Sexual and Reproductive Health and Rights (SRHR), Human Immunodeficiency Virus (HIV) and Migration

Programme Framework for East and Horn of Africa and Southern Africa 2023–2027

IOM
UN MIGRATION

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Cover photos

Top: IOM community health workers are providing HIV testing and counselling for community members in a migrant sending community in Gaza province in Mozambique.

Middle: SRHR education and awareness in SA to increase SRHR knowledge and service utilization in vulnerable migrant groups and migration-impacted communities.

Bottom: IOM staff member providing health education to women in Somalia. During long periods of drought, there is an increase of disease due to a lack of hygiene and the widespread death of animals.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR), HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND MIGRATION

PROGRAMME FRAMEWORK FOR EAST AND HORN OF AFRICA AND SOUTHERN AFRICA

2023–2027

Version April 2023

FOREWORD

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This Programme Framework for the International Organization for Migration (IOM) on Sexual and Reproductive Health and Rights (SRHR), Human Immunodeficiency Virus (HIV) and Migration for East and Horn of Africa and Southern Africa (2023-2027) provides a strategic direction on the key priorities and approaches to be undertaken by IOM and its partners in sustaining migration-responsive SRHR and HIV interventions in the region. The overarching goal of this five-year Programme Framework is to ensure that IOM's SRHR and HIV programme approach, across its 25 Country Missions and two regional offices (Southern Africa and East and Horn of Africa), is aligned with the regional economic commissions', Member States' priorities and IOM's Strategic Results framework goals, as well as those in the Sustainable Development Goals (SDGs), the Global and Regional AIDS Strategies (2021-2025) and the Global Compact for Migration (GCM).

The Programme Framework is the product of several consultations with regional and national governments and bodies, faith and religious leaders, partner Non-Governmental Organizations (NGOs), and other key stakeholders, including migrants. This document was informed by a review of the current and past IOM implemented programmes in the East and Horn of Africa and Southern Africa (EHASA) region, identified best practices, the latest research evidence, and consultation with stakeholders. In the wake of the novel coronavirus (COVID-19) pandemic, effective innovative approaches are required to sustain the gains made so far, while responding to emerging and re-emerging SRHR and HIV challenges related to human mobility and migration. The presence of conflict, environmental degradation, and disasters due to natural hazards has further placed pressure on the region to accelerate the progress on SRHR and HIV programmes, in an often-challenging context. The Programme Framework is expected to build on IOM's previous and current work in addressing migration-related SRHR and HIV vulnerabilities, ensuring that migrants and other vulnerable populations in migration-impacted communities are not left behind in advancing their SRHR, including HIV prevention and treatment. A bi-regional Programme Framework was decided on given the similarity in the epidemiological trends in both regions and overlapping coverage of regional economic communities and their strategies on HIV and SRHR, with the benefit of enhancing our alignment to routine planning by the United Nations' (UN) regional AIDS team and UN targets which cover the EHASA region.

Over the next five years, IOM's SRHR and HIV interventions in the EHASA region will focus on the following key priorities:

(1) increased evidence-base on migration and SRHR-HIV to inform policy and programming in the region;

(2) increased availability and utilization of migrant-responsive integrated SRHR and HIV services and other interventions that consider the social determinants of health in communities where migration and mobility occurs;

(3) increased capacity of communities, local authorities and key partners to respond to the SRHR-HIV needs of migrants and host communities in forced migration and disaster-prone settings;

(4) ensure that laws, policies and social norms that protect and promote migrants' rights to Sexual and Reproductive Health (SRH), are increasingly available and implemented at all levels; and

(5) multi-sectoral, multi-country and cross-border partnerships and collaborations actively address SRHR and HIV challenges posed by mixed migration flows.

The Programme Framework targets IOM Country Missions, its two Regional Offices and its partners in setting the pace for the implementation and technical cooperation to accelerate the attainment of SRHR, HIV and health outcomes among migrants and migration-impacted communities in the EHASA region. This is an effort to ensure that all people, especially migrants, have sustainable access to and coverage for quality SRHR-HIV services, information and education, and are fully empowered to exercise their SRH rights, as an integral component of sustainable human development in the region. It should be noted that this document aims to support migrant-inclusive SRHR and HIV interventions and therefore needs to be adapted as required to meet the needs of a range of migrant populations present in the region.

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ACKNOWLEDGEMENTS

The International Organization for Migration (IOM) Regional Offices for Southern Africa and East and Horn of Africa would like to acknowledge the support of all involved in the development of this Programme Framework. Thank you to all the IOM staff who contributed from Missions, Regional Offices and Headquarters. A particular thank you to the technical team who guided the development of this Programme Framework, including Francis Mulekya, Kit Leung, Michela Martini, Julia Hill-Mlati, Rogers Mutie, Sunday Smith, and Jenna Iodice, and consultants, Isaac Choge and Gaudia Sironi. Special appreciation to the Government of the Netherlands for their continued support.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
AU	African Union
AUC	African Union Commission
BCC	Behaviour Change Communication
BLMA	Bi-lateral Labour Migration Agreement
CBT	Cross-Border Trading
COMESA	Common market for Eastern and Southern Africa
COVID-19	Novel coronavirus 2019
DHIS	District Health Information System
DHS	Demographic and Health Survey
DTM	Displacement Tracking Matrix
EAC	East African Community
EHASA	East and Horn of Africa and Southern Africa
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GCM	Global Compact for Migration
GVAW	Gender-Based Violence Against Women
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
IGAD	Intergovernmental Authority on Development
IOM	International Organization for Migration
KNB	Knows-No-Borders
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Other
MCOF	Migration Crisis Operational Framework
MHD	Migration Health Division
MHPSS	Mental Health and Psychosocial Support
MMR	Maternal Mortality Ratio
MoU	Memorandum of Understanding
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
PoE	Point of Entry
REC	Regional Economic Community
RO	Regional Office
SADC	Southern African Development Community
SBCC	Social and Behaviour Change Communication
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedures
SRF	Strategic Results Framework
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/Aids
UN DESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CONCEPTS AND DEFINITIONS

A note on terminology: In this Programme Framework, **migration** refers to any movement of persons away from their place of usual residence. Migration can take many forms and includes immigration, emigration, displacement, etc. Mobility and mobile populations are also referred to in this Programme Framework, encompassing short term movements that are significant in the context of promoting the health of individuals and communities.

A list of migration-related terminology used can be found below:

Border Health: Also referred to as cross-border health, broad term referring to the healthcare markets, regulatory environments, health laws, environmental factors, and healthcare consumer and individual behaviours (risk and protective) that shape the health of migrant and other non-migrant populations living in the region intersected by the geopolitical boundaries of two or more nations.

Country of destination: In the migration context, a country that is the destination for a person or a group of persons, irrespective of whether they migrate regularly or irregularly.

Country of origin: In the migration context, a country of nationality or of former habitual residence of a person or group of persons who have migrated abroad, irrespective of whether they migrate regularly or irregularly.

Country of transit: In the migration context, the country through which a person or a group of persons pass on any journey to the country of destination or from the country of destination to the country of origin or the country of habitual residence.

Diaspora: Migrants or descendants of migrants whose identity and sense of belonging, either real or symbolic, have been shaped by their migration experience and background. They maintain links with their homelands, and to each other, based on a shared sense of history, identity, or mutual experiences in the destination country.

Displacement: The movement of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular resulting from, or in order to avoid, the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-induced disasters.

Emigration: From the perspective of the country of departure, the act of moving from one's country of nationality or usual residence to another country, so that the country of destination effectively becomes his or her new country of usual residence.

Environmental migration: The movement of persons or groups of persons who, predominantly for reasons of sudden or progressive changes in the environment that adversely affect their lives or living conditions, are forced to leave their places of habitual residence, or choose to do so, either temporarily or permanently, and who move within or outside their country of origin or habitual residence.

Immigration: From the perspective of the country of destination, the act of moving into a country other than one's country of nationality or usual residence, so that the country of destination effectively becomes his or her new country of usual residence.

International migration: The movements of persons away from their place of usual residence and across an international border to a country of which they are not nationals.

Irregular migration: Movement of persons that takes place outside the laws, regulations, or international agreements governing the entry into or exit from the State of origin, transit or destination.

Labour migration: Movement of persons from one State to another, or within their own country of residence, for the purpose of employment.

Migrant: An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students.

Migrants in vulnerable situations / vulnerable migrants: Migrants who are unable to effectively enjoy their human rights, are at increased risk of violations and abuse and who, accordingly, are entitled to call on a duty bearer's heightened duty of care.

Migration: The movement of persons away from their place of usual residence, either across an international border or within a State.

Migration Health: A public health topic which refers to the theory and practice of assessing and addressing migration associated factors that can potentially affect the physical, social and mental well-being of migrants and the public health of host communities.

Mobility/Mobile Populations: The terms mobility and mobile populations refer to the ability of individuals or groups to move within or between places temporarily for several reasons, who may not be perceived as migrants due to the short-term nature of their movement. It encompasses a range of activities, such as long-distance commuting, and traveling for work or leisure. An example of a mobile population are long distance truck drivers. Given the importance of short-term movements on individuals health behaviours and access, concepts of mobility and mobile populations are included in this Programme Framework, in addition to migrants and migration.

Refugee: A person who, owing to a well-founded fear of persecution for reason of race, religion, nationality, membership of a particular social group or political option, is outside of the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail his or herself of the protection of that country; or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such events, is unable to, or owing to such fear, is unwilling to return to it.

Remittances: Personal monetary transfers, cross border or within the same country, made by migrants to individuals or communities with whom the migrant has links.

Return migration: In the context of international migration, the movement of persons returning to their country of origin after having moved away from their place of habitual residence and crossed an international border. In the context of internal migration, the movement of persons returning to their place of habitual residence after having moved away from it.

Trafficking in persons: The recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat/s, or use of force or other forms of coercion, abduction, fraud, deception, or of the abuse of power or a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

To learn more, see IOM's Glossary on Migration (2019)

Other terminology used:

Gender-based violence: An umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and denial of resources, opportunities, or services, forced marriage and other deprivations of liberty. These acts can occur in public or in private.

(Adapted from Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience, and aiding recovery (2015) p. 5).

LGBTIQ+: An acronym for lesbian, gay, bisexual, transgender, intersex, queer and other

(International Organization for Migration (IOM). 2019. International Migration Law: Glossary on Migration. No. 34. IOM: Geneva).

Sexual and Reproductive Health (SRH) and Rights (SRHR): SRHR addresses a wide range of health issues, including contraception, unintended pregnancies, comprehensive abortion care, Gender-Based Violence (GBV), pregnancy and childbirth complications, human immunodeficiency virus (HIV) and other Sexually Transmitted Infections (STIs), and infertility and reproductive cancers, and are seen as essential elements to achieve development goals.

(Starrs A.M., Ezeh A.C., Barker G., Basu A., Bertrand J.T., Blum R., Coll-Seck A.M., Grover A., Laski L., Roa M., et al. Accelerate progress—Sexual and reproductive health and rights for all: Report of the Guttmacher–Lancet Commission. Lancet. 2018; 391 :2642–2692).

Sexual violence: a form of gender-based violence and encompasses any sexual act, attempt to obtain a sexual act, unwanted sexual comments, or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. Sexual violence takes multiple forms and includes rape, sexual abuse, forced pregnancy, forced sterilization, forced abortion, forced prostitution, trafficking, sexual enslavement, forced circumcision, castration and forced nudity.

(United Nations Office of the High Commissioner for Human Rights, Sexual and Gender-Based Violence in the Context of Transitional Justice (2014) p. 1).

Violence against women: Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

(Declaration on the Elimination of Violence against Women (UNGA Res. 48/104, 20 December 1993) UN Doc. A/RES/48/104, Art. 1).

1. PROGRAMME CONTEXT AND RATIONALE

Migration can have a significant impact on the SRHR of individuals and communities. The social determinant of health, migration and the interconnection between mobility and health can positively or negatively affect both migrants and communities of origin, transit and destination depending mostly on the drivers for migration and conditions during the migration process, on arrival and/or return/resettlement[1]. Displacement, often caused by conflict, persecution, natural disasters or economic insecurity, can lead to a range of obstacles in realising one's SRH rights, including barriers to accessing healthcare services, increased risk of Gender-Based Violence (GBV), and decreased ability to make informed decisions about one's own reproductive health. At the same time, mixed migration flows – which involve the movement of people with diverse backgrounds, motivations, and legal status – can present unique SRHR challenges due to the complexity of the mix of factors involved, and experiences of healthcare exclusion, stigma and discrimination including xenophobia, poor mental health due to social exclusion, challenges in continuity of care, as well as a range of other factors. As such, migratory status and displacement remains a determinant of HIV and SRH outcomes. It is therefore essential to empower migration-impacted communities to realize their SRHR so as to ensure that all individuals can exercise their rights and live healthy and fulfilling lives. This section examines regional trends in migration, sexual and reproductive health and rights and the key areas of intersection that define IOM's programme approach in the EHASA region.

1.1 Migrants and migration-impacted communities

The target population for this Programme Framework are **migrants, mobile populations and migration-impacted communities in the EHASA region**.

Migrants are defined as persons who move away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons[2]. In the EHASA region, types of migrants may include labour migrants, cross-border traders, internally displaced persons, refugees and asylum seekers, persons studying abroad, survivors of human trafficking, persons migrating from rural to urban areas, among others. Mobile populations whose movement may be short-term, such as long-distance transport workers, travellers for business or leisure, nomads and pastoralist, are also included in the target population of this Programme Framework. While definitions of migrants may differ across countries, the Program Framework focuses on migrants and mobile populations who encounter challenges in exercising their SRHR due to their migration status, the migration process, or by being on the move.

The age group between 10-29 years is a priority for SRHR in EHASA for several reasons. This period encompasses the onset of puberty, sexual activity, and reproduction, making it a critical time for individuals' sexual and reproductive health. High rates of unplanned pregnancies (particularly among teenagers), unsafe abortions, early and child marriages, HIV, and other Sexually Transmitted Infections (STIs), especially among young girls and women, are prevalent in the region[3] [4]. HIV remains the number one cause of death among adolescents in 12 countries in the EHASA region[5]. Addressing the SRHR needs of this age group can lead to better health outcomes in the long run, as investing in young people's SRHR can promote lifelong health and well-being. Given the significant portion of young people in the region, in order to reap the benefits of the demographic dividend, investments in sexual and reproductive health of young people are critical. While migration data disaggregated by age is not widely available across the region, several studies on migrant populations indicate a largely young people[6]. A study in the East and Horn of Africa indicated that more than half (56%) of the immigrants in the region were aged between 20 and 64 years, while 41% were younger than 20 years[7]. With this in mind, this Programme Framework prioritizes adolescent and young migrants aged between 10 and 29 years in the EHASA region.

Migration-impacted communities refer to communities or spaces in which migrants and/or members of their families live, work or transit; communities where migration occurs. They include migrants' communities of origin,

1 IOM, "Institutional Strategy on Migration, Environment and Climate Change 2021-2030," IOM, Geneva, 2021.

2 IOM Glossary on Migration https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf

3 UNAIDS. (2022). Global AIDS Update 2022 — In Danger. Retrieved from https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update

4 UNAIDS. (2021). UNAIDS Data 2021. Retrieved from https://www.unaids.org/en/regionscountries/countries

5 UNICEF https://www.unicef.org/esa/media/11416/file/UNICEF-7-Percent-Set-Aside-Funding-ESA.pdf

6 World Bank Group, STATAFRIC Migration Database (last updated 25 February 2022), accessed May 10, 2023, https://datacatalog.worldbank.org/dataset/statafric-migration-database.

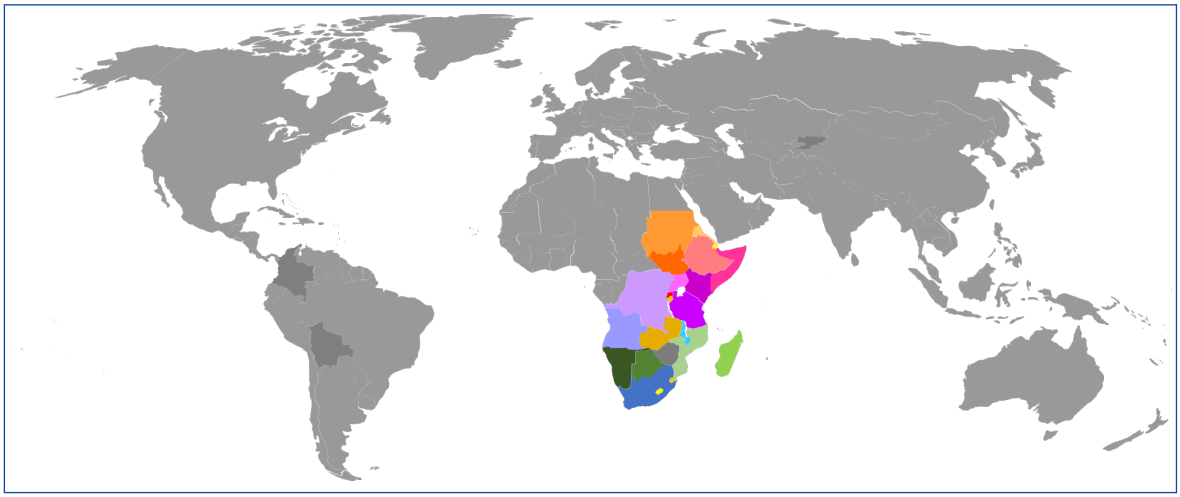
7 (ibid)

transit and final destination, and can include defined spaces including border districts, transit hubs, urban areas with high rates of migrants, refugee and internally displaced camps, villages which send migrant and seasonal workers to work in industries including fishing, farming, mining etc. IOM and its partners recognise that individual migrants live within a context in which there are factors they can control and others they cannot, all of which may have an impact on their behaviour, practices and, ultimately, their health. Likewise, the behaviours and health of migrants themselves can impact that of the communities in which they live and need to be address with the whole of community-society in mind.

1.2 Migration trends in the EHASA region

The EHASA region experiences similar and migration trends, increasingly dominated by intra-regional movements of persons between countries within the regions. This is in line with continental trends, where 79% of all international migrants residing in Africa were born in Africa [1]. In addition, 7.7 million and 6.4 million international migrants were respectively hosted in the Eastern and Southern African regions at mid-year 2020 [2]. The root causes of most of these migratory movements are poverty, economic inequalities and developmental disparities, political instability and tensions, conflicts, climate change and increasing environmental degradation. Mixed and irregular labour migration, including circular migration patterns between rural and urban places, predominantly characterize the migratory trends in the region, with people moving in pursuit of employment opportunities and the expectation of better living conditions elsewhere. Population movements are also driven by human-made and natural disasters, conflicts and the effects of climate change, which result in new and chronic displacements. Alike other regions of the world, the EHASA region is affected by sudden onset events such as flooding and extreme weather events including cyclones, which have become more frequent and intense over the years, as well as by slow onset events such as drought and desertification as a consequence of climate change and environmental degradation. Moreover, non-climate disaster-related events such as volcanic activity contribute to exacerbate ongoing crises in the region, particularly in already fragile contexts, triggering new and secondary population movements [3] [4]. The recent COVID-19 pandemic has also contributed to further exacerbate the existing vulnerabilities among key population groups, including migrants and migration-impacted communities, affecting the regional migration trends and setting back the health and development gains of recent years [5] [6]. Among others, the economic shock of the pandemic has resulted in a drastic reduction of the remittances, with negative consequences on migrants' families, communities and countries and can in itself be a further push factor for migration [3].

Figure 1. 25 countries: Angola, Botswana, Burundi, Comoros, D R Congo, Djibouti, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.



This Programme Framework covers IOM Regional and Country offices in East and Horn of Africa and Southern Africa. This includes 25 countries: Angola, Botswana, Burundi, Comoros, D R Congo, Djibouti, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

1.3 Regular and irregular labour migration and cross-border mobility

Migration routes are well established in the region and growing trends of labour related intra-regional regular and irregular migration have been seen in recent years. These movements are associated, *inter alia*, with an increasing number of migrant workers benefitting from facilitated labour-related cross-border mobility among Member States, an effort by the regional economic communities, such as the Common Market for Eastern and Southern Africa (COMESA) [1]. From East and the Horn of Africa, most migratory movements are towards the Gulf, along the eastern route, while a less conspicuous number of migrants travel towards Europe, along the northern route, and Southern Africa[8]. Particularly, this third migratory route is largely unmonitored, resulting in a void of information and data on migrants. Established migration routes also exist within the Southern African region,[9] where cross-border mobility is facilitated by the economic development of some of the largest migration, trade and transport corridors. Migration in Southern Africa consists mostly of mixed and informal migration flows. Migration flows towards the south are also generated from the Great Lakes region,[10] driven mainly by instability and conflicts [7] [8]. Among key labour-related mobile populations are small traders that daily engage in Cross-Border Trading (CBT) along most African borders, a vital source of livelihood and food security for border communities. Like in other regions of the continent, CBT in the EHASA region is predominantly a women's occupation and a significant contributor to family incomes and national economies; albeit, daily cross-border movements may expose women to multiple threats, mostly gender and risky sexual behaviour related [9] [10].

1.4 Forced migration

Human-made and natural causes, including the consequences of climate change and environmental degradation, disease epidemics and new or prolonged violence and conflicts have a disruptive impact on the lives and livelihoods of communities in the region. These factors are thought to fuel population displacements within and across countries and irregular migration trends in the years to come and hence calling for the need for humanitarian assistance and protection. In the EHASA region, at the end of 2021, 9.8 million people were internally displaced, and 4.9 million refugees were recorded, while 65.7 million people were in need of urgent humanitarian assistance and protection as a consequence of the new and protracted conflicts and climatic shocks in *South Sudan, Somalia, Ethiopia and Kenya*.[11] Similar humanitarian trends were observed in the Southern African region in the same year, with almost 30 million people in need of life-saving assistance and protection, mostly in the *Democratic Republic of the Congo* and in *Mozambique*, where in 2021 there were respectively 6.1 million and almost 750,000 internally displaced people [11].

Among forced migrants in the region are also victims of human trafficking, most of which are trafficked within the region[12] [3]. In the EHASA region, one in two victims are trafficked for forced labour, which includes domestic work regardless of gender, while almost one in three persons is trafficked for sexual exploitation [12]. Also, young girls living in some countries in East Africa are at greater risk of being trafficked compared to girls of the same age living in other regions, including girls born into a migrant community that originates from the East and Horn of Africa and living in the Southern African region [12].

1.5 SRHR in the EHASA region: unmet targets and emerging needs

While significant progress has been made in the EHASA region over recent years towards the improvement of the SRHR indicators, they remain among the most concerning worldwide, mostly due to non-health factors such as cultural, economic, educational and power imbalance factors, deeply intertwined with gender inequalities. Adolescents and young people particularly experience adverse SRHR outcomes due to early sexual debut and marriage, risky sexual behaviour including multiple sexual partnerships and insufficient condom/contraceptive use. New and protracted humanitarian emergencies, caused by armed conflicts and climate change, also contribute to negatively impact the SRHR indicators in the region, while the COVID-19 pandemic has participated in setting back the recent gains [5] [6].

8 MMC (2023). Southbound: Mixed migration routes, experiences and risks along the journey to South Africa. Available at: https://mixedmigration.org/ resource/ southbound-routes-experiences-risks-south africa/

9 Southern Africa is the destination region of a high volume of highly and low-skilled migrants attracted by work opportunities in the mining, manufacturing and agricultural industries.

10 An estimated number of 20,000 migrants travel every year through the Great Lakes and SADC regions to try to reach South Africa, exposed to several forms of human rights violations and violence, including sexual violence.

11 The East and Horn of Africa suffered in 2021 from rapidly emerging climatic shocks that forced millions of people to move, mostly within the country of origin: Ethiopia was hit by drought, floods and an invasion of locusts that destroyed crops, South Sudan experienced unusually high levels of flooding, Somalia was the worst drought-affected country in the region and Kenya suffered from extreme drought as a consequence of rainy seasons with limited rainfall. [9]

12 Human trafficking in the Sub-Saharan Africa is a phenomenon of violence that affects adults and children, with uneven gender and age trends depending on the region. Overall, young boys account for most of cases of human trafficking (39%) for forced labour and integration in armed groups as child soldiers, followed by women (27%) and girls (25%). It is observed that most trafficking occurs within countries, mainly from rural to urban areas (83%). [10]

An encouraging decline in maternal deaths was registered in the region between 2000 and 2017, with a reduction of Maternal Mortality Ratio (MMR) from 780 to 384 deaths per 100,000 live births [13]. However, childbearing at young age[13] remains a major concern. Young adolescents (aged 10-19 years) account for 25% of the total population in Sub-Saharan Africa, where over 8 million girls aged 15-19 years old give birth globally every year. In the Southern African Development Community (SADC) region, the overall weighted pregnancy rate for the age group 10-24 years and 10-19 years was estimated respectively at 25% and 22% in a study conducted in 2020, with a significant heterogeneity between countries [14]. Sub-Saharan Africa also accounts for almost one in three globally reported unsafe abortions and bears the highest related mortality rates worldwide, with 520 deaths per 100,000 unsafe abortions per year. Although access to family planning services has improved over recent years, this progress is still far from meeting the needs, particularly for adolescents and young people [12] [5] [14].

The EHASA region also bears the second highest child marriage rate in Sub-Saharan Africa, with 9% of girls married before the age of 15 and 35% married between 15 and 18 years old. *South Sudan*, *Ethiopia*, *Somalia*, *Uganda*, *Mozambique*, *Malawi* and *Madagascar* report the highest percentage of unions before the age of 18. Child marriage is also associated with displacement, to guarantee economic stability to girls and young women and to protect them from risks of sexual violence, that disproportionally affect women and girls in contexts of conflict and displacement [12]. Although men and boys are also exposed to the risk of violence and sexual violence, the subject is poorly researched and underreported.

Gender-Based Violence Against Women (GVAW) is deeply intertwined with social norms, beliefs and practices, still tolerated and accepted in many African communities [10]. In addition, the prevalence of Female Genital Mutilation (FGM) remains extremely high in the East and Horn of Africa. In *Somalia*, *Djibouti* and *Eritrea*, more than 80% of girls and women aged 15-49 years have undergone FGM, while in *Ethiopia* the prevalence is between 60% and 80% in the same age group. The occurrence of different forms of FGM is also high in other East African countries, such as *Kenya*, *Uganda* and the *United Republic of Tanzania* [12]. Although there is lack of evidence, migrants originating from communities practicing a form of FGM are likely to perpetrate the same practices along the mobility continuum.

1.6 HIV in the EHASA region: progress and challenges

The EHASA region continues to bear the highest burden of HIV/AIDS worldwide, with women and girls disproportionately affected compared to men and boys. Although remarkable progress has been made towards the global AIDS targets, challenges in the HIV response persist in the region. The EHASA is home to 60% of children and adolescents and 53% of people living with HIV globally. Major progress was made in averting AIDS-related deaths, with a 42% decline in mortality, and in preventing new infections, which dropped by 30% from 2010 to 2017 [15]. Among adults, three out of five new infections in 2019 occurred in women and in particular the likelihood of acquiring HIV is three times higher among adolescent and young women aged 15-24 years, who bear the brunt of the epidemic in the region, compared to their male peers [12] [6]. In South Africa only, the estimate is even higher, with girls and young women accounting for 113,000 new HIV infections every year, four times the number of new infections in the male population of the same age group [14].

Structural barriers and unequal gender norms and practices continue to limit the ability of women and girls to contribute to the HIV epidemic response. These barriers limit their freedom to exert their rights including access to education, civic participation and economic resources, SRHR information and services and preventive programmes [12] [6]. Lack of tailored SRH-HIV policies and services that are responsive and sensitive to adolescent and young women results in underutilization of Antenatal Care (ANC) services and increased risks of mother to child transmission of HIV [14]. The COVID-19 pandemic has also negatively affected HIV programmes, disrupting the services and reducing the economic capacity of countries to invest in health systems, requiring further attention to ensure countries remain on track to meeting their targets.

1.7 Migration and SRHR/HIV in the EHASA region: the interconnections

Migration is a social determinant of health and the interconnection between mobility and health can positively or negatively affect both migrants and communities of origin, transit and destination [7]. Providing accessible and quality preventive and curative health services to migrants and their families benefits not just the people directly cared for, but also the communities along the mobility continuum, serving as a key public health measure against the spread of transmittable diseases. Failing to access health services for reasons directly related to migration, such as lack of official

13 Childbearing at young age exposes adolescent girls to risks of complication and death during pregnancy, delivers and in the immediate post-partum.

documents, fear of being arrested, economic barriers or lack of time to seek healthcare can result in people remaining untreated and potentially putting at risk the health of others [16].

In the EHASA regional context of forced displacement, people on the move have increased risks of becoming victims of violence, exploitation and abuse along the mobility continuum [8]. New and sustained regional humanitarian crises, consequences of human-made and natural disasters, armed conflicts and climatic shocks contribute to depleting already weak health systems, with limited SRHR and HIV service capacity, and have devastating implications on health and rights, particularly for women and girls, migrants and migration-impacted communities. As forced displacement is associated with increased vulnerabilities and risk-taking, both displaced and host communities are exposed. Therefore, specific SRHR needs must be taken into consideration and addressed at origin, transit and destination, guaranteeing access to responsive sexual and reproductive health services, which take into consideration the risks of SRH rights violation, and the vulnerabilities associated with all forms of human mobility, such as GBV and sexual violence, trafficking, transactional sex, forced pregnancies and marriages, including child marriage, unwanted pregnancies and unsafe abortion, HIV and STIs [7].

Several studies included in a systematic review by Ivanova et al. (2018) on SRH in the context of migration and forced displacement in Africa shed light on the high prevalence of sexual abuse in refugee settings especially in *Ethiopia*, the *Democratic Republic of the Congo* and *Rwanda*, including sexual violence, exploitation and harassment, largely taking place within the family and close relatives' circle, commercial sex, child/early marriage and trafficking. Also, the review includes studies on the risks incurred by adolescents and young girls in refugee camps in *Rwanda* and *Uganda*, recurring to transactional and commercial sex , their lack of use of condoms and other contraceptive methods, and their limited access to information on SRH topics and commodities [17]. Similarly, the recurrence of sex work and sexual exploitation among young girls is described in a scoping paper on HIV programming during emergencies in *Mozambique* [18].

In addition, the context of migration and displacement can magnify the discrimination and stigma already existing against people living with HIV. Recent evidence shows that adolescent migrants living with HIV can often experience stigma related to being a migrant, being a child or young person, and being HIV positive. One outcome of this intersecting stigma is the range of emotional responses that impact on a young migrant's health seeking behaviour[14]. Overlapping forms of human rights violations undermine the ability of internally displaced people, refugees, migrants, other mobile populations and/or border communities to access HIV prevention, screening and treatment services, impacting not only the people on the move, but also their communities, and potentially contributing to perpetuating the epidemic.

Although progress was made in recent years towards the integration of HIV services in humanitarian settings, actual access remains a struggle for people in need [6]. Along the mobility continuum, migrants at higher risk of acquiring HIV and requiring HIV-specific services include not only displaced people, but also regular and irregular migrant workers, such as mine workers and long-distance truck drivers, frequent travellers and tourists, cross-border small traders, sex workers and the communities living along the borders and interacting with people on the move. Also, as a result of the multiple forms of violence they can suffer, victims of human trafficking are also among the key populations with increased risk of acquiring HIV and mental health and psychosocial problems. Stigma in healthcare settings, limited inclusiveness of HIV/AIDS comprehensive care in health facilities especially in remote areas, and service disruptions due to weak health systems create barriers to accessing services and meeting HIV-related needs among populations on the move.

A strong commitment by COMESA in 2016 recognizes the need for its Member States to ensure provision of HIV preventive, curative and support services to the people that live and travel along the regional transport corridors and in the surroundings of the main Points of Entry (PoEs). The policy identifies traders, truck and bus drivers and their assistants as key populations for intervention [19]. Also, unmet SRHR needs and maternal health related challenges are reported among women engaging in cross-border trading due to lack of both health facilities and tailored services along transit routes and land border crossing points [9]. The policy recognizes the importance of ensuring SRHR services along the transport corridors and PoEs, including training immigration and health officers at the border on the subject [19].

14 Clacherty G. & Clacherty J., (2023). A narrative review of the impact of stigma and discrimination on migrant adolescents living with HIV in fragile contexts in the East and Southern Africa region. German (Switzerland) RIATT-ESA.

1.8 EHASA policy context on migration, SRHR and HIV

The International Conference on Population and Development (ICPD) Programme of Action, adopted in 1994 by 179 Member States, defines reproductive health as "*a state of complete physical, mental and social wellbeing and not merely the absence of a disease or infirmity, in all matters relating to the reproductive system and its function and processes*". Subsequent to its adoption, the importance of the rights to SRH was re-affirmed at several international fora, and international treaties and conventions were developed. These include, among others, the 1979 Convention on the Elimination of All Forms of Discrimination against Women, the 2008 Convention on the Rights of Persons with Disabilities, and the 1989 United Nations Convention on the Rights of the Child. Several instruments were then developed to align the African continent to these international commitments. These include the African Union Agenda 2063, the Abuja Declaration (2003), the Maputo Protocol of Action 2016-2030, the African Charter on Human and Peoples' Rights (1981), the SADC SRHR Strategy 2019-2030, the Ministerial Commitment on Comprehensive Education and Sexual and Reproductive Health Rights in Eastern and Southern Africa (2013), the 2013 Declaration of the Special Summit of the African Union (AU) on HIV and AIDS, Tuberculosis (TB) and Malaria and the Catalyst Framework for Africa to End AIDS, TB and Eliminate Malaria in Africa by 2030, the SADC Model Law on Eradicating Child Marriage and Preventing New Infections among Adolescent Girls and Young Women (2016), and the SADC framework for implementation of the 2016 Commission on Status of Women Resolution 60/2, among others. The prioritization of migration-affected communities' SRH and HIV rights has been echoed in the SDGs and additional regional and global policies pertaining to the health of migrants. Ensuring universal access to SRHR and HIV is essential to fulfil the SDGs of the 2030 Agenda (specifically targets 3.7 and 5.6). Existing global commitments under the WHO Global Action Plan to Promote the Health of Refugees and Migrants (2019) and World Health Assembly Resolutions 61.17 on the Health of Migrants (2008) and 70.15 Promoting the Health of Refugees and Migrants (2017) provide opportunities for further development of interventions to promote migration-sensitive health policies and practices, and equitable access to health promotion, prevention and healthcare services. Also, migrants and migration-impacted communities have been recognised as key populations in relevant global and continental declarations on health and HIV, such as the Global Compact for Safe, Orderly and Regularly Migration (GCM, 2018) and the African Union Migration Policy Framework for Africa and Plan of Action 2018-2030. In 2019, the Political Declaration for the UN High-Level Meeting on Universal Health Coverage, made specific inclusion of migrants in efforts of States and partners in achieving universal health coverage by 2030.

EHASA nations have committed to international and regional instruments either directly or indirectly related to SRHR and migrant health more broadly, including those developed by the African Union (AU), Intergovernmental Authority on Development (IGAD), the East African Community (EAC), the Common Market for Eastern and Southern Africa (COMESA) and the Southern African Development Community (SADC).

In the realm of migration and migration health, the IGAD, which includes eight countries in the East and Horn of Africa, has recently prioritized cross-border health. This focus is evident in initiatives like the Cross-Border Health Initiative 2018-2021, which primarily targets Tuberculosis (TB) and maternal and child health, and the IGAD Declaration on Cross-border Health (IGAD 2022). IGAD's Protocol on Transhumance, focusing on livestock, permits free and safe seasonal cross-border mobility for pastoralists, including access to health services. However, there is no regional consensus or guidance on regulating the health of people crossing borders, particularly in the context of SRHR. In 2022, SADC Member States endorsed the Regional Migration Policy Framework and Action Plan (RMPF) 2022-2030, outlining four key interventions for advancing migrant health. These interventions focus on cross-border coordination, strengthening migration health data, recognizing migrants' right to health in national policy, and delivering health services in various languages. These are further reinforced by the 11 health recommendations in the African Union Commission (AUC) Migration Policy Framework 2018-2030, which places an emphasis on the most vulnerable migrants including women and girls (i) and access to care for pregnancies, and management of HIV and STIs, among other diseases of cross-border interest (ii).

The SADC SRHR Strategy 2019-30, related scorecard and the SADC minimum SRHR standards provide clear benchmarks for advancing SRHR in its 16 Member States. This is complimented by the SADC RMPF 2022-2030 which recommends Member States to strengthen cross-border coordination and mechanisms that mitigate the spread of communicable diseases across borders and support continuity of care for migrants and mobile populations, especially those undergoing long-term treatment for chronic conditions such as HIV and TB. The COMESA revised Gender Policy and the SADC Protocol on Gender and Development underscore the importance of migration and health. The EAC Treaty, established in 2000, provides the normative basis for the promotion of women's rights and SRHR. The 2016 COMESA Health Framework and HIV and AIDS Policy specifically addresses Adolescent Sexual Reproductive Health (ASRH) as one of the priority areas for intervention to address disease burden in the continent [9].

The Ministerial Commitment on comprehensive sexuality education and SRH services for adolescents and young people in the region, who account for 33% of the general population, has been identified as a key priority [20]. The recent development of the SADC RMPF 2022-30 provides policy opportunities to reinforce multi-sectoral responses to the health of migrants, and additional RECs are holding consultations regarding the development of multi-sectoral regional migration policies.

Despite the development of these programme frameworks in the EHASA region, less effort has been made to monitor the commitments, and migrants have been minimally or not referenced at all in national SRHR policies and monitoring/accountability frameworks. Where regional and country policies within the EHASA region do not explicitly address migrants and migration-affected communities, national governments and partners can often lack engaging more comprehensively on migrant SRHR and HIV-related rights at a policy level. The role of RECs in advancing this agenda remains crucial for regional harmonization and consensus on the health, including SRHR, of migrants in the region, particularly where RECs are also leading policy consensus on regional integration and migration.

Despite the research and policy efforts to address SRHR and other health disparities within migration communities, migrants still remain the least-studied group. Their healthcare experiences and needs are unique and yet they are often excluded from health surveys and routine data collection systems. Existing healthcare systems in some EHASA countries experience challenges in providing proper care and treatment for migrants with HIV.[15] The lack of migration research and data on the nexus between migration and SRH makes it difficult to inform critical healthcare decisions specifically targeting migrants. Also, there is limited disaggregated health data, and unreliable data on migrant population size estimates. This limits effective planning and implementation of migrant-responsive interventions and therefore their SRHR health outcomes.[16] The GCM highlights the importance of having good migration data to promote a well-informed public discourse and for effective monitoring and evaluation of the implementation of commitments over time. Such efforts also are aligned to assisting governments meet their commitments towards achieving universal health coverage by 2030.

15 Faturiyele, I., Karletsos, D., Ntene-Sealiete, K. ***et al***. Access to HIV care and treatment for migrants between Lesotho and South Africa: a mixed methods study. *BMC Public Health* **18**, 668 (2018). https://doi.org/10.1186/s12889-018-5594-3

16 IOM (2019), SRHR-HIV Knows no Borders Needs Assessment and Baseline Survey, final report, Pretoria

2. PROGRAMME APPROACH ON IDENTIFIED GAPS AND RE-DEFINING PRIORITIES

2.1 Objective and impact of the Programme Framework

The main objective of this Programme Framework is to articulate IOM's programmatic priorities for the EHASA region aiming at providing guidance, structure, and a comprehensive and harmonized approach on SRHR and HIV to IOM regional and country offices, Member States and partners. The framework aligns with IOM's Global Strategic Results Framework (SRF); IOM's Continental Strategy for Africa 2020-2024, the East and Horn of Africa Regional Strategy 2020-2024 and the Southern Africa Regional Strategy 2020-2024 and draws from the extensive experience and in-depth understanding of the organization on migration and health issues, especially SRHR and HIV, in the EHASA region. Further where relevant, this framework aligns with the emerging priorities of the UN Regional AIDS Team for EHASA (UN-RATESA), including its 2023-2026 strategy.

IOM remains committed to:

a. Engaging with migrants and local actors where the impacts of migration are most strongly felt including migrant organizations, non-governmental, faith-based and community organizations working with migrants and/or those living in migration-impacted communities on SRHR and HIV gaps and involving them meaningfully in interventions and accountability mechanisms.

b. Advancing the sexual and reproductive rights of migrants and migration-impacted populations through ensuring access to quality, migrant- and people-centred SRHR and HIV services by building the capacity of healthcare workers to deliver these services.

c. Promoting gender equality and assisting Member States to develop policies, strategies and programmes that seek to engage migrant men and boys as partners, and as persons with their own sexual rights and needs.

d. Expanding research and data available to IOM Member States and partners on the nexus between migration and SRHR/HIV to increase evidence-based decision making for migrant inclusive policies and programming.

The implementation of this Programme Framework in the EHASA region will contribute to improved SRH and HIV outcomes among migrants and migration-affected communities along the mobility continuum. It will also enhance agency and safety to make healthy choices about one's sexuality, SRH and HIV in both regular and irregular migration settings, including in humanitarian crises and in contexts of cross-border trading, to ensure the full realisation of one's right to health and enable sustainable contributions to the welfare of everyone.

This overall goal will be achieved through:

a. A human rights-based approach to the provision of SRHR and HIV services for migrants, irrespective of their migration status and reason for migration.

b. An inclusive approach for migrants that promotes the provision of integrated and comprehensive SRH and HIV services that reach those who are hardest to reach.

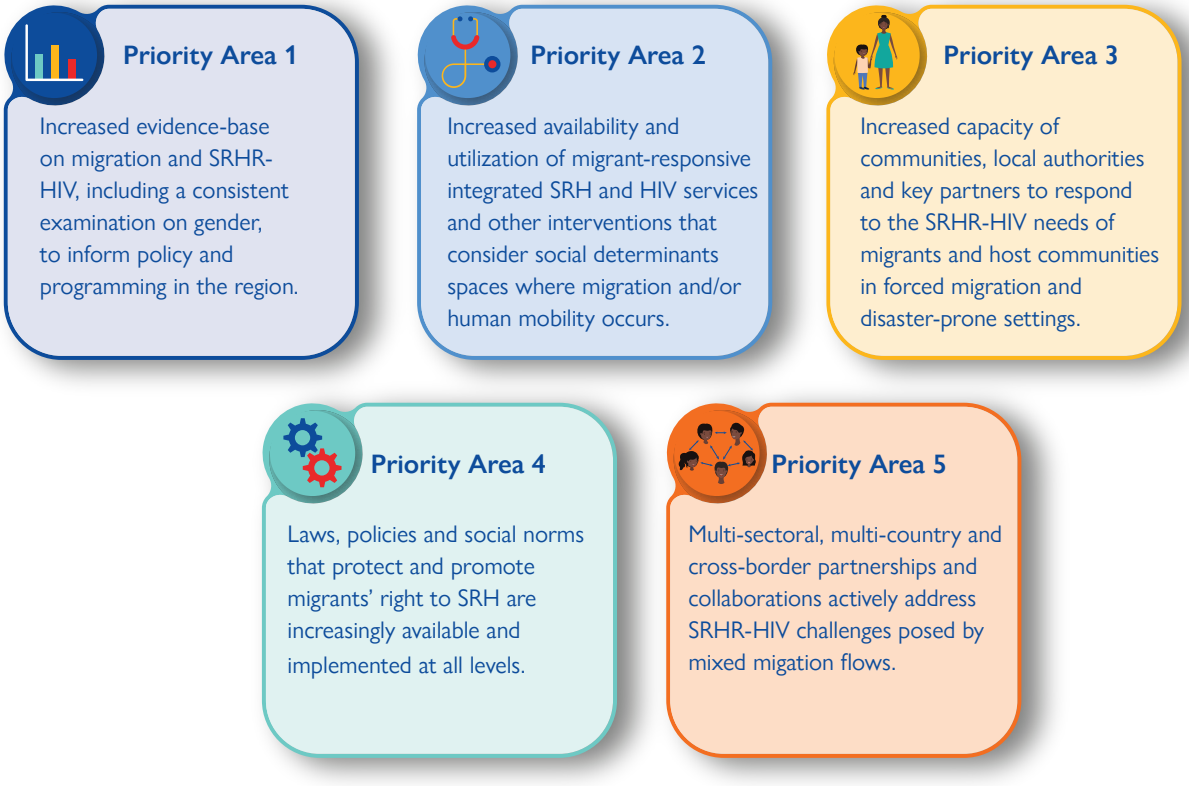
c. The prioritization of legislative and policy reforms and strategic partnerships with Member States to address systemic migration-related SRHR and HIV challenges.

d. Mutual accountability while acknowledging that the impact of the Programme Framework requires Member States, civil society, networks, migrant and associated key populations, and development partners to work together to obtain the expected results.

3. PROGRAMME FRAMEWORK PRIORITY AREAS

Over the next five years, IOM's SRHR, HIV and migration programme interventions in the EHASA region will focus on five key priority programmatic areas through a consultative and participatory approach with the involvement of IOM country offices, Member States, partners and other regional stakeholders. Each Priority Area is linked to the IOM Strategic Results Framework including Long term and short term outcomes (LTOs and STOs respectively).

Figure 2. Key priority areas of IOM SRHR, HIV and Migration Programme Framework for the EHASA, 2023-2027



3.1 Priority Area 1: Increased evidence-base on migration and SRHR-HIV, including a consistent examination on gender, to inform policy and programming in the region (Link to IOM SRF: LTO 4a & STO 4a.1)

IOM seeks to expand specific and contextual knowledge and evidence to improve the understanding around SRHR and HIV and migration at various stages of the mobility continuum, including addressing existing knowledge gaps to meeting migrants' needs in each country in the EHASA region. The evidence generated through operational data and research, including operational research will further support advocacy efforts toward responsive policy reforms and implementation. To achieve this, IOM will strengthen the capacities of governments, academia and research institutes and partners in the region to progressively integrate or optimize the use of migration and population mobility-related data and indicators in administrative and public health information systems and explore impact of migration streams and trends on HIV and SRHR services use. Supporting efforts to include integrating modules on migration within existing teaching curricula and development of research agendas with academic and teaching intuitions will be critical for sustaining investments under this priority area.

Priority Output Areas will include:

Output Area 1.1 *(SRF link: 4a.2.1; 4a.2.2; 4b.1.1): Increased participation of academic and research partners in increasing the knowledge and evidence base on migration health with a specific focus on SRHR/HIV.*

Launch of SRHR Project in Lesotho (2021).

IOM will promote and strengthen collaboration with local and international academic institutions, research partners, health authorities and other relevant bodies to develop a migration and SRHR-HIV focused research agenda both at country and regional levels that includes dissemination of research outcomes within the EHASA region and beyond. As part of this, IOM will work closely with its partners on the creation of transborder research collaborations and assessments, articulating SRHR and HIV related needs of migrants. The inclusion of migration health into the teaching curricula of academic and learning institutions will also be a critical activity to ensure cadres of professionals with migration health related knowledge and skills are slowly built in the region.

Output Area 1.2 *(SRF link: 4a.2.1): Governments and other key stakeholders have increased knowledge and expertise to collect, manage, analyse and/or disseminate quality, timely, disaggregated and comparable migration health data (including SRHR-HIV data) in line with their needs, regional priorities and global commitments and in full respect of data protection and privacy.*

IOM will provide technical assistance to governments and partners on approaches to mainstreaming migration variables in national and sub-national routine and non-routine data collection mechanisms, including on SRHR and HIV. This will involve strengthening intersectoral cooperation with national and other relevant coordinating mechanisms on migration data to explore processing and analysis of migration and SRHR/HIV data, including data available in non-health sectors (e.g. labour, immigration) and identify/utilize data dissemination platforms to ensure the use of migration data for SRHR and HIV policy and programming. IOM will co-create and share knowledge products internally and externally through stakeholder forums and publications. IOM will seek to enhance the ability for public health information systems, sources and programmes to better understand the relationship between SRHR/HIV and migration. This will be achieved through mapping migration and SRHR data sources available at the country level to inform better use of available data (including data linkage) and identify opportunities for integrating specific migration and SRHR and HIV modules in the existing national/local health information systems and data sources. This includes the integration of migration modules into routine and non-routine health information systems (e.g. demographic and health surveys, district health information systems, national HIV prevalence, incidence and behaviour surveys), including in the context of forced migration.

Output Area 1.3 *(SRF link 4a.2.2): Governments and other stakeholders have access to relevant resources, including data standards, best practices, research methods and survey instruments to generate data on migration and/or migration related SRHR-HIV variables in relevant data collection systems.*

IOM will co-create and share knowledge products on SRHR-HIV and migration with internal and external partners based on its programming and dedicated research. This will involve the development of evidence informed guidelines, technical and policy briefs, conference presentations and abstracts, peer reviewed articles and audio-visual reports on SRHR-HIV and migration in the region. Engagements of the IOM Migration Health Research Unit, the Regional Migration Data Hubs and the Migration Health and Development Research Initiative will play important roles in connecting IOM related research and knowledge products with an array of stakeholders.

Exposure meeting between delegations from South Africa and Kenya on migration governance and migration data collection.

3.2 *Priority Area 2: Increased availability and utilization of migrant-responsive integrated SRH and HIV services and other interventions that consider the social determinants of health in spaces where migration and/or human mobility occurs. (Link to SRF: LTO 2d; LTO 3b; STO 3b.2)*

Change agents conduct community activities to raise awareness on SRHR in Zambia.

Universal access to SRH and HIV services for all, including migrants and migration-affected communities, is squarely aligned with SDG 3.7, SDG 5.6 and the IOM Migration Health Division (MHD) global strategy. To increase demand and access to integrated SRHR and HIV services, the programmatic framework focuses on strengthening existing community and facility health systems within migration contexts through enhancing service providers' knowledge and capacities; peer support; and establishing a strong community referral system to migrant responsive services. As many countries in the region have adopted universalist approaches to service delivery, there is a need to create more demand and supply for SRHR and HIV services among migrant populations, while ensuring migrants are safe and their health is prioritized. To meet the SRHR and HIV priorities of migrants, especially migrant women and youth living with HIV in all epidemic contexts, interventions to overcome major barriers to service uptake, including social exclusion and marginalzation, criminalization, GBV, stigma and gender inequality are required. Partnerships and joint implementation of interventions with partners and service providers will be enhanced. Lastly, when migrants have access to employment, they can afford to meet their basic needs, including healthcare, which can improve their overall health and well-being, including their sexual and reproductive health, while being employed can also lead to a sense of purpose and social inclusion, reducing stress and other negative impacts that can affect sexual and reproductive health. Employment in migrant sending communities can also help address drivers for migration, particularly among young people. Interventions addressing the livelihoods of vulnerable migrants at risk of poor SRH outcomes, has yielded positive results during a pilot phase in Southern Africa under the SRHR HIV Knows No Borders Programme (2020-22).

Priority Output Areas will include:

Output Area 2.1 *(Link to SRF: 1b.3.3; 3b.2.1; 2d.2.3; 2d.2.4: Service providers and institutions have increased capacity (knowledge, skills, infrastructure and tools) to identify and address specific SRHR and HIV needs of migrants and communities affected by migration.*

This will be done through development of capacity building tools, standard operating procedures (SOPs) and protocols, and providing training and technical assistance to governments and partners delivering all aspects of SRHR and HIV prevention and care, as well as on the rights of migrants and ways to promote safe migration. This will involve strengthening community led monitoring systems that capture the experiences and feedback of migrants in public health services, so that support to service providers reflects the experiences on the ground. This will require collaboration with not only healthcare providers, but also gatekeepers to access, including immigration, security, local authorities, and leaders.

SRHR education and awareness with key populations in Lesotho to increase SRHR knowledge and service utilization amongst vulnerable groups in migrant-impacted communities.

Output Area 2.2 *(Link to SRF: 2a.1.4; 2a.1.5): Individual migrants and persons living in migration-impacted communities, especially young people have access to behaviour change oriented information and other supports which promote healthy SRH and HIV choices.*

IOM community health workers are providing HIV testing and counselling for community members in a migrant sending community in Gaza province in Mozambique.

IOM teams will promote healthy SRH and HIV choices among migrants, especially young migrants, and other vulnerable groups along the mobility continuum through peer-educator networks, including among migrant networks and host communities. This will be achieved either through or in collaboration with community health workers and stakeholder engagement, trainings, development and dissemination of tailored Information, Education, and Communication (IEC) and Social Behaviour Change Communication (SBCC) messages (language and culturally sensitive) on SRHR-HIV and migration. Increased effort will be made to utilize creative digital resources that provoke dialogue and problem solving amongst target populations and their networks. Sensitization sessions and dialogues with target groups and stakeholders at border areas and key gathering points along the mobility continuum will also be used. Issues pertaining to migrants' rights, access to legal identity, immigration processes, and discrimination and xenophobia, will be incorporated to address the broader determinants of migrants' health. Comprehensive sexuality education will be delivered or strengthened in settings that reach migrants effectively.

Output Area 2.3 *(Link to SRF: 1a.1.8; 1b.3.2; 1c.1.2; 3b.2.1; 3b.2.2): Migrants and other mobile persons have access to migration sensitive SRHR and HIV services along the mobility continuum.*

Strengthen the existing community health referral mechanisms within migration-impacted communities, including at points of entry/exit and peripheral facilities, as well as IOM health facilities, to increase access to migration-sensitive SRHR and HIV services along the mobility continuum. This will include support to cross-border health systems (referral networks, cross border health forums, data sharing platforms for patient diagnostics and care, service provider directories, routine service planning mechanisms, translation and harmonization of patient cards etc) to support continuity of SRHR and HIV prevention and care for cross-border migrants. Community dialogues and sensitization sessions will help to raise awareness of pathways to care for migrants, and where available link to community volunteer networks that support counselling and referral to SRH and HIV related services. It will also include routine training and sensitization of clinical staff working in IOM managed facilities, including pre-migration health assessment centres, on institutional guidance on referral, screening and/or provision of clinical care to survivor of GBV, including sexual violence and intimate partner violence, and service readiness.

Awareness raising on GBV and SRHR/ HIV through street wall mural paintings in Nkomazi.

Output Area 2.4 *(link to SRF: 2d.4.1; 2d.4.2): Vulnerable migrants and young people have access to opportunities that strengthen their livelihoods and resilience to SRH and health related threats.*

Working with partners, IOM will improve the entrepreneurship skills of vulnerable migrants and young people and connect them with income-generating opportunities to enhance their autonomy, dignity, and resilience to SRH and health-related threats. This will include labour market needs assessments in targeted areas and establish vulnerability criteria for selecting participants for vocational and skills training programmes, taking into account health and SRH vulnerabilities. The organization will provide support for training and connections to income-generating opportunities and help register undocumented migrants for livelihood programmes. This will include the development and piloting of selection criteria for livelihoods and vocational and skills training programmes, that consider the specific vulnerabilities of migrants/mobile populations and the potential value add to economies along the mobility continuum. Additionally, IOM will assess the impact of these programmes on the SRH of migrants and their communities.

3.3 Priority Area 3: Increased capacity of communities, local authorities and key partners to respond to the SRHR and HIV needs of migrants and host communities in forced migration and disaster-prone settings (Link to SRF: LTO 1c; STO 1c.1)

To effectively build capacity of communities, local authorities and key partners to respond to the health and SRHR-HIV needs of persons living in forced migration settings, IOM will look to strengthen its existing capacities and presence in key sectors under its Migration Crisis Operational Framework (MCOF). This includes working with its operations in camp management and camp coordination, shelter, logistics, Displacement Tracking Matrix (DTM), non-food item distribution, mental health and psychosocial support (MHPSS) and protection amongst others. Existing Inter-Agency Standing Committee (IASC) guidelines and policies especially on HIV, Sexual and Gender-Based Violence (SGBV) and psychosocial support in emergency settings will provide key guidance for IOM's actions in both preparedness and response settings. Working closely with the Regional AIDS Team for East and Southern Africa (RATESA) Technical Working Group for HIV in Humanitarian Setting, and partner coordination platforms at both the country and regional level, will help IOM to ensure its response to this priority area is well aligned to efforts of the UN and humanitarian partner agencies. Further support to governments, including at the sub-national level, to include SRHR and HIV into emergency contingency plans will be critical for addressing future disasters. In disaster-prone settings affected by climate-related changes and events, it is crucial to understand how climate-related displacement impacts the SRHR of affected communities. As for most climate-related displacement in the region is internal opposed to international, it is important to ensure that health systems and communities are equipped to respond to the SRHR needs of internal migrants affected by climate change. Building equity-based, mobility-sensitive, and resilient health systems and communities is suggested as initial programmatic responses to climate-migration and health[17], and are further aligned with the principles of the Sendai Framework for Disaster Risk Reduction (2015-2030). To address public health considerations in climate-related displacement settings and promote safe and dignified migration, IOM will prioritize access to essential services, including healthcare for displaced populations, in line with its strategy on Migration, Environment, and Climate Change.

IOM Mozambique supporting the humanitarian response in Cabo Delgado assisting internally displaced people fleeing from conflict. The IOM team also integrates SRHR/HIV interventions into its humanitarian emergency responses.

IOM's humanitarian response in Mozambique has integrated SRHR/HIV interventions into its programmes.

17 Khalid A., Babry JA., Vearey J., Zenner D. (2023), *Turning Up the Heat: A Conceptual Model for Understanding Migration and Health in the Context of Global Climate Change*, Journal of Migration and Health.

Priority Output Areas will include:

Output Area 3.1 *(Link to SRF: 1c.1.2): IOM teams, communities, local authorities and key partners have acquired knowledge and skills to design, implement and integrate SRHR and HIV interventions into humanitarian preparedness and response.*

Community Dialogue and Socio – Cultural activities to enhance migrant integration and Social Cohesion in South Africa, Botswana, and Zimbabwe.

This includes supporting the existing primary healthcare systems in humanitarian settings and climate change/disaster prone areas to deliver migrant-responsive SRHR and HIV services. In line with IOM's MCOF, IOM will strengthen preparedness and emergency health response efforts, in close coordination with other partners and IOM's thematic units such as Camp Coordination and Camp Management, Protection, Shelter, Logistics, MHPSS and DTM. This will be achieved through training and orientation stakeholders on SRHR and HIV programming approaches, and development of joint-actions for migrants and migration-affected communities, in line with relevant IASC guidelines and national response plans.

Output Area 3.2 *(Link to SRF: 1b.1.1): Increased evidence and knowledge base on the nexus of migration and climate on HIV and SRHR.*

Strengthen the capacity of IOM teams and partners to conduct assessments and research to explore the nexus of migration and climate on HIV and SRHR to inform IOM programming within humanitarian settings and contexts prone to impacts of climate change. With increasing evidence generated, effective messages and actions that can promote SRH/HIV/health of migrants in the context of climate change can be developed and applied across IOM programmes in a range of sectors.

Output Area 3.3 (Link to SRF 1a.1.5): A model for integrated programming that addresses the underlying causes of poor SRHR and HIV outcomes by migrants and migration affected communities, including mental health and psychosocial support systems, is piloted in the region.

Address the underlying causes for poor SRH and gender inequalities by adopting a more holistic approach to the SRHR and HIV related issues faced by migrants and migration-impacted communities, including a broader look at their livelihoods and mental health and psychosocial support needs in context of forced migration – or conditions of extreme vulnerability. This will be done together with IOM's work in labour migration and social inclusion, and through building partnerships with other partners, relevant government vocational training departments and the private sector companies for linkage to livelihoods and employment opportunities. IOM's expertise in mental health and psychosocial support will also be harnessed to support integration of MHPSS approaches into health, SRHR and HIV programmes from the initial stages of project inception and programme design.

Kateness migrated from Malawi to South Africa in search for better opportunities when she saw her cousin taking that same path. However once there, she didn't find what she hoped for. Having reached out to IOM, she was assisted with return and reintegration support. She attended business trainings together with her mother, she now runs a little castor oil production business in Blantyre.

3.4 Priority Area 4: Laws, policies and social norms that protect and promote migrants' right to SRH are increasingly available and implemented at all levels (Link to SRF: LTO 4b; STO 4b.1)

Creating enabling environments so that migrants and other vulnerable groups such as adolescents realize their SRH, HIV and other human rights requires interventions that work at multiple levels—with adolescents, families, communities, and at the societal level. Such interventions tend to be complex and can be challenging to evaluate; hence, IOM seeks to promote multiple approaches. Addressing the underlying determinants of poor access to SRHR and HIV services by working with various stakeholders such as parents, community members, peers and policymakers, in a range of sectors including health, social affairs, youth development, home and foreign affairs, and labour is

essential for migrant adolescents to realize their SRH and human rights. Drawing lessons from IOM Knows-No-Borders Programme in the Southern African Region (2016-2026), community dialogues have been found to be an effective approach in promoting policy and social changes that lead to access to SRHR and HIV services among migrants and migration-affected communities. Facilitating safe migration is a critical value that IOM provides to ensuring migrants and persons intending to migrate, have secured access to protection. To make headway in policy reforms and implementation as well as a shift in social norms around SRHR-HIV for migrants and communities impacted by migration, IOM will engage governments, local NGOs and community gatekeepers (community, traditional and religious leaders). Specific engagement of sectors responsible for migration management, including foreign and home affairs, immigration and labour will be included in the approach, specifically on the access to legal identity and travel documents to ensure access to services as per local laws, and addressing harmful and unconstitutional practices.

Promoting Social Cohesion and more inclusive communities in South Africa.

Priority Output Areas will include:

Output Area 4.1 *(Link to SRF: 4b.1.1; 4b.2.1: Governments and other relevant stakeholders have acquired the knowledge capacity and gender sensitive tools to advocate for, develop, review and operationalize policies pertaining to the SRHR of migrants and migration affected communities.*

To provide technical support to governments and relevant stakeholders to develop, review and operationalize policies pertaining to the SRHR of migrants and migration-impacted communities. Such support includes technical assistance, training, facilitating policy dialogues (including at the community, sub-national, national, cross-border level) and modelling best practices that address migration and SRHR policy-practice gaps. IOM will also support the development and operationalisation of migrant-aware approaches and initiatives among policy makers and implementers, knowledge exchange, dialogue and multi-sectoral consultations around migration and SRHR, HIV and migrant's right to health among various stakeholders at local, regional and global levels.

IOM supported a cross-border forum to strengthen coordination and collaboration in combating Trafficking in Person and Migration Flows within the border between Angola and Namibia. Cross-border forums are also an integral part of the EHASA Framework for the protection of migrant SRHR along the migration continuum

Output Area 4.2 *(Link to SRF: 4c): Local initiatives that promote health and peaceful co-existence between migrants and host communities have increased.*

Contribute to creating a migrant-friendly environment where stigma, misinformation, and socio-cultural barriers towards migrants both at community and service delivery levels are reduced through local initiatives by gatekeepers and partners to promote peaceful co-existence between migrants and host communities. This includes strengthening the capacities of institutional partners and communities to plan, implement, monitor, and evaluate multi-sectoral SRHR-HIV and migration interventions.

3.5 *Priority Area 5: Multi-sectoral, multi-country and cross-border partnerships and collaborations actively address SRHR and HIV challenges posed by mixed migration flows (link to SRF: LTO 3b; STO 3b.4; LTO 4b)*

Multi-sectoral partnerships and collaboration on SRHR and HIV and migration are critical for strengthening and enhancing shared responsibilities, budgets, focus populations and targets among stakeholders. Strong partnerships to address migration management challenges, including migrant health, are critical for the effective resource mobilization, implementation, monitoring and evaluation of this programme, including the active and meaningful participation of civil society, migrants, youth, and communities, as well as bi-lateral and multi-lateral development partners. Together with its Member States, IOM has been working to support regional dialogues on migration in southern Africa, using a multi-sectoral approach, and has been a champion of ensuring migration line ministries, including immigration and home affairs, routine participate in coordination platforms pertaining to health. As health systems in the region continue the processes of decentralization, IOM and its partners will focus their support to sub-national, province to province, cross-border coordination, to compliment bi-national and regional discussions and commitments. Programming designed along migration corridors, route-based programming, will be prioritized to ensure impactful outcomes for populations on the move. Additional resource mobilization through multi-partner, multi-sectoral initiatives will be prioritized, to better reflect the need to engage a wider number of stakeholders outside of SRHR-HIV and health.

Priority Output Areas will include:

Output Area 5.1 *(link to SRF 3b.2.1; 3b.2.3): Improved cross-border coordination of SRHR and HIV stakeholders on the health of migrants.*

Strengthen cross-border coordination mechanisms for effective SRHR and HIV activities in border communities and along the mobility continuum. This will ultimately improve effective responses to SRHR and HIV, including ensuring continuity of care for cross-border migrants and mobile populations, especially those requiring chronic care. Good practices and lessons on cross-border health systems strengthening in this regard will be captured and shared among governments and key stakeholders through learning forums.

IOM supported cross-border forums between Angola and Namibia which focused on improving safety and addressing human trafficking along migration routes

Output Area 5.2 *(Link to SRF 3b.4.1; 4b.1.3; 4b.2.1): Migration related SRHR and HIV perspectives are reflected in national and sub-national or sectoral legislations, policies and plans.*

Support migration management stakeholders (immigration, foreign affairs, home affairs, social development, labor, and other) to consider migrants and migration-impacted communities' SRHR-HIV needs in their policies and plans at the regional, national and sub-national levels. This will involve engagement and support to a range of migration management related coordination mechanisms and platforms. Furthermore, IOM will support a range of stakeholders to ensure that plans are operationalized and supported.

Output Area 5.3 *(Link to SRF: 3b.2.1; 3b.2.3): Strategic partnerships leverage funding for the sustainability and expansion of SRHR, HIV and general health needs of migrants and migration affected communities.*

Mobilise strategic partnerships and alliances with academia, governments, development partners, private sector and donors to leverage funding for the sustainability and expansion of programmes and interventions that address migrants' SRHR, HIV and health needs along the mobility continuum, including multi-country and route-based funding mechanisms. Linking and learning with other partners will enhance the replication of good practices and programme visibility.

4. AREAS IN NEED OF IMMEDIATE IMPLEMENTATION AND INVESTMENTS

Funding for SRHR and HIV: IOM needs long term funding that is motivated by results-based management and accountability and the ever-changing health needs in the EHASA region. IOM envisions a programmatic framework where there is progress in moving away from humanitarian assistance and becoming a long term factor addressing the SRHR (SGBV and MHPSS) and HIV issues within migration-affected communities.

Strategic investments including Memorandum of Understanding (MoU) including collaborations and sub-recipients of larger funding/targets: Partnering with funding agencies, IOM will invest more strategically in the implementation of migration health-related policies and programmes to support Member States in building capacities for effective and rights-based approaches that contribute to sustainable development outcomes and protect the fundamental health and SRHR and HIV rights of migrants. These will be consolidated in the MoUs to guide implementation.

Campaigns on the rights of undocumented migrants: Due to the nature of mixed migration flows in the region, undocumented migrants may not be aware of their rights to access healthcare. Similarly, inequalities in healthcare access still exist at the healthcare system level. Campaigns should not only target migrants but also healthcare providers, gatekeepers and policy makers to ensure accountability for what is prescribed by the law.

Cross-border dialogues on migrant healthcare needs: As migrants move from their country of origin, through countries of transit and then to countries of destination, engagement and dialogue with government and key stakeholders on migrants' rights to access to SRH and HIV care is needed particularly in high mobility corridors. Similarly, country level dialogues are needed with UN partners, government, civil society groups and migrant SRHR and HIV related groups alongside migration-impacted communities.

Bi-lateral Labour Migration Agreements (BLMAs) and health conditions: Discourse with the government, especially Ministries of Home Affairs, Labour and International affairs, is required to ensure that when BLMAs are drafted, migrant's health rights aspects, including SRHR and HIV needs are well articulated.

5. IOM'S CAPACITY TO RESPOND TO MIGRATION AND SRHR AND HIV

5.1 IOM mandate and capacities, MHD strategic focus

IOM is the leading intergovernmental organization in the field of human migration. Since 1951, IOM has been promoting humane and orderly migration for the benefit of all communities through the provision of tailored and comprehensive services to people on the move and the entire communities along the mobility continuum, at origin, transit and destination. The organization's scope of work includes the provision of technical support on migration policies and practice to government, intergovernmental and non-governmental organizations, and of humanitarian assistance to refugees and displaced people, and to promote and guide international cooperation on migration issues. IOM is present in over 100 countries and supports 175 Member States to improve migration management [21]. Within its MHD, IOM promotes and delivers migration-responsive and comprehensive, preventive and curative healthcare services, with a focus on four priorities:

(1) monitoring migrant health, to support evidence-based programming and policy development through research and information dissemination;

(2) enhancing technical and operational capacities of the healthcare systems to ensure access to equitable, comprehensive and migrant sensitive healthcare services;

(3) strengthening partnership, networks and multi-country frameworks; and

(4) advocating for migrant-inclusive health policies, programmes and protective legal frameworks.

Over the course of the last decade, intervention efforts have particularly focused on mobility-sensitive SRHR and HIV programmes [22].

5.2 IOM in the EHASA region

IOM is present in the EHASA region through two regional offices: in Pretoria, *South Africa*, covering 15 countries[18] in the Southern African region, and in *Nairobi*, *Kenya*, covering ten countries[19] in the East and Horn of Africa. The regional offices coordinate and support IOM activities in the regions and, where relevant, implement regional programmes. The regional offices also liaise and coordinate with other UN agencies, promoting inter-agency cooperation on migration with the regional UN and with all other relevant regional partners and institutions on migration issues. This includes through respective UN Migration Networks, where IOM is the secretariat. IOM Country Missions implement a range of initiatives addressing country-specific migration needs, with partners including migrants and communities, governments at the local and national, other UN entities (including through contribution to UN Strategic Development Country Frameworks), multi-lateral bodies such as the regional economic communities, non-governmental, community-based and civil society organizations, the private sector, and the diaspora, among others. Using a multi-thematic approach to strengthening safe and orderly migration, IOM Missons offer programming and support to its partners in a range of core areas including: migration and development, facilitating migration, regulating migration, and addressing forced migration. Cross-cutting activities include the promotion of international migration law, policy debate and guidance, protection of migrants' rights, migration health and the gender dimension of migration. IOM Missions in the EHASA region implement a range of migration health programmes, from strengthening cross-border health referral mechanisms, supporting the development and implementation of migration and health policies, emergency health services in displaced communities, strengthening occupational health service delivery for migrant workers, and outbreak preparedness and response along the mobility continuum, among others. Furthermore, the pre-migration health activities (PMHAs) are undertaken through more than 15 IOM managed migration health assessment centres (MHACs) in the EHASA region, as well as through mobile teams in remote areas and a large network of partner service providers. There is approximately 8 000 staff IOM members across the regions[20].

18 Angola, Botswana, the Comoros, the Democratic Republic of the Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa and Zimbabwe.

19 Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Uganda and the United Republic of Tanzania.

20 Human resources statistics as of 21 April 2023

6. MONITORING AND EVALUATION

The Programme Framework will be monitored to assess accountability across the priority areas and specific high-level impact and outcomes in line with IOM's Global Strategic Results Framework and Results Matrix (Annexure 1). The Result Matrix summarises the expected regional impact, outcomes and priority results identified in the Programme Framework. IOM M&E guidelines will guide the monitoring and reporting of the Programme Framework. Simple indicator guidelines will be developed to ensure proper reporting and monitoring of the priority actions contained in the framework. Progress against the implementation of the Programme Framework will be measured annually and discussed during the joint RO annual retreats. Regional technical teams will review new project proposals for their alignment and contribution to this framework. Where possible, the RO M&E Unit will develop a dashboard to view and track collective contributions made towards progress against targets. The ROs will ensure that a sufficient budget is allocated to M&E activities, and that M&E is implemented throughout the implementation of the programmes. A mid-term evaluation of this framework will be implemented internally to inform any improvements or enhancements. Towards the end of the term of this framework (the second half of 2027) a final evaluation will also be conducted to systematically reflect on the impact and value add of this framework and draw lessons for a new generation of strategy.

7. FINANCING THE PROGRAMME PRIORITIES

IOM is operating within an unpredictable financial context and could face a reduction in the number of multi-year funding commitments in EHASA, especially due to the recent reclassification of some countries as upper and middle-income countries in Southern Africa. To this end, IOM will monitor the available financial resources related to each of the Output Areas, including the specific efforts that have been undertaken to diversify funding bases for SRH and HIV and other migration health projects in the region. Such efforts may include engaging traditional and non-traditional donors and sustained advocacy around increasing domestic funding alongside strategically engaging with the private sector and philanthropies.

	Budget Estimates in United States Dollar (US$) (2023 – 2027)	
	Priority Area	**TOTAL (US$)**
1.	Priority Area 1: Increased evidence-base on migration and SRHR-HIV, including a consistent examination on gender, to inform policy and programming in the region.	5,000,000
2.	Priority Area 2: Increased availability and utilization of migrant-responsive integrated SRH and HIV services and other interventions that consider the social determinants of health in spaces where migration and/or human mobility occurs.	22,000,000
3.	Priority Area 3: Increased capacity of communities, local authorities and key partners to respond to the SRHR and HIV needs of migrants and host communities in forced migration and disaster-prone settings.	30,000,000
4,.	Priority Area 4: Laws, policies and social norms that protect and promote migrants' right to SRH are increasingly available and implemented at all levels.	9,000,000
5.	Priority Area 5: Multi-sectoral, multi-country and cross-border partnerships and collaborations actively address SRHR and HIV challenges posed by mixed migration flows.	5,000,000
6.	Monitoring and Evaluation	3,500,000
	GRAND TOTAL	**74,500,000**

8. THEORY OF CHANGE: IOM SRHR, HIV AND MIGRATION PROGRAMME FRAMEWORK FOR THE EHASA REGION, 2023-2027

PROGRAMME VISION: Migrants and migration-impacted communities exert their agency to make safe and healthy choices about one's choices about one's sexuality and attain the highest standard of sexual and reproductive health, and zero HIV infections; fully realizing one's right to health regardless of migration status and enabling sustainable contributions to the welfare of everyone.

IMPACT: Improved SRH and HIV outcomes among migrants, young people and other vulnerable populations living in migration-impacted communities in the EHASA region.

Priority Area 1: Increased evidence-base on migration and SRHR-HIV, including a consistent examination on gender, to inform policy and programming in the region.	**Priority Area 2:** Increased availability and utilization of migrant-responsive integrated SRH and HIV services and other interventions that consider the social determinants of health in spaces where migration and/or human mobility occurs.	**Priority Area 3:** Increased capacity of communities, local authorities and key partners to respond to SRHR and HIV needs of migrants and host communities in forced migration and disaster-prone settings.	**Priority Area 4:** Laws, policies and social norms that protect and promote migrants' right to SRH, are increasingly available and implemented at all levels.	**Priority Area 5:** Multi-sectoral, multi-country and cross-border partnerships and collaborations actively address SRHR and HIV challenges posed by mixed migration flows.
Output Areas • Increased participation of academic and research partners in increasing the knowledge and evidence base on migration health with a specific focus on SRHR/HIV • Increased knowledge and expertise to collect, manage, analyze and/or disseminate quality, timely, disaggregated and comparable migration health data (including SRHR/HIV data) in line with their needs, regional priorities and global commitments (incl. full respect of data protection and privacy) • Key stakeholders have access to relevant resources, including data standards, best practices, research methods and survey instruments to generate data on migration and/or migration related SRHR/HIV variables in relevant data collection systems	**Output Areas** • Service providers and institutions have increased capacity (knowledge, skills, infrastructure and tools) to identify and address specific SRHR and HIV needs of migrants and communities affected by migration • Individual migrants and persons living in migration impacted communities, especially young people, access behaviour change oriented information and other supports which promote healthy SRH and HIV choices. • Migrants and other mobile persons have access to migration sensitive SRHR and HIV services along the mobility continuum • Vulnerable migrants and young people have access to opportunities that strengthen their livelihoods and resilience to SRH and health related threats	**Output Areas** • IOM teams, communities, local authorities and key partners have acquired knowledge and skills to design, implement and integrate SRHR and HIV interventions into humanitarian preparedness and response. • Increased evidence and knowledge base on the nexus of migration and climate on HIV and SRHR • A model for integrated programming that addresses the underlying causes of poor SRHR and HIV outcomes by migrants and migration affected communities, including mental health and psychosocial support systems, is piloted in the region	**Output Areas** • Governments and other relevant stakeholders have acquired the knowledge capacity and gender sensitive tools to advocate for, develop, review and operationalize policies pertaining to the SRHR of migrants and migration affected communities • Local initiatives that promote health and peaceful co-existence between migrants and host communities increased	**Output Areas** • Improved cross-border coordination among SRHR and HIV stakeholders on the health of migrants • Migration related SRHR and HIV perspectives are reflected in national and subnational or sectoral legislations, policies and plans • Strategic partnerships leverage funding for sustainability and expansion of SRHR, HIV and general health needs of migrants and communities
Example activities • Joint ventures with academia and other research institutions to include migration and SRHR/ HIV as part of their research agenda and teaching curriculum • Participation of relevant data custodians of SRHR and HIV related data in national intersectoral coordinating mechanisms on migration data • Capacity building initiatives with ministries responsible for SRHR to champion the analyse migration data with an SRHR/HIV lens • Integrate or enhancing data modules on migration and population mobility in existing health information systems and data sources • Develop, produce and disseminate evidence-informed guidelines, technical/policy briefs, conference abstracts/ posters, articles • Formation of learning and information platforms on SRHR and migration • Promote community learning and feedback platforms	**Example activities** • Community led monitoring systems with a focus on migrants and migration impacted communities • Technical assistance to governments and partners to develop migration responsive SRHR and HIV services • Peer-to-peer networks among young people, migrants and other vulnerable populations in migration-impacted communities, including among migrant networks. • Comprehensive sexuality education and life skills programmes for young people and migrants in migration-impacted communities. • Support cross-border health systems to strengthen continuity of SRHR and HIV services for target groups • Cross border coordination forums that address SRHR and HIV needs along the migration continuum training and linkages to livelihoods/income generating opportunities that include modules on SRHR	**Example activities** • Develop trainings, localised guidance notes, and provide technical assistance on addressing SRHR and HIV in the context of forced migration • Increase IOM Missions engagement in interagency disaster preparedness and response efforts on issues pertaining to SRHR/HIV, (UN Country and Humanitarian Teams, UN Joint Teams on HIV). • Establish a research agenda on migration, climate change and HIV/SRHR. • Build capacity and partnerships with other partners, relevant government vocational training departments and the private sector companies for training and linkage to livelihoods and employment opportunities. • Support integration of MHPSS in health, SRHR and HIV programmes	**Example activities** • Dialogues (community, sub-national, national, cross border level) that address SRHR/HIV and migration policy-practice gaps • Document best practices in addressing the SRHR/HIV needs of migrants in legislative and policy reforms • Enable and conduct community, country and regional level learning exchanges and in-country field exchange visits among partners • Community dialogues and events that address migrants' right to health, SRHR/HIV and explore ways to create an enabling environment for both migrants and communities • Promote social inclusion of migrants, to address issues pertaining to migrants' rights to healthcare and their SRH and HIV rights. • Feedback mechanisms at community and service delivery level and address relevant issues related to migrants' rights to health and SRH/HIV rights.	**Example activities** • Bi- and multi-lateral discussions, plans and agreements to review the status of migrants' and migration impacted communities' SRHR and HIV related needs, and formulate appropriate responses progressively recognizing their right to health (including SRH/HIV) • Raise awareness on existing SRHR, HIV and migration related laws and availability of services for migrants, among migration management stakeholders. • Establish or engage in route based multi-county partnerships and collaborations that promote safe and orderly migration management. • Strengthen partnerships with private sector partners articulating common areas of interest in promoting the health of migrants and their communities

Pre-existing conditions & assumptions: political, socio-economic, environmental and technological factors (internet connectivity, information/communication technology innovations) within the region remain favourable. Funding for SRHR-HIV programmes for East and Horn of Africa and Southern Africa through domestic funding streams are sustained and increased in certain areas over time.

9. RESULTS MATRIX FOR THE IOM'S SRHR, HIV AND MIGRATION PROGRAMME FRAMEWORK FOR THE EHASA REGION (2023-2027)

Programme vision:

Migrants and migration-impacted communities exert their agency to make safe and healthy choices about one's sexuality and attain the highest standard of sexual and reproductive health, and zero HIV infections; fully realizing one's right to health regardless of migration status and enabling sustainable contributions to the welfare of everyone.

Priority Area 1: Increased evidence-base on migration and SRHR-HIV, including a consistent examination on gender, to inform policy and programming in the region ***SRF linkage: 4a.2. Governments and relevant stakeholders responsibly collect, analyse, share and disseminate high quality, timely, disaggregated and comparable migration data***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 1.1: Increased participation of academic and research partners in increasing the knowledge and evidence-base on migration health with a specific focus on SRHR/HIV. (SRF link: 4a.2.1; 4a.2.2; 4b.1.1)	• Number of partner academic and research institutions with migration and SRHR/ HIV integrated into their research agendas (disaggregated by country and type of institution).s • Number of partner academic and research institutions with migration and SRHR/HIV integrated into their curricula (disaggregated by country and type of institution).	• Establish joint ventures with academia and other research institutions in the EHASA region to include migration and SRHR/ HIV as part of their research agenda. • Establish joint ventures with academia and other research institutions in the EHASA region to include SRHR and migration into teaching curricula. • Provide mentorship opportunities to post-graduate students to undertake country, transborder and regional based research on migration and SRHR/HIV in EHASA.	• At least one (1) MoU to be established with an academic or research institution in each of the two regions in EHASA, committing the parties to include migration and SRHR and HIV in their academic curricula and prioritize post-graduate research on the subject. • At least four (4) scholarships will be awarded with co-funding from IOM: one (1) scholarship per region per year to be provided to post-graduate students. • IOM to support and/or participate in at least one (1) regional conference per year, where latest migration and SRHR/HIV research findings and best practices are presented, and research needs and gaps are identified. • At least two (2) operational research studies on SRHR/HIV and migration conducted in each region in four (4) years.	• Academic and research institutions are willing to engage in initiatives on migration and health/SRHR, including with IOM. • Resources from academic and research institutions, including higher education institutions, are committed to contribute to joint initiatives, including minimum human and financial resources. • Academic institutions in EHASA have the knowledge base and experienced staff to teach migration and SRHR/HIV. • Clarity on roles and responsibilities and expectations of each partner in a joint IOM-academic partnership is understood by all. • Security in forced migration settings allows for field research to be conducted.	• Academic and research institutions in the region, and elsewhere • National Ethics Committees and Boards • Relevant ministries in Member States • Conference convening bodies • Programme partners • Migration Health and Development Research Initiative (MHADRI)

Priority Area 1: Increased evidence-base on migration and SRHR-HIV, including a consistent examination on gender, to inform policy and programming in the region ***SRF linkage: 4a.2. Governments and relevant stakeholders responsibly collect, analyse, share and disseminate high quality, timely, disaggregated and comparable migration data***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 1.2: Governments and other key stakeholders have increased knowledge and expertise to collect, manage, analyse and/or disseminate quality, timely, disaggregated and comparable migration health data (including SRHR/HIV data) in line with their specific needs, regional priorities and global commitments and in full respect of data protection and privacy. (SRF link: 4a.2.1)	• Number of national and other relevant coordinating mechanisms on migration data where the health sector is supported to participate (including data custodians of SRHR and HIV related data). • Number of initiatives supported that analyse migration data through an SRHR/HIV lens (or SRHR/HIV data through a migration lens) using national data sets (disaggregated by country).	• Promote and support routine participation of the Ministry of Health (and other relevant data custodians of SRHR and HIV related data) in national intersectoral coordinating mechanisms on migration data, including in humanitarian contexts. • Implement capacity building initiatives with ministries responsible for SRHR to champion the analyse migration data with an SRHR/HIV lens. • Implement capacity building initiatives with ministries responsible for migration management on ensuring the availability of data on migration, to assist in SRHR/HIV policies and programmes. • Mapping migration data sets with relevance for SRHR/HIV analysis (including opportunities for data linkage).	• At least one (1) documented inclusion of Ministries of Health in MoUs, workplans or other key constitutional or planning documents of national and/or other relevant intersectoral coordinating mechanisms on migration data. • At least two (2) exercises analysing migration data with an SRHR/HIV lens conducted at the national or sub-national level, per region.	• National and other relevant coordinating mechanisms on migration data are being established or maintained by governments. • There is a willingness for coordination between government departments on migration data. • Data protection mechanisms exist or are being developed for intersectoral data sharing on the health of migrants.	National and other relevant coordinating mechanisms on migration data and their constituents – including National Statistics Offices Ministries of Health including national public health institutes UN Agencies, including UNFPA and WHO

Priority Area 1: Increased evidence-base on migration and SRHR-HIV, including a consistent examination on gender, to inform policy and programming in the region ***SRF linkage: 4a.2. Governments and relevant stakeholders responsibly collect, analyse, share and disseminate high quality, timely, disaggregated and comparable migration data***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 1.3: Governments and other stakeholders have access to relevant resources, including data standards, best practices, research methods and survey instruments to generate data on migration and/or migration related SRHR/HIV variables in relevant data collection systems (SRF link 4a.2.2)	• Number of countries that are progressively integrating migration and population mobility variables into their SRHR/HIV data systems and sources (including description of progress made). • Number of relevant knowledge products (e.g. guidelines, policy briefs, conference papers, posters, articles etc) developed and disseminated with IOM's technical involvement • Number of training sessions, workshops, collaborating activities or conferences, all conducted by type.	• National mapping of SRHR/HIV data systems and sources, for their inclusion of migration and population mobility variables. • Develop a regional primer on strengthening migration and population mobility data collection and analysis in routine and non-routine SRHR/HIV information systems (e.g. demographic and health surveys, district health information systems, national HIV prevalence, incidence, and behaviour surveys) • Support SRHR/HIV data custodians in integrating or enhancing new or existing modules on migration and population mobility in existing health information systems and data sources. • Develop, produce and disseminate evidence-informed guidelines, technical/policy briefs, conference abstracts/posters, articles. • Formation of learning and information platforms on SRHR and migration both internally and with external partners. • Develop case studies on how migration and SRHR/HIV data enhancements have informed evidence based SRHR/HIV policy and programming. • Promote community learning and feedback platforms for knowledge management products among target groups, partners and stakeholders.	• At least eight (8) countries have formulated recommendations for strengthening migration and population mobility variables are formulated based on national mapping exercises. • At least eight (8) Ministries of Health, National Public Health Institutes, Academic Institutes, and other organizations are supported to enhance the collection, analysis, and utilization of data on SRHR/HIV and, migration and population mobility. • At least six (6) research reports, evidence-informed guidelines, technical/ policy briefs, conference abstracts/ posters, or articles etc developed and shared internally and externally on migration and SRHR/HIV. • At least two (2) case studies documenting ways in which SRHR/HIV information systems have integrated or enhanced modules on migration and population mobility for improved evidence based SRHR/HIV. • At least two (2) knowledge sharing mechanisms established or co-supported, e.g. webinar series, knowledge cafes, per region.	• National health surveys (including DHS) schedules and ability to advocate and support the inclusion or enhancement of migration and population mobility variables are within the period of this Programme Framework • Coordination of various routine and non-routine SRHR/HIV information systems and sources allows for progressive investments in strengthening modules on migration and population mobility. • Availability and interest of Ministries of Health, Public Health institutes, academic institutes and other partners. • IOM communications teams continue to facilitate online and community platforms. • Common understanding of knowledge sharing and learning approaches. • Evidence is generated and disseminated to stakeholders in a timely fashion within project timeframes. • Programme staff and partners are willing to share their experiences and priority this within their workplans.	• Ministries of Health including National Public Health Institutes • National and other relevant coordinating mechanisms on migration data and their constituents – including National Statistics Offices • UN Agencies, including UNFPA and WHO • Academic and research institutions in the region, and elsewhere • Media platforms • Conferences and regional events • Programme partners including governments, community-based organizations and structures, NGOs and UN agencies

Priority Area 2: Increased availability and utilization of migrant-responsive integrated SRH and HIV services and other interventions that consider the social determinants of health in spaces where migration and/or human mobility occurs ***SRF Linkage: 3b.2: Migrants of all genders, ages, abilities and other diversities have access to essential healthcare along migration routes and the risks that population mobility may pose to individual and public health are mitigated***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 2.1: Service providers and institutions have increased capacity (knowledge, skills, infrastructure and tools) to identify and address specific SRHR and HIV needs of migrants and communities affected by migration. (Link to SRF: 1b.3.3; 3b.2.1; 2d.2.3; 2d.2.4)	• Number of government officials and staff of essential service providers trained to deliver migrant-inclusive health services (disaggregate by type of provider, gender). • Number of health facilities supported with the provision of enhanced capacity and/ or infrastructure support to improve access for migrants and mobile populations (disaggregated by service level). • Number of government institutions and essential service providers provided with tools and/ or resources to deliver healthcare services to migrants (disaggregated by type of provider, type of service).	• Develop or reinforce community led monitoring systems that allow users of health services to provide feedback on services rendered, with a focus on migration-impacted communities. • Develop capacity building tools and provide training and technical assistance to governments and partners, including IOM programme. teams on migration responsive SRHR and HIV services. • Develop innovative delivery models to improve community referrals and linkages for SRH-HIV services, including MHPSS and SGBV services, for people on the move, in collaboration with existing government structures and partners. • Facilitate the involvement of the migration management sector in the design and delivery of services to migrants, with a focus on rights to healthcare, irrespective of their migration status.	• 400 government institutions and service providers provided with tools and/ or resources to deliver healthcare services that meet the needs of migrants. • 5000 health and non-health service providers trained to deliver migrant-inclusive health services. • 250 health facilities supported with the provision of enhanced capacity and /or infrastructure support that meet the needs of migrants, per IOM region. • 3000 active community health workers from programme intervention sites trained in the provision of migrant inclusive SRHR-HIV services, per IOM region.	• IOM staff working in various sectors and implementing partner staff encouraged and interested to be trained on migrant's rights to SRHR and HIV services. • Capability to integrate new training curricula that includes migration/ mobility aspects in already existing domestic SRHR and HIV trainings, to avoid duplications and optimize training costs.	• Ministries of health, social affairs, gender, home and foreign affairs at national and sub-national levels • Health training institutes • Rights-based institutions • Migrant networks • Migrants, migrant networks/ organizations • Other programme partners including community-based organizations and structures, NGOs and UN agencies

Priority Area 2: Increased availability and utilization of migrant-responsive integrated SRH and HIV services and other interventions that consider the social determinants of health in spaces where migration and/or human mobility occurs ***SRF Linkage: 3b.2: Migrants of all genders, ages, abilities and other diversities have access to essential healthcare along migration routes and the risks that population mobility may pose to individual and public health are mitigated***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 2.2: Individual migrants and persons living in migration-impacted communities, especially young people, access behaviour change oriented information and other supports which promote healthy SRH and HIV choices. (Link to SRF: 2a.1.4; 2a.1.5)	• Number of migrants in the SRHR and HIV target populations reached with SRHR and HIV information and having access to tailored preventive and curative services, especially youth, women, and other at-risk groups (disaggregated by age, gender). • Number of active community-based health workers or volunteers promoting migrant-inclusive services with support from IOM (disaggregated by gender). • Percentage of surveyed individuals who report to having received information on SRHR, HIV or related migration health issue from an IOM affiliated source in the past 12 months (to be measured during evaluation).	• Establish peer-to-peer networks among young people, migrants and other vulnerable populations in migration-impacted communities, including among migrant networks. • Develop and disseminate tailored IEC/SBCC messages (language and culturally sensitive) on SRHR-HIV and safe migration to target groups. • Develop, adapt, and disseminate training curricula specific to SRHR/HIV and safe migration for use by community-based volunteers, service providers, implementing partners and advocate cadres. • Deliver comprehensive sexuality education and life skills programmes for young people and migrants in migration-impacted communities.	• 1 200 000 beneficiaries, including migrants reached with SRHR-HIV information and messages promoting healthy choices, including messages on safe migration. • At least 1000 community-based volunteers and advocates trained on delivering SRHR, HIV and safe migration support to migrants and migration-impacted communities, per IOM region. • At least 50% of surveyed individuals report receiving information on SRH/HIV or related migration health topic from an IOM affiliated source.	• Community-based volunteers and advocates working in migrant and migration-impacted communities (including where migrants are non-citizens) are progressively recognised in national and local plans and policies pertaining to community health or social volunteers, and the local context promotes and values the role they play in contributing to the wellbeing of the community. • Community-based volunteers and advocates from marginalised migrant communities feel safe and empowered to work and be recognised by the State authorities. • Resources are allocated to support the networks of community-based volunteers and advocates and to organise their training.	• Ministries of health, social affairs, gender, home and foreign affairs at national and sub-national levels • Rights-based organizations • Community members and leaders • Volunteer networks and organizations • Migrants, and migrant networks/organizations • Other programme partners including NGOs and UN agencies.

Priority Area 2: Increased availability and utilization of migrant-responsive integrated SRH and HIV services and other interventions that consider the social determinants of health in spaces where migration and/or human mobility occurs ***SRF Linkage: 3b.2: Migrants of all genders, ages, abilities and other diversities have access to essential healthcare along migration routes and the risks that population mobility may pose to individual and public health are mitigated***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 2.3: Migrants and other mobile persons have access to migration sensitive SRHR/HIV and HIV services along the mobility continuum (Link to SRF: 1a.1.8; 1b.3.2; 1c.1.2; 3b.2.1; 3b.2.2)	• Number of cross-border and other service delivery zones and their associated services delivery points supported to provide responsive SRHR/HIV services for migrant population and target populations on the move. • Percentage of surveyed migrants and mobile persons who have accessed services along key migration/mobility routes/spaces in the last 12 months report satisfaction with services.	• Support cross-border health systems to strengthen continuity of SRHR and HIV services for target groups. • Establish cross border coordination forums with Member States to strengthen SRHR and HIV support to migrants and better manage migration flows. • Conduct sensitization sessions and dialogues with target groups and stakeholders at border areas and key gathering points along the mobility continuum. • Routine training/sensitization of clinical staff in IOM managed health facilities including pre-migration health assessment centres, in institutional guidance on screening and service readiness for cases of sexual exploitation and GBV.	• At least six (6) cross-border zones will be supported each year in providing migrant-responsive SRHR and HIV services for migrant population and target populations on the move. • At least 50% of surveyed migrants/mobile persons who have accessed services report satisfaction with the services.	• Member States show sustained political will to engage in the cross-border forums. • Member States have clear mechanisms to establish and finance cross border forums at a sub-national (border) level. • Migrants/mobile persons utilize available services.	• Ministries of Health, Social Affairs, Gender, Home and Foreign Affairs at national and sub-national levels • Rights-based organizations • Migrants, and migrant networks/organizations • Regional economic and development communities (SADC, IGAD, EAC, COMESA, IOC) • UN Agencies, including WHO.

Priority Area 2: Increased availability and utilization of migrant-responsive integrated SRH and HIV services and other interventions that consider the social determinants of health in spaces where migration and/or human mobility occurs ***SRF Linkage: 3b.2: Migrants of all genders, ages, abilities and other diversities have access to essential healthcare along migration routes and the risks that population mobility may pose to individual and public health are mitigated***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 2.4: Vulnerable migrants and young people have access to opportunities that strengthen their livelihoods and resilience to SRH and health related threats. (link to SRF: 2d.4.1; 2d.4.2)	• Number of vulnerable migrants and young people living in migration-impacted communities trained in entrepreneurship skills and linked to livelihoods/income generating opportunities (disaggregated by gender, age).	• Labour market needs assessments conducted in migration impact communities, with a focus on entry skills and jobs for young people. • Development and use of a vulnerability criteria to select participants for skills training / income generation activities, that includes SRH related vulnerabilities. • Establish partnerships and programmes on training and linkages to livelihoods/income generating opportunities that include modules on SRHR. • Support undocumented applicants for training programmes to complete the required documentation and support businesses in registration of companies with national social security schemes. • Conduct evaluations of entrepreneurship training and livelihoods/income generating programmes including perceived agency of participants to exercise their SRHRs.	• At least 10% of migrants and vulnerable youth groups (young people, women and migrants with special needs) in SRHR and HIV programmes are targeted for livelihood supports and vocational trainings. • At least two (2) model programmes are developed to improve entrepreneurship skills and linkages to livelihoods/income generating opportunities for vulnerable migrants and young people living in migration-impacted communities, and the programme model is made available.	• Selection criteria and eligibility for vocational training and income generation programmes remain open to non-nationals. • Partners working in key industries attractive to young people and migrants, are willing to engage in programmes with migrants.	• Ministries of Education, Training, Industry, Youth Development and Health • Technical and Vocational education and training institutes • Private sector • Programme partners including CSOs, NGOs, UN agencies

Priority Area 3: Increased capacity of communities, local authorities and key partners to respond to SRHR and HIV needs of migrants and host communities in forced migration and disaster-prone settings ***SRF linkage: 1a.1: Crisis-affected populations have their basic needs met and have minimum living conditions with reduced barriers to access for marganlised and vulnerable individuals. 1b.1 Governments and humanitarian actors work with crisis-affected populations to understand the vulnerabilities and evolving needs that are context specific 1b.2 Governments and humanitarian actors at all levels design [and implement] activities that reduce risks and threats associated with humanitarian crises***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 3.1: IOM teams, communities, local authorities and key partners have acquired knowledge and skills to design, implement and integrate SRHR and HIV interventions into humanitarian preparedness and response. (Link to SRF: 1c.1.2)	• Number of humanitarian factors (internal and external to IOM) trained on SRHR and HIV related vulnerabilities and adequate responses in forced migration contexts including humanitarian settings and in climate change/disaster prone areas in line with Interagency Standing Committee (IASC) guidelines, Sphere Handbook and other regionally defined standards and best practices. • Number of initiatives (projects, programmes) implemented that focus on reinforcing existing primary healthcare system in humanitarian settings and climate change/disaster prone areas to deliver migrant-responsive SRHR and HIV services.	• In collaboration with key stakeholders, develop trainings, localised guidance notes, and provide technical assistance on addressing SRHR and HIV in the context of forced migration including humanitarian settings and in climate change/ disaster prone areas. • Increase engagement of IOM Missions in interagency disaster preparedness and response efforts on issues pertaining to SRHR/ HIV, including through the UN Country and Humanitarian Teams, UN Joint Teams on HIV. • Train health staff and provide technical assistance in developing contingency planning at the primary healthcare level for disasters (including climate related) to deliver migrant-responsive SRHR and HIV services, especially targeting at-risk groups (such as youth and women). • Advocate for the inclusion of SRHR interventions and universal access to healthcare, including vulnerable migrants, in disaster risk management, emergency/humanitarian response plans and climate change adaptation plans. • As the agency of last resort, provide SRHR and HIV services to migrants and communities, in coordination with local authorities and health cluster partners.	• At least two (2) capacity building exercises are organised targeting IOM and partner staff in a range of sectors (including CCCM, Shelter, Logistics, Protection, Health) on SRHR and HIV related vulnerabilities and adequate responses in forced migration contexts including humanitarian settings and in climate change/ disaster prone areas. • At least 20% increase in IOM project proposals that include interventions in humanitarian and crisis settings include a support to delivery of SRHR and HIV services to migrants, displaced people and host communities. • At least one (1) project per country with humanitarian crisis or affected by climate change to support the reinforcement of the delivery of SRHR and HIV within the PHC system.	• Context allows for early inclusion of SRHR and HIV related expertise in IOM crisis response plans and appeals. • Availability of trainers and expertise at the IOM country level (presence of migration health teams). • Resource allocation – including available resources through non-traditional HIV/SRHR donors willing to ensure mainstreaming of HIV/SRHR in programming across several sectors.	• UN Country and Humanitarian Teams • UN Joint Teams on HIV (regional, country) • Cluster coordinators for various sectors • Local organizations working in emergencies, HIV and SRHR

Priority Area 3: Increased capacity of communities, local authorities and key partners to respond to SRHR and HIV needs of migrants and host communities in forced migration and disaster-prone settings ***SRF linkage: 1a.1: Crisis-affected populations have their basic needs met and have minimum living conditions with reduced barriers to access for marganlised and vulnerable individuals.*** ***1b.1 Governments and humanitarian actors work with crisis-affected populations to understand the vulnerabilities and evolving needs that are context specific*** ***1b.2 Governments and humanitarian actors at all levels design [and implement] activities that reduce risks and threats associated with humanitarian crises***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 3.2: Increased evidence and knowledge-base on the nexus of migration and climate on HIV and SRHR. (Link to SRF: 1b.1.1)	• Number of assessments or research conducted with IOM support or collaboration exploring the nexus of migration, climate change and SRHR/HIV to inform programming within climate-change/disaster prone areas. • Number of local stakeholders who have participated in capacity development activities to formulate interventions on the immediate and longer-term needs of people affected by crises (disaggregated by type of stakeholder) (SRF 1a.2.2).	• Develop strategic partnerships and collaborations with academia and organizations working in climate change, and establish a research agenda on migration, climate change and HIV/SRHR [see also output area 1.1]. • Increase the availability of dedicated resources through IOM projects on SRHR/HIV and climate change, that engage in assessments and research on the nexus of migration, climate and SRHR/HIV to inform programming within climate change/ disaster prone areas and humanitarian settings.	• At least one (1) regionally defined research agenda with academia and organizations working in climate change and the nexus of migration, climate change and SRHR/HIV, to inform programming within climate-change/disaster prone areas and humanitarian settings • At least two (2) IOM funded research studies or assessments that explore the nexus of migration, climate change and HIV/SRHR to inform IOM programming within climate-change/disaster prone areas and humanitarian settings • At least twenty (20) local stakeholders who have participated in capacity development activities, per country • At least a policy brief/primer on linkages between climate induced emergencies and SRHR	• Endorsement of the IOM Climate and Migration Strategy for Southern Africa (2023) and progressive investments made to strengthen technical capacity and support to IOM Missions made across both IOM Regional Offices	• Academia, research institutes • Partners, including UN partner agencies and local organizations • Ministries of working in the areas of disaster preparedness and response, climate and environment

Priority Area 3: Increased capacity of communities, local authorities and key partners to respond to SRHR and HIV needs of migrants and host communities in forced migration and disaster-prone settings ***SRF linkage: 1a.1: Crisis-affected populations have their basic needs met and have minimum living conditions with reduced barriers to access for marganlised and vulnerable individuals. 1b.1 Governments and humanitarian actors work with crisis-affected populations to understand the vulnerabilities and evolving needs that are context specific 1b.2 Governments and humanitarian actors at all levels design [and implement] activities that reduce risks and threats associated with humanitarian crises***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 3.3: A model for integrated programming that addresses the underlying causes of poor SRHR and HIV outcomes among migrants and migration affected communities, including mental health and psychosocial support systems, is piloted in the region. (Link to SRF 1a.1.5):	• Number of vulnerable migrants and young people supported with livelihoods and vocational training in contexts of forced migration (disaggregated by age, gender) • Number of IOM SRHR/ HIV programmes that incorporate mental health and psychosocial support needs in their programme design and response.	• Build capacity and establish partnerships with other partners, relevant government vocational training departments and the private sector companies for training and linkage to livelihoods and employment opportunities. • Develop a technical brief on the relationship between SRHR, HIV and MHPSS needs and services for the region to guide IOM programme and strategic partnerships including with MHPSS actors. • Support the integration of MHPSS approaches in health, SRHR and HIV programmes from the initial stages of project inception and programme design.	• At least 10% of migrants and vulnerable youth groups (young people, women and migrants with special needs) in SRHR and HIV programmes are targeted for livelihood supports and vocational trainings. • At least 50% of IOM SRHR/HIV programmes incorporate MHPSS in their programme design. • At least 30% of IOM staff and Implementing Partners (IP) staff working in SRHR/HIV programmes is trained in MHPSS interventions in migration and humanitarian settings.	• Availability of expertise in the area of MHPSS in SRHR/HIV programming that can be deployed to support IOM programmes – surge and technical support capacity of IOM Global Unit on MHPSS • Availability of a dedicated MHPSS Support Office at the regional level to support IOM Missions • Donors are willing to support MHPSS and livelihoods interventions within SRHR and HIV programming in migration and forces migration settings.	• Networks and organization working in livelihoods and vocational training. • Networks and organizations working in mental health, and psychosocial support services and programming.

Priority Area 4: Laws, policies and social norms that protect and promote migrants' right to SRH, are increasingly available and implemented at all levels ***SRF Linkage: 2b.1: Risk factors increasing migrant vulnerability to violence, exploitation and abuse, including Gender-Based Violence, are reduced and/or mitigated*** ***4b.1: Governments and key stakeholders [including international organizations, civil society and the private sector] engage in evidence-informed dialogue and learning exchange on policies and processes supporting good migration governance [at global, regional and national levels, supported through accessible migration research and reliable data analysis]*** ***4c.1: The public narrative of migration is well-informed and balanced, and the human rights of migrants and their contribution to local and national development are recognised***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 4.1: Governments and other relevant stakeholders have acquired the knowledge capacity and gender sensitive tools to advocate, develop, review and operationalize policies pertaining to the SRHR of migrants and migration affected communities. (Link to SRF: 4b.1.1; 4b.2.1)	• Number of relevant capacity building events held with support from IOM (including at the community, sub-national, national, cross border level) that address barriers to SRHRs among migrants and young people in migration-impacted communities (disaggregated by level of dialogue). • Number of legislations and policies that have integrated migrants' SRHR/HIV needs through support from IOM and its partners (disaggregated by type of strategy, country). • Percentage of government officials and stakeholders who report having confidence in applying their newly acquired migration governance skills to develop or reform policies (disaggregated by gender).	• Capacity building for IOM staff and implementing partners on migration and migration health Policy frameworks and exchange with partners working in the region on advocacy on SRHR, migration, gender equality and other pertaining areas. • Conduct dialogues (including at the community, sub-national, national, cross border level) that address SRHR/HIV and migration policy-practice gaps • Document how countries in the region have been able to address the SRHR/HIV needs of migrants in legislative and policy reforms (utilising the IOM POE platform). • Enable and conduct community, country and regional level learning exchanges and in-country field exchange visits among implementing partners and other stakeholders. • Engage IOM in regional networks on SRHR and HIV, where exchange of experiences and joint initiatives for impact are fostered. • Provide technical assistance to policy makers to conduct consultations and development of migrant sensitive policies and plans.	• At least 30% of all IOM Member States have been supported to conduct dialogues (including at the community, sub-national, national, cross border level) that address SRHR/HIV and migration policy-practice gaps • At least two (2) stories of change are published, documenting how countries in the region have been able to address the SRHR/HIV needs of migrants through legislative and policy reforms. • At least ten (10) new or revised migration-relevant and specific policies or laws developed with support from IOM (disaggregated by type, country) • 60% of trained government officials reporting application of their newly acquired migration governance skills. • At least two (2) migrant –aware approaches per country • At least one (1) platform for knowledge exchange and dialogue around migration and SRHR/HIV is developed and operationalized in every country. • 50% of IOM Missions and 100% of IOM regional offices engage in at least one learning and experience exchange event on SRHR, HIV and Migrant Health on a yearly basis.	• Relevant legislation and policies undergo revision within the timeframe of this Programme Framework • Willingness of Member States and partners to participate in the dialogues and reform policies and legislation • Ongoing support to the IOM Policy Exchange and Learning on Migration (POE) • Resources are allocated to the activity. • Engagement of key partners and stakeholders leading regional and national (where existing) learning and exchange platforms. • Ongoing support from IOM Knowledge Management Unit.	• Policy makers and legislative bodies in a range of sectors • Regional economic and development communities • Civil Society and organizations working in human rights advocacy and policy reform • Implementing Partners • Regional and National UN Networks on migration • Migrants, and migrant networks/ organizations

Priority Area 4: Laws, policies and social norms that protect and promote migrants' right to SRH, are increasingly available and implemented at all levels ***SRF Linkage: 2b.1: Risk factors increasing migrant vulnerability to violence, exploitation and abuse, including Gender-Based Violence, are reduced and/or mitigated*** ***4b.1: Governments and key stakeholders [including international organizations, civil society and the private sector] engage in evidence-informed dialogue and learning exchange on policies and processes supporting good migration governance [at global, regional and national levels, supported through accessible migration research and reliable data analysis]*** ***4c.1: The public narrative of migration is well-informed and balanced, and the human rights of migrants and their contribution to local and national development are recognised***					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 4.2: Local initiatives that promote health and peaceful co-existence between migrants and host communities increased (Link to SRF: 4c)	• Number of stories of change and best practices documented where stigma, misinformation, and socio-cultural barriers towards migrants both at community and service delivery levels are reduced and the resilience of migrants promoted with support from IOM (disaggregated by country). • Number of government-led or regional campaigns and/or initiatives supported by IOM promoting a well-informed, balanced image and the integration of migrants (disaggregate by type of initiative, country). • Number of beneficiaries reached with awareness-raising campaigns to counter xenophobia and discrimination in the context of SRHR (disaggregated by gender, age, vulnerability) SRF 4c.1.3.	• Conduct community dialogues and events that discuss and address migrants' right to health, SRHR/HIV and explore ways to create an enabling environment for both migrants and host populations. • Train and provide exchange opportunities for faith and traditional leaders to address SRHR and HIV in migration settings. • Collaboration with IOM initiatives that promote social inclusion of migrants, to address issues pertaining to migrants' rights to healthcare and their SRH and HIV rights. • Develop feedback mechanisms at community and service delivery level and address relevant issues related to migrants' rights to health and SRH/HIV rights.	• At least six (6) countries in the region deliver joint programming on social inclusion and migrants' rights to healthcare and their SRH/HIV rights. • 100% of the countries implementing SRHR or HIV related programmes report on stories of change and best practice at least on a quarterly basis. • At least twenty-five (25) implementing partners, government officials and service providers participating in capacity development activities to address PSEA. • At least two (2) government led campaigns and/or initiatives supported by IOM promoting integration of migrants, per country. • 60% of respondents engaged in community dialogues confirm positive migrant contributions to local/national development. • 300 000 beneficiaries reached with awareness campaigns to counter xenophobia and discrimination.	• IOM units and teams working on Social Inclusion have sustained resources to engage in broader issues of xenophobia, and discrimination against migrants. • IOM teams continue to have safe access to communities.	• Migrants, and migrant networks/ organizations • Local Authorities and traditional leaders • Media • Programme partners including CSOs, NGOs, and UN agencies

Priority Area 5: Multi-sectoral, multi-country and cross-border partnerships and collaborations actively address SRHR and HIV challenges posed by mixed migration flows. *SRF Linkage: 1c.2: The quality of humanitarian assistance is enhanced through interagency coordination, including IOM Cluster leadership and partnership*					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 5.1: Improved cross-border coordination among SRHR and HIV stakeholders on the health of migrants. (link to SRF 3b.2.1; 3b.2.3)	• Number of border health facilities supported to implement migrant sensitive SRHR and HIV activities (disaggregated by country, type of activity) • Number of cross-border coordination mechanisms strengthened to include SRHR and HIV related needs of migrant and migration-impacted communities (including border communities). • Number of bi or multi-lateral Policy Frameworks between Member States on migration that recognise and/or promote the right to health of migrants and address continuum of care across borders. • Number of IOM active memberships in protection working groups/sectors and/or their respective sub-working groups/sub-sectors that address SRHR and HIV (disaggregated by country, type of partnership).	• Support bi and multi-lateral discussions, plans and agreements (including cross border coordination forums) to review the status of migrants' and migration-impacted communities' SRHR and HIV related needs, and formulate appropriate responses progressively recognizing their right to health (including SRH/HIV) • Develop technical solutions and inclusion of SRH and HIV rights and needs for migrants in bi- and tri-lateral and regional dialogues cross-border forums. • Support the collation and dissemination of best practices, including technical solutions adopted by Member States to promote the continuation of care through cross-border referrals and increased access to legal identity. • Support the integration of SRHR and HIV service delivery at border health facilities.	• 20% increase in the total number of border health facilities supported to implement SRHR and HIV activities by IOM and partner organizations. • At least one (1) cross border forum is held between two countries each year to discuss SRHR and HIV related needs of migrant and migration-impacted communities (including border communities). • An increase in the number of Member States who recognise and/or promote the right to health of cross-border migrants as articulated in national legislation and policy [Baseline 2022 Reviews of Migrants' Rights to Health for Southern Africa and East and Horn of Africa]. • All countries where IOM leads clusters or sector or coordination mechanisms where cluster mechanisms are activated, per IOM region. • At least one (1) inter-agency/government response plan including IOM input, per country. • At least two (2) inter-agency partnerships established, and partnership formalised, per country. • At least three (3) active memberships in protection working groups/sectors, per country.	• Sustained support by Member States, Regional Economic and Development Communities in facilitating discussions and policy action on migration management (including the uptake of the SADC Regional Migration Policy Framework and relevant Policy Frameworks in development under IGAD and EAC) • Existence of border health facilities and stable availability of health staff at borders. • Availability of resources allocated to the activity. • Willingness of Member States to activate cross-border dialogue and collaborations both at national and local level.	• Member States including Ministries of Health, Foreign Affairs, Social Affairs, Gender – at national and sub-national levels • Migrants, and migrant networks/ organizations • Regional economic and development communities • National/regional organizations working at borders

Priority Area 5: Multi-sectoral, multi-country and cross-border partnerships and collaborations actively address SRHR and HIV challenges posed by mixed migration flows. *SRF Linkage: 1c.2: The quality of humanitarian assistance is enhanced through interagency coordination, including IOM Cluster leadership and partnership*					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 5.2: Migration related SRHR and HIV perspectives are reflected in national and subnational or sectoral legislations, policies and plans. (Link to SRF 3b.4.1; 4b.1.3; 4b.2.1)	• No. of legislations, policies, strategic plans, operational plans that have incorporated migration related SRHR and HIV perspectives.	• Conduct periodic reviews of the status of migrants' access to SRHR, HIV and health and migration informed responses, as articulated in national legislation and policy. • Raise awareness on existing SRHR, HIV and migration related laws and availability of services for migrants, among migration management stakeholders. • Provision of technical support including capacity building to Member States in reviewing, developing and implementation of migration policy and accountability frameworks to ensure consideration of health including SRHR/ HIV for migrants, in frameworks.	• At least 30% of all countries have been supported to implement initiatives that review the status of migrants' access to SRHR and HIV and migration informed responses, and examination of the policy-practice gap. • At least one (1) national multi-sectoral consultation is convened in every country. • At least 30% of stakeholders national level have been sensitised on migrants' access to SRHR and HIV services and policy-practice gap.	• Member States strengthen their commitment to Universal Health Coverage and associated accountability frameworks. • Resources are allocated to the activity. • Willingness of Member States to participate in processes that examine the rights of migrants in accessing healthcare.	• Member States including Ministries of Health, Foreign Affairs, Social Affairs, Gender – at national and sub-national levels • Academia • Regional economic and development communities • National/regional organizations working at borders

Priority Area 5: Multi-sectoral, multi-country and cross-border partnerships and collaborations actively address SRHR and HIV challenges posed by mixed migration flows. *SRF Linkage: 1c.2: The quality of humanitarian assistance is enhanced through interagency coordination, including IOM Cluster leadership and partnership*					
	Key performance indicators	**Key interventions**	**Targets**	**Assumptions**	**Partners**
Output Area 5.3: Strategic partnerships leverage funding for sustainability and expansion of SRHR, HIV and general health needs of migrants and migration affected communities. (Link to SRF: 3b.2.1; 3b.2.3)	• Percentage increase in funding (dollar value) for SRHR/HIV related programming among migrants and migration-impacted communities in both East and South Africa regions. • Number of multi-sectoral programmes developed and funded that include activities addressing the SRHR and HIV of migrants and migration-impacted communities (disaggregated by country, region, funding source).	• Establish or engage in route-based multi-county partnerships and collaborations that promote safe and orderly migration management. • Develop proposals and appeals for multi-partner, multi-sectoral programmes with the support of UNNM. • Ensure data on key migration trends are available to inform the development of SRHR and HIV programmes along migration routes. • Strengthen partnerships with private sector partners articulating common areas of interest in promoting the health of migrants and their communities	• By the end of this Framework's cycle double the funding for SRHR/HIV programming from 2023 baseline • At least two multi-sectoral programmes developed and funded for regional, or route based interventions. • At least two regional reviews conducted in 2027 to review progress by Member States in recognizing migrants' right to healthcare including SRHR and HIV.	• There is a growing donor-appetite for migration related SRHR/HIV programming investments • IOM ROs and CO missions have the necessary capacity to engage donors and develop quality proposals.	• UN Network for Migration (Country and regional) • Donor community • Regional Economic Communities (SADC, EAC, IGAD, AU) • Programme partners • Private sector

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