1.0 Background information

Established in 1951, the International Organization for Migration (IOM) is the leading inter-governmental organization in the field of migration. IOM has current membership of 162 states and is active in 480 field locations across the globe. Together with its partners in the international community, IOM acts to assist in meeting the growing operational challenges of migration governance and to advance understanding of migration issues. IOM aims at encouraging migration inclusive social and economic development, and to uphold the human dignity and well-being of migrants at every phase of the migration cycle.

East and Southern Africa are faced with increasing number of men, women and children migrating in search for livelihoods, employment opportunities, asylum and other reasons. These individuals and their communities are exposed to high risk to HIV, TB, Malaria and other communicable diseases during the migration processes and, often, have limited access to health and other services in their home, transit and host communities. These populations are often forgotten in the health programme development at local, national and regional level, which may limit optimal contribution to the socio-economic development of their communities.

In 2014, recognizing the need to build on the progress made during the first phase of IOM’s health promotion programme titled “the Partnership on Health and Mobility in East and Southern Africa” referred to as PHAMESA I (2010-2013) and the need to continue addressing the persistent health challenges associated with migration as well as IOM’s strategic advantage in assisting this population, the Swedish government granted further funding to the PHAMESA initiative to implement its 2nd phase referred to as PHAMESA II. This 4-year initiative is implemented in 11 countries in the two regions which are among the most significantly affected by migration and the key priority diseases such as HIV, TB, Malaria and other communicable diseases. The 11 countries include Botswana, Kenya, Lesotho, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda and Zambia.

PHAMESA programme supports implementation of and is aligned to the 2008 World Health Assembly (WHA) Resolution 61:17 on the health of migrants. The overall goal of PHAMESA II is to contribute to the improved standard of physical, mental and social well-being of migrants and migration affected populations in East and Southern Africa, which enables them to substantially contribute to the socioeconomic development of their host and home communities.

In line with the WHA resolution 61:17(2008) PHAMESA aims to significantly contribute to the realization of the following four interdependent outcomes:

**Outcome 1:** Improved monitoring of migrants health to inform policy and practice;

**Outcome 2:** Policies, legislations and strategies comply with international, regional and national obligations with respect to the right to health of migrants;

**Outcome 3:** Migrants and migration affected communities have access and use migration-sensitive health services in targeted spaces of vulnerabilities in countries of origin, transit and destination;

**Outcome 4:** Strengthened Multi-country/sectoral partnerships and networks for effective and sustainable response to migration and health challenges in East and Southern Africa.
PHAMESA seeks to contribute to these outcome areas as the overall impact. However, under each of these outcomes are programme outputs that the PHAMESA programme has committed to deliver.

### 2.0 Purpose of Mid Term Review (MTR)

The PHAMESA programme has been running for the last six years since 2010. Before PHAMESA, a similar programme, The Partnership on HIV/AIDS and Mobile Populations in Southern Africa (PHAMSA) focused on HIV & AIDS and mobility had been implemented in Southern Africa only. PHAMESA therefore is an expansion of PHAMSA in geographical coverage (to include East Africa) and thematically to cover health in general. The current phase (January 2014-December 2017) is the second phase of this expanded programme. PHAMESA II programme follows a result-based management (RBM) approach, which emphasizes the shift from inputs and activities to focus on achievement of target immediate, intermediate and long term results guided by a dynamic theory of change. Moreover, the Swedish Government (the main donor) calls for periodic external evaluations to ascertain whether the program is on track in terms of progress towards the main goal and to draw lessons and propose recommendations to inform programme improvement decisions.

The main purpose of this MTR is therefore to evaluate the programme’s performance against the desired results as articulated in its result framework. The MTR will also assess the programme performance against the five OECD/DAC standard evaluation criteria, including sustainability, relevance, efficiency and effectiveness as well as impact. Recommendations coming out of this review will be used to improve the programme business process as well as position it to achieve its desired results in the most sustainable, effective and efficient manner.

### 2.1 Specific objectives

1. Assess the PHAMESA II programme progress to date towards the realization of its intermediate and long term results;
2. Assess whether the PHAMESA II programme is on track against the five OECD/DAC evaluation criteria (relevance, effectiveness, efficiency, sustainability, impact);
3. Analyse PHAMESA programme processes (planning & budgeting, implementation, M&E, resource mobilization and knowledge management), identify strengths and weaknesses and make recommendations for improvement in programme implementation;
4. Assess the quality and effectiveness of PHAMESA II technical and implementation partnerships at regional, national and local levels;
5. Ascertain the extent to which PHAMESA I (2010-2013) end-term evaluation recommendations have been implemented in PHAMESA II;
6. Highlight the most significant achievements that the programme has made so far and identify programme components or ingredients leading to the observed results;
7. Identify key success stories, emerging good practices and lessons learnt in the first two years of PHAMESA II and develop recommendations to inform program direction for improvement.

### 3.0 Scope and specific duties of Mid Term Review (MTR)

The MTR consultant(s) is expected to gather relevant information to ascertain whether the program is on track in its contribution towards migration sensitive policies, programs, and practices and, ultimately, the improvement in
health outcomes and wellbeing of migrants and migration affected communities in selected target spaces of vulnerability in East and Southern Africa.

Using appropriate mix of evaluation methods, the MTR consultant(s) is expected to perform the following main duties amongst others:

1. Constitute a multi-disciplinary team (as enumerated in key competencies section) to form the consultancy team;
2. Develop criteria for sampling countries in consultation with IOM;
3. Produce an inception report comprising detailed evaluation protocol with clear work plan for carrying out the assignment;
4. Design data collection instruments in line with PHAMESA II programme result matrix;
5. Recruit and train researchers and enumerators on the data collection instruments and study procedures to ensure standardization;
6. Desk review (at regional and country levels) of any relevant reports, studies, and any other relevant material that will enhance the MTR, including baseline reports, resource mobilization proposals;
7. Undertake primary data collection at regional, country and community level in selected migration affected communities referred to as “spaces of vulnerability” in three pre-selected countries (2 countries in Southern Africa and 1 in East Africa) and ensure appropriate level of data disaggregation in line with key indicators;
8. Review existing program M&E data and reports at country and regional level;
9. Analyse and synthesize the data using appropriate statistical software packages and qualitative data analysis tools;
10. Compile a draft report of findings and recommendations in an agreed upon format using IOM House Style guidelines on writing. The report will need to be analytical and respond to the specific objectives outlined above;
11. Organize a debriefing with IOM management team on the MTR findings;
12. Update IOM on a regular basis (weekly) on the progress of the assignment.
13. Incorporate IOM’s feedback/comments and prepare a final report.

4.0 Proposed methodology

The consultant(s) will need to articulate a detailed methodology and approach to undertaking this review in their proposal to IOM. This review will be a cross-sectional study looking at all the different components of the programme with clear criteria for sampling countries and beneficiary/stakeholder to be covered by the MTR. Field visits to collect primary data at community levels will be undertaken in three selected countries (2 countries in Southern Africa and 1 country in East Africa). Primary data collection methods may involve key informant interviews with key IOM staff, PHAMESA program partners including government partners, technical partners such as UN Agencies, implementing partners and other relevant program stakeholders including, primarily, beneficiaries who are migrants and communities affected by migration in selected spaces of vulnerability. Government and Regional Bodies such as Regional Economic Communities (RECs) and UN agencies are considered as critical IOM partners and the MTR is expected to ensure they are adequately represented in key informant interviews. Secondary data collection should involve a desk review and include documents such as IOM progress reports, M&E database, baseline and other research reports, publications and briefs among others. Literature review of other documents relevant to IOM’s work may also be undertaken.
4.1 Mid Term Review Questions

The MTR is expected to provide answers to the following evaluation questions in addition to other questions the evaluation team considers as relevant for this MTR:

1. What overall progress has PHAMESA II made towards the realization of its expected results? What are the major challenges that hindered the realization of the planned results?
2. What are the PHAMESA II components and delivery approaches that have been most effective and which have been least effective? What needs to be done to improve the performance to achieve the expected results?
3. To what extent has migration and health been integrated in regional, national and local level programming? To what extent has the programme influenced the integration of migration and health into regional, national and sectoral policies, strategies and health monitoring systems and their implementation?
4. To what extent is the program contributing to improved access to services (especially health services) by migrants and migration affected communities? To what extent has the programme contributed to the coordination of service delivery in intervention sites? To what extent has the programme contributed to addressing social determinants of health in intervention communities?
5. To what extent has PHAMESA II implemented recommendations of the previous phase and to what extent is learning integrated in the programme?
6. To what extent has the program advanced gender equality in selected intervention communities?

5.0 Timelines and deliverables

The MTR is provisionally planned to commence beginning of March and is expected to be completed by April 2016. Interested service providers are required to submit detailed technical and budget proposals including a detailed work plan and itemized budget. A provisional timeline is provided below. However, adjustments will be made as necessary from the date the service agreement is signed with the service provider and a comprehensive work plan and delivery dates agreed upon.

**MTR tentative schedule**

<table>
<thead>
<tr>
<th>Item #</th>
<th>Key activity</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IOM call for proposal sent out for interested consultancy firm/team to submit their expression of interests (technical and budget proposals)</td>
<td>15 January 2016</td>
</tr>
<tr>
<td>2</td>
<td>Submission of detailed technical and an all-inclusive budget proposals from interested consultants to IOM</td>
<td>5 February 2016</td>
</tr>
<tr>
<td>3</td>
<td>Contract signed by both parties and assignment starts</td>
<td>1 March 2016</td>
</tr>
<tr>
<td>4</td>
<td>Presentation of the inception report by the MTR team to IOM</td>
<td>11 March 2016</td>
</tr>
<tr>
<td>5</td>
<td>Final MTR data collection instruments approved by IOM</td>
<td>18 March 2016</td>
</tr>
<tr>
<td>6</td>
<td>Data collection and analysis processes</td>
<td>1- 31 March 2016</td>
</tr>
<tr>
<td>7</td>
<td>Presentation to IOM (date to be determined depending on when the analysis is completed)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Submission of the draft MTR report to IOM by MTR team</td>
<td>12 April 2016</td>
</tr>
<tr>
<td>9</td>
<td>IOM provide feedback to the evaluation team on the draft report</td>
<td>22 April 2016</td>
</tr>
<tr>
<td>10</td>
<td>The MTR team submits the final MTR reports to IOM</td>
<td>29 April 2016</td>
</tr>
</tbody>
</table>

**Deliverables**

Successful applicant will have the following deliverables, against which payments shall be made:

1. Submission of an inception report and a detailed evaluation protocol with sufficient methodological details explaining how the study will be undertaken, data collection instrument as well as a comprehensive work plan.
2. Submission and presentation of an acceptable draft MTR report (maximum 40 pages).

3. Submission of a final MTR report that incorporates IOM’s feedback (maximum 40 pages based on a structure pre-discussed and agreed with IOM), accompanied by relevant annexes and files including:
   a. Soft copies of raw qualitative data files, including photos and audio recordings as applicable;
   b. Soft copies of raw cleaned quantitative datasets and, data analysis syntax in STATA or SPSS format;
   c. Templates used to capture the data;
   d. A summary table of the achievement to date against all PHAMESA II indicators.

6.0 IOM responsibilities

IOM will undertake the following during the MTR:

1) Provide relevant IOM documents and/or information to the MTR team;
2) Provide the list of key PHAMESA stakeholders, technical as well as implementing partners;
3) Provide supervision, oversight and management of activities of the service provider;
4) Facilitation and coordination support to the MTR team for smooth and timely implementation of the assignment;
5) Provision of feedback or comments on inception report, tools, data analysis plan and draft report to the MTR team;
6) Introduce the MTR team to IOM’s key stakeholders as well provide the necessary documentation to the team to enable them undertake the assignment.

7.0 Fees and Budget Estimates

Interested service providers should submit an all-inclusive detailed itemized budget as part of their proposal clearly stipulating the consultancy fee applicable. The budget should include field visit to three selected countries to collect primary data. Payment schedule will be phased and based upon the submission of the deliverables outlined above.

8.0 Desired Background and Experience

Interested candidate will need to demonstrate an experienced multi-disciplinary team of experts with the following background and experience: public health, population and development studies, law, social science as well as evaluation research methods. The service provider lead consultant responsible for the coordination of this multi-disciplinary experienced team must have the following:

- Minimum of Master’s degree in any of the following: public health, migration or population studies, social science, development studies, or law from an accredited institution. Training or experience in migration issues is required irrespective of the background. A PhD degree in any of the above areas is preferred. Other core team members must each possess a Master degree in an area relevant to the role they play in the team;
- Good understanding of the Results Based Approach (RBA) and demonstrated knowledge and experience in Monitoring and Evaluation;
- Demonstrated experience in undertaking evaluations of health programmes;
- Good understanding of migration and health dynamics and contexts in East and/or Southern Africa;
• Good understanding of national and regional policy and legal frameworks on migration and on health in East and/or Southern Africa;
• Demonstrated skills and experience in qualitative and/or quantitative research methods;
• Excellent writing skills;
• Relevant experience in conducting regional and/or multi-country research;
• Strong conceptual and analytical abilities;
• Demonstrated ability to deliver quality assignments under tight timeframes;
• Ability to navigate through differing ideas or perspectives to reach to an independent judgement.

9. Application process

Interested candidates should submit their proposal (technical and a separate budget proposals) not exceeding 20 pages. Proposal should clearly articulate the methodology and approach to be followed, profile of suggested team members, list of similar assignments conducted before with references. Candidates who demonstrate ability to deliver high quality work within reasonable time and cost will be highly considered.

Full proposals to be submitted to IOM Pretoria: pretoriacvs@iom.int by 5 February 2016. Only shortlisted applicants will be contacted.