



Project evaluation: Summary report

Caribbean: Regional HIV/AIDS control in the Caribbean

Title according to offer:	Regional HIV/AIDS control in the Caribbean
Project number:	2009.2273.2-001.01
Country/region:	Caribbean
CRS purpose code:	13040 STD control including HIV/AIDS
Project objective:	The conditions related to accessing HIV prevention, treatment and counselling services for migrants have been improved across a number of Caribbean countries.
Project term:	December 2009 – March 2015 (five years and three months)
Project volume:	EUR 4.5 million
Commissioning party:	German Federal Ministry for Economic Cooperation and Development (BMZ)
Lead executing agency:	Caribbean Community (CARICOM)
Implementing organisations (in the partner country):	<ul style="list-style-type: none"> • At regional level: the Pan Caribbean Partnership against HIV/AIDS (PANCAP) through the PANCAP Coordinating Unit (PCU). • At national level in pilot countries (Antigua and Barbuda, Sint Maarten, Suriname, Guyana, Dominican Republic (DR)/Haiti, Trinidad and Tobago): health ministries, national HIV and AIDS programmes, civil society organisations
Other participating development organisations:	The module (TC measure) and part of the DC programme HIV and AIDS Prevention and Reproductive Health Promotion in the Caribbean is conducted in cooperation with KfW (FC measure). It is implemented by the consulting firm EPOS (commissioned by GIZ). The project worked in close cooperation with international and regional organisations (e.g. International Organization for Migration – IOM; United Nations Population Fund – UNFPA and the Pan American Health Organization – PAHO, etc.)
Target groups according to offer:	Vulnerable migrants (people who do not have secure residence status and who face challenging socio-economic living conditions) and mobile populations with risk behaviour.

Project description

The Caribbean has the world's second-highest HIV infection rate by region. On average, 1% of the adult population is living with HIV, although sizeable differences exist in the rates of prevalence between the different countries and population groups. At-risk groups, such as vulnerable migrants and mobile populations, do not have adequate access to information or health products and services to protect themselves against HIV, to avoid putting others at risk and to receive adequate counselling and treatment (core problem).

The German Government has supported the Caribbean Community (CARICOM) through the Pan Caribbean Partnership against HIV/AIDS (PANCAP) Coordination Unit since December 2009. The module objective is: the conditions related to accessing HIV prevention, treatment and counselling services for migrants have been improved across a number of Caribbean countries. The project is embedded in current regional strategies and makes an important contribution towards achievement of Millennium Development Goal 6 (Combat HIV and AIDS).

Up until the middle of 2013, the project was implemented in the pilot countries of Antigua and Barbuda, Guyana, Sint Maarten, Suriname, Guyana and Trinidad and Tobago. The Dominican Republic (DR) and the DR/Haiti border area became pilot countries in the middle of 2013.

The project reinforces institutions at the partner, PANCAP, by providing sectoral, procedural and policy advice in the seven aforementioned pilot countries. Since processes vary from country to country and are intermittent, advisory processes, supported by study findings, have been flexibly designed to do justice to and satisfy the respective dynamics in the pilot countries. The project is also supported by multi-sectoral working groups at regional level and by national communication forums in pilot countries (methodical approach). The project's structure (fields of activity) is geared towards the aforementioned objective agreed with the partner. The fields of activity outlined below (including module objectives indicators) follow the strategy of a multi-sectoral, multi-level approach that connects them with one another and unlocks synergies (leverage effects).

- Field of activity 1: Development and/or adaptation of new policies and draft laws: 'Draft model legislation for migrants to have access to HIV services has been submitted to the CARICOM Legal Affairs Committee (LAC)' (Indicator 1);
- Field of activity 2: Development of new financing mechanisms: 'Three of the pilot countries have introduced new financing instruments (with the addendum that 'introduced' in the sense of the indicator means submission for parliamentary debate)' (Indicator 2);
- Field of activity 3: Migrant participation in decision-making processes that affect them: 'Growth in the regional and national exchange of information about HIV by bodies in which migrant representatives advocate equal access to health services' (Indicator 3);
- Field of activity 4: Support for migrant-friendly health care facilities: 'Increase in the number of gender-sensitive migrant-friendly HIV services in the areas of intervention' (Indicator 4).

The causal relationships developed based on the modification offer (2012) and the attribution of outputs and use of outputs to the results of each field of activity are in themselves coherent and plausible. The change in the political and legal environment and new financing mechanisms mean that the general conditions for migrants having access to HIV prevention, treatment and counselling have improved in a number of Caribbean countries. This also takes place through empowerment of the target group by leading migrants to have a greater say in decision-making processes and taking account of the specific needs of migrants in health and social services. The change in the political, legal and financial framework and improvement in migrant-friendly HIV services make a contribution towards achievement of the programme objective, thereby providing access to information, health products and services for people to protect their own health and avoid putting others at risk, regardless of their nationality, gender and sexual orientation. Results that are outside the project's system boundary under the modification offer of 2012 are as follows: the adoption of or additions to laws and implementation of new forms of health finance. Both aspects contribute towards a health system in which people in the Caribbean have access to information, health products and services regardless of their nationality, gender and sexual orientation, allowing them to protect their own health and avoid putting others at risk (programme objective). The targeted results (within the project's system boundary) contribute towards comprehensive and universal health care in Caribbean countries and also towards the overarching development objective of reducing the HIV infection rate in the Caribbean (MDG 6).

The hypotheses are plausible in terms of the contribution to overarching development results (a change in the legal framework combined with new financing mechanisms allow vulnerable migrants to have unhindered access to health services, too, and bring about a reduction in the HIV infection rate in the long term). However, they establish complex results chains and can only be achieved in part during the project's term. The project's contributions to the overarching objective cannot be quantified or directly attributed, or can only be derived using hypotheses. The successful establishment of project structures within PANCAP is one plausible example of a contribution to the overarching development results. As a consequence of this step, migrants continue to be perceived and addressed as a vulnerable target group in HIV prevention and care measures in the Caribbean.

Basis for assessment of the OECD-DAC criteria:	Individual and overall rating of the OECD-DAC criteria:
<p>To determine the TC measure's overall rating, calculate the average of the individual ratings of the five OECD-DAC criteria:</p> <p>14 – 16 points: very successful 12 – 13 points: successful 10 – 11 points: rather successful 8 – 9 points: rather unsatisfactory 6 – 7 points: unsatisfactory 4 – 5 points: very unsatisfactory</p>	<p>Relevance: successful (12 points) Effectiveness: successful (13 points) Impact: successful (12 points) Efficiency: very successful (16 points) Sustainability: rather successful (10 points)</p> <p>Overall, the TC measure is rated successful with a total of 12.6 out of 16 points.</p>

Relevance (Are we doing the right thing?)

The project is geared towards the objective of Caribbean Regional Strategic Framework on HIV and AIDS 2008-2012 (CRSF), which CARICOM and PANCAP developed in partnership with their members, namely to achieve universal access to targeted prevention interventions among most at-risk populations (such as men who have sex with other men, sex workers, drug users, prisoners and migrant populations (CRSF 2008-2012:38). The project's contribution and objectives are in line with the German Government's basic development-policy orientation for the Caribbean. They are consistent with BMZ's position on health, including HIV and AIDS, and human rights as well as with global development objectives. On the whole, the project makes a contribution towards achievement of MDG 6 (Combat HIV/AIDS, malaria and other diseases) and towards an improvement in universal access to health services for migrants and thus supports sustainable development.

The project's module objective focuses on unhindered access to HIV-related health services for migrants and mobile populations. It does so in keeping with epidemiological data on HIV and AIDS in the Caribbean (c.f. CRSF 2008–2012) that designates migrants as a particularly vulnerable target group as well as studies from the International Organization for Migration (c.f. IOM, HIV/AIDS and Mobile Populations in the Caribbean: A Baseline Assessment, 2004) that cite inadequate access to health care for vulnerable migrants and mobile populations. Since working in pilot countries was envisaged, the target group was assessed and defined in each pilot country in terms of its vulnerability and access to health services. This step allowed the sizeable variations from country to country to be adequately reflected in the project design. The target group can thus be assumed to have been specified and to be relevant.

Relevance of the strategic approach and leverage effects through synergies: the four fields of activity complement one another. In terms of their content, they are connected through a multi-sectoral, multi-level approach and thus unlock synergies. Strategically addressing key migrant health issues at the different regional, national and operational levels brings about an improvement in health systems in pilot countries and thus also makes a considerable contribution towards universal access to health care facilities. For the project, this means: legislation and financing mechanisms on universal access to health services at regional and national level, empowering the target group through greater participation in relevant bodies as well as training and support for civil society at the national and organisational level and examples of improvements in the quality of health services, for instance migrant friendliness at operational level. This approach is underpinned by two cross-cutting themes (gender as a mainstreaming issue and participation as the foundation for the development and implementation of measures with cooperation partners). The project's content, design and strategic implementation are consistent with the objective, they are adapted to needs in the region and of pilot countries and migrants, and can thus be considered relevant for sustainable development. This is also true of the methods used to steer the project and the selection of key actors, which were developed, freely adapted and chosen together with the partner.

Relevance of strategic planning: The project's time frame should be considered problematic. The Caribbean is a complex area whose states and territories are connected with one another in a variety of political and socio-economic organisational forms and thus constitutes a very complex setting. More time is needed for changing the legal framework and introducing new financing mechanisms. This factor has been identified as a risk in progress reports in recent years and also confirmed by all interviewees who recommend a term of six to ten years for a project of this kind.

Relevance of instruments: The mix of instruments with its high level of national short-term assignments and the possibility of financial contributions for national partners was adequate for the project's needs and was also conducive to sustainable development. For instance, a flexible and appropriate response could be made to the aforementioned inadequate level of data regarding the situation facing migrants in the Caribbean and to the pilot countries' needs.

Even though the project is to be regarded as extremely relevant in almost all areas, the risks that were not adequately assessed in the initial stage (time frame) and the fact that alternatives for strategic project planning were not considered must be taken into account in this evaluation. These factors have a significant impact on the project (effectiveness and sustainability) and are thus detrimental to its relevance.

The relevance of the TC measure is rated successful with 12 points.

Effectiveness (Will we achieve the project's objective?)

The module objective for the project is: the conditions related to accessing HIV prevention, treatment and counselling services for migrants have been improved across a number of Caribbean countries.

Objectives indicator ¹	Target value according to the offer	Current status according to the project evaluation
1. Draft model legislation for migrants to have access to HIV services has been submitted to the CARICOM Legal Affairs Committee (LAC)	<p>Baseline value: National policies and laws are currently being developed in the pilot countries (value: 0)</p> <p>Target value (regional level): The draft model law has been submitted to LAC.</p>	<p>The indicator is only partly being achieved.</p> <p>Actual value at national level: National policies have been developed in three countries (Suriname, Sint Maarten and Antigua); one is in preparation (DR)</p> <p>Actual value at regional level: It is still uncertain when the draft will be submitted to LAC so it can hold binding discussions.</p>
2. At least three of the pilot countries have introduced new financing instruments (in other words, they have been presented or are being discussed at national level)	<p>Baseline value: 0</p> <p>Target value: 3</p>	<p>The indicator will be achieved.</p> <p>Actual value at national level: New financing mechanisms have been introduced in three countries (Sint Maarten and Antigua: visitor health fee; Suriname: gold tax)</p> <p>At regional level: (broad impact) Visitor health fee in all of the Organisation of Eastern Caribbean States (OECS) countries</p>
3. The number of regional and national HIV bodies (PANCAP General Assembly, national AIDS programmes and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) country coordinating mechanisms) in which migrant representatives advocate equal access to health services has increased	<p>Baseline value: 1</p> <p>Target value: 8</p>	<p>The indicator will be achieved.</p> <p>Actual value: Migrants are represented in nine largely national bodies or organisations:</p> <p>At regional level:</p> <ul style="list-style-type: none"> - Caribbean Vulnerable Coalition <p>At national level:</p> <ul style="list-style-type: none"> - Two NGOs in Guyana, two NGOs in DR, a technical working group on HIV and migration and Ministry of Health in Suriname - NGO 3H Foundation in Antigua - AIDS Foundation in Sint Maarten - National AIDS programme in Sint Maarten - GFATM country coordinating mechanism in Suriname <p>Training sessions on empowering migrants were held in Antigua, Guyana, Suriname, Trinidad, Sint Maarten and DR</p>

¹ Some of the objectives indicators do not meet the SMART criteria. In other words, not all of them are specific, measurable, achievable, relevant and time-bound. This could limit the informative value of results in some cases.

4. An increase in the number of gender-sensitive, migrant-friendly HIV services in the areas of intervention	<p>Baseline value: 0</p> <p>Target value: At least one in seven partner countries</p>	<p>The indicator is being achieved in all countries.</p> <p>Actual value in partner countries Training manuals on human rights and migrant-friendly services were developed by participants from all pilot countries in cooperation with IOM.</p> <p>Number of migrant-friendly facilities: two in Antigua, one in Sint Maarten, three in DR/Haiti, two in Guyana, one in Trinidad and one in Suriname</p> <p>Pre-analyses and post-analyses were conducted in Antigua, Guyana and Suriname.</p> <p>Measures focused on three areas: Human rights training, support for pilot health care facilities, cooperation with an NGO that conducts training and offers coaching, foreign language lessons etc.</p>
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The evaluation team comes to the conclusion that objectives indicator 1 will probably be *partly* achieved and indicators 2 – 4 will be *fully* achieved by the end of the project / programme.

The effectiveness criterion measures achievement of the project objective in accordance with the indicators. The objectives and indicators formulated at the level of the module objectives in accordance with the modification offer of 2012 are used as the basis to compare the target and actual situation so as to describe objectives achievement. The respective objectives and indicators set forth in the offer (2009) and the two modification offers (2010 and 2012) are also taken into account in the comparison of the target and actual situation so that changes throughout the entire project term (December 2009 – March 2015) can be verified.

Since the modification offer of 2010, the project's module objective has been: 'the conditions related to accessing HIV prevention, treatment and counselling services for migrants have been improved across a number of Caribbean countries'. The current module objectives indicators that are used to evaluate effectiveness relate to the modification offer dated April 2012 (valid as of June 2013). The central points for objectives achievement are summarised below.

The project will achieve three of its four module objectives indicators (Indicators 2, 3 and 4) by the end of the project and thus works extremely effectively in the areas to be influenced, considering the large number of challenges caused by the complex setting (see comparison of the target and actual situation). It is still uncertain when module objective indicator 1 (submission to the competent CARICOM Legal Affairs Committee of a model law that allows everyone to have access to HIV services) will be achieved; this step requires intense lobbying by PANCAP. A legal opinion is currently being drafted exploring whether the current model law permits the interpretation that migrants who do not have secure residence status must be guaranteed access to HIV services. The findings of this opinion are expected by the end of April/May 2015. If the opinion finds that access must be guaranteed, module objective indicator 1 would also be achieved.

Beyond confirming formal effectiveness (objective achievement), the views and comments made by interviewees during the project evaluation indicate that they hold the work of the entire project in high regard. For instance, the areas of work related to field of activity 2 (development of new financing instruments in Sint Maarten and Antigua) receive especially high praise in a few pilot countries, frequently in combination with initiatives as part of field of activity 1 (analysis and proposals to amend national laws in Suriname). Moreover, human rights training developed and implemented as part of the third and fourth fields of activity in all pilot countries was held in high esteem.

Unintended negative effects of the project were reported in the Dominican Republic. Opening up health care facilities more to pregnant women from Haiti (frequently high-risk pregnancies) as a result of project measures (field of activity 4) led to an increased need for blood transfusions. This need cannot be adequately met and also has impacts on care for other patients from DR (DR has no blood banks or safe way of storing blood reserves). Possible solutions are currently being explored within the parameters of the existing reference programme with Haiti.

During the final review, effectiveness was found to be restricted by uncertainty surrounding achievement of Indicator 1 and the fact that the module objective indicators were partly not designated as results indicators. In the context of the project's ambitious objective based on the comparison of the target and actual situation and its verification by an evaluation of interviews, the evaluation team comes to the following conclusion:

The effectiveness of the TC measure is rated successful with 13 points.

Overarching development results (impact) (Are we contributing to the achievement of overarching development results?)

The OECD-DAC impact criterion examines the extent to which the project's contribution towards achievement of overarching programme objectives and development objectives is foreseeable. The project's contribution to broad impact is complemented by its exemplary nature and the potential for scaling up. As summarised below, the assumptions of causal relationships regarding the contribution to overarching development results are plausible. The change in the legal framework, combined with new financing mechanisms, also allows vulnerable migrants to have unhindered access to health services and leads to a reduction in the HIV infection rate in the long term. However, these results can only be achieved in part in the short term, in other words within the time frame of this project, since the mentioned development results build upon long results chains that are worded as hypotheses. The project's contributions to the overarching objective cannot be quantified or directly attributed, or can only be derived using hypotheses. The following examples underscore the evaluation of impact or show the potential results of measures that are being conducted:

The project's good foothold in PANCAP's structures is reflected in the fact that PANCAP takes particular account of vulnerable migrants as a target group in its efforts to further reduce the rate of new HIV infections. PANCAP has built upon lessons learned during the project in its current application to GFATM (including the need for institutionalised forms of communication and communication structures to be developed in the CARICOM area in order to better develop and implement new legislative projects and innovative financing mechanisms on universal access to health services). It should be stressed that focusing on migrants as a target group remains a politically sensitive issue, in other words an 'unpopular and uncomfortable' issue, in many Caribbean countries.

In Sint Maarten, the project managed to ensure that the country will in future have access to low-cost generic medications and health products through the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS agreement). Unlike other Caribbean countries, Sint Maarten has up until now been denied this opportunity since it is part of the Kingdom of the Netherlands. In future, the country will participate in the joint procurement of low-cost generic medications by OECS (as announced in a letter to the Kingdom of the Netherlands) and thus have greater scope in its health spending and its ability to take care of vulnerable groups. In Suriname, a legislative initiative is currently being discussed by the National Assembly's Public Health Committee that would allow migrants who do not have secure residence status to have free access to any kind of HIV services. In Antigua, a law was adopted in February 2015 that guarantees unhindered access to health services for migrants who do not have secure residence status based on project initiatives (examples from field of activity 1).

The project also managed to ensure that the visitor health fee (VHF) or tourist tax – a new financing mechanism to support national health systems - met with strong interest from countries with a high number of tourists (Sint Marten and Antigua). This financing mechanism was adopted by OECS on 27 March 2015 (confirmed in writing) and thus not only applies in the two pilot countries, but in all nine OECS countries (example from field of activity 2; example of broad impact).

Many bodies and organisations have successfully attempted to include migrants and/or migrant organisations as a result of cooperation with the project. One example of a positive result here is the work of the Country Coordinating Mechanism (CCM) in Suriname. The participation of the migrant representative is proving pioneering with its current application to GFATM (inclusion of vulnerable migrants as a key target group). Moreover, a non-governmental organisation was founded dealing with health issues for vulnerable migrants based on her initiative (examples from field of activity 3).

With regards to the implementation of migrant-friendly health care facilities, verbal and written commitments have already been made for DR and Antigua that 'migrant friendliness' will be introduced as a quality criterion for all health care facilities, for instance, and that the activities launched in Suriname and Guyana (implementation of the newly developed curriculum for health workers) and training courses (human rights) will continue to be financed by the Ministry of Health. Since GFTAM is financing the activities in Suriname and Guyana over the next three years, there is a good prospect of them continuing and of access to health services being supported regardless of nationality, gender or sexual orientation in the aforementioned countries (examples from field of activity 4).

The success seen in the Dominican Republic should also be highlighted. In a very short period of time, a pilot programme on migrant friendliness was implemented together with the local partner (national HIV/AIDS programme) with several health care facilities. Besides measures customary in other countries, such as training on human rights, foreign language lessons, information, education and communication (IEC) materials and campaigns, the pilot programme also established a system of reference for caring for pregnant women with HIV (Prevention of Mother to Child Transmission - PMTCT) in the area bordering Haiti. This work is not only improving the quality of health care, but also promoting an intense exchange of information relating to health issues between the two countries. These activities might alleviate political tension and thus serve as a model that could help to foster improved policy dialogue between the two countries (marker: good governance). The Ministry of Health has stated its intention to transfer the good lessons learned from pilot facilities to the entire health system in the border region (verbal comments in an interview).

The project can be judged to have high potential in terms of broad impact and scaling-up opportunities (exemplary character) thanks to its regional foothold (PANCAP) and the aforementioned examples (e.g. tourist tax and migrant-friendly health care facilities)

Due to the results achieved to date and the project's high potential in terms of broad impact and dissemination of the developed products (training, financing instruments and migrant-friendly health care facilities), the evaluation team reaches the following assessment:

The impact of the TC measure is rated successful with 12 points.

Efficiency (Are the objectives being achieved cost-effectively?)

The project's efficiency rating is largely based on the appropriateness of resource use in terms of objectives achievement. Since a data-based cost-benefit analysis of a few alternatives for service provision exceeds the scope of the project evaluation, the analysis and rating are based on achievement of the objectives and results, the appropriateness of the use of instruments, the distribution of time resources per field of activity and the evaluation of cooperation and division of labour with key partners.

The following points indicate an appropriate level of efficiency:

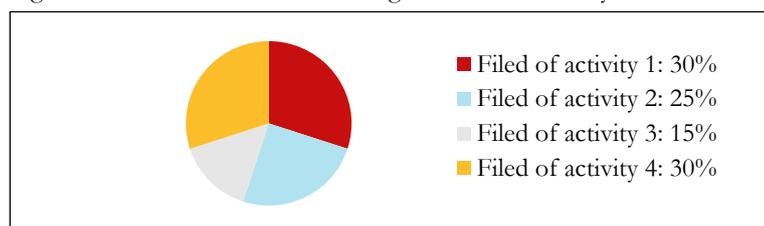
The project has a total budget of EUR 4,500,000 for the term from December 2009 to March 2015. National and international long-term positions were financed from this budget as follows: one international long-term expert for the entire project term (team manager), one international long-term expert for 18 months (senior advisor and team manager), one national long-term expert for the entire project term (bookkeeping and coordination) and one national expert (assistant) for 18 months. Two-thirds of the budget was primarily earmarked for the deployment of other TC instruments, namely short-term experts and finance. On the one hand, this allowed the project to produce a sufficient number of studies to generate missing data and obtain advice in special cases (see Table 2, Annex 4). On the other hand, direct financing allowed pilot measures such as training on human rights issues and strengthening organisations (HCD format), development of IEC materials, foreign language courses for health workers, campaigns, etc. to be implemented in cooperation with partners. The project thus uses the TC instruments efficiently to implement its strategic approach, even though one strategic planning indicator will likely not be achieved due to the inadequate time frame (the complexity of the political framework was not adequately taken into account).

Whilst the level of staff deployment (long-term positions) was relatively small for this ambitious and broad-based project, the experts managed to largely implement the planned measures owing to their professional expertise and the efficient use of instruments (e.g. key areas such as measures in field of activity 2 were implemented by a commissioned consultant).

Another factor in the success of the project was its largely efficient steering structure. For instance, advisory structures were established at regional level (Regional Advisory Group and Regional Expert Group) and implementing structures were put in place in cooperation with national partners (technical working groups and focal points). Comprehensive and needs-based advisory services including exchanging lessons learned were made possible by an institutionalised exchange of information among the different levels that was coordinated by the project team.

The distribution of human resources among the different fields of activity and throughout the entire project phase appears balanced and thus appropriate. This applies to the scale of activities in the respective fields of activity (field of activity 4) and to the special challenges faced with the measures (e.g. policy advice, field of activity 1).

Figure 1: Time resources for handling the fields of activity



The Stigma, Discrimination, Cultural Sensitivity and Human Rights Related to Health & Migration training strategy for human rights that was developed together with the IOM and key national partners from pilot countries (a curriculum, nationally adapted manual, training-of-trainers training in pilot countries), is one example of efficiency through cooperation. This strategy was successfully implemented in all pilot countries in partnership with the relevant national governmental and non-governmental organisations.

The project is well connected with relevant organisations at national, regional and international level (c.f. actor analysis). This is also reflected in the Regional Advisory Group including representatives of relevant regional and international organisations, such as IOM, UNAIDS, International Labor Organization, the Health Economics Unit of the University of West Indies, Caribbean Vulnerable Coalition, the Dominican non-governmental organisation COIN, the Pan-American Health Organization, the PANCAP Project Coordinating Unit and CARICOM.

The following factors posed a major challenge to project efficiency:

The frequently mentioned complex nature of the project setting repeatedly posed major challenges to the flexibility of the experts involved (updating strategic planning stages, focusing, adapting indicators). The following examples can be given:

- The project's introductory phase was longer than planned due to inadequate data about migration and health (conducting surveys) and the connected awareness-raising among key actors in pilot countries.
- At times, changes in the level of ownership and participation on the part of key organisations in pilot countries due to alterations in the political situation and staff turnover.
- The high demands for political lobbying (needed for fields of activity 1 and 2), which was undertaken in close cooperation with the partner organisation PANCAP. Planned processes were delayed since PANCAP did not have enough staff for a long time due to a decline in funding (management lay-offs and changes).

The international non-governmental organisation Population Services International (PSI) undertook activities in the context of the FC module (commissioned by KfW). PSI's willingness to cooperate with the project under review was restricted to deliveries of condoms and IEC materials to pilot facilities and for IEC campaigns and training events, which could not be planned jointly.

In summary and in context with the aforementioned examples based on observations and interviews as well as an analysis of the allocation of human resources to the different fields of activity and plans of operation, the evaluation team reaches the following conclusion:

The efficiency of the TC measure is rated very successful with 16 points.

Sustainability (Are the positive results durable?)

The rating of a project's sustainability, which evaluates whether the project's positive results will be durable, explores in particular the sustainability of the strategies, approaches and tools developed during the project and its module objective given the short term of this project. The cross-cutting issues of gender equality and good governance/participatory development are taken into account during the evaluation. The following signs suggesting that project measures are sustainable were identified:

Based on the successful institutionalisation of the project objectives and project strategy in PANCAP partner structures, it can be assumed that the measures initiated to date to improve migrants' access to health care facilities will be pursued by PANCAP in future, as well. The manager of the PANCAP PCU confirmed this in an interview. Another indicator in this direction is the current application that PANCAP has submitted to GFATM, which also has vulnerable migrants as a target group.

Key cooperation partners such as IOM, UNDP and PAHO confirmed that they will continue to actively support PANCAP and national institutions in their efforts relating to migrant health. Tangible proposals have already been drawn up about which measures should continue to be pursued: IOM will support the continuation of training strategies on human rights, especially in Guyana and Suriname; PAHO will support migrant-friendly facilities in Suriname; UNFPA will support an advocacy strategy to underscore the economic importance of migrants in DR that also includes health care.

Moreover, sustainable development can be presumed in a few pilot countries: in Antigua and Barbuda, the Dominican Republic/Haiti, Suriname and Guyana with regard to the expansion of migrant-friendly health care facilities and in Sint Maarten with regard to access to low-cost generic medications within the context of the TRIPS agreement.

The visitor health fee (VHF) or tourist tax presented above not only has a sustainable impact in countries where it is being adopted (Sint Maarten and Antigua), but also has strong potential to be implemented as a good practice in other Caribbean countries, especially those belonging to OECS. Support for the process that supervises implementation after adoption of the law (March 2015) is essential for this to happen.

The PMTCT reference system implemented in DR in the area bordering Haiti also has strong potential for sustainability if the programme continues, something that is confirmed by the national HIV/AIDS programme. As already mentioned, project measures in the area bordering Haiti can also help to improve policy dialogue between the two countries (good governance).

Prejudices (about issues including gender equality) can be broken down in a lasting manner in institutions where the human rights training strategy is implemented and pursued. Based on currently available information, this applies to Antigua and Barbuda and Suriname. Potential also exists in DR and Guyana.

The following aspects hinder sustainability:

The project's ambitious objectives in terms of the target group of vulnerable migrants were partly implemented with regard to changes in the political and legal framework and improvement of financing mechanisms in the area of health. High-quality and sustainable implementation of migrant-friendly health care facilities are also contingent on accompanying measures (revising and repeating the training course, offering foreign language lessons and informational and test campaigns, etc.) continuing to be offered. As mentioned several times, the time frame was too short for the project objective in this setting (strategic planning). Nonetheless, it should be stressed that a great deal was achieved, not least due to the project's high level of efficiency, and it would be important to find a way to continue supporting processes that are on the finishing straight for some time to come. This is especially true for the introduction and implementation of financing mecha-

nisms, for further implementation of the PMTCT reference system in DR and for pursuing the human rights training strategy that has already been implemented.

The project's term is too short for a reasonable review of sustainability, given its ambitious objective. Promising approaches and strong potential for good practices exist, provided that the measures initiated at regional level are continued by the partner organisation PANCAP and key organisations like IOM and PAHO and at national level by the responsible institutions (Ministry of Health and national AIDS programme). In summary, given the aforementioned limitations and based on results-based monitoring, a stakeholder analysis, the pre-analysis and post-analysis, the roadmap analysis and interviews, the evaluation team concludes that:

The sustainability of the TC measure is rated rather successful with 10 points.

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