). A total of 7 regional and 1 multi-country projects were funded, *representing a cumulative percentage of 26%*. However, a total of 23 (74%) national projects were funded, accounting for the largest number of Migration Health funded projects. Figure 6 demonstrates funding allocated to each type of project.

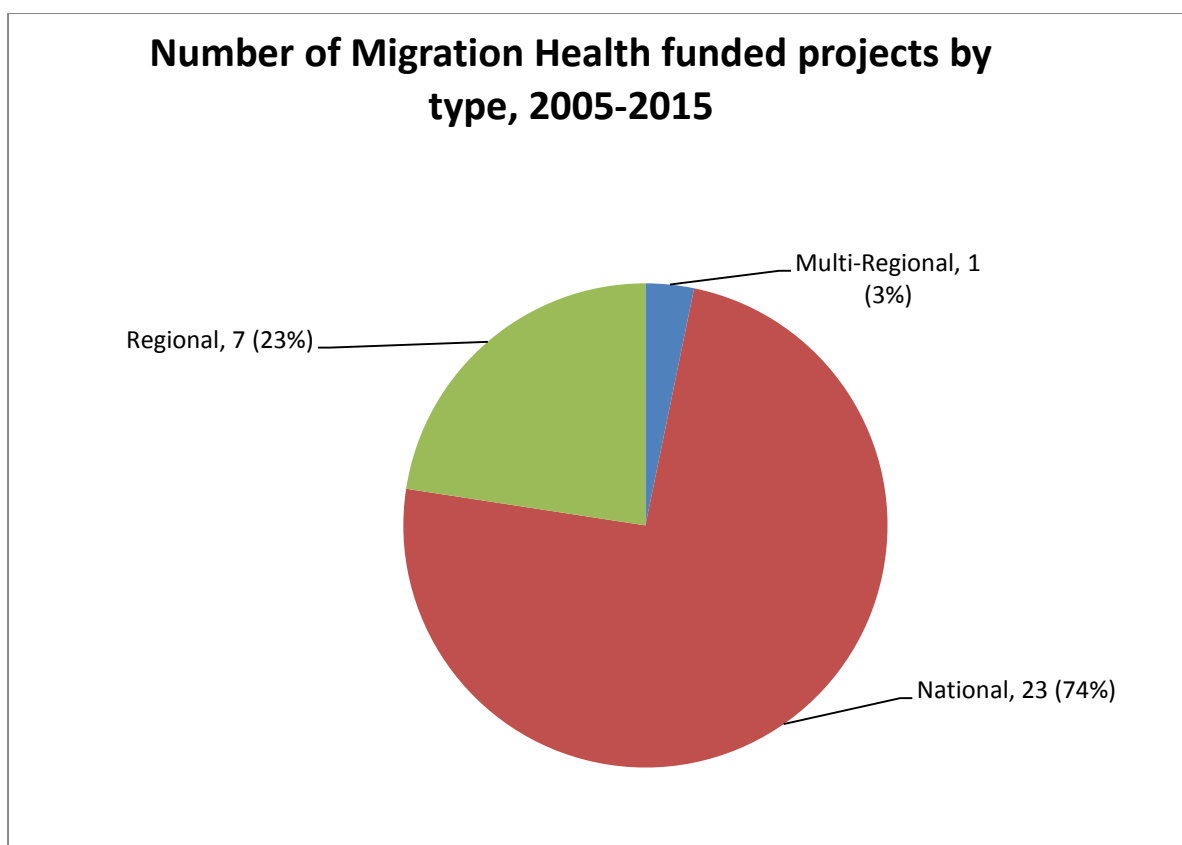


Figure 5 Number of Migration Health Funded Projects by Type (2005-2015)

Table 2 below presents the regional and multi-country projects funded. A commonality among the regional projects, with the exception of one (MA.0328), is that they all implemented an element of research as a main activity, targeting all the benefiting countries. Research conducted included situational analyses on health systems capacities and vulnerabilities of migrants including access to health services, mental health issues, HIV/STI, and exploitation and abuse particularly of trafficked persons. In terms of the H2 themes discussed later in this report (*see table 3 and subsequent discussion*), 5 projects addressed the theme of *developing migration health agendas at country level*.⁷ Two projects addressed the theme of *addressing health needs of irregular and vulnerable migrants*,⁸ while one project addressed the theme of *promoting migrant-inclusive health systems & services*⁹

⁷ NB3-805, MA.0259, MA.0293, MA.0339, MA.0328

⁸ MA.0159 and MA.0204

⁹ MA.0148

Table 2 Regional and Multi-Country Migration Health Projects, IDF-funded, 2005-2015

Date & project code	Budget Line & amount allocated	Project title	Project Summary	All benefitting missions and countries
2014 MA.0339	2 (USD 30,000)	Towards the Strengthening of a Binational Agenda on Migrant Health in the Tacna–Arica and Antofagasta Regions	This funding allocation will provide co-financing to a larger project that aims to create favourable conditions in the target region to strengthen open and sustained dialogue, which will allow improvement of the health conditions of Columbian and Peruvian migrants in Chile.	Colombia and Peru
2014 MA.0328	1 (USD 100,000)	Strengthening Local Authorities and Community-based Actors' Capacity to Prevent the Spread of Ebola Virus Disease (EVD) in West Africa	Project was to address the challenge of the spread of the Ebola Virus Disease (EVD) to neighbouring countries, IOM proposed to implement a series of coordinated activities aimed at strengthening the capacity of governmental and non-governmental organizations to conduct effective outreach activities and raise awareness on the EVD in three selected countries in West Africa.	Cote D'Ivoire, Ghana and Senegal
2013 MA.0293	2 (USD - 300,000)	Strengthening the Governments' Capacity in El Salvador, Nicaragua, Honduras and Guatemala to Address the Health of Migrants through a Multi-sector Approach	This project aimed at addressing limited specific information about the health conditions of migrants, their access to services and difficult working and living conditions that increase migrants' vulnerabilities to ill-health. Through research, the project also addressed the consequences of migration on the health of families left behind and the health, including psychosocial vulnerabilities, of return migrants.	El Salvador, Honduras, Guatemala and Nicaragua
2012 MA.0259	2 (USD 300,000)	Strengthening Government's Capacity of Selected South Asian Countries to Address the Health of Migrants through a Multi-Sector Approach	This project conducted an in-depth assessment among the three South Asian countries to assess health vulnerabilities of inbound and outbound migrants, supported a regional consultation as well as the Ministries of Health of Bangladesh and Nepal, and the Ministries of Human Resource Development of Pakistan to develop strategic action plans to address the health of migrants using a multi-sectoral approach.	Bangladesh, Nepal and Pakistan
2011 MA.0204	2 (USD 253,672)	Study on Trafficking, Exploitation and Abuse in the Mekong Sub-region (STEAM)	This project conducted a cross-sectional, multi-site survey of trafficked men, women and adolescents receiving assistance after a trafficking experience to identify the health risks and care needs of trafficked persons in the GMS. The London School of Hygiene &	Cambodia, Thailand and Viet Nam

			Tropical Medicine (GBP191,356) and the Fundación ANESVAD (USD 269,140) co-financed this project.	
2010 MA.0159	1 (USD 100,000)	Migration and Health in West Africa: Capacity Building Support for Regional Health Programmes	This was a joint initiative of IOM, the West Africa Health Organization (WAHO), the Economic Community of West African States (ECOWAS) and the Economic and Monetary Union of West Africa (UEMOA). The project aimed at assisting seven West African countries to initiate, provide technical support to stakeholders and develop the three new regional health and migration programmes on: 1) mental health services offered to migrants returning to their countries of origin; 2) epidemiologic surveillance and responses at borders, and 3) reduction of HIV-AIDS vulnerability of truck drivers.	Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger and Senegal
2009 MA.0148^B	1 (USD 147950)	Supporting Multi Country Development of the Horn of Africa Partnership on HIV/AIDS (HOAP) Seaports Initiative	This project aims to support collaborative development of a harmonized multi-country HIV/AIDS programme of action and resource mobilization proposal for HIV prevention, treatment, and support targeting most-at-risk populations in major ports of the Red Sea, Gulf of Aden, and (potentially) Mombasa, in support of the Horn of Africa Partnership	Egypt, Somalia, Sudan, Yemen, Egypt, Somalia, Sudan and Yemen
2006 NB3-805	(USD 99,703.00)	EAC-IOM Regional Stakeholders Baseline Study, Workshop on Migrants' Health & Migration of Health Workers in East Africa and 1st Meeting of the EAC Committee of Experts on Migration Health	This project proposed is a preliminary assessment phase of a subsequent programme that aims to strengthen the capacity of the public sector health care services in South Africa by facilitating the recruitment and placement of foreign health care profession	Kenya, Tanzania and Uganda

^B Multi-country project

Regional projects received a total of USD 1,183,375, representing 25% of the total Migration Health funding during the period under review, while the only multi-country project funded received a total of USD 147,950 (3%). National projects not only accounted for the highest number of projects funded, but with 74 per cent (USD 3,348,109) of the total funding, also represented the largest portion of funding for Migration Health projects.

Total MHD funding received from IDF by type of project, 2005-2015

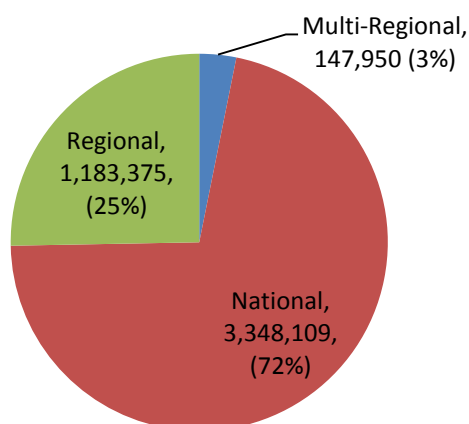


Figure 6 Total MHD Funding Received from IDF by Type of Project, 2005-2015

Key Issues Addressed by the Funded Projects

Fourteen general key issues both, programmatic and disease-focused, were identified from the various reviewed projects (*annex 2*). The eight programmatic issues addressed included:

- Capacity strengthening
- Multi-sectoral coordination
- Human resources for health
- Access to migrant friendly health services
- Trafficking in persons
- Irregular migration
- Detention of irregular migrants
- Disease surveillance and response

The six main diseases addressed were HIV/STI, TB, Malaria, Ebola, avian and human influenza, and non-communicable diseases (NCD). In most cases, projects addressed more than one programmatic area or disease issue. For instance, a project addressing access to migrant-friendly services also had activities supporting multi-sectoral coordination and capacity strengthening of the government.

As shown in Figure 7 below, capacity strengthening was a common issue addressed by slightly more than half of the 31 projects. Projects were included in this category if they included technical cooperation or support provided to the government. This is not a surprising finding,

because the main aim of the IDF funding is development and implementation of joint government-IOM projects to address particular areas of migration management, particularly capacity strengthening. Access to migrant-friendly services and HIV, STI, TB and other emerging diseases were also common topics addressed by projects. Both were addressed by 9 (17%) projects each. Multisectoral coordination and disease surveillance were addressed by 3 (6%) projects each. The least addressed issues each with only 1 (2%) of the projects addressing it were detention of irregular migrants and non-communicable diseases (NCD). One of the challenges raised regarding programming on detention of irregular migrants was the political sensitivity surrounding the issue, which almost threatened implementation of the programme. This may explain why, although an issue of concern for the health of migrants, detention was among the least addressed issue by projects. In the future, MHD should consider encouraging submissions on the two least addressed issues (i.e. NCD and irregular migration). This is particularly important, because NCDs are a known leading cause of mortality globally¹⁰, while facilitation of regular migration is one of the targets of the Sustainable Development Goals (goal 10).¹¹

Among the 8 regional and multi-country IDF Migration Health projects, the main issues addressed included human resources, capacity strengthening, access to migrant-friendly health services, trafficking in persons, disease surveillance and response, particularly in regard to HIV/STI.

¹⁰ World Health Organization. (2011). *Global status report on noncommunicable diseases*. Retrieved from http://www.who.int/nmh/publications/ncd_report_full_en.pdf

¹¹ United Nations (2015) *Reduce inequality within and among countries - United Nations sustainable development*. Available at: <http://www.un.org/sustainabledevelopment/inequality/>

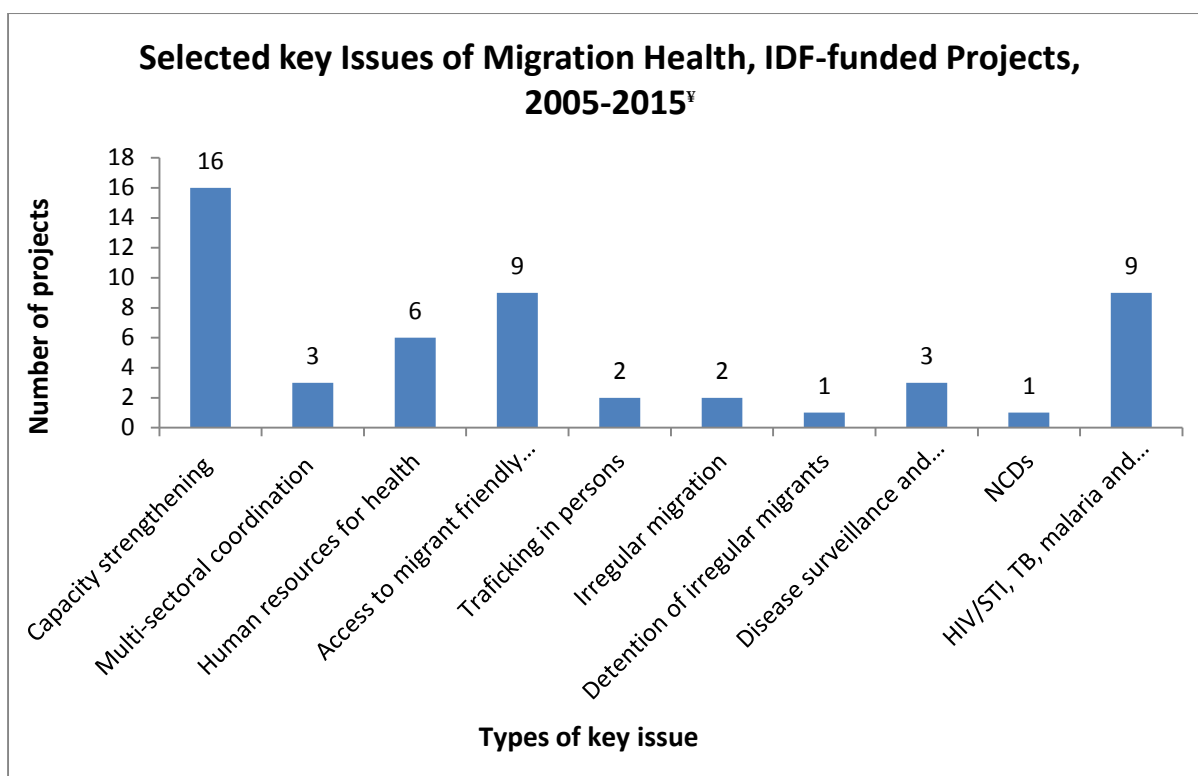


Figure 7 Selected Key Issues of Migration Health, IDF-funded Projects, 2005-15

*The cumulative number of projects addressing the key issues (52) exceeds the number of projects reviewed because in most cases projects addressed multiple issues

Migration Health Themes Addressed by Number of Funded Projects

Each of the three IOM MHD programmatic areas introduced at the beginning of this review (H1, H2, & H3) comprises specific thematic areas that are reflective of specific migration typologies, as well as specialized services offered by IOM (Table 2). Of these programmatic areas, only Health Promotion and Assistance for Migrants (H2) received IDF funding between 2005 and 2015. According to the 2015 IDF Guidance Note,¹² thematic areas within H1 and H3 such as movement, voluntary returns, and emergency activities are not eligible for IDF funding because they are overseen by other IOM programmes such as the Resettlement and Movement Management Division, and the Department of Operations and Emergencies respectively.

As observed from table 2 below, there are five thematic areas within H2. These include:

- Developing migration health agendas at country level;

¹² IOM Development Fund. (2015). *IOM Development Fund Guidance Note 2015*. Retrieved from <http://mac.iom.int/developmentfund/files/infosheets/Guidance-Note-IOM-Development-Fund-for-2015.pdf>

- Promoting migrant-inclusive health systems and services;
- Addressing health needs of irregular and vulnerable migrants;
- Addressing health needs of labour migrants; and
- Managing migration of health workers.

Table 3 IOM Migration Health Programmatic Areas (H1, H2, and H3)

Migration Health Assessment & Travel Health Assistance (H1)	Health Promotion & Assistance for Migrants (H2)	Migration Health Assistance for Crisis Affected Populations (H3)
1.1 MHA / THA & Resettlement	2.1 Developing Migration Health Agendas at Country Level	3.1 Primary Health Care for Migrants, Displaced, Returnees & Communities
1.2 MHA / THA & Labour Migration and Emigration	2.2 Promoting Migrant-Inclusive Health Systems & Services	3.2 Health Referrals & Medical Evacuations
1.3 MHA/THA & Post-Crisis Movements	2.3 Addressing Health Needs of Irregular and Vulnerable Migrants	3.3 Public & Environmental Health in CCCM, (Health Cluster & WASH link)
1.4 Assisted Voluntary Return & Reintegration of Persons with Medical Needs	2.4 Addressing Health Needs of Labour Migrants	3.4 Transitional/Temporary Health Facilities and Health Rehabilitation
1.5 DNA Testing and Counselling in Family Reunification	2.5 Managing Migration of Health Workers	3.5 Health Assistance for Demobilized Soldiers and Families
CROSS-CUTTING THEMES		
<ul style="list-style-type: none"> • Mental Health/Psychosocial Response & Intercultural Communication • HIV/AIDS, TB, Malaria, Cholera, Re/Emerging diseases and mobility • Migration and Non communicable Diseases (NCDs) 		<ul style="list-style-type: none"> • Migrant Family, Women & Children Health • Migration, Social Determinants of Health (SDH) & Development

According to this review, the most commonly addressed theme within H2 was *developing of migration health agendas at country level* which was addressed by 11 (36%)¹³ out of the 31 projects reviewed (Figure 8). Projects were placed under this category if the focus of implementation was capacity strengthening of governments and partners through support of national or multinational dialogue among stakeholders on topics surrounding migration and health. Projects in this category entailed activities such as supporting stakeholder meetings, coordination mechanisms, development of policy recommendations and action plans for the improved health of migrants.

The second most common thematic area addressed was *addressing the health needs of migrants and vulnerable populations* as accounted for in 9 (29%)¹⁴ projects. Projects were

¹³ NB3-805; MA.0086; MA.0160; MA.0221; MA.0211; MA.0215; MA.0259; MA.0293; MA.0339; MA.0328; MA.0311

¹⁴ MA.0287; MA.0138; MA.0144; MA.0174; MA.0155; MA.0159; MA.0204; MA.0294; MA.0031

placed in this category if the focus of the intervention was on a specified vulnerable group. Vulnerable groups addressed by the projects were mainly displaced persons, victims of trafficking in persons, sex workers, returnees, irregular migrants, migrant detainees, and migrants in border areas.

There were 6 (19%)¹⁵ projects which addressed the *Managing Migration of Health Workers*. Projects were classified under this theme they addressed the issue of human resources for health either locally in the Member States or through diaspora engagement. *Promoting Migrant-Inclusive Health Systems & Services* was addressed in 4 (13%)¹⁶ projects. Projects were categorized under this category if their focus was on improving migrants' access to health services.

There was only one project (3%)¹⁷ that explicitly addressed the health needs of labour migrants. Projects were categorized under this theme if their target group was mainly migrant workers. However, it is worth noting that two other projects addressed the health issues of migrants workers as a sub-topic of their main theme. (*see annex 3 for a summary of the specific projects*).

¹⁵ NA3-805; MA.0127; CE.0146; MA.0256; MA.0261; MA.0291

¹⁶ MA.0148; MA.0348; MA.0318; MA.0229

¹⁷ MA.0224

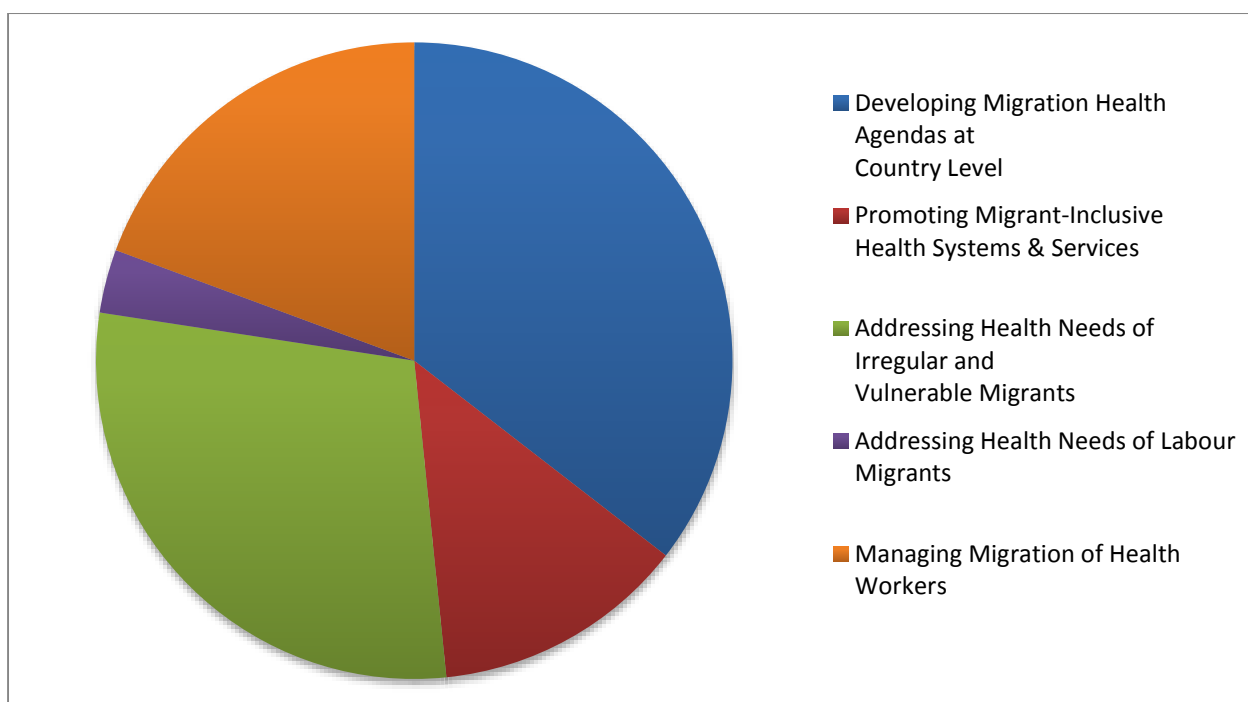


Figure 8 Migration Health Themes addressed by IDF projects, 2005-2015

Table 4 Migration Health, IDF-funded Projects Addressing Cross-cutting Issues, 2005-2015

Project code and title	Mental Health/ Psychosocial Response & Intercultural Communication	HIV/AIDS, TB, Malaria, Cholera, Re/Emerging diseases and mobility	Migration and Non communicable Diseases (NCDs)	Migrant Family, Women & Children Health	Migration, Social Determinants of Health (SDH) & Development
MA.0031 - Improving Health Knowledge and Access to Public Primary Health Care Services among Migrants and Displaced Persons in Selected Districts of Tak and Chiangrai provinces in Thailand [∞]				x	
MA.0138 - Improving Health Knowledge and Access to Public Primary Health Care Services Among Migrants and Displaced Persons in Selected District of Ranong and Samutsakorn Provinces in Thailand				x	
MA.0127 - Managing the Impact of Migration on the Healthcare System of Moldova					x
MA.0174 - Strengthening Migrant Health Structures and Services in Selected Border Provinces in Cambodia				x	

MA.0160 - Technical Cooperation on Strengthening Migration Health Management in Sri Lanka				x	
MA.0159 - Migration and Health in West Africa: Capacity Building Support for Regional Health Programmes	X – psychosocial				
MA.0221 - Technical Cooperation Strategy for the Establishment of a Migration Health Unit for the Government of Sri Lanka				x	
MA.0229 - Research Study on the Health of Migrants in Georgia			x		
MA.0224 - Improving Labour Migrants' Access to Health Services in Tajikistan	X - Intercultural				
MA.0294 - Addressing HIV and STI Vulnerabilities among Transnational Migrants in Algeria		X - HIV STIs			
MA.0287 - Strengthening Health System Response Capacity of the Kédougou Medical Authorities, Senegal		X - HIV STIs and epidemics			
MA.0293 - Strengthening the Governments' Capacity in El Salvador, Nicaragua, Honduras and Guatemala to Address the Health of Migrants through a Multi-sector Approach				x	
MA.0318 - Responding to Migrants' Vulnerability to Malaria and Understanding the Migration and Epidemiology of Artemisinin-Resistant Malaria in Binh Phuoc Province, Viet Nam		X - Malaria			
MA.0328 - Strengthening Local Authorities and Community-based Actors' Capacity to Prevent the Spread of Ebola Virus Disease (EVD) in West Africa		X - Ebola/HIV/TB			
MA.0348 - Promoting and Integrating Inclusive and Migrant Friendly Health		X - TB			

Assessment Services in the National Health System of Sri Lanka					
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∞This project addressed two cross-cutting issues

Of the 31 projects reviewed, 15 specified a particular cross cutting issue that they were addressing (Table 4). *Migrant family, women and children* was the most commonly addressed cross cutting issue with 6 projects addressing it (Figure 9). Two of the projects in this category implemented activities on family planning for women, while the rest reported on migrant families left behind as part of their project implementation activities. The second most common cross-cutting issue addressed, with 5 projects addressing it, was *HIV/AIDs, malaria, TB, malaria, cholera, re/emerging diseases and mobility*. Diseases addressed were HIV/STI, TB, malaria, ebola, and avian and human influenza.¹⁸ Only one project addressed the theme of migration and non-communicable diseases (NCD). *Mental health/pschosocial response and intercultural communication* were addressed by two projects. One of the projects addressed the issue of psychological support and mental health of returnees, while the other addressed intercultural competence of health professionals who work with migrants. *Migration, social determinants of health* was explicitly addressed by one project. This project addressed the issue of the socio-economic welfare of emigrants and returnees. Nevertheless, it may be argued that by addressing various conditions in which migrants live, learn, work, and age, all the health promotion themes proposed by MHD and addressed by all these projects, address some element of the social determinants of health.

For instance by supporting the development of policies, strategies or laws that are migration inclusive or by addressing the health needs of vulnerable migrants, MHD contributes to ensuring equitable access to services for migrants for optimum health.

¹⁸ To prevent double counting, the project that addressed avian and human influenza (MA.0031) is not classified under this category, because it was largely funded by EU, although some activities were funded by IDF. Instead it is classified under migrant family, women and children, because the IDF fully funded the family planning activities. As some of the activities were partially funded by IDF, it is important to note that a key output of this project was an avian and human influenza preparedness plan.

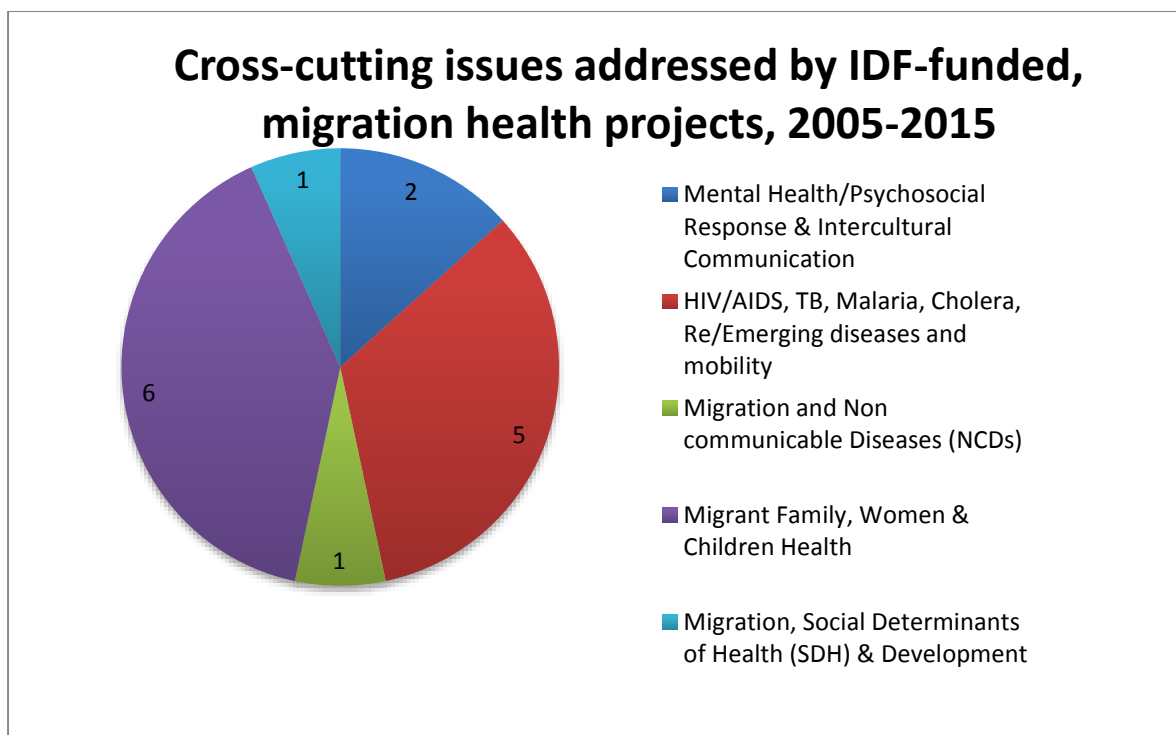


Figure 9 Cross-cutting issues addressed by IDF-funded, migration health projects, 2005-2015

Within the various H2 themes the following key activities were identified:

- *Research activities*, including piloting of project ideas, conducting of baseline studies, situational assessments on access to health services for migrants, mapping exercises (e.g. on human resources for health), research on knowledge attitudes and practices, as well as the socio-economic conditions of migrants
- *Meetings*, including conferences, regional workshops, multi-stakeholder and committee meetings, public dialogues, and resource mobilisation meetings
- *Infrastructural support* for the government, including establishment of migration and health-related infrastructure, such as establishment of the Trafficking Victim Support Unit in Egypt, refurbishment of Migration Health related government premises and support with installation of ICT (such as was the case for the projects that involved diaspora engagement of health professionals). This also involved support with procurement of certain equipment such as medical equipment and clinics used by migrants and host communities
- *Outreach activities*, including awareness raising campaigns on prevention and treatment of particularly communicable diseases such as HIV, TB, polio, dengue fever, health screening and testing of returned migrants, screening and active case finding

- *Training* of both health and non-health professionals, including health professionals, migrant community health workers and community health volunteers, as well as police, prosecutors, diplomatic missions
- *Exchange visits* between health professionals from migrant-sending and receiving countries for knowledge exchange. Projects also conducted field visits
- *Recruitment and placement* of diaspora health professionals. This activity was only implemented by projects that addressed human resources for health
- *Dissemination of project publications* such as reports from conferences, and research from the project including translation of these materials into local languages.

Summary of IDF Funding Amounts to Migration Health Projects

Between 2005 and 2015, IDF disbursed a total of **USD 61,599,636** to 11 eligible IOM programme areas.¹⁹ Looking specifically at funding received for 2015 - the year during which the review is being done, only one Migration Health project was funded totalling USD 200,000 (Figure 10). This represents 3 per cent of the total IDF funding disbursed that year (USD 7,346,415). Of the 7 IOM programmes funded in this year, Migration Health was the lowest funded programme.

As depicted in Figure 11, during the review period, Migration Health was the 6th highest funded programme with a total funding of **USD 4,679,434**, which represents 8 per cent of the total IDF funding disbursed to all programmes during this period.²⁰

¹⁹ For purposes of analysis the “**Total Allocation**” column on the IDF database was used as opposed to the “**1035 Allocation**” column to provide a better idea of the total cumulative IDF funds disbursed to projects including amounts recovered funds from closed projects

²⁰ *Ibid*

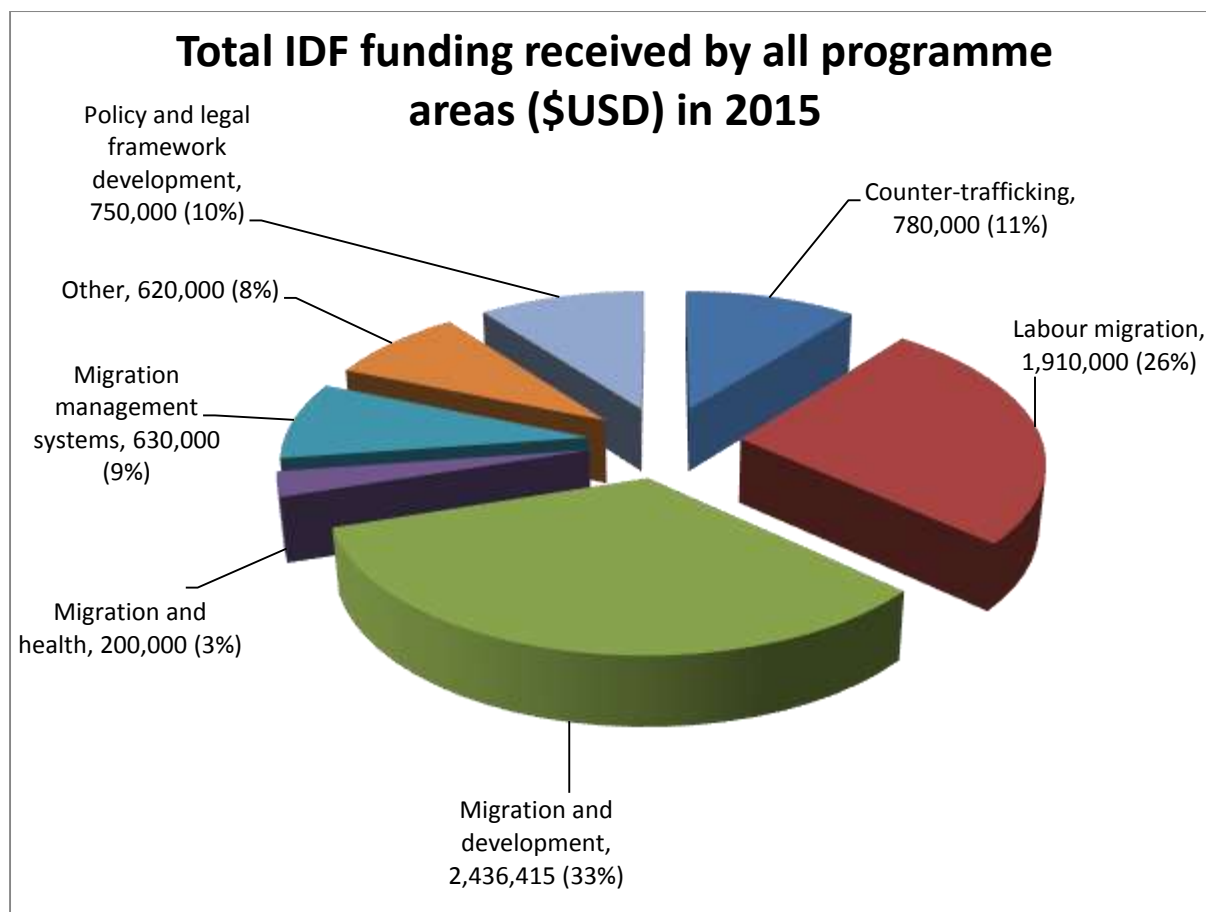


Figure 10 Total IDF funding received by all programme areas (\$USD), in 2015

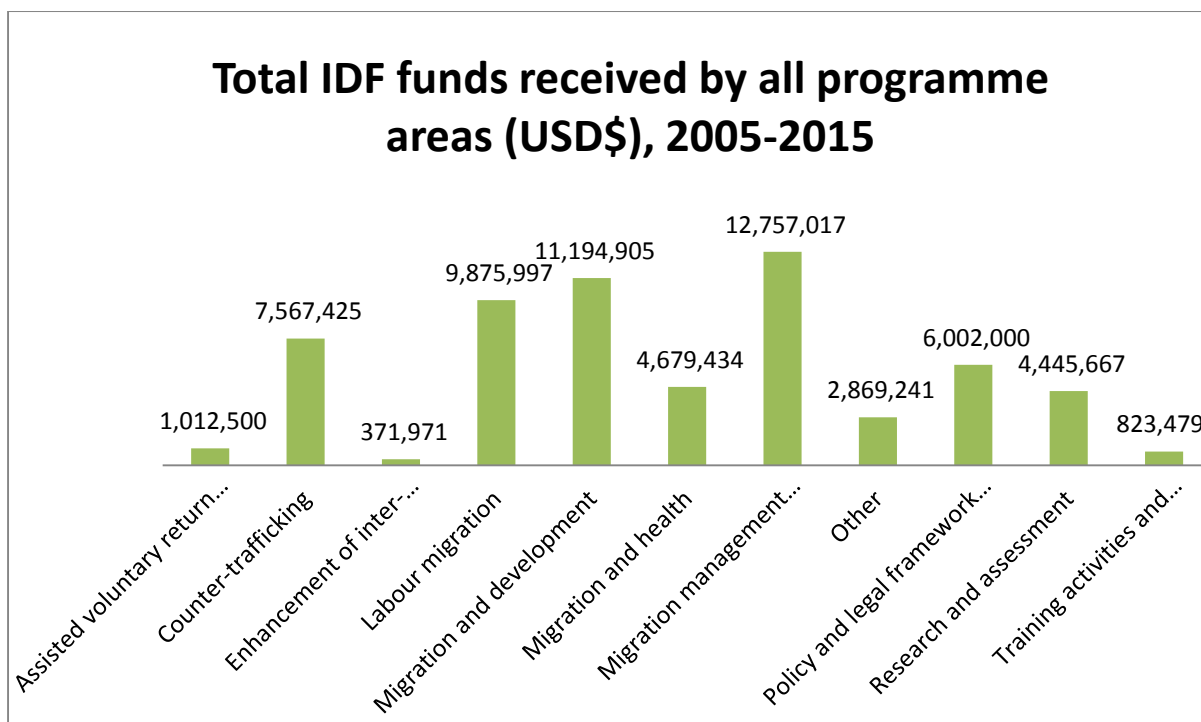


Figure 11 Total IDF Funds Received by All Programme Areas, 2005-2015

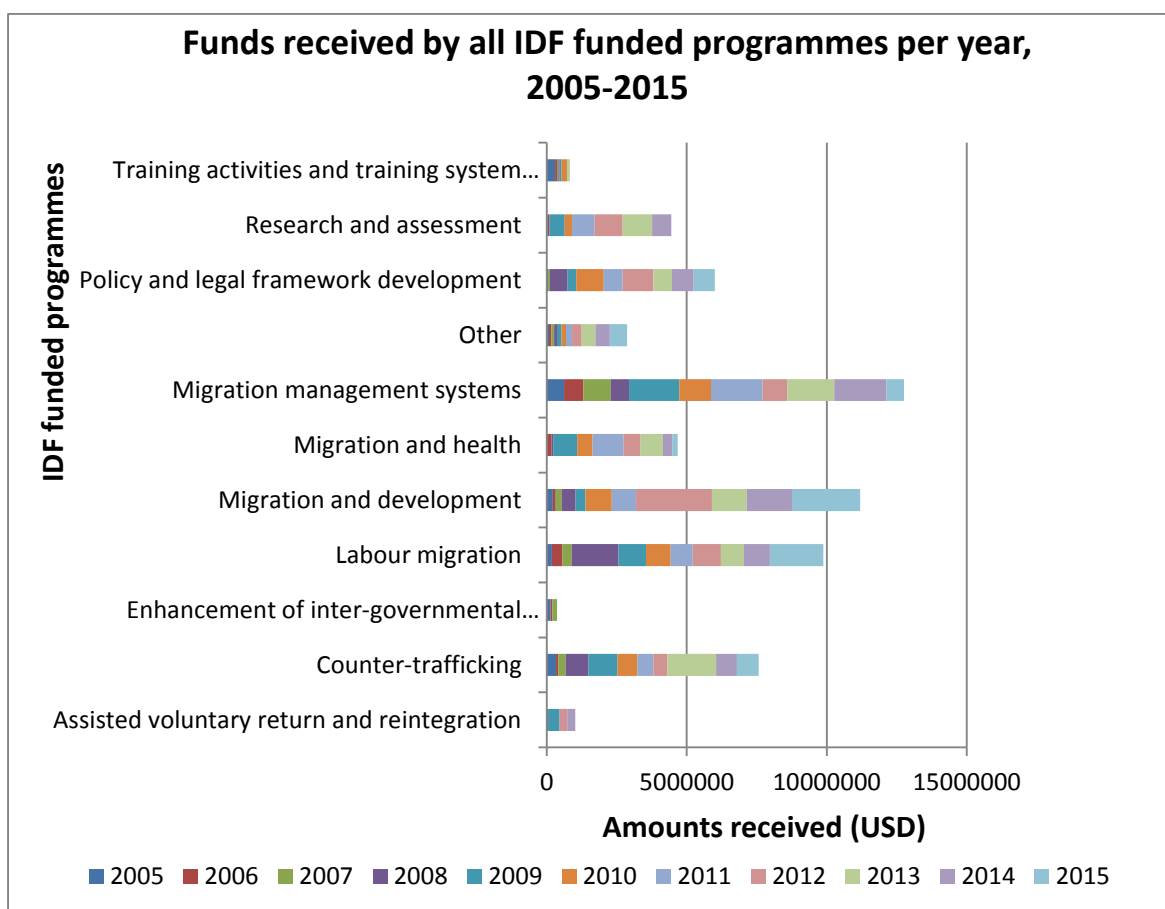


Figure 12 Funds Received by all IDF Funded Programmes per Year, 2005-2015

Funding Received by H2 Thematic Area

As observed in Figure 13 below, the highest funded theme was *developing migration health agendas at country level* which received USD 1,779,474 (38%) of the total funding disbursed to Migration Health during the review period. This finding corresponds with the observation made previously in Figure 8 in that this theme was also the most commonly addressed. *Addressing the needs of labour migrants* was the lowest funded theme with a total funding of USD 161,845(3%).

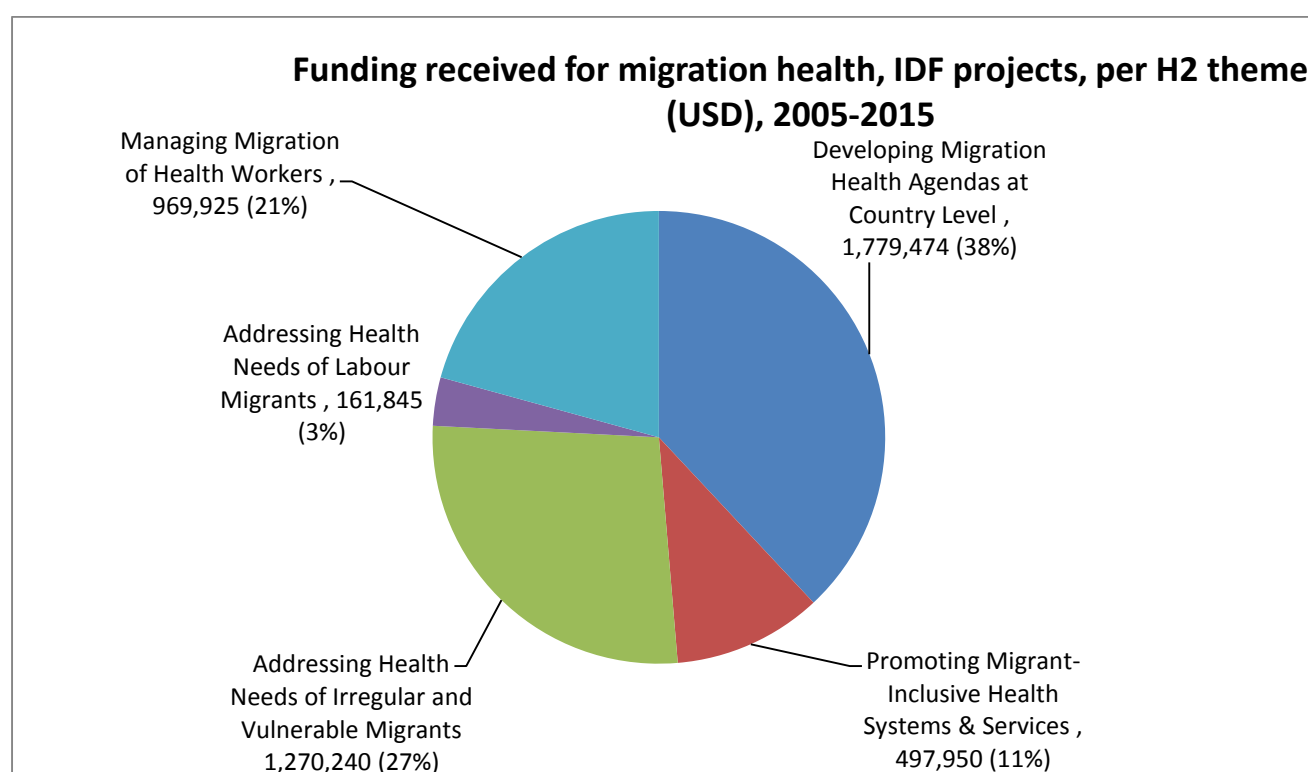


Figure 13 Funding Received for migration health, IDF projects, per H2 Theme (USD), 2005-2015

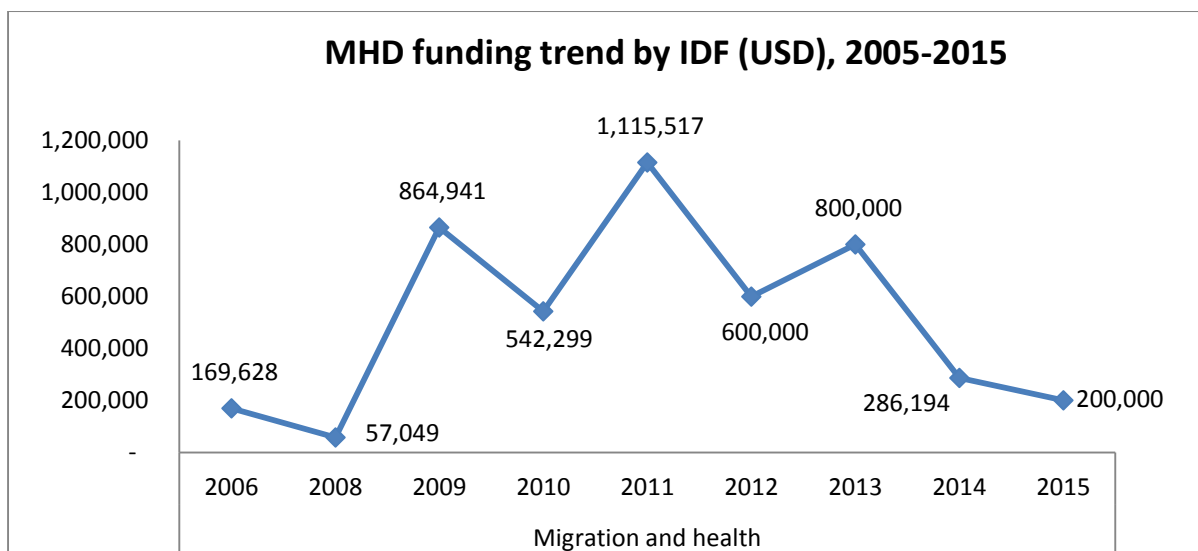


Figure 14 MHD Funding Trend by IDF, 2005-2015

Figure 14 demonstrates the MHD funding Trend by IDF from 2005 to 2015. One way to explain the observed fluctuation could be in the number of Migration Health projects submitted to IDF in the specific years. A trend that corresponds with the fluctuation in the funding received is also observed in the number of projects funded between 2006 and 2012 (i.e., the higher the number of projects, the higher the amount of funding received by Migration Health and vice versa – Figure 12). For instance, while seven Migration Health projects were funded in 2011 (Figure 15) when the programme had the highest funding, only one project was funded in 2008, the year with the lowest funding. Furthermore, in 2015, instead of the funding following the observed trend of downward then upward fluctuation, less funding was received as compared to 2014, since only one project was funded in 2015 compared to 4 in 2014.

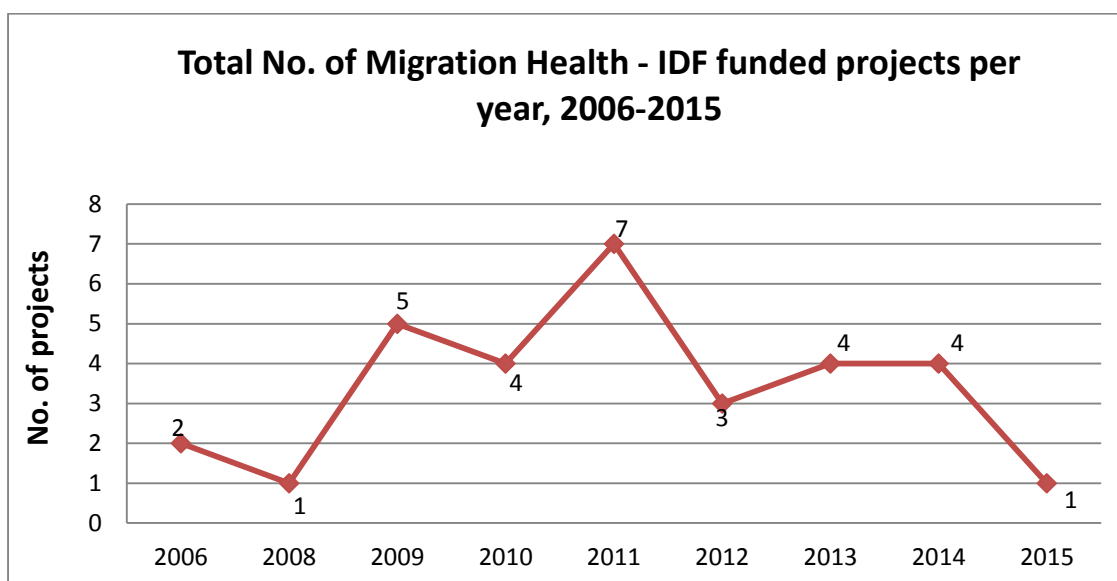


Figure 15 Total No. of Migration Health-IDF Funded Projects per Year, 2006-15

Funding by Region

Generally Africa and Middle East region were the highest IDF funded regions having received a total of USD 23,939,649 IDF funds for all programmes (Figure 16). This accounts for 39 per cent of the total IDF funding disbursed to all programmes in this period.

With regard to Migration Health-specific funding, the Africa and Middle East regions also topped as the highest total funded region for Migration Health-related projects. The amount received was USD 2,117,349, which represents 45 percent of the total IDF funding disbursed for Migration Health during the review period. It is also worth noting that as shown previously in Figure 4, this region also had the highest number of Migration Health-related projects.

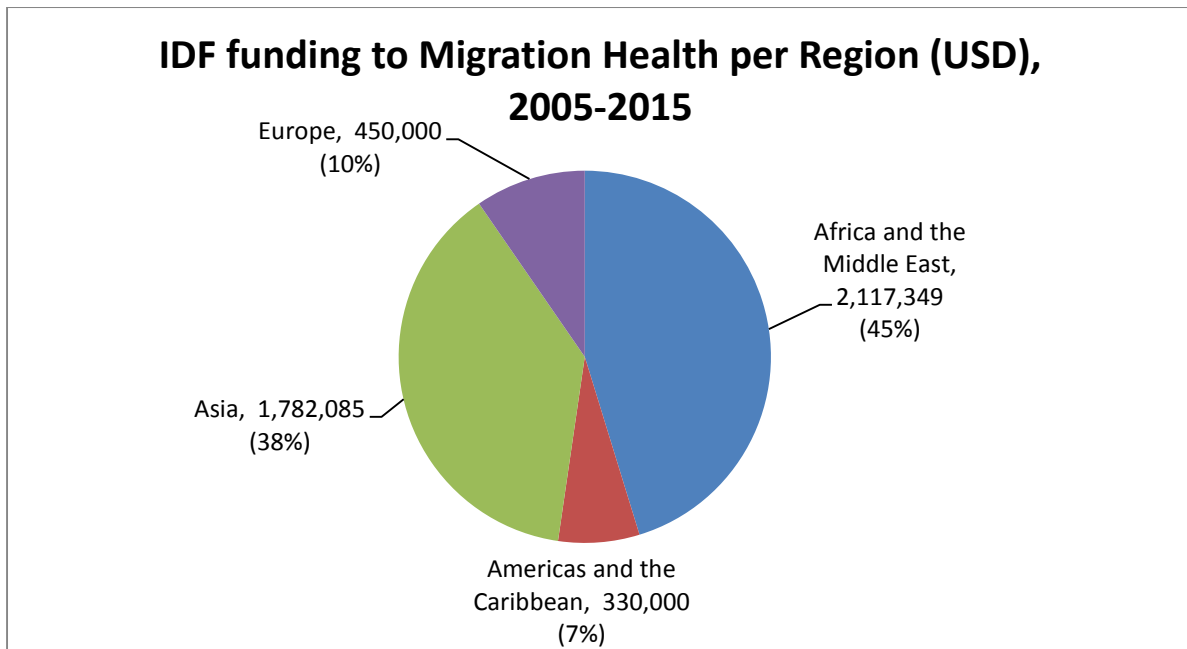


Figure 16 IDF Funding to Migration Health per Region, 2005-2015

Funding by Benefitting Missions

In terms of the benefitting missions, IOM Sri Lanka received the highest IDF funds (USD 500,000) to implement Migration Health activities, accounting for 11 per cent of the total IDF funding to Migration Health activities during the review period. This is depicted below in Figure 17. During this period, Sri Lanka also had the most number of IDF projects (three projects). All the other benefitting missions, with the exception of Thailand with two funded projects, were funded only once for Migration Health-related projects.

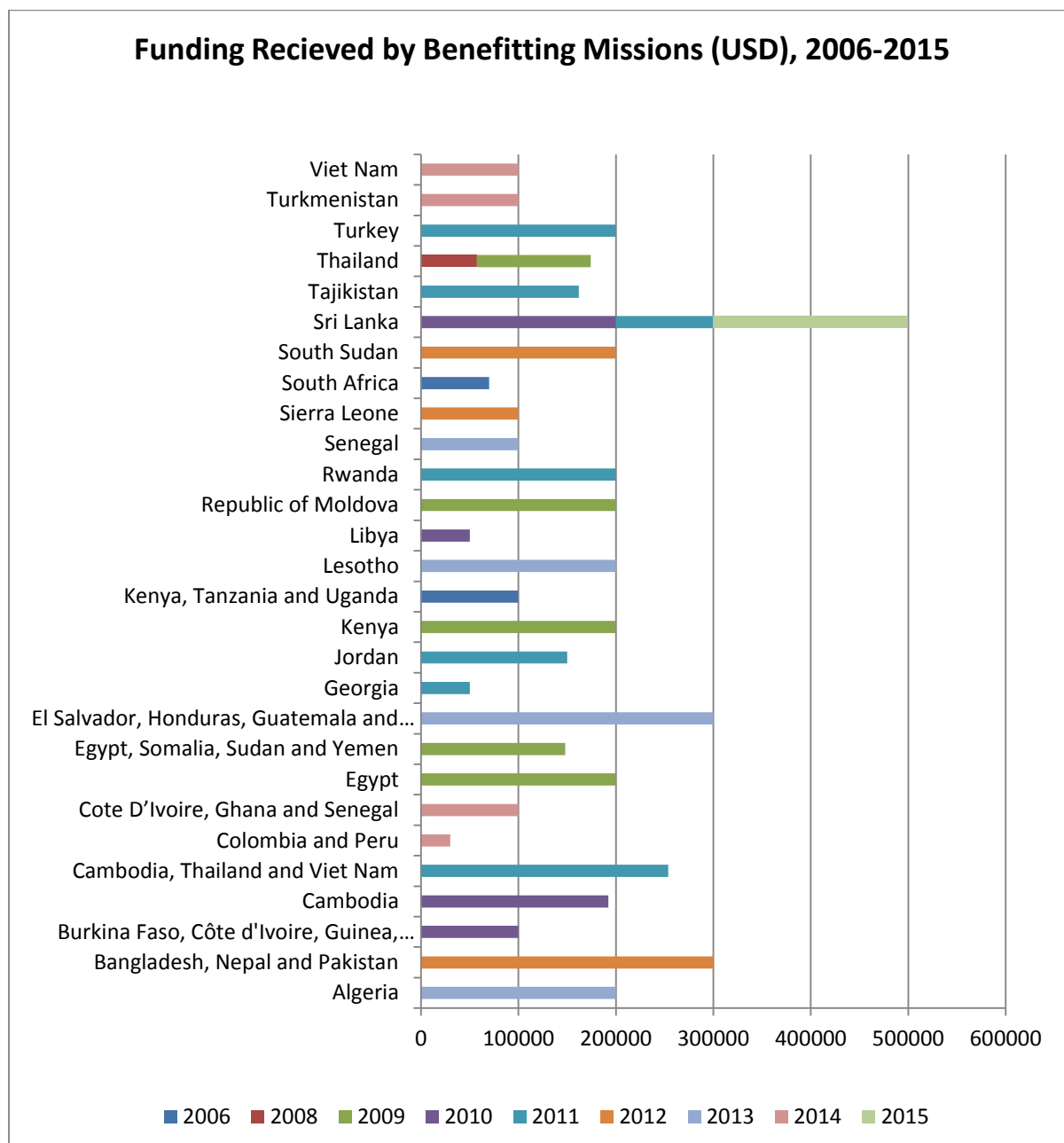


Figure 17 Funding Received by Benefitting Missions, 2006-2015

Summary of Results – Key Outputs

The various projects produced various outputs. These included: interim, final project, and financial reports; memorandum of understanding (MOU) signed between IOM and relevant stakeholders (e.g. MOH and other partners); reports on recommendations to key stakeholders; guidelines; national action plans; research publications; conference and stakeholders' meeting reports; reports on national action plans; power point presentations for projects; brochures and fact sheets; and evaluation reports. *To view the summary of key outputs, please refer to Annex 4.*

Research activities conducted enhanced the availability of research findings from various studies. Assembly of migrant health information is a key action point in the monitoring of migrant health, as stipulated in the Madrid report of global consultation on the health of migrants.²¹ Some key studies during this review period included the STEAM study (MA.0204) published in the Lancet²², the regional study on mobility, migration and HIV vulnerability in the Gulf of Aden and the Red Sea (MA.0148) that led to the "Djibouti Declaration of Commitment and Call for Action" calling for universal access to HIV services for migrants in the ports of the Red Sea and the Gulf of Aden.²³ Other studies, such as the socio-economic welfare of Moldovan migrants (MA.0127)²⁴, the mental health of returnees to West Africa (MA.0159)²⁵, and living conditions of migrants in Jordan²⁶, provide an evidence base for efficient and effective programming. In addition, baseline studies, assessments, and mapping

²¹ IOM, WHO and Government of Spain (2010) *Health of migrants - The way forward report of a global consultation*. Available at: http://www.who.int/hac/events/consultation_report_health_migrants_colour_web.pdf

²² Kiss, L., Pocock, N. S., Naisangsri, V., Suos, S., Dickson, B., Thuy, D., ... Zimmerman, C. (2015). Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: An observational cross-sectional study. *The Lancet Global Health*, 3(3), e154–e161. doi:10.1016/s2214-109x(15)70016-1

²³ UNDP (2012) *Mobility, migration and HIV vulnerability of populations along the ports of the red sea and gulf of Aden - situation and response analysis, 2011 international organization for migration Kenya Mission with coordinating function for the horn of Africa*". Available at: <http://www.undp.org/content/dam/undp/library/hiv/aids/Mobility%20Migration%20and%20HIV%20Vulnerability%20Report%202012.pdf>

²⁴ Ministry of Health of the Republic of Moldova, IOM, & UNAIDS. (2010). *Moldovan migrants' health: Impact of the socio-economic welfare*. Retrieved from http://iom.md/attachments/110_md_migr_health_impact_welfare_eng.pdf

²⁵ IOM. (2012). *Etude sur la situation sanitaire et psycho- sociale des migrants irreguliers de retour au Mali*. Retrieved from <http://www.iomdakar.org/docs/sante/rapportfinalmali.pdf>; IOM. (2011). *Situation sanitaire et psycho-sociale des migrants irreguliers de retour au Senegal rapport*. Retrieved from <http://www.iomdakar.org/docs/sante/rapportfinal.pdf>; IOM. (2012). *Etude sur la situation sanitaire et psycho-sociale des migrants irreguliers de retour en Mauritanie*. Retrieved from <http://www.iomdakar.org/docs/sante/rapportfinalmauritanie.pdf>; IOM. (2012). *Etude sur la situation sanitaire et psycho-sociale des migrants irreguliers de retour en Guinee*. Retrieved from <http://www.iomdakar.org/docs/sante/rapportfinalguinee.pdf>

²⁶ IOM. (2012). *Assessment of health needs and living conditions of migrants in Jordan 2011–2012*. Retrieved from http://publications.iom.int/system/files/pdf/health_assessment_jordan.pdf

exercises, such as those done in Cambodia to determine the health status of returnees (MA.0174), in Turkey on the country's status on migration and health (MA.0215), and in South Africa (NA3-805), Sierra Leon (MA.0256), and South Sudan (MA.0261), are also important in providing an information base against which to countries can use to monitor and assess the impact of migration on health as well their progress on enhancing the health of migrants.

Outreach activities such as awareness-raising were essential in dissemination of information on migration and health. Activities were key not only in enhancing the knowledge of government officials and the public on migration and health (MA.0086, MA.0127, MA.0160, MA.0204, MA.0293) but also in contributing to the prevention and treatment of diseases of public health concern, such as tuberculosis (TB) and polio (MA.0138, MA.0174). South-to-south studies, or exchange visits, also enhanced the sharing of knowledge and experiences in migration and health programming among countries. For instance, the exchange visit for government representatives from Egypt, Sri-Lanka and Bangladesh (labour-sending countries) to Jordan (MA.0211) contributed to the identification of gaps and solutions to issues concerning migration and health and requiring inter-country cooperation. Issues identified as a result of this visit included the need for health assessments both for resident visa applicants and out-bound migrants, to ensure that migrants in need of medical care are referred for proper treatment and linked to medical services once they arrive in their countries of destination. A similar study for health officials from Turkey to Spain and Portugal (MA. 2015) provided the government of Turkey with a human rights based framework for providing health assistance. A key best practice noted by the government of Turkey was 'counselling counters' for migrants, which were operated by the Migration Department in Portugal.

Meetings, such as national consultations or high level meetings, had varied results. For instance, in Jordan (MA.0211) and Kenya (MA. 0086), national consultation led to identifying and setting national priorities on migration and health. Additionally in 2010 (MA. 0160) and 2011(MA. 0221), with support from IOM, the government of Sri Lanka was able to report the World Health Assembly (WHA) annual meetings on the country's progress on migration and health development, which at the time included the commencement of the development of a national migration health policy, and incorporation of migration indicators in the country's national census. In 2010 Sri Lanka became the first country globally to report on the WHA resolution (WHA 61:17) on the right of migrants. In addition, Sri Lanka is the only country of

those included in this review that reported reporting to the WHA annual meeting on the country's progress on the WHA resolution on the health of migrants.

Trainings of both health and non-health professionals resulted in capacity strengthening on various aspects of migration and health, either for the individuals trained or the institutions for which trainings were conducted. For instance, in Myanmar (MA. 0138), 145 Migrant Community Health Workers (CHW) and more than 1,000 Community Health Volunteers were trained to deliver migrant-sensitive health services to Thais and host communities. All the trained CHW were later seconded to assist government health staff in providing health and medical translation services to migrants. In Egypt (MA.0144), IOM trained (as relevant) nearly 1000 governmental and non-governmental health care providers and law enforcement officials, diplomatic missions and community leaders on identification of victims of trafficking (VoT), medical screening, and treatment, psychological care and medical and psychological consequences of human trafficking. During these trainings, IOM was able to pilot its training manual on *Caring for Trafficked Persons* in Cairo which has since been adapted by MOH as a guide for training the country's health providers.²⁷ In Sri Lanka (MA.0160), IOM supported the revision of the pre-departure training manual for labour migrant workers used by the Sri Lanka Bureau of Foreign Employment (SLBFE). IOM enhanced the health component of the manual and helped to standardize pre-departure health assessments, which are conducted by various private health service providers. IOM also trained 80 SLBFE staff on the provision of migrant-sensitive assistance to returnee migrant workers who were abused while overseas (MA.0221). In Rwanda (CE.0146), IOM facilitated the placement of 9 Rwandan health professionals from the diaspora in six selected institutions. These health professionals enhanced the quality of health care at the relevant institutions by providing on-job training and skills-transfer to local junior medical staff for health services, such as orthopaedic and goitre surgery, and increased hospital management. A web-based application that was used to hire the diaspora health professionals was also handed over to the government for future similar recruitment exercises. This was also after the relevant government officials had been trained on how to use the database.

²⁷ IOM, UN.GIFT, & LSHTM (2011). *Guidance for health providers caring for trafficked persons*. Retrieved from http://publications.iom.int/system/files/pdf/ct_handbook.pdf

Other training achievements identified from this review include:

- Students in 55 secondary schools in migrant populated areas of Moldova trained on the health risks of irregular migration to mitigate potential irregular migration (MA.0127);
- Technical and non-technical training of health and non-health officials (as relevant) in Cambodia on TB diagnosis, management and referral. These trained officials will be used to support and/or provide TB health screenings to irregular migrants upon arrival, through a new government initiative to be launched at government health centres and hospitals at the border areas. (MA.0174)
- Trained community volunteers provide relevant extension health services in the community such as community awareness on HIV/AIDS ,STIs, PMTCT, SRHR, and family planning, among others, to 2,000 people (MA.0287)
- 50 trained public health managers from the eastern provinces of Turkey were able to effectively address the emergency situation related to the arrival of Syrians and Iraqi irregular migrants in Turkey (MA.0215)

Summary of Results: Sustainability

Generally, it can be argued that all projects had a sustainable element to them. According to the IDF funding guidelines, projects are only eligible for funding if they receive the endorsement of the host member State. In the case of a regional proposal, the project must receive endorsement of at least two eligible and benefiting Member States. As such, since the projects funded are requested for and endorsed by the Member States, they address issues identified and owned by the government. It could also be argued that activities implemented by most projects, such as training, awareness raising and offering of health services to migrants, are sustainable, because the effects of the services rendered stay on with the beneficiary long after the project ends.

However, for purposes of this review, sustainability was assessed on the basis of whether the project led to:

- i) Catalytic funds raised as a result of the IDF seed funding
- ii) Establishment of migration and health structures within the relevant MOH or government department with which it was collaborating

- iii) Development of national strategies, policy/law reform, declarations, or action plans

- I) *Catalytic funds:* Only one project reported *anticipation of funds*, being from the Global Fund for Tuberculosis, Malaria, and HIV/AIDS. This project reported being involved, as a sub-recipient, in the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM) activities, such as discussions about target areas for implementation, work plans, and budget distribution. The project reported that it anticipated an additional 5-year funding from GFTAM two months after completion of the IDF-funded project. Three other projects reported conducting resource mobilization activities, such as holding donor meetings, but non-reported receipt of funds.
- ii) *Establishment of a coordinating structure within the government:* Five projects resulted in the implementation of some form of migration and health-coordinating structure within the government. For instance, in Kenya, a coordinating centre for migration and health was established within the ministry of health. In Egypt, a trafficking victim support unit was establishment in the national hospital to deal with referred health cases among victims of trafficking. In Sri Lanka, the project supported establishment of an immigration health unit and a health assessment facility for health assessments of all resident visa applicants to Sri Lanka.
- i) *Development of declarations, national strategies or policy/law reform:* This was the most common sustainable outcome achieved by the various projects. It involved incorporation of migration and health related issues into various national agendas and support of the development of national action plans or law reforms on the protection of vulnerable migrants. For instance, in two separate projects in Sri Lanka, a national migration health policy was underway at the time of completion of the project. In addition, by the end of the project, the MOH adopted a strategy proposed by IOM on healthy reintegration of returnees. IOM also supported formulation of Sri Lanka's internal migration policy and the incorporation of internal migration indicators in the national census. In Egypt, IOM supported the government to develop a National Plan of Action (NPA) to Combat Human Trafficking, which obligated all agencies identified

in the NPA to implement the NPA. In addition, the MOH in Egypt endorsed IOM's 'Caring for Trafficking Persons' programme to be used for guidance in the training of Egypt's health providers. *Refer to annex 5 for a review of project outcomes that were considered sustainable*

Key Challenges Experienced in Project Implementation

For the 28 projects for which either a final or interim report was available, 19 requested for no cost extension (NCE) ranging from a minimum of 2 months to a maximum of 37 months. At the time of this review, the number of NCE granted per project ranged from 1 to 5. From this review, additional time was often needed to complete the scope and objectives of most projects due to some of the challenges outlined below. Although no additional funding is required in a NCE, its implication is that project implementation drags on beyond the original project end date. In some cases, NCE can have a financial consequence on the missions, which may have to find additional money to support staff costs during the extension period. This however was not identified as a concern in this review.

The projects experienced various challenges which are summarized below. Some of these challenges were also the reason why projects requested for NCE.

- **Coordination challenges among partners:** This was the most common challenge cited by projects, with nine projects identifying this as a key challenge. The challenge was particularly experienced by projects that had a regional scope. This is because most required a lot of flexibility due to the involvement of more than one country and therefore disparate relevant ministries. Projects with a national scope also experienced coordination challenges, especially in the establishment of taskforces or multi-sectoral technical committees for the provision of oversight for project implementation. In some instances, coordination was further compounded by lack of follow-up and consensus among partners, as well as the need for extensive deliberations and consultation with all entities involved.
- **Political climate:** Seven projects reported challenges associated with the various aspects of the political climate in the countries of implementation. Challenges here included national elections, restructuring within government, civil unrest, sensitivities around issues being addressed and legislative amendments. For instance, in three of the countries

under this review period (El Salvador (MA.0293), Moldova (MA.0127), and Sierra Leon (MA.0256)), national elections and re-election led to delays in project implementation. Delays encountered were as a result of, among other factors, restructuring in the new government, which, in turn, delayed government endorsement of the project or the setting up of steering committees to provide oversight to the project of the incumbent government. Entry of new governments also meant that IOM staff had to re-engage afresh with new institutional structures and government staff for project implementation.

- Other issues surrounding the political climate included **political instability (civil unrest)** in countries like Moldova (MA.0127) which experienced riots after the elections and Libya's January 2011 revolution. In addition **political sensitivities** surrounding the issue that particular projects were implementing also posed difficulties for some projects. In Libya for instance (MA.0155), the project proposed was addressing migrants' conditions in Libyan holding centres in a political environment where the issue of detention of irregular migrants is a politically sensitive one. At one point, the Libyan government ordered the closure of all detention centres and barred entry into the country for all Schengen visa holders. Although these issues were later resolved, project implementation would have been gravely affected had the government not rescinded these decisions.
- In other instances, **legislative amendments** meant that the project had to be delayed to ensure that implementation was aligned with the government proposed amendments. This was the case in Sri Lanka (MA.0221), for example, where amendment of the country's Immigration Act and the subsequent incorporation of proposed regulations on establishment of health assessment for the residents in Sri Lanka took 4 months longer than earlier anticipated.
- **Budget issues:** Seven projects cited budget related challenges which varied from limited to more budget available for the projects. In five of the projects, the challenge was on due to underestimations, while in two of the projects, the issue was either over-estimation or availability of additional funds that had not been anticipated during conceptualization of the project.
- **Staff turn-over:** Various projects had key IOM project staff leaving either at the beginning, or at some point before project completion. Six projects reported some form of challenges with staff leaving the project prematurely. In 3 of the projects, it was the case of IOM staff

leaving; in the other three, it was the case of consultants having to discontinue the contract due to either illness or personal emergencies. In either case, new staff or consultants had to be hired, and this often led to a delay in project implementation.

- **Coordination challenges resulting from within IOM and IOM and partner interactions:** Four projects reported challenges with regards to coordination within IOM or between IOM and its partners. In two projects that involved IOM's internal coordination, the challenge was due to changes in management and thus responsibilities among the relevant IOM staff, and in the absence of IOM in a key partner meeting which resulted in IOM's limited participation in a key study. The other two projects reported challenges with regards to divergent organisational protocols. In such cases, extensive deliberations between IOM missions, LEG and key partners, such as relevant MOH, WHO, and implementing partners, were often necessary in order to arrive at a common understanding, often leading to delays in project implementation.
- **Time limitation:** Similarly, four projects identified time limitation as a key constraint. For two of the projects, workload pressures of partners often led to the delay in implementation of related activities, while for the other two projects, the issue was under-estimation of project implementation period.
- **Partner administrative issues:** In both national and regional projects, bureaucratic government processes often resulted in delays in obtaining necessary information, documentation or clearance from the relevant ministries. Three projects identified this as a key challenge. In particular with projects that involved research, strict partner protocol issues presented a great impediment to the timely finalisation of projects. A case in point is the delay in launching the STEAM study (MA.0204), due to Lancet's journal long peer review process and strict policy that projects are not be published anywhere else before they are published by the journal. In the two other projects (MA.0259 and MA.0224), government bureaucracies led to the delay in obtaining ethical clearance and obtaining relevant data, respectively.
- **Change in the situation of the issue being addressed:** Likewise in three of the projects, the issue being addressed experienced unanticipated changes that necessitated re-adjustment of the project. For instance, in the EAC-IOM Regional Stakeholders Baseline Study (NB3-805), the East Africa Community expanded to include additional countries

(Rwanda and Burundi), and the IOM was faced with having to mobilize resources to conduct assessments in these two new countries. In another project (MA.0159), a regional epidemiological study on surveillance systems, early warning and outbreak response in the border areas in West Africa had to be cancelled due to the end of the influenza pandemic. In the project MA.0293, the Deputy Minister of health expressed some priorities that could not be included the particular study as it would be departing from the intended scope. The team agreed to capture these requests in a later study.

- **Unsatisfactory work:** Three projects cited this as an issue of concern that was either occasioned by lack of capacity of sub-contracted partner (MA.0224), poor quality work (MA.0148), or insufficient deliverables due to an unclear term of reference (MA.0148).

Other Challenges

Insufficient data, slow response by partners, and **difficulties in accessing target groups** were reported each by two projects. With regards to insufficient data (MA.0291 and MA.0293), the issue was either that the information required was non-existent, or that existing information was insufficient to address the scope of the project. With regards to slow response (provision of feedback) by partners (NA3-805 and CE.0146), the issue was either a delayed response or a lack of response altogether. With regards to difficulties in accessing target groups, this was mainly experienced by projects implementing activities on human resources for health in the diaspora (MA.0224 and MA.0291). Particular issues included the absence of embassies in certain countries (e.g. there is no Embassy of South Sudan in Canada) or lack of support from government officials in the host country in contacting their embassies abroad. Where embassies were present in destination countries, they often had little grassroots contacts. There were also issues of mistrust by study participants living abroad about intentions of such projects. Ultimately, this led to a limited study sample which limits the generalizability of the study findings.

Conclusions

Overall, although a limited number of Migration Health related projects²⁸ have submitted to IDF the last decade (31 projects out of 463 IDF funded projects across all programmes), the

²⁸ 'Limited' number of migration health proposals to IDF when compared against other categories such as *migration management* that have submitted 104 proposals over the review period; only one MHD proposal was submitted globally in 2015.

IDF funding has attributed to supporting various Member States in addressing migration and health related issues. This is evidenced in particular by the majority number of projects (11 out of 31) that requested funding towards the H2 theme *developing migration health agendas at country level*. The funding allowed and continues to allow the various benefiting missions to support their Member States in setting or advancing migration and health related agendas into country and stakeholder dialogues. As a result, projects were able to support the introduction or strengthening of health-related laws or strategies that are migration inclusive. A good example is from Egypt, where shortly after the project on *enhancing the capacity of the ministry of health to assist victims of trafficking in Egypt* (MA.0144) commenced, the government passed Egypt's Anti- Trafficking Law (Law 64), mandating the State to guarantee protection of victims of trafficking (VoT) and to create the appropriate conditions for provision of assistance with regards to, health, psychological education and social care. A year later, the GoE adopted and endorsed a National Plan of Action (NPA) to combat human trafficking, with health aspects, obligating all agencies outlined in the NPA to implement the NPA.

Projects, such as the Sri Lanka project on *technical cooperation on strengthening migration health management in Sri Lanka* (MA.0160), led to the development of both a migration health policy and a strategy/model for healthy reintegration by the Ministry of Health. While others, such as MA.0204 and NB3-805, led to the establishment of structures (migration health unit and a coordinating centre for migration and health respectively) within the relevant MOH to support development and coordination of coordinating mechanisms, policies and programmes to address migration health challenge. In the Central Americas region, the regional project is already engaged in the Central American Integration System (SICA) process of Policy development for a Regional Health component in the framework. The IOM Mission in El Salvador is expecting to use its participation in the various consultation workshops to position within policy, the right to health of migrant populations, especially those in vulnerable situations. Similarly in Vietnam, the funded project (MA.0318) is conducting a study to facilitate relevant policy makers to adopt an improved evidence-based migrant-inclusive programme on malaria for effective malaria control and prevention in high-endemic provinces of Viet Nam.

Recommendations

- There is a need for follow-up of projects where final reports are unavailable, although based on the reviewed documents (either interim report/proposal), the particular projects should have been completed and reports submitted. As noted earlier, it could be that these projects have since been awarded no-cost extensions, however this was not clear from the documents reviewed. These projects are MA.0287, MA. 0291, MA.0318. For project MA.0339, although funding was awarded in 2014, only the proposal was available. In addition, for the project MA.0294, although the IDF fund was awarded in 2013, the project has been redundant since due to the absence of a CoM.
- Missions should be encouraged to submit Migration Health related proposals for the IDF awards. As noted from the review, of the 463 projects funded by IDF across all IOM programmes globally, only 31 (7%) were Migration Health projects. This was slightly greater than three times less (104) the number of projects for migration management systems, which is the programme with the highest number of proposal submissions.
- MHD should encourage project officers to include evaluations of the relevant projects upon project completion. Only two projects (MA.0144 and CE.0146) indicated that they had performed external evaluations projects. These two projects are also the only ones that submitted a project evaluation report. Conducting an end of project evaluation would help MHD to assess projects' performance against desired results of sustainability, relevance, efficiency, and effectiveness.
- To mitigate the potential for requesting for no cost extensions, missions should conduct a robust risk assessment prior to project development. This would allow them to anticipate implementation challenges and therefore factor them in the work plans.
- MHD should encourage projects to address NCD. There was little emphasis on NCD compared to infectious diseases, like HIV/STI and TB, as only one project (MA.0229) addressed this issue. Yet, NCDs are a known leading cause of mortality globally, annually causing more deaths than all other causes combined.²⁹
- There is a need to be able to track MHD projects through PRIMA both to allow for and assist timely implementation, as well as to extract statistics on beneficiaries reached and targets/outcomes achieved.

²⁹ World Health Organization. (2011). *Global status report on noncommunicable diseases*. Retrieved from http://www.who.int/nmh/publications/ncd_report_full_en.pdf

- MHD should encourage projects to address relevant migration and health-related issues that contribute to the advancement of the Sustainable Development Goals (SDG). Of the four migration-related indicators identified by SDGs, MHD may be able to contribute towards the three indicators 8.8, 10.7, 17.18, which address issues around;
 - promotion of safe and secure working environments for all migrant workers
 - orderly, safe, regular and responsible migration
 - availability of high-quality, timely and reliable data disaggregated by migratory status among other characteristics relevant in national contexts
 - availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

Annex

Annex 1: Summary of reviewed projects

Year	Project Code	Project Title	Budget Line	Total allocation	All Benefiting Missions
2015	MA.0348	Promoting and Integrating Inclusive and Migrant Friendly Health Assessment Services in the National Health System of Sri Lanka	2	200,000.00	Sri Lanka
2014	MA.0339	Towards the Strengthening of a Binational Agenda on Migrant Health in the Tacna–Arica and Antofagasta Regions	2	30,000.00	Colombia and Peru
2014	MA.0328	Strengthening Local Authorities and Community-based Actors' Capacity to Prevent the Spread of Ebola Virus Disease (EVD) in West Africa	1	100,000.00	Cote D'Ivoire, Ghana and Senegal
2014	MA.0318	Responding to Migrants' Vulnerability to Malaria and Understanding the Migration and Epidemiology of Artemisinin-Resistant Malaria in Binh Phuoc Province, Viet Nam	2	100,000.00	Viet Nam
2014	MA.0311	Addressing Migration Related Health Issues in Turkmenistan	1	100,000.00	Turkmenistan
2013	MA.0294	Addressing HIV and IST Vulnerabilities among Transnational Migrants in Algeria	2	200,000.00	Algeria
2013	MA.0293	Strengthening the Governments' Capacity in El Salvador, Nicaragua, Honduras and Guatemala to Address the Health of Migrants through a Multi-sector Approach	2	300,000.00	El Salvador, Honduras, Guatemala and Nicaragua
2013	MA.0291	Mobilizing Medical Diaspora Resources for Lesotho	2	200,000.00	Lesotho
2013	MA.0287	Strengthening Health System Response Capacity of the Kédougou Medical Authorities, Senegal	1	100,000.00	Senegal
2012	MA.0261	Enhancing South Sudan's Human Resources for Health through Strengthened Engagement of Health Professionals in the Diaspora	2	200,000.00	South Sudan
2012	MA.0259	Strengthening Government's Capacity of Selected South Asian Countries to Address the Health of Migrants through a Multi-Sector Approach	2	300,000.00	Bangladesh, Nepal and Pakistan
2012	MA.0256	Facilitating the Contributions of Diaspora Health Professionals – Towards Implementation of the National Health Sector Strategic Plan 2010-2015 in Sierra Leone	1	100,000.00	Sierra Leone
2011	MA.0229	Research Study on the Health of Migrants in Georgia	1	50,000.00	Georgia

2011	MA.0224	Improving Labor Migrants' Access to Health Services in Tajikistan	2	161,845.00	Tajikistan
2011	CE.0146	Enhancing the Capacities of Rwanda's Public Health Sector through Linkages with its Diaspora Health Professionals	2	200,000.00	Rwanda
2011	MA.0221	Technical Cooperation Strategy for the Establishment of a Migration Health Unit for the Government of Sri Lanka	1	100,000.00	Sri Lanka
2011	MA.0215	Technical Assistance in Migration and Health - Enhancing National Public Health Standards in Migration Management in Turkey	2	200,000.00	Turkey
2011	MA.0211	Technical Cooperation on Migration Health in Jordan	2	150,000.00	Jordan
2011	MA.0204	Study on Trafficking, Exploitation and Abuse in the Mekong Sub-region (STEAM)	2	253,672.00	Cambodia, Thailand and Viet Nam
2010	MA.0174	Strengthening Migrant Health Structures and Services in Selected Border Provinces in Cambodia	2	192,299.00	Cambodia
2010	MA.0160	Technical Cooperation on Strengthening Migration Health Management in Sri Lanka	2	200,000.00	Sri Lanka
2010	MA.0159	Migration and Health in West Africa: Capacity Building Support for Regional Health Programmes	1	100,000.00	Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger and Senegal
2010	MA.0155	Project to Enhance Migrants' Conditions in Libyan Holding Centres (MICOL)	1	50,000.00	Libya
2009	MA.0148	Supporting Multi Country Development of the Horn of Africa Partnership on HIV/AIDS (HOAP) Seaports Initiative	1	147,950.00	Egypt, Somalia, Sudan and Yemen *
2009	MA.0144	Enhancing the Capacity of the Ministry of Health to assist Victims of Trafficking in Egypt	2	200,000.00	Egypt
2009	MA.0138	Improving Health Knowledge and Access to Public Primary Health Care Services Among Migrants and Displaced Persons in Selected District of Ranong and Samutsakorn Provinces in Thailand	2	117,220.00	Thailand
2009	MA.0127	Managing the Impact of Migration on the Healthcare System of Moldova	2	200,000.00	Republic of Moldova
2009	MA.0086	Technical Cooperation on Migration Health in Kenya	2	199,771.00	Kenya
2008	MA.0031	Improving Health Knowledge and Access to Public Primary Health Care Services among Migrants and Displaced Persons in Selected Districts of Tak and Chiangrai provinces in Thailand	2	57,049.00	Thailand
2006	NB3-805	EAC-IOM Regional Stakeholders Baseline Study, Workshop on Migrants' Health & Migration of Health Workers in East Africa and 1st Meeting of the EAC Committee of Experts on Migration Health		99,703.00	Kenya, Tanzania and Uganda
2006	NA3-805	Facilitation of the Recruitment and Placement of Foreign Health Care Professionals to work in the Public Sector Health Care in South Africa: Assessment		69,925.00	South Africa

φ Other benefitting countries are Djibouti and Saudi Arabia

Annex 2: Selected key issues addressed by the projects

Project code and title	Human resources for health	Capacity strengthening	Multi-sectoral collaboration and coordination	Access to migrant friendly health services	Trafficking in persons	Irregular migration	Detention of irregular migrants	Disease surveillance and response to epidemics	Non-communicable diseases	HIV/STI, TB, Malaria, Emerging diseases (Ebola, Influenza)
NB3-805 - EAC-IOM Regional Stakeholders Baseline Study, Workshop on Migrants' Health & Migration of Health Workers in East Africa and 1st Meeting of the EAC Committee of Experts on Migration Health	x									
NA3-805 - Facilitation of the Recruitment and Placement of Foreign Health Care Professionals to work in the Public Sector Health Care in South Africa: Assessment		x								
MA.0031 - Improving Health Knowledge and Access to Public Primary Health Care Services among Migrants and Displaced Persons in Selected Districts of Tak and Chiangrai provinces in Thailand		x	x	x				x		x
MA.0138 - Improving Health Knowledge and Access to Public Primary Health Care Services Among Migrants and Displaced Persons in Selected District of Ranong and Samutsakorn Provinces in Thailand		x	x	x						
MA.0144 -Enhancing the Capacity of the Ministry of Health to assist Victims of Trafficking in Egypt		x			x					

MA.0148 -Supporting Multi Country Development of the Horn of Africa Partnership on HIV/AIDS (HOAP) Seaports Initiative				x						
MA.0086 -Technical Cooperation on Migration Health in Kenya		x								
MA.0127 -Managing the Impact of Migration on the Healthcare System of Moldova	x									
MA.0174 - Strengthening Migrant Health Structures and Services in Selected Border Provinces in Cambodia		x		x		x				x
MA.0160 -Technical Cooperation on Strengthening Migration Health Management in Sri Lanka		x	x	x						
MA.0155 -Project to Enhance Migrants' Conditions in Libyan Holding Centres (MICOL)		x					x			
MA.0159 -Migration and Health in West Africa: Capacity Building Support for Regional Health Programmes		x								
MA.0204 -Study on Trafficking, Exploitation and Abuse in the Mekong Sub-region (STEAM)					x					
MA.0221 -Technical Cooperation Strategy for the Establishment of a Migration Health Unit for the Government of Sri Lanka		x								
MA.0211 -Technical Cooperation on Migration Health in Jordan		x								
CE.0146 -Enhancing the Capacities of Rwanda's Public Health Sector through Linkages with its Diaspora Health Professionals	x									

MA.0229 -Research Study on the Health of Migrants in Georgia				x					x	
MA.0224 -Improving Labour Migrants' Access to Health Services in Tajikistan				x						x
MA.0215 -Technical Assistance in Migration and Health - Enhancing National Public Health Standards in Migration Management in Turkey		x				x				
MA.0259 -Strengthening Government's Capacity of Selected South Asian Countries to Address the Health of Migrants through a Multi-Sector Approach		x								
MA.0256 -Facilitating the Contributions of Diaspora Health Professionals – Towards Implementation of the National Health Sector Strategic Plan 2010-2015 in Sierra Leone	x									
MA.0261 -Enhancing South Sudan's Human Resources for Health through Strengthened Engagement of Health Professionals in the Diaspora	x									
MA.0294 -Addressing HIV and IST Vulnerabilities among Transnational Migrants in Algeria										x
MA.0287 -Strengthening Health System Response Capacity of the Kédougou Medical Authorities, Senegal								x		x
MA.0291 -Mobilizing Medical Diaspora Resources for Lesotho	x									
MA.0293 - Strengthening the Governments' Capacity in El Salvador, Nicaragua, Honduras and Guatemala		x		x						

to Address the Health of Migrants through a Multi-sector Approach										
MA.0318 -Responding to Migrants' Vulnerability to Malaria and Understanding the Migration and Epidemiology of Artemisinin-Resistant Malaria in Binh Phuoc Province, Viet Nam		x								x
MA.0339- Towards the Strengthening of a Binational Agenda on Migrant Health in the Tacna–Arica and Antofagasta Regions										x
MA.0328 - Strengthening Local Authorities and Community-based Actors' Capacity to Prevent the Spread of Ebola Virus Disease (EVD) in West Africa								x		x
MA.0311 - Addressing Migration Related Health Issues in Turkmenistan		x								
MA.0348 - Promoting and Integrating Inclusive and Migrant Friendly Health Assessment Services in the National Health System of Sri Lanka				X						x

Annex 3: IDF funded Migration Health Projects by key H2 themes

Project code and project title	Developing Migration Health Agendas at Country Level	Promoting Migrant-Inclusive Health Systems & Services	Addressing Health Needs of Irregular and Vulnerable Migrants	Addressing Health Needs of Labour Migrants	Managing Migration of Health Workers
NB3-805 - EAC-IOM Regional Stakeholders Baseline Study, Workshop on Migrants' Health & Migration of Health Workers in East Africa and 1st Meeting of the EAC Committee of Experts on Migration Health	x				
NA3-805 - Facilitation of the Recruitment and Placement of Foreign Health Care Professionals to work in the Public Sector Health Care in South Africa: Assessment					x
MA.0031 - Improving Health Knowledge and Access to Public Primary Health Care Services among Migrants and Displaced Persons in Selected Districts of Tak and Chiangrai provinces in Thailand			x		
MA.0138 - Improving Health Knowledge and Access to Public Primary Health Care Services Among Migrants and Displaced Persons in Selected District of Ranong and Samutsakorn Provinces in Thailand			x		
MA.0144 - Enhancing the Capacity of the Ministry of Health to assist Victims of Trafficking in Egypt			x		
MA.0148 - Supporting Multi Country Development of the Horn of Africa Partnership on HIV/AIDS (HOAP) Seaports Initiative		x			
MA.0086 - Technical Cooperation on Migration Health in Kenya	x				
MA.0127 - Managing the Impact of Migration on the Healthcare System of Moldova					x
MA.0174 - Strengthening Migrant Health Structures and Services in Selected Border Provinces in Cambodia			x		

MA.0160 - Technical Cooperation on Strengthening Migration Health Management in Sri Lanka	x				
MA.0155 - Project to Enhance Migrants' Conditions in Libyan Holding Centres (MICOL)			x		
MA.0159 - Migration and Health in West Africa: Capacity Building Support for Regional Health Programmes			x		
MA.0204 - Study on Trafficking, Exploitation and Abuse in the Mekong Sub-region (STEAM)			x		
MA.0221 - Technical Cooperation Strategy for the Establishment of a Migration Health Unit for the Government of Sri Lanka	x				
MA.0211 - Technical Cooperation on Migration Health in Jordan	x				
CE.0146 - Enhancing the Capacities of Rwanda's Public Health Sector through Linkages with its Diaspora Health Professionals					x
MA.0229 - Research Study on the Health of Migrants in Georgia		x			
MA.0224 - Improving Labour Migrants' Access to Health Services in Tajikistan				x	
MA.0215 - Technical Assistance in Migration and Health - Enhancing National Public Health Standards in Migration Management in Turkey	x				
MA.0259 - Strengthening Government's Capacity of Selected South Asian Countries to Address the Health of Migrants through a Multi-Sector Approach	x				
MA.0256 - Facilitating the Contributions of Diaspora Health Professionals – Towards Implementation of the National Health Sector Strategic Plan 2010-2015 in Sierra Leone					x
MA.0261 - Enhancing South Sudan's Human Resources for Health through Strengthened Engagement of Health Professionals in the Diaspora					x
MA.0294 - Addressing HIV and STI Vulnerabilities among Transnational Migrants in Algeria			x		
MA.0287 - Strengthening Health System Response Capacity of the Kédougou Medical Authorities, Senegal			x		
MA.0291 - Mobilizing Medical Diaspora Resources for Lesotho					x

MA.0293 - Strengthening the Governments' Capacity in El Salvador, Nicaragua, Honduras and Guatemala to Address the Health of Migrants through a Multi-sector Approach	x				
MA.0318 - Responding to Migrants' Vulnerability to Malaria and Understanding the Migration and Epidemiology of Artemisinin-Resistant Malaria in Binh Phuoc Province, Viet Nam		x			
MA.0339 - Towards the Strengthening of a Binational Agenda on Migrant Health in the Tacna–Arica and Antofagasta Regions	x				
MA.0328 - Strengthening Local Authorities and Community-based Actors' Capacity to Prevent the Spread of Ebola Virus Disease (EVD) in West Africa	x				
MA.0311 - Addressing Migration Related Health Issues in Turkmenistan	x				
MA.0348 - Promoting and Integrating Inclusive and Migrant Friendly Health Assessment Services in the National Health System of Sri Lanka		x			

Annex 4: Summary of key outputs³⁰

Project codes and title	Outputs/potential outputs
NB3-805- The proposed baseline studies – preparatory to the Workshop and 1st Meeting of the EAC Committee of Experts on Migration Health – have as primary goal to provide policy makers, practitioners, and other stakeholders from government agencies, non-government	<ul style="list-style-type: none"> • Report of the Meeting of Experts: Meeting of the EAC Multi-Sectoral Technical • Committee of Experts on Migration of Human Resources for Health During <ul style="list-style-type: none"> • the WHO/Global Forum on Human Resources for Health • National Workshop Report: Managing the Migration of Human Resources for Health in Kenya. Hosted by the Kenya Technical Working Group on the Migration of Human Resources for Health.
NA3-805 - Facilitation of the Recruitment and Placement of Foreign Health Care Professionals to work in the Public Sector Health Care in South Africa: Assessment	<ul style="list-style-type: none"> • Report on the facilitation of the <i>recruitment and placement of foreign health care professionals to work in the public sector health care in south Africa: Assessment conducted in the Netherlands, the United Kingdom, and the United States</i> • Report on the literature review on “Health Worker Migration in South and Southern Africa”
MA.0031 - Improving Health Knowledge and Access to Public Primary Health Care Services among Migrants and Displaced Persons in Selected Districts of Tak and Chiangrai provinces in Thailand	<ul style="list-style-type: none"> • Avian and human influenza (AHI) preparedness document* • Summary report of lessons learned from the Avian and human influenza (AHI) preparedness simulation exercises*
MA.0138 - Improving Health Knowledge and Access to Public Primary Health Care Services Among Migrants and Displaced Persons in Selected District of Ranong and Samutsakorn Provinces in Thailand	<ul style="list-style-type: none"> • Report on the 3rd national migrant health conference
MA.0144 - Enhancing the Capacity of the Ministry of Health to assist Victims of Trafficking in Egypt	<ul style="list-style-type: none"> • GoE’s National Plan of Action to Combat Human Trafficking <ul style="list-style-type: none"> • Egypt’s Anti-trafficking Law (Law 64) • External Evaluation Report, April 2012

³⁰ The three projects (MA. 0294, MA.0339, and MA.0348) for which only proposals were available were excluded

<p>MA.0148 - Supporting Multi Country Development of the Horn of Africa Partnership on HIV/AIDS (HOAP) Seaports Initiative</p>	<ul style="list-style-type: none"> • Report: Regional on Mobility, Migration and HIV Vulnerability in the Gulf of Aden and the Red Sea. <ul style="list-style-type: none"> • Somalia Forum communiqué. • Conference Report: Mobility, Migration and Vulnerable Populations along the Red Sea Ports and the Gulf of Aden.: Djibouti, 26-29 September 2010. • Djibouti Call for Action: International Conference on Ports, Mobility, Migration, and Vulnerability to HIV. Djibouti, 29 September 2010. • Declaration of Commitment: Mobility, Migration, and HIV Vulnerability of Populations along the Ports of the Red Sea and the Gulf of Aden. Djibouti, 29 September 2010. • IOM Presentation in the High Level Meeting: Overview of the Linkages between HIV and Population Mobility, Epidemiology, and General Guidance for Response. Djibouti, 26 September 2010.
<p>MA.0086 - Technical Cooperation on Migration Health in Kenya</p>	<ul style="list-style-type: none"> • Report of the South-South Knowledge Exchange Visit • Report of the Sub-Plenary Session 5 during the 7th GCHP • Report of the Kenya national consultation on migration health <ul style="list-style-type: none"> • An analysis of migration health in Kenya 2011 • IOM health strategy for Kenya 2011-2015 • Report of pilot study on early childhood and maternal access to health care in Eastleigh <ul style="list-style-type: none"> • Eastleigh Community Wellness Centre, 2010 programme report • 4 video documentaries outlining the vulnerabilities and challenges that various typologies of migrants and mobile populations in Kenya face on HIV, TB, MCH and psychosocial wellbeing*
<p>MA.0127 - Managing the Impact of Migration on the Healthcare System of Moldova</p>	<ul style="list-style-type: none"> • Specification for the main hardware support of the database (ASHR) • Description of the ASHR the main hardware support of the ASHR database • Survey report on the health implications of the socio-economic welfare of migrants <ul style="list-style-type: none"> • HIV and TB leaflets front page and verso page • HIV and TB calendar and health campaign banner

<p>MA.0174 - Strengthening Migrant Health Structures and Services in Selected Border Provinces in Cambodia</p>	<ul style="list-style-type: none"> • Signed MOU between IOM and MOH for the project • MOH Ethics Board Approval to IOM's Situational Assessment • Multi-stakeholder Consultation Report Banteay Meanchey and Svay Rieng 27th and 21st Oct 2010 <ul style="list-style-type: none"> • Multi-stakeholder Consultation Report • Coordination & Networking SVR 17 June 2011 • Technical Training for Pilot TB screenings Poipet
<p>MA.0160 - Technical Cooperation on Strengthening Migration Health Management in Sri Lanka</p>	<ul style="list-style-type: none"> • Global Report Case Study Migration Health and Development in Sri Lanka • The Recommendations to the Ministry of Health on provision of health care services to the returning Sri Lankan refugees from India. <ul style="list-style-type: none"> • Country Report Card, World Health Assembly • MOU between IOM and MOH (6 January 2010)* • Fact sheet on rapid situational assessment and recommendations* <ul style="list-style-type: none"> • Migration health policy* • Health awareness booklet for returnees* • Revised Sri Lanka Bureau of Foreign Employment (SLBFE) pre-departure training course to enhance standardization of departure health assessments*
<p>MA.0155 - Project to Enhance Migrants' Conditions in Libyan Holding Centres (MICOL)</p>	<ul style="list-style-type: none"> • Study questionnaire, guidelines, and training agenda <ul style="list-style-type: none"> • Map of holding centres location • Report - "Health Assessment in Libyan Holding Centres" <ul style="list-style-type: none"> • Conference Agenda
<p>MA.0159 - Migration and Health in West Africa: Capacity Building Support for Regional Health Programmes</p>	<ul style="list-style-type: none"> • Journal Article: The Lancet, Vol. 3, March 2015 • The Project Document with the three regional programs <ul style="list-style-type: none"> • IOM Health Action Plan (2010-2013) • Memorandum of Understanding for cooperation between IOM and WAHO (November 2009) <ul style="list-style-type: none"> • The report of heads of missions made in Dakar on 17-19 October 2011

	<ul style="list-style-type: none"> • Document project on "Evaluation of access to health services of international migrants in West Africa and Central Africa" <ul style="list-style-type: none"> • Literature review on "Migration and Health" in West Africa • Report of six studies on psychological support and mental health of returnee irregular migrants
MA.0204 - Study on Trafficking, Exploitation and Abuse in the Mekong Sub-region (STEAM)	<ul style="list-style-type: none"> • Study Guide English (ENG), Thai (TH) and Vietnamese (VN) - STEAM • Consent forms (detached from questionnaire) – adult and children in English (ENG), Khmer (KHM) Lao (LAO), Myanmar (MNM), Thai (TH) and Vietnamese (VN). • Questionnaires in English (ENG), Khmer (KHM) Lao (LAO), Myanmar (MNM), Thai (TH) and Vietnamese (VN) Interpreter pledge (ENG, LAO, KHM, MNM, TH, VN) <ul style="list-style-type: none"> • Revised MOU between IOM-LSHTM, June 2012 • Main reports in Cambodian, English, Thai and Vietnamese. <ul style="list-style-type: none"> • Policy Briefing Notes • Client brochures • Regional launch report
MA.0221 - Technical Cooperation Strategy for the Establishment of a Migration Health Unit for the Government of Sri Lanka	<ul style="list-style-type: none"> • Cabinet paper memorandum submitted to the parliament by the Sri Lankan Minister of Health • Agenda on 3rd Global Health Assessment Programme in Sri Lanka from 17 to 21 September 2012. <ul style="list-style-type: none"> • Sri Lanka Migration National Health Policy, Ministry of Health, supported by IOM, 2012. <ul style="list-style-type: none"> • Fact sheets on Health impacts of the five categories of migrants in Sri Lanka. • PowerPoint presentation of key milestones of migration health development in Sri Lanka: A journey through Sri Lanka's Migration Health Development process 2009 to 2012. • Project Update with information on Sri Lanka Bureau of Foreign Employment centre for victims Sahana Piyasa. <ul style="list-style-type: none"> • World Health Assembly Report Card on Sri Lanka. • Minutes from meeting between Director General and Minister of Health at the Office of the Director General in IOM Headquarters, Geneva, 16 September 2011.

<p>MA.0211 - Technical Cooperation on Migration Health in Jordan</p>	<ul style="list-style-type: none"> • Study Report on Assessment of Health Needs and Living Conditions of Migrants in Jordan 2011–2012. <ul style="list-style-type: none"> • National consultation Report. • Newsletter article on Jordan/IOM project of migrant's health.
<p>CE.0146 - Enhancing the Capacities of Rwanda's Public Health Sector through Linkages with its Diaspora Health Professionals</p>	<ul style="list-style-type: none"> • Final report of the Evaluation of MIDA Health Rwanda Project <ul style="list-style-type: none"> • MIDA Health Programme Proposal Phase II • Deed of donation of medical equipment to health institution <ul style="list-style-type: none"> • Evaluation Form of MIDA Health Project
<p>MA.0229 - Research Study on the Health of Migrants in Georgia</p>	<ul style="list-style-type: none"> • Study protocol, interview consent form • Questionnaire for the survey on Non-communicable Disease (NCDs) Risk Factors, Issues of Healthcare Access, Psychosocial Needs and Psychosomatic Conditions as well as Knowledge, Attitudes and Practices towards NCDs among Migrant Populations in Georgia <ul style="list-style-type: none"> • IOM News Release 04/06/2012, press clippings • IOM-NCDC Migrant Health Survey Georgia – Report (English and Georgian versions) • PowerPoint Presentations – “Migrant Health Survey, Georgia”; “Migration, Non-communicable Diseases and Mental Health”
<p>MA.0224 - Improving Labour Migrants' Access to Health Services in Tajikistan</p>	<ul style="list-style-type: none"> • Research report on foreign migrants' health status and needs • Workshop report Migrant's Rights to Health on January 23-25, 2013 <ul style="list-style-type: none"> • Media Report • Report on brochures assessment • Minutes of the meeting with the Ambassador of the Chinese Embassy • Brochures on prevention of the STIs, HIV, TB in Dari, Farsi, Chinese, Uzbek and Turkish – not included as part of annex but developed as part of the project <ul style="list-style-type: none"> • Documentary on Healthy migrants in healthy communities"*

MA.0215 - Technical Assistance in Migration and Health - Enhancing National Public Health Standards in Migration Management in Turkey	<ul style="list-style-type: none"> • Baseline study report on migration and health in Turkey <ul style="list-style-type: none"> • Protocol for interagency cooperation • Training programme for the relevant stakeholders <ul style="list-style-type: none"> • Training module document security for border control officials mentioned http://ec.europa.eu/enlargement/pdf/key_documents/2011/package/tr_rapport_2011_en.pdf (p. 92, para 4) • Guidelines on health services to be available for irregular migrants at removal centres <ul style="list-style-type: none"> • The training agenda
MA.0259 - Strengthening Government's Capacity of Selected South Asian Countries to Address the Health of Migrants through a Multi-Sector Approach	<ul style="list-style-type: none"> • National Validation Workshop reports for Bangladesh, Nepal, and Pakistan (3 separate reports)
MA.0256 - Facilitating the Contributions of Diaspora Health Professionals – Towards Implementation of the National Health Sector Strategic Plan 2010-2015 in Sierra Leone	<ul style="list-style-type: none"> • Diaspora Mapping Report • Diaspora Engagement Strategy • Mapping of Sierra Leon health care training and human Resources gaps
MA.0261 - Enhancing South Sudan's Human Resources for Health through Strengthened Engagement of Health Professionals in the Diaspora	<ul style="list-style-type: none"> • Seminar and Roundtable Meeting Report - February 2013 <ul style="list-style-type: none"> • Steering Committee Meeting Minutes (2013) • Project Promotional Poster, brochure and fact sheet • You Tube Video – Diaspora Engagement https://www.youtube.com/watch?v=Fn5KBjPGHNU <ul style="list-style-type: none"> • Mapping Reports from Kenya, Uganda and Canada <ul style="list-style-type: none"> • Needs Assessment in South Sudan • National Engagement Strategy (Draft) • National Stakeholder's Workshop Report (October) <ul style="list-style-type: none"> • Final project evaluation • IOM South Sudan online survey form <ul style="list-style-type: none"> • Press briefing notes
MA.0287 - Strengthening Health System Response Capacity of the Kédougou Medical Authorities, Senegal	<p>Expected? **</p> <ul style="list-style-type: none"> • Research report/publication

	<ul style="list-style-type: none"> • BCC training curriculum
MA.0291 - Mobilizing Medical Diaspora Resources for Lesotho	<p>Expected? **</p> <ul style="list-style-type: none"> • Resource mobilization strategy • Needs assessment report • Diaspora mapping report
MA.0293 - Strengthening the Governments' Capacity in El Salvador, Nicaragua, Honduras and Guatemala to Address the Health of Migrants through a Multi-sector Approach	<p>Expected? **</p> <ul style="list-style-type: none"> • 4 Country specific reports for the studies (Nicaragua, Guatemala, El Salvador, and Honduras) <ul style="list-style-type: none"> • Regional study report • Regional dialogue report • Regional newsletter (covering the 4 countries) • National dialogue/consultation reports for El Salvador and Honduras - on the health of migrants: towards the challenge of integrate the needs of migrants in the plans, policies and strategies. <p>Resulted in National Strategic Action Plans of action</p> <ul style="list-style-type: none"> • Protocol to address the health needs of returnees in Honduras and El Salvador
MA.0318 - Responding to Migrants' Vulnerability to Malaria and Understanding the Migration and Epidemiology of Artemisinin-Resistant Malaria in Binh Phuoc Province, Viet Nam***	<ul style="list-style-type: none"> • IOM Manila-based epidemiologist's review of the research methodology prepared by IMPE for submission to WHO <ul style="list-style-type: none"> • Schedules of the training for the survey team (WHO &IOM) • Consultancy report on the research design and recommendations • Report on the quick field trip to assess the feasibility of conducting an additional study • Photo of the launching workshop in Binh Phuoc province, from the field survey and links to articles on IMPE's website about partnership with IOM <p>Expected? **</p> • MOUs IOM & Institute for Malariology, Parasitology and Entomology (IMPE) (anticipated in the final report?) <ul style="list-style-type: none"> • KAPs study report /publication (WHO –led) - (anticipated in the final report?)

	<ul style="list-style-type: none"> • Patient study report/publication (IOM – led) - (anticipated in the final report?)
MA.0328 - Strengthening Local Authorities and Community-based Actors' Capacity to Prevent the Spread of Ebola Virus Disease (EVD) in West Africa***	<ul style="list-style-type: none"> • Report of nurses training in Kédougou • Report of Nurses Training in Kolda
MA.0311 - Addressing Migration Related Health Issues in Turkmenistan	<ul style="list-style-type: none"> • Report on the High-Level Roundtable on Migration and Health <ul style="list-style-type: none"> • Report on the Study Visit on Migration and Health • Report on the Working Meeting on Migration and Health in English with a detailed list of key and priority actions

** Not provided as part of the annexes but produced during the project period as per final report*

*** Project reports reviewed are interim reports. Stated outputs (expected?) are not provided as part of the annexes but were produced during the project period as per interim report. More outputs could become available upon submission of final report. *** Project reports reviewed are interim reports. Stated outputs provided as part of the annexes. More outputs could become available upon submission of final report*

Annex 5: Summary of selected sustainable results

Project code, year, Coordinating MS	Project title	Project summary	Selected sustainable results
NB3-805 (2006, Kenya)	EAC-IOM Regional Stakeholders Baseline Study, Workshop on Migrants' Health & Migration of Health Workers in East Africa and 1st Meeting of the EAC Committee of Experts on Migration Health	This project is based on recommendations from the 1st meeting of the EAC Sectoral Council on Health held on 8th July 2005 in Arusha, Tanzania. It aims to complete and make recommendations on the national situational analysis on the migration of health professionals; and carry out and make recommendations on the situational analysis of migration in in East Africa	<ul style="list-style-type: none"> Establishment of a coordinating centre for migration and health in the ministry of Public Health and Department of Health Promotion in Kenya IOM assisted partners, ILO, Equinet, and WHO to mobilize funds to complete three studies on policy and implementation, data management needs and impact on service delivery of human resources for health
MA.0031 (2008, Thailand)	Improving Health Knowledge and Access to Public Primary Health Care Services among Migrants and Displaced Persons in Selected Districts of Tak and Chiangrai provinces in Thailand	This proposed project is a collaborative project between the International Organization for Migration (IOM) and the Ministry of Public Health (MOPH) of Thailand. It aims to improve access to primary health care services needed by migrants and displaced persons	<ul style="list-style-type: none"> GFTAM 5-year funding support from July 2009 Incorporation of migrant health issues to the subcommittee of the National Health Commission Office and potentially in the health statute
MA.0144 (2009, Egypt)	Enhancing the Capacity of the Ministry of Health to assist Victims of Trafficking in Egypt	The overall objective of this project is to consolidate the Government of Egypt's response to human trafficking and to enhance protection of trafficking victims through partnership with the Ministry of Health (MoH). Specific purposes of this project include supporting MoH to develop a strategy for enhanced protection VoTs, piloting and implementing the Trafficking Victim Support Unit (TSVU), and training on medical screening and treatment of VOTs, including psychological care	<ul style="list-style-type: none"> Establishment of the at a TSVU at a state hospital Adoption of National Plan of Action (NPA) to Combat Human Trafficking by the Office of the Prime Minister mandating implementation by all NPA agencies New law on human trafficking (Law 64 Articles 22-23) mandating state protection of VoT including provision of health, and psychological care and medial safety MOH endorsement of IOM's "Caring for Trafficking Persons" for guidance of Egypt's health providers. MOH acceptance of all IOM medical forms for use in provision of medical screening and treatment of VoTs

MA.0148 (2009, Egypt)	Supporting Multi Country Development of the Horn of Africa Partnership on HIV/AIDS (HOAP) Seaports Initiative	This project aims to support collaborative development of a harmonized multi-country HIV/AIDS programme of action and resource mobilization proposal for HIV prevention, treatment, and support targeting most-at-risk populations in major ports of the Red Sea	<ul style="list-style-type: none"> • Declaration of Commitment – Mobility, Migration, and HIV Vulnerability of Populations along the Ports of the Red Sea and the Gulf of Aden (signed by IGAD and Red Sea / Gulf Aden countries). • Call to Action – International Conference on Ports Mobility, Migration, and Vulnerability to HIV (signed by a broader group of countries).
MA.0160 (2010, Sri Lanka)	Technical Cooperation on Strengthening Migration Health Management in Sri Lanka	This project aims to strengthen the capacity of the Sri Lankan Ministry of Health (MOH SL) to manage various migration health challenges and thereby promote the health of migrants. It will focus on capacity strengthening of MoH to develop a policy to manage migration health, enhance health promotion and education for outgoing and returnees including VoT , and multi-sectoral and integrated collaboration among health, and non-health officials	<ul style="list-style-type: none"> • National migration health policy (still under development) • Adoption by MOH of the IOM's Strategy for healthy returnee reintegration • Establishment of an Immigration Health Unit and a health assessment facility for health assessments of all resident visa applicants into Sri Lanka (under way)
MA.0221 (2011, Sri Lanka)	Technical Cooperation Strategy for the Establishment of a Migration Health Unit for the Government of Sri Lanka	The project aims to establish a Migration Health Unit under the auspices of the Ministry of Health to be responsible for developing coordinating mechanisms, policies and programmes within an inter-ministerial framework to address migration health challenge	<ul style="list-style-type: none"> • Establishment of Migration Health Unit for Sri Lanka in Ministry of Health <ul style="list-style-type: none"> • Formulation of the internal migration health policy • Insertion of migration indicators in the census
MA.0229 (2011, Georgia)	Research Study on the Health of Migrants in Georgia	This project is aimed at generating evidence on health status, healthcare access and health seeking behaviours of vulnerable migrant populations in Georgia with the overall goal of monitoring and protecting the health of migrant populations in the country	<ul style="list-style-type: none"> • Elaboration of evidence-based policy briefs and recommendations on protection and monitoring of migrants' health, focusing on NCDs risk factor control
MA.0259 (2012, Bangladesh)	Strengthening Government's Capacity of Selected South Asian Countries to Address the Health of Migrants through a Multi-Sector Approach	The project aims to conduct an in-depth assessment among the three South Asian countries to assess health vulnerabilities of inbound and outbound migrants, including their access to health and other social services, a mapping of govern	<ul style="list-style-type: none"> • Coordination mechanism for migration health established in 3 implementing countries (Bangladesh, Nepal, and Pakistan) - Mechanisms not established yet

<p>MA.0261 (2012, South Sudan)</p>	<p>Enhancing South Sudan's Human Resources for Health through Strengthened Engagement of Health Professionals in the Diaspora</p>	<p>This project aims to contribute technical support to the Government of South Sudan to develop a national diaspora mobilization strategy for the health sector. In close partnership with the Ministry of Health, the Directorate of Consular Services and other</p>	<ul style="list-style-type: none"> • National Diaspora Engagement Strategy (if endorsed)
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