



**Independent Final Evaluation
Of the
Prevention and Mitigation of HIV/AIDS Labour and
Socioeconomic impact in the world of work in Uganda and Ethiopia**

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It is sincerely hoped that this evaluation will be used as a learning document, which will contribute to the Italian Co-operation, ILO Geneva and the respective area and field offices in improving their performance and ultimately benefiting the individuals they serve. The results in this report are a reflection of the views of the consultant and not that of the International Labour Organisation (ILO).

Executive Summary

Introduction

Funded by the Italian Government since 2002, the ILO started implementing a project entitled “*HIV/AIDS and the world of work: consequences for labour and socio-economic development*” in ten African countries. The second phase supported work in Uganda and Ethiopia planning workplace programmes including prevention through education and training, and access to care and support. The second phase of the programme included:

- the selection of key sectors of activity where action would be concentrated;
- adaptation of national policies on HIV/AIDS and the world of work to sector specific needs;
- capacity-building for the selected sectors, including training for government members, trade unions and employers’ organisations;
- training at enterprise level or co-operative level to enable workers and management jointly to plan and implement comprehensive interventions on HIV/AIDS at the workplace, including prevention, access to care and support, VCT and treatment.

Covering this second phase this evaluation builds on the internal ILO assessment of Uganda and Ethiopia that took place in 2006 and the independent evaluation in January 2008¹ in Ethiopia, by Bezabih Emana.

Methodology

The purpose of the evaluation is to:

- assess if the project has achieved its stated objectives;
- assess any longer-term sustained improvements;
- provide recommendations on a possible way forward in terms of HIV/AIDS response in the world of work;
- assess the ILO comparative advantage in responding to HIV/AIDS in the project countries.

¹ ILO/Italian-Funded HIV/AIDS Project Implementation and Needs in Oromia region

To answer these questions the evaluation assessed the:

- relevance of the project objectives;
- effectiveness of the project;
- efficiency in terms of use of resources;
- project's sustainability;
- level of stakeholder commitment to project.

The evaluation took place from the 6th till the 18th June by an independent evaluation consultant

Key Findings

Mainstreaming of HIV/AIDS into enterprises is a process that takes time, as it requires a conceptual shift in thinking. The national policy in Uganda and the policy within the co-operative primary societies in Ethiopia have created a framework for mainstreaming to take place. The creation of this framework needs to be built upon to ensure sustainability, and ILO is well placed to lead this.

The creation of a national policy in Uganda and a workplace policy in the primary societies within the co-operative associations in Ethiopia is a concrete success of the programme. Adoption of a tripartite approach in Uganda ensured the national policy was reflective of stakeholders viewed and owned by the Ministry of Gender, Labour and Social Development (MOLGSD). In Ethiopia ownership and commitment of the policy within the co-operative association came from the individual's voluntary commitment in the grass roots primary societies. In contrast, the policy in the transport bureau in Ethiopia did not embed itself within the organisation and consequently was not operational.

Overall leadership buy-in was recognised as essential in the policy development process, and that this took time to develop; also that this understanding and commitment needs to be in place before implementation of HIV/AIDS prevention and mitigation activities take place. This did not happen in Ethiopia, which in part resulted in confusion between the policy and the peer education initiative. Moreover, there was a high turnover of staff involved in the policy development process, which led to limited knowledge of the policy among newer staff. The mitigation and prevention activities in both countries centred on the peer education programme. The quality of the programme was seen to be good by the attendees and the

wider organisations themselves with evidence of increased awareness and changes in behaviour.² Linkages to other care and support services were weaker, in part due to the lack of available government services³, and in part due to limited partnerships formed with existing service providers to meet the potential demands created through increased awareness.

The weaker aspects of ILO operations were mainly around its strategic approach and management structures, which affected project results. Due to the unpredictable nature and unknown quantity of the funds from the Italian co-operation, ILO shifted its management of the project to one of short-term planning, focusing on supporting key activities. As a result strategic planning in terms of:

- developing country specific project frameworks;
- developing outcome and impact level indicators;
- reviewing and managing risks;
- quarterly work plans and subsequent reporting being aligned;
- reporting against results rather than activities;
- maintenance of systematic interventions with targeted enterprises;
- mainstreaming gender, poverty, environment

did not take place and negatively affected the project potential impact

The question then needs to be asked of ILO whether management of these types of funds to run projects is ultimately effective. For the Italian co-operation the question arises as to whether the existing funding mechanism for this type of funds is effective and efficient in maximising the potential impact of Italian taxpayers' money.

In terms of its role in the WOW, ILO was seen by its stakeholders not to have fully capitalised its added value on advocating the mainstreaming of HIV/AIDS. In terms of its implementation approach ILO's added value lies more in upstream policy development than direct implementation. This technical expertise was not maximised in Ethiopia as the majority of resources were allocated to direct intervention to reach the grass roots level.

² See Jan 2008 evaluation report in Ethiopia and internal assessment 2007

³ most notably in Ethiopia

Within the wider context ILO was seen as a lead agency in the WOW and HIV/AIDS so was well placed to deliver these mainstreaming HIV/AIDS projects. ILO's work fitted into the UNAIDS' joint programme strategy and that of UNDAF. ILO's added value was clearly around policy development and although the quality of its peer education programme was not questioned, ILO's added value in the implementation of prevention and mitigation activities is less clear than that of its policy work.

Best Practices

Best practises identified included:

- Drama, family events and multi-media were the most successful forms of intervention in raising awareness. This exposure to information in a non-threatening manner encouraged attendees to 'talk out' about issues surrounding HIV/AIDS.
- In 2008 James Finlay tea estate created a monitoring system in order to be able to measure the benefits of the HIV/AIDS programme. Data was collected around levels of absenteeism, productivity, mother-to-child transmission and overall well-being of staff. This monitoring system is used to report to the executive board on the impact of the HIV/AIDS workplace policy⁴.
- From the outset, establishing a MOU with respective enterprises to clearly set out initial roles and responsibilities of each of the parties in the development and operationalisation of the HIV/AIDS Work Place policy. This provided a reference point to which each party could refer as a guideline when interventions had commenced.
- Because of the establishment of the policy in James Finlay, in 2006 the Ministry of Health started to supply ARV directly through the estate clinics.
- A sustained partnership approach was seen as an effective way of mainstreaming HIV/AIDS in the workplace. Examples of an effective partnership approach were cited by a number of stakeholders by the placing of seconded staff⁵ into enterprises to work to operationalising policy guidelines.
- Cost-sharing on implementation of policy, the degree to be determined on a case-by-case basis. The degree of cost share to shift towards the enterprise as the project continues.

⁴ This intervention came after ILO main intervention, building upon this with the additional support given through the HIPS programme.

⁵ This initiative was carried out by other stakeholders working on HIV/AIDS policy in the workplace in the same enterprises as ILO Uganda.

- Translation of HIV/AIDS material into a number of local languages.

Lessons Learnt

Outlined below are a number of lessons learnt, to be incorporated into future programme designs at both a strategic level relating to ILO implementation in general and an operational level within the specific countries.

Strategic

- Management of funds centrally delayed the implementation process.
- Lack of any indicators in Ethiopia and only indicators to the output level in Ethiopia indicator hindered ILO's accountability to project results
- Mainstreaming of HIV/AIDS in the world of work is still a new concept for many; employers and this change in thinking takes time. This shift in thinking of management cannot be underestimated and adequate time and resources must be committed to this process. As a result, to develop a policy that is owned by individual workplaces takes time.
- A robust monitoring of the interventions should be considered as part of the mainstreaming process. Effective monitoring will, over time, provide the organisations with direct evidence of the benefits of the workplace policy to their core function.
- Countries should develop project-specific proposals. The original proposal was developed for three countries, and in some countries information was not relevant to the context on the ground. Project document was meant as guidance but never changed to incorporate specific issues and challenges.

Operational

- Relying on individuals for policy development and related activities hindered programme effectiveness as ILO was consistently faced with a high turnover of staff. Working through committee ensures wider ownership and mitigates against the risk of high turnover of staff.
- Ensuring ownership at the management level is crucial for embedding any policy within an organisation and therefore, sustainability of any interventions in the longer term.

- To ensure continued focus and support for the national policy development the NPA could have been developed while the national policy was being finalised, so the policy and the plan of action could be launched at the same time.
- Need to engage staff at the right level within respective organisations, ensuring that they have the authority to make decisions around operationalising the workplace policy.
- A process of ensuring an effective HIV/AIDS workplace policy is firstly:
 - signing of Memorandum of Understanding (MOU) outlining clear roles and responsibilities;
 - organisational assessment to determine the operational framework and structure for policy development;
 - establishment of a policy committee to ensure a wider engagement and ownership of the process and reduced risk of process failure due to high turnover of staff;
 - development of policy and respective operational plan;
 - roll-out of prevention and mitigation activities.
- Commitment of funds from enterprises in the operationalising of a workplace policy shows organizational commitment to the policy process.

Recommendations

The recommendations have been divided into ‘operational’ and ‘strategic’. Strategic recommendations focus on wider organisational issues such as overall approach, and guiding principles in policy development, which are targeted for ILO Geneva and regional offices. Operational recommendations refer to potential changes to future projects in ILO in Uganda and Ethiopia on HIV/AIDS in the WOW, and are targeted to individual countries’ response and context.

Strategic Recommendations

To the National Project Coordinator

Ensure that policy development is partnered with a level of care and prevention service provision. As direct implementation on care and support is not within ILO remit,

establishment of partnerships with service providers from the onset is essential to ensure benefits of the work place policy become a reality.

To the National Project coordinator

Learning from the project and from other agencies engaged in development of HIV/AIDS workplace policies is that buy-in from leadership is essential. Learning from STOP AIDS NOW! (SAN!) in Uganda⁶ is that the management first need to convince before implementation of prevention and mitigation activities start. This commitment and engagement can be supported through carrying out an organisational assessment, which identifies challenges, risks and policy champions within the organisations and establishment of an MOU outlining roles and responsibility of each party.

To the National Project Coordinator

Further clarity is needed in ILO's approach on what capacity building of tripartite partners means in practice, particularly around committing resources to engage in capacity building. The relationship in Uganda was one of mainly ongoing consultation in the policy development process. Capacity building of the partners was a secondary by-product of the consultation process. Tripartite partners interviewed in Uganda were keen to develop policies and programmes in workplaces further but had limited resources with which to fully engage in this process. In Ethiopia, engagement of different agents within the co-operative ceased once the policy had been developed and ILO focused on running the peer education programme. Capacity building in this context would relate to the development of an overall operational plan and its subsequent monitoring and evaluation.

To the ILOAIDS technical cooperation unit in Geneva

All Projects should have yearly budgets with allocated budget lines relating to key activities and outputs within a results framework.

To ILOAIDS

The centralised nature of the funds delayed the implementation of the project, most noticeably in Uganda. Moving funds direct to project sites would reduce this delay.

⁶ Uganda was a pilot project in the SAN! Project.

To the ILOAIDS technical cooperation unit in Geneva

Set up an M&E system within the project and ensure that NPC are accountable to reporting on a quarterly basis against output indicators and on a yearly basis against progress towards outcome indicator (strategic objectives).

To ILOAIDS

Due to the unpredictable nature of these types of funds, achievement of project objectives is more questionable. If ILO is committed to achieving project results a clear funding strategy must be developed to complement proposal of this type to meet any funding shortfalls.

To the ILOAIDS technical cooperation unit in Geneva

Incorporate into HIV/AIDS policy development projects an M&E component, which will provide direct evidence to the workplace on the cost and subsequent benefit of having an active policy, such as changes in levels of absenteeism, quality of work and customer satisfaction.

Operational Recommendations

To National project coordinator in Uganda:

Project and Budget planning

Work plans should be developed on a yearly basis with corresponding budgets to enable projects to plan and implement activities in a strategic manner.

To national project coordinator in Ethiopia:

Policy development

HIV/AIDS WOW projects should start with building understanding and commitment to HIV/AIDS in the workplace, which would in turn feed the development and establishment of a policy framework. The policy development process should include adequate promotion, which in part would come from the participatory approach adopted in its development, but also wide scale dissemination. From this implementation of joint project activities initiated by enterprises and supported by ILO should flow. Projects should not start with implementation and policy development at the same time.

Workplace committee

Establishment of workplace committee rather than individual focal persons reduces risk associated with high turnover of staff and increased accountability and ownership of the initiatives.

Coverage versus Depth

ILO added value comes in upstream policy development and the support and facilitation of embedding and operationalising policy within the workplace. Within this context, ILO is better placed to concentrate its resources on extending its coverage, and managing the quality of the roll-out rather than direct implementation to the grass root level.

Next Steps

Uganda

ILO has a clearly recognised role across key stakeholders in the WOW. A clear opportunity now exists in Uganda to continue the mainstreaming of HIV/AIDS in the WOW through the utilisation of the dialogue space created through the national policy. ILO should be supported by the MOLGSD in the implementation of the national plan of action. Other areas for ILO's possible future intervention noted were:

- the review of the relevance of National Policy after three years of its implementation in 2011;
- upstream policy development in key line ministries⁷;
- the co-ordination of national response to HIV/AIDS and the WOW through setting up a committee for stakeholders,
- documenting best practice and lessons learnt,
- advocating on mainstreaming HIV/AIDS in the world of work;
- mapping of WOW activities. There is no clear information on the number of HIV/AIDS policies;
- specific research on the cost of HIV/AIDS in the WOW, to be used as an advocacy tool;

⁷ Working in conjunction with WV who have been contracted to work with three line ministries in the next three years.

- working in the ‘hard to reach’ workplaces such as the informal sector to identify lessons learnt and best practice to share with the wider community;
- work with the enterprises, in partnership with FUE and COFTU and NOTU on developing policy in pre-selected workplaces.

Ethiopia.

A national workplace policy framework exists in Ethiopia that holds enterprises to account for the development of HIV/AIDS workplace policies. At the same time the government has committed 2% of organisational budget⁸ for the implementation of a policy; and HAPCO has developed a strategy, which targets 2100 HIV/AIDS workplace policy in place by 2011 and has put in place an indicative budget. The challenge here is that MOLSA and the other tripartite must have the capacity to access funds allocated at HAPCO to begin to roll out the policy framework they developed. Currently they have limited the resources or capacity to push this process forward. In terms of resources, the majority of funds⁹ are presently focused around mitigation/health care provision while the numbers of newly-infected cases continue to rise. Within this context ILO is well placed to advocate for resource allocation on workplace policy, understanding around mainstreaming HIV/AIDS within the workplace¹⁰ context, and facilitating and supporting the tripartite partners in the roll-out of the new policy legislation.

⁸ Sectoral and/or organisational core budget will be allocated to mainstream HIV/AIDS (mainly internally) and support HIV/AIDS activities within the workplace. Staff members could also contribute voluntarily, commonly 0.5-2% of their salary to be used as “AIDS Fund”. This fund is commonly used to care for and support activities within the institutions.

⁹ As set out in the UNAIDS 2007-2011 strategic plan

¹⁰ HAPCO acknowledges that two programme such as including HIV Mainstreaming and PMTCT are among the weak response areas that have been identified

Acronyms

AMICALL	Alliance of mayors and Municipal leaders on HIV/AIDS in Africa
ARV	Anti Retro viral
COFTU	Central Organization of Free Trade Unions
DWCP	Decent Work Country Programme
FUE	Federation of Ugandan Employers
HAPCO	HIV/AIDS prevention and control office
HBC	Home Based Care
HIPS	Health Initiative for the Private Sector
ILO	International Labour Organisation
NPA	National Plan of Action
NPC	National Project Co-ordinator
NOTU	National Organisation for Trade Unions
MOGLSD	Ministry of Gender, Labour and Social Development
MOU	Memorandum of Understanding
PLWHA	People Living with HIV/AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
VCT	Voluntary Testing and Counselling
WOW	World of Work

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1. Introduction

Funded by the Italian Government since 2002, the ILO started implementing a project entitled “*HIV/AIDS and the world of work: consequences for labour and socio-economic development*” in ten African countries. The project was for a period of two years and was seen as a first or pilot phase for a more substantive project to follow. With further funding from the Italian Government, the ILO embarked on a second phase of the project in March 2004, focussing on Ethiopia, Uganda and Zambia. This phase aimed to assist in the finalisation of workplace policies at the national, stakeholder and enterprise levels; and in planning workplace programmes that would include prevention through education and training, and access to care and support in **Ethiopia and Uganda**. The second phase of the programme included:

- The selection of key sectors of activity where action would be concentrated.
- Adaptation of national policies on HIV/AIDS and the world of work to sector specific needs
- capacity-building for the selected sectors, including training for government members, trade unions and employers’ organisations,
- Training at enterprise level or cooperative level to enable workers and management to jointly plan and implement comprehensive interventions on HIV/AIDS at the workplace, including prevention, access to care and support, VCT and treatment.

Country profiles¹¹

Ethiopia

Ethiopia is globally one of the hardest hit countries by HIV and AIDS. The June 2007 statistics indicate that the adult HIV prevalence rate is still high (2.1%). Around one million live with the virus, of which about 126,000 are newly infected each year. Currently, ARV users have increased from to 120,000 to 289,000.¹² A big fear is that the spread of the virus is increasing in rural areas where over 85% of the livelihoods depend on agrarian economy, where information access and basic education (particularly, for women) is limited, where infrastructure development is poor, where household level poverty is high and where the socio-cultural influences and norms are impeding factors. In major urban areas, the spread is

¹¹ Country profiles extracted from ILO’s progress report

¹² This is a result of the promotion of universal access various services including ART and VCT due to rapid expansion of services.

either slowly declining or has remained constant. Since 2002, the ILO has been one of the partners supporting the government of Ethiopia in combating the impact of HIV/AIDS. The government has recently passed a national policy building on previous guidelines, which obliges enterprises to develop an HIV/AIDS policy, with a target of over 2100 enterprises by the end of 2011; this initiative will be co-ordinated by the Ministry of Labour and Social affairs.

In Ethiopia, the ILO main partners were: the Federal Cooperative Commission; the Trade, Industry and Urban Development Bureau of Oromia Region and the Ethiopian Road and Transport Authority.

Uganda

Uganda is experiencing a generalised, severe and mature epidemic, with an HIV/AIDS prevalence of 6.4% among the general population. HIV incidence is currently estimated at 42% and predominantly within stable relationships. The second highest source of new infections is among commercial sex workers (22%), followed by MTCT (21%). Casual sex accounts for 14% of new infections. 1.1 million people are living with HIV and this has increased the disease burden, including the orphan problem where 50% of the country's 2.2 million orphans are a consequence of the epidemic. Though Uganda registered reaching 42% of the population in need of ART (2005), the number in need of ART continues to grow each year. The rising population growth of 3.4% coupled with the high numbers of new infections is making it difficult to stay ahead of the epidemic.

Uganda recognised that HIV/AIDS is not only a public health concern but also a social and economic disaster that called for interventions from all sectors. A national AIDS policy (1992) was therefore formulated to ensure a multi-sectoral approach to the epidemic. The Uganda AIDS Commission (UAC) was established with a mandate to oversee, plan and coordinate AIDS activities at both national and local government levels, through providing strategic leadership and ensuring effective harmonisation of AIDS activities. A new national strategic plan (2007 / 2012) was developed, with the goal of reducing HIV incidence by 40%, through bringing coherence to HIV prevention efforts focusing on the most effective prevention measures, scaling up ART and a much improved coverage of social support in particular to orphans and vulnerable children.

Uganda has provided an enabling policy environment that has realised important HIV/AIDS policies and guidelines such as HIV Counselling and Testing (HCT), Orphans and Vulnerable Children (OVC), Condom policy, PMTCT guidelines and HIV/AIDS and the World of Work. These policies have been instrumental in contributing to the success of the national response. A national policy on HIV/AIDS in the workplace is in place through ILO input. Presently an HIV/AIDS law is being initiated and the national HIV/AIDS strategy is undergoing a mid-term review.

In Uganda, the main partners were: the Ministry of Gender, Labour and Social Development (MoGLSD); the Ministry of Health; the Uganda AIDS Commission; the Federation of Ugandan Employers (FUE); the National Organisation of Trade Unions (NOTU) and the Business Coalition against HIV/AIDS for the development of the national policy. Up to 2007 ILO also worked with a number of enterprises including James Finlay tea estates on the development of workplace policies.

2. Objective of Consultancy

This evaluation covers the second phase of HIV/AIDS prevention and mitigation in the world of work from 2007-2009. This evaluation builds on from the internal ILO assessment of Uganda and Ethiopia that took place in 2006 and the independent evaluation in January 2008¹³ in Ethiopia, by Bezabih Emana

The evaluation was carried out, as required by the Italian Co-operation funding obligations, by an independent evaluator¹⁴ and managed by Ms. Margherita Licata, ILO/AIDS Geneva. The field trip took place from the 8th to the 12th of June in Uganda, and from the 15th to the 18th June in Ethiopia. De-briefing sessions presenting initial conclusions and recommendations took place in Uganda and Ethiopia prior to the consultant's departure. A draft report was circulated to key stakeholders¹⁵ and their comments, where applicable and appropriate, were included in the final draft. Comments not incorporated in the report were fed directly back to Margherita Licata.

¹³ ILO/Italian-Funded HIV/AIDS Project Implementation and Needs in Oromia region

¹⁴ Catherine Lowery M&E Consultant

¹⁵ Margherita Licata (PM) Yohannes Chanyalew (HIV/AIDS focal point sub regional office Ethiopia), David Mawejje (NPC Uganda), Loreta Hieber-Girardet (Programme Manager)

3. Methodology

The purpose of the evaluation is to:

- assess if the project has achieved its stated objectives;
- assess any longer-term sustained improvements;
- provide recommendations on a possible way forwards in terms of HIV/AIDS response in the world of work;
- assess the ILO comparative advantage in responding to HIV/AIDS in the project countries.

To answer these questions the evaluation assessed the:

- relevance of the project objectives;
- effectiveness of the project;
- efficiency in terms of use of resources;
- project's sustainability;
- level of stakeholder commitment to the project

In relation to these criteria the evaluation employed a range of social science research methods including:

- a comprehensive document review of concept notes, meeting minutes, progress reports, interim assessments and annual reports made available to the evaluator by ILO Geneva and the country offices in Uganda and Ethiopia;
- semi-structured and structured interviews, both in person and by telephone, with a range of stakeholders identified by ILO staff and the evaluator. A list of interviewees is provided at Annex 2;
- focus group discussion with workers in respective enterprises.

Methodological Challenges

A number of methodological challenges were faced during the field-based data collection. Firstly, in Uganda the field visit to the enterprise took place two years after ILO interventions had finished, since then a USAIDS funded project 'Health Initiatives for the Private Sector' (HIPS) has continued with prevention and mitigation support. Therefore, it made it difficult to distinguish between ILO interventions, which finished two years earlier and HIPS' present support. Secondly, the project had been packed away in December 2008 and opened again

from March 2009 resulting in a number of the project documents not being accessible. Thirdly, indicators, were fitted retrospectively, to the objective statements to aid the evaluation, resulting in no previous data being collected against them. Also there was limited disaggregation of data, which made it impossible to make an assessment of outcomes on different groups.

In Ethiopia the previous NPC had died, resulting in limited institutional memory of the project within the existing ILO staff, coupled with very limited activities having taken place in the previous six months.

Overall the time allocated to the field visit meant that limited time was available to assess changes in behaviour through mitigation and prevention activities. These findings were based on secondary research and cross-referenced with anecdotal evidence gathered through interviews.

3.1 Structure of the report

In line with the scope of the evaluation the report has been structured in the following manner: firstly, section four examines the programme results against the programme objectives set out in the programme proposals and the overall approach adopted by ILO in its implementation. Secondly, section five examines how the respective countries have aligned themselves within the broader national frameworks and other initiatives at the local level, and how the projects addressed various needs of different stakeholders. Thirdly, section six examines efficiency issues looking at the strategic allocation of funds and cost effectiveness. Fourthly, section seven examines the overall management of the programme, and strategic relationships within ILO projects and other donors in country. Fifthly, section eight looks at the wider issue of sustainability, how well the enabling environment has been strengthened and how effective was the projects' exit strategy. Sixthly, section nine summarises the conclusions noted throughout the report, documents best practices, and highlights lessons learnt. Throughout the report each section presents the findings of the Uganda and Ethiopia projects separately, supported by a summarising of common issues across each country in the conclusion and recommendation component at the end of each section.

4. Programme Results: Progress and Effectiveness

This section briefly reviews whether the project has achieved its objectives, how the stakeholders were involved in the project implementation and how the overall project approach contributed to the project results.

I. Uganda

The Uganda project worked with the Ministry of Gender, Labour and Social Development (MoGLSD), the Ministry of Health, the Uganda AIDS Commission, the Federation of Ugandan Employers (FUE), the National Organization of Trade Unions (NOTU) and the Business Coalition against HIV/AIDS for the development of the national policy. Up to 2007 ILO also worked with a number of enterprises including James Finlay Tea estates on the development of workplace policies.

Table one below sets out the key objectives in the Uganda project and the related results. The verifiable indicators were fitted retrospectively, by the Programme Manager in Geneva, to the objective statements below to aid the evaluation process.

Narrative Summary	Verifiable Indicators	Results
Uganda Goal:		
To contribute to the reduction of HIV/AIDS in the world of work and of its <u>adverse consequences on social, labour and economic development</u> , through the enhancement of workplace prevention and care interventions	ILO programmes integrated into the overall national response through Joint programming (UNAIDS)	Joint programming (UNAIDS) contains within its multi-sectoral HIV Prevention and Education thematic areas, dedicated HIV workplace policy and programmes, and private sector mobilisation
Strategic objectives:		
<u>Immediate Objective 1:</u> To provide support to the tripartite constituents to adopt and implement a national policy framework on HIV/AIDS and the world of work and to promote its incorporation into the National Strategic Plans	ILO Constituents have acquired knowledge and tools to develop a policy framework and have developed operational plans for its implementation.	Establishment of a national policy framework to guide workplace prevention and care interventions Limited evidence of national-level advocacy to mainstream WOW into national HIV/AIDS strategic planning

Narrative Summary	Verifiable Indicators	Results
<p><u>Immediate Objective 2:</u> To provide technical guidance to selected enterprises (in the formal and informal sectors) in identified vulnerable sectors of activities to develop and implement prevention, care & support programmes in their workplaces</p>	<p>Joint labour management committees in place in selected enterprises</p> <p>Support groups in place</p>	<p>No intervention took place within the informal sector</p> <p>Workplace policies developed in 3 selected formal enterprises</p> <p>Peer education training conducted in selected enterprises</p> <p>Workplace programmes in selected enterprises initiated. Intervention in enterprises took place from late 2005-2007</p>
Outputs		
<p>OP1.1 National policy on HIV/AIDS and the world of work and relevant plan of action finalised</p>	<p>National policy disseminated</p>	<p>National Policy launched and disseminated</p> <p>National Plan of Action (NPA¹⁶) not developed during Italian project lifetime</p>
<p>OP1.2 Training material and modules developed/adapted to be used in the education of social partners in addressing HIV/AIDS in the world of work</p>	<p>Comprehensive tools available to social partners on education about HIV/AIDS¹⁷</p>	<p>Three plantation enterprises were trained. In total</p> <ul style="list-style-type: none"> - Peer educators (80) - Consellers (50) - Supervisors (80) - Peer support groups for PLWHA (120) - TOT for peer educators (40)
<p>OP1.3 Labour and factory inspectors trained to enable them to manage HIV/AIDS issues in the workplaces where they operate</p>	<p>Increased capacity of labour inspectors to deal with HIV related</p>	<p>One three-day training in 2006 to 40 labour inspectorate in Kampala</p> <p>No following up of interventions took</p>

¹⁶ NPA was funded through the joint programme support for HIV/AIDS of \$50,000. This was originally allocated in 2008. ILO Uganda carried this spend over from 2008 to 2009. As there was under spend in 2008, no additional funds could be allocated in the 2009 budget.

¹⁷ The project managed to produce a peer educator's guide, draft training manuals, and adopted the ILO workplace training tool (developed by Geneva). These were used to train peer educators and supervisors/management of enterprises. The ILO code of practice was used to orient workers/ organisations (NUPAU & ATGWU) at national level.

Narrative Summary	Verifiable Indicators	Results
	discrimination in the workplace	place.
OP1.4 Judges and labour lawyers' capacity strengthened to deal with HIV/AIDS related cases, particularly issues related to stigma and discrimination	Labour judges trained to deal with HIV cases	No results achieved as no intervention took place with judges and labour lawyers.
OP2.1 Men and women workers in the selected sectors (cooperatives, transport, agriculture, mining) sensitised on the issues of HIV/AIDS and the world of work	Increased number of people who know ways of transmission of HIV	AIDS education at enterprise level took the forms of Peer education, community AID sensitisation, condom education, drama & music performances
OP2.2 Men and women workers in the selected sectors trained as master trainers and peer educators to conduct further training for workers in selected enterprises	Creation of a pool of peer educators and master trainers able to provide counselling and education	Peer education trainings took place in 5 enterprises training 40 individuals in total. Two additional ones were TILDA rice & TAMTECO tea company. One five-day training of training peer educators
OP2.3 HIV/AIDS education integrated into existing workplace programmes		No information available
OP2.4 Comprehensive workplace programmes on HIV/AIDS prevention, care and support in place in selected enterprises, including support services for workers' families and VCT	Creation of partnerships within the workplace between different stakeholders to develop comprehensive workplace programmes	Output statement is a repetition of the strategic objective 2 statement. See SO2 results box for information.

Table one: Uganda Results Framework

Overall the approach that the project adopted around policy development coupled with the support of prevention and mitigation activities within selected organisations was consistent with other implementing agencies¹⁸, however indicative information from stakeholders

¹⁸ HIPS, World Vision, ACCORD.

indicated that the budget allocated to other similar projects was much greater. For example World Vision's three-year budget to develop policies in three national ministries with corresponding prevention and mitigation activities is \$12,000,000 US. An internal ILO assessment in 2007 and an evaluation carried out by the ILO co-operation department in October 2008 reported a positive result with around 90% of the activities implemented.

Policy Development

ILO Uganda HIV/AIDS in the World of Work (WOW) key achievements, in partnership with the MOGLSD, was the establishment of a national policy on HIV/AIDS and the World of Work, endorsed at the cabinet level. This policy document is recognised as the key framework, in which other policies were being developed by other stakeholders¹⁹. It acted as a guiding policy, without it other policy initiatives would be more difficult to develop and support. ILO interventions facilitating the policy development also consolidated focus within the MOLGSD who were previously carrying out limited and scattered activities. Coupled with this, the tripartite approach adopted by ILO ensured ownership of the policy. All key stakeholders felt that the policy had incorporated their input and was representative of its members' views. The development process took over two years to get the national policy in draft and then another year to finalise and launch. The MOLGSD felt the time related to shifting the thinking of the partners to mainstreaming HIV/AIDS into the Ministry's core function. During this process the ongoing technical input from ILO to the MOLGSD, employers' organisations and workers' representatives, was seen by these groups as valuable, appropriate and relevant. The time it took to finalise the process is discussed further in section 5 on relevance and strategy.

ILO was seen as the leading specialist in the world of work, with the ILO code of conduct being referred to as a key guideline. Quotes from a number of stakeholders below indicate the value that ILO brought to the policy development process:

'ILO input could not be faulted; the people that were brought in were well placed and well targeted.' MOLGSD

"Without ILO in some circles the policy would not have gone through, its international positions gave it weight in advocating on certain issues."- FUE

¹⁹ For example WV in the Minister of Education, internally within COFTU

‘ILO was seen as neutral and in a central position to facilitate the different agencies.’

- FUE

The development of the national plan of action (NPA) was based on funds committed by the UN joint programme. A validation meeting was to take place at the end of June 2009. In terms of its implementation the MOLGSD said that it had funds committed from the national budget in the coming year (1st July 2009, 500,000,000 million Ugandan shillings); and was expecting more funds from the Global Fund.

Firstly, however, the limited wider awareness of the existence of the policy’s status²⁰ indicated that the policy did not receive the weight it deserved as a national policy.

This pointed to limited promotion of the policy, which was evident through information gaps across a number of stakeholders on whether the policy was still in draft or had been passed. Also examples were given of a limited supply of policy documents available to distribute. This consequently resulted in a missed advocacy opportunity for ILO to promote mainstreaming HIV/AIDS within the WOW through the policy launch.

Secondly, in terms of the educating of social partners in addressing HIV/AIDS in the world of work (output 1.2), this was relatively limited. In 2004 ILO Uganda carried out policy development and strategy building with sister partners; and in Ethiopia leadership capacity building took place within the co-operative sector, but in both cases this was not followed up. Coupled with a high turnover of staff, this greatly limited the impact. The relationship, with the sister (tripartite) partners, was mainly one of consultation rather than direct capacity building. The training that took place with the sister partners was geared to enabling them to engage constructively in the policy development process, in part through providing them with awareness-raising training on HIV/AIDS. Although this did have a secondary benefit of increasing their knowledge of HIV/AIDS it did not necessarily build their skills in leading the development of HIV/AIDS in WOW. This confusion around the nature of the input is reflected in the project proposal through a lack of measurable results/indicators and a dedicated budget for capacity development of social partners, specifically tripartite associates. The issue of HIV/AIDS within the workplace is a new concept for many organisations as it is outside the core functions. Therefore to support HIV/AIDS mainstream many of the stakeholders requested more direct intervention.

Thirdly, activities that took place to achieve (output 1.3) - that labour and factory inspectors were able to manage HIV/AIDS issues in the workplaces where they operate, were minimal and not adequate to be able to evidence sustained capacity. One training session of three days was given to 40 labour inspectors; there was no follow up intervention. Fourthly, no interventions took place in regard to output 1.4 (Judges and labour lawyers' capacity strengthened to deal with HIV/AIDS related cases, particularly issues related to stigma and discrimination). This output required the policy to be in place first and was ill positioned within the causal analysis set out in the objective statements.

Fourthly, the confidence of the MOLGSD in fund availability and capacity to move forward on the NPA was not shared across the stakeholders interviewed; it was felt that to ensure its implementation the ministry needed a partner to support the process.

Enterprise Development

The projects' intervention relating to strategic objective two took place from 2005-2007, in the first phase of the project. Originally the project started to work with three enterprises (two sugar estates and one tea estate), and in 2007 added on another two enterprises (one rice plantation and one tea estate) but stopped working with latter two after the establishment of a workplace committee to develop a work place policy. This decision was made through the internal assessment in 2006 as it was recognised that there was limited buy-in from the transport sector. The continued intervention, up to 2007, was with three enterprises, namely, James Finlay Tea Estates, Kinyara Sugar industry and another Tea Estate. In each of these three enterprises, work place policies were established with the training of peer educators and the supply of education information. James Finlay reported that the policy development process laid the foundations for future work, as it became integrated into part of the management function. Furthermore, staff stated that the process of developing the policy also ensured that the management was better informed. A sustainability mechanism adopted in James Finlay was to carry out a trainer of trainers for Peer Educators.

However, overall these interventions were relevantly limited in scope bearing in mind that mainstreaming HIV/AIDS into the workplace was a new concept for these enterprises and outside their normal core business. Mainstreaming required time in terms of policy process and budget commitment, so that comprehensive prevention activities could be internalized in the company core business and potential benefits could be evidenced. Secondly, there was

limited evidence of ILO working in partnership with direct service providers to ensure linkages between enterprises and existing service provision, in turn to ensure that once a policy had been developed, the VCT and HBC provision was available. In Uganda there was an MOU signed between ILO with HIPS in the James Finlay tea estate. The MOU was revised and signed between James Finlay, HIPS and DED through ongoing interventions from 2007. From this time VCT services were supplied through the estate clinic.

II. Ethiopia

Ethiopia worked with the Oromia Co-operative Agency and Oromia Transport bureau in the development of workplace policies and running of peer education programmes. During the lifetime of this project ILO was also funded by USDOL to work with the Ministry of Labour and Social Affairs (MOLSA) on the development of a national policy.

Table Two below sets out the key objectives in the Ethiopia project and the related results.

Narrative Summary	Verifiable Indicators	Results
To contribute to the reduction of HIV/AIDS in the world of work and of its adverse consequences on social, labour and economic development, through the enhancement of workplace prevention and care interventions	ILO programmes integrated into the overall national response through joint programming (UNAIDS) ²¹	UNDAF strategic plan to take UNAIDS strategy as part of the overall UNDAF. ILO leads on HIV/AIDS workplace initiatives
Immediate Objective 1: to provide support to the Federal Cooperative Commission for Trade & Industry, as well as the Urban Development Bureau of Oromia Region (Transport branch) to develop/adapt and endorse sectoral policies/plans of action for the prevention of HIV/AIDS among targeted workers for eventual integration in the National Policy on HIV/AIDS and the world of work	ILO Constituents have acquired the knowledge and tools to develop a policy framework and have developed operational plans for its implementation ²² .	Policy guidelines developed for both Urban Development Bureau of Oromia branch and the federal co-operative No plans of action developed.

²¹ This indicator was taken from indicators developed by the Programme manager in Geneva for the evaluation

²² as above for footnote seven

<p>Immediate Objective 2: to enhance the capacity of the tripartite constituents within the cooperative and transport sector to implement workplace HIV/AIDS prevention, care and support programmes and policies</p>	<p>Joint labour management committees in place in selected enterprises²³</p> <p>Support groups in place</p>	<p>HIV/AIDS prevention programmes implemented by ILO, including peer education training initiatives</p>
<p>Output 1.1: Cooperatives' specific workplace policy/guideline(s) is/are developed and endorsed</p>	<p>The existence of HIV/AIDS workplace policy/guidelines for cooperatives</p> <p>Number and percentage of workplaces where cooperative members' representatives have been consulted in the design and/or implementation of HIV/AIDS policy in the workplace</p> <p>Number and percentage of targeted cooperative members who report being aware that written HIV/AIDS policy or guidelines exist in their workplace</p>	<p>Co-operative developed a workplace HIV/AIDS policy</p> <p>Board of Directors and heads of department involved in the development of policy</p>
<p>Output 1.2: Plan of action to implement the cooperatives' specific workplace policy/guideline is formulated and adopted</p>	<p>Of those aware, number and percentage that correctly identify at least three of the key principles of the HIV/AIDS policy or guidelines in their workplace</p>	<p>Primary societies amended co-operative memoranda to incorporate HIV/AIDS initiatives into societies' constitutional remit</p>

²³ as above for footnote seven

<p>Output 1.3: Transport sector specific workplace policy/guidelines developed and endorsed</p>	<p>The existence of HIV/AIDS workplace policy/guidelines for the Oromia transport sector</p> <p>Number and percentage of workplaces where transport workers' representatives have been consulted in the design and/or implementation of HIV/AIDS policy in the workplace</p>	<p>Transport policy developed</p> <p>Board of Directors and heads of department involved in the development of policy</p>
<p>Output 1.4: The Plan of action to implement the transport sector HIV/AIDS workplace policy /guidelines is formulated</p>	<p>Number and percentage of targeted transport workers who report being aware that written HIV/AIDS policy or guidelines exist in their workplace</p> <p>Of those aware, number and percentage of transport workers that correctly identify at least three of the key principles of the HIV/AIDS policy or guidelines in their workplace</p>	<p>No plan of action developed and operationalised</p>
<p>Output 2.1: The men and women members of Oromia Region cooperatives are sensitised on the issues of HIV/AIDS in the world of work and are mobilised to fight the epidemic and to contribute effectively to the national response against HIV/AIDS.</p>	<p>Type and number of relevant materials prepared in local language</p> <p>Number of master trainers trained</p> <p>Number of peer educators trained</p>	<p>Co-operative guideline, ILO code of practice, Oromia Co-operative workplace HIV/AIDS guideline and brochures printed in Amharic, Afan Oromo and English</p> <p>39 master trainers trained in the co-operative sector</p> <p>24 received refresher training</p> <p>423 peer educators trained</p> <p>276 receiving refresher</p>

	<p>Number and percentage of targeted cooperative members who correctly identify three means of protection against sexual transmission of HIV infection</p> <p>Number and percentage of targeted cooperative members who correctly identify intoxication as a contributing risk factor to HIV/AIDS infection</p>	<p>training</p> <p>No information available</p> <p>No information available</p>
<p>Output 2.2: The Oromia transport sector workers in the targeted area, the city of Nazareth, are sensitised on the issues of HIV/AIDS in the world of work and are mobilised to fight the epidemic.</p>	<p>Type and number of relevant materials prepared in local language</p> <p>Number of master trainers trained</p> <p>Number of peer educators trained</p> <p>Number and percentage of targeted cooperative members who correctly identify three means of protection against sexual transmission of HIV infection</p>	<p>Driver guides, co-operative guide, ILO code of practice, Oromia region commercial road transport associations and enterprises workplace HIV/AIDS guidelines and brochures printed in Amharic, Afan Oromo and English</p> <p>19 master trainers in the transport sector</p> <p>27 peer educators 28 received refresher training</p> <p>No information available</p>

	Number and percentage of targeted cooperative members who correctly identify intoxication as a contributing risk factor to HIV/AIDS infection	No information available
Output 2.3: All stakeholders with commitment for ongoing action endorse the sustainability plan.	<p>Number and percentage of targeted cooperative members/transport workers who report being aware that HIV/AIDS services are available in their workplace</p> <p>Number of organisations with which the project regularly shares information on HIV/AIDS</p> <p>Number of organisations with which the project regularly shares technical expertise on HIV/AIDS</p>	<p>Within the Transport sector no services/activities around HIV/AIDS policy evident.</p> <p>Primary societies using co-operative resources to continue operationalisation of HIV/AIDS policy</p> <p>Sharing of information within UNAIDS</p>

Table Two: Ethiopian Results Framework

Overall the main impact of the project was evident through the peer education programme within the co-operative associations. Evidence of change in behaviour came from anecdotal evidence through interviews and supported by the Ethiopian Review in January 2008²⁴.

Policy Development Process

Policies were developed in both the transport and co-operative sectors. Policies were developed through a leadership awareness creation workshop and additional consultation. Dates and attendees of the leadership workshops are outlined in Table Three below. The approach adopted for the creation of the policies was an internal process within management staff of the co-operative and transport bureaux across the different offices. The approach did not incorporate the ILO traditional tripartite approach of engaging the employer's federation,

²⁴ by Bezabih Emana

trade unions and government representative, as the co-operative associations was a different system from the normal tripartite approach. There was representation of different interests: government through co-operative agency, Trade unions through the co-operative union, and individual through the primary co-operative societies.

Leadership Awareness Creation Workshop	12 - 13 Dec. 2005	35	Federal Cooperative Agency Oromia Cooperative Agency Zonal & District Cooperative Promotion Offices Cooperative Unions
	14 - 15 Dec. 05	35	5 Cooperative Unions
	19 - 20 Dec. 05	24	Different Private Transport Enterprises Oromia Trade, Transport & Industry Bureau
	03 - 04 Oct. 2008	34	Cooperative Board members

Table Three: Leadership workshops with co-operative and transport sectors

In terms of their endorsement and subsequent operationalisation, this varied across the transport and co-operative sectors. In the co-operative sector there was evidence of primary societies making amendments in their constitutional regulations to incorporate and allocate internal funds. The policy reached remote and rural locations and its operationalisation was owned and initiated by the primary society members. Co-operative societies reported that the primary societies were allocating funds to support AIDS-affected members and setting up support committees. The policy was not evident throughout the co-operative organisations: regional staff members were not aware of any policy initiatives at their level of the organization.

In contrast, no evidence existed of the policy, in the Oromia regional transport union, being endorsed and operationalised. There was confusion between the peer education programmes run by ILO and the policy itself with the transport bureau employees from the bus stations up to the regional office, staff in one bus station reporting that they knew it existed but did not know what it contained. In another bus station they reported having started to contribute money and care for the sick but as management did not follow this up, they stopped. No activities or initiative were evident beyond the ILO-initiated peer education programme.

Furthermore, since ILO has ceased its interventions, the peer education programme has not continued in a formal manner. Peer educators interviewed stated that the information-sharing took the form of informal one-to-one interaction with colleagues. In addition, the master trainers interviewed at the regional office stated that they had not delivered a training course since being on the master training and refresher training courses.

Evidence of the overall sustainability commitment for ongoing action in the transport sector was not present; evident with examples of lack of follow-up training by the transport bureau, and no evidence of other prevention and mitigation activities beyond the peer education run by ILO²⁵. In the co-operative society the incorporation of HIV/AIDS into the constitutional mandate and commitment of personal members' funds shows a commitment that will continue beyond the lifetime of the project at the grass roots level of the organisation.

Policy Prevention and Mitigation activities

Prevention activities focused around peer education programme, training of master trainers, printing of information material (see Table Four below), and supplying of multimedia equipment. A mitigation initiative in terms of care and support and treatment as part of the projects implementation was not present. Therefore impact was focused around the prevention activities/awareness-raising within the co-operative societies, which trained a total of 276 peer educators²⁶.

An evaluation of the training programme 'ILO/Italian-Funded HIV/AIDS Project Implementation and Needs in Oromia Region January 2008, Bezabih Emanu' covered the effects of the peer education programme and concluded that 57% of respondents became aware of the pandemic after the implementation of this project and saw evidence of behavioural change, and increased understanding of modes of transmission of the virus.

Challenges for continued awareness-raising through the peer education programme in co-operative associations came from the rural and remote location of the peer educators and the limited number of peer educators in each primary society (2 peer educators for each primary society of between 100 and 1000 members). These challenges resulted in education happening in an informal fashion or through intermediate society meetings; and although this

²⁵ Refer to relevance section for explanation around limited intervention

²⁶ Only 27 peer educators had been trained in the transport bureau.

resulted in information exchange no targeting of specifically vulnerable/at risk groups occurs. More formalised and regular exchange of HIV/AIDS information requires peer educators to travel long distances covering costs from their own pockets.

For the transport bureau only 27 peer educators were trained. Due to the limited numbers trained the scope of raising awareness was restricted. Other awareness-raising came through the use of multimedia (loud speakers) in bus stations. Visits to two bus stations showed one loud speaker no longer working, and presently being replaced by ILO. In the second bus station, the limited availability of a variety of messages resulted in messages no longer being played over the stations loud speaker. Purchasing of new material or other prevention activities initiatives (i.e. operationalisation of the policy) was not forthcoming from the transport bureau.

Type of Material	Quantity
Driver's Guide	1000
Cooperative's Guide	3000
ILO Code of Practice	3000
Oromia Cooperatives Workplace HIV/AIDS Guideline	
Amharic	250
English	250
Afan Oromo	3500
Oromia Region Commercial Road Transport Associations and Enterprises Workplace HIV/AIDS Guideline	
Amharic	1500
English	250
Afan Oromo	250
Brochures	
Amharic	30,000
Afan Oromo	50,000

Table Four: Material printed in different languages

Furthermore, In Ethiopia the relationship with other service providers was on a contracted basis resulting in service provision being dependant upon ILO arranging it and therefore not sustainable. This gap was also highlighted in the review report²⁷.

²⁷ In Ethiopia prevention through peer education was the main focus of the intervention as it was felt at the time this was where ILO could add greatest value, as at that time overall service provision was limited and the greatest impact.

Programme Results Conclusion:

The creation of a national policy in Uganda and a workplace policy in the primary societies within the co-operative associations in Ethiopia is a concrete, sustained success of the programme.

The degree of ownership of the Ugandan policy is reflected in the time it took to develop it and the level of participation in the process. The consultative tripartite approach used in Uganda resulted in stakeholders feeling the policy reflected their views. In Ethiopia ownership and commitment of the policy within the co-operative association came from the individual's voluntary commitment in the grass root primary societies. This commitment was, in part, developed from increased knowledge of HIV/AIDS gained through the ILO peer education programme.

In contrast the policy in the transport bureau in Ethiopia did not directly contribute to improved mitigation and prevention activities for the workforce²⁸ as it was not embedded within the organisation and so dependent on ILO for its continuation.

The mitigation and prevention activities in both countries centred on the peer education programmes run by ILO. The quality of the programme was seen to be good by the attendees and the enterprises themselves with evidence of increased awareness and changes in behaviour.²⁹ Linkages to other services such as care and support were weaker, in part due to the lack of available government services, and in part due to limited partnership formed with existing service providers to meet the potential demand created through increased awareness.

Recommendations:

Strategic:

- Ensure that policy development is partnered with a level of support services. If direct implementation on care and support is not within ILO remit, establishment of partnerships with service providers from the onset is essential to ensure benefits of the work place policy become a reality.

Operational Uganda:

- Next step in the policy process is to ensure compliance with the new national workplace policy through effective operationalisation of the NPA.

Operational Ethiopia:

²⁸ Planning and Development Manager in the regional bureau reported that he was in the process of recruiting a dedicated HIV/AIDS focal person who will be able to use the policy as a guiding document in developing activities in the workplace.

²⁹ See Jan 2008 evaluation report in Ethiopia and internal assessment 2007

- Projects should start with building understanding and commitment to HIV/AIDS in the workplace, which would in turn feed the development and establishment of a policy framework. The policy development process should include adequate promotion, which in part would come from the participatory approach adopted in its development, but also in wider scale dissemination. From this implementation of joint project activities initiated by enterprises and supported by ILO should flow. Projects should not start with implementation and policy development at the same time.

5. Relevance and Strategic Approach

This section examines whether the programme has aligned itself within the broader national HI/AIDS frameworks, UNDAF Priorities and the DWCP, whether the project addressed various needs of different stakeholders, and how well the project is linked to other initiatives at the local level.

I. Uganda

ILO's mandate

ILO has a clear and recognised mandate across a range of stakeholders on policy development and co-ordination. Its work on HIV/AIDS in the workplace was acknowledged

ILO's Added value
• Technical input
• Specialist in the world of work
• Mobilising stakeholders
• Advocacy in mainstreaming
• Facilitation
• Bring a sense of legitimacy to the debate
• International perspective
• Advocacy on WOW
• Co-ordination
• Assessing impact on workforce

as appropriate and relevant within the wider response to HIV/AIDS, shown in ILO taking the lead in the UN joint programme on HIV/AIDS in the WOW, and that the NPC was often invited, within a quality assurance role, to input into policy development processed with other stakeholders. ILO's policy role was seen in upstream policy development.

Broader HIV/AIDS Frameworks

ILO's programme of HIV/AIDS within the WOW has positioned itself within the broader national HIV/AIDS framework. Evidence of HIV/AIDS within the workplace being aligned within broader HIV/AIDS frameworks does however vary. Within the UN and other direct implementers, such as HIPS, WV, AMICALL, clear alignment is seen. Within the Joint Programme of Support for Aids for Uganda 2007-

2012, one of the thematic and technical support areas (Multi-sectoral HIV Prevention and Education) contains HIV workplace policy and programmes, private sector mobilisation, which ILO leads. However, within the joint programme ILO is the only partner working on external policy development as other agencies such as WFP, UNFPA are working on internal policy development and policy development within their sister partners.

At national level, mainstreaming of HIV/AIDS remains a sideline to prevention and treatment support programmes. For example within Round 9 of the Global Fund for AIDS, mainstreaming HIV/AIDS is not a dedicated service area, or highlighted as a key intervention within specific service areas. In terms of the national HIV/AIDS strategy, presently HIV/AIDS within the workplace is only mentioned as a reference. The national strategy is currently undergoing a midterm review and so is an ideal opportunity for ILO to advocate for increased focus on mainstreaming, particularly within the WOW, within the strategy.

Capacity building of Tripartite partners

The project proposal sets out the need for a tripartite approach in the development of work place policies and a dedicated output focusing on capacity building of the tripartite constituents. However, the project document failed to clearly state, beyond consultation with partners, what ILO's role should be in supporting these organisations in capacity building. Overall ILO's relationship with the tripartite constituents was mainly consultative in nature, engaging with them to ensure ownership and participation in the policy development process. This included training to increase their understanding around HIV/AIDS issues. As a result, in Uganda, employers' organisations and trade unions have limited resources (human capacity and financial resources) to extensively engage in order to include an HIV/AIDS policy in the workplace, in a collective bargaining agreement with individual employers, even though they participated in the development of the national policy. Unlike Uganda, in Ethiopia the policy development was at the workplace rather than the national level; this relationship too was consultative in terms of policy development, with related leadership training but this was not followed up, or supported by a clear capacity building plan as set out in the project documents.

Resource Mobilisation

ILO Uganda HIV/AIDS Prevention in the Workplace project did not succeed in mobilising additional resources to complement the shortfall in Italian funding, beyond US\$50,000 committed in 2008 through the UNAIDS joint programme. This resulted in the project being under-resourced.

ILO within the wider framework

ILO was acknowledged as the lead agency in mainstreaming HIV/AIDS in the workplace; coupled with this is its responsibility to provide leadership in mainstreaming HIV/AIDS. UNAIDS' representative summed up mainstreaming HIV/AIDS and ILO role by stating that, "demand is great, (ILO'S) mandate is clear but they had limited resources due to limited resource mobilization *within ILO*". This lack of internal resource mobilization resulted in partners viewing ILO as not fully utilising the added value and mandate they had in this area. This view was more strongly felt in Uganda, as in Ethiopia ILO had acquired SIDA and USDOL funds to run HIV/AIDS workplace initiatives.

II. Ethiopia

ILO's mandate and broader HIV/AIDS Frameworks

As in Uganda, ILO has a clear and recognised mandate across a range of stakeholders on policy development and co-ordination in relation to HIV/AIDS and the WOW. It leads the UNAIDS joint programme in relation to workplace initiatives and the UNAIDS strategy is directly aligned with the UNDAF. Within the existing strategy UNAIDS's representative highlighted the distortion in funding on treatment (63%)³⁰ to more limited resources allocation on prevention and mitigation³¹ and non-health initiatives.

Establishing a policy framework

Training of educators and master trainers started at the same time policy framework was established within each of the respective sectors. Starting direct implementation in training before the overall organisation had developed their own policy contributed to the confusion between the policy and the peer education programme itself. In May 2005 a prevention programme was started with training of the master and peer educators in the transport and co-

³⁰ HAPCO Annual plan 2008

³¹ For every two people on treatment, 5 people are contracting HIV: UNAIDS Global Report 2008

operative associations. At the end of 2005 leadership training with management across the different sectors took place as a precursor to the development of the policy in 2006.

Overall Coverage

The overall coverage within the co-operative organisation of the project was limited due to the operational approach ILO adopted in implementing training at the grass roots level within the co-operative society. The vertical approach adopted by the project was to work with one of the 84 regional offices within the Oromia federal state, and within this region work with one district and five of the 68 unions. Within these unions ILO worked down to the grass roots level training peer educators in the primary co-operative (PS). One or two peer educators were trained in each of the primary co-operatives who had from 100-2,000 members. Coupled with this, thirty-nine master trainers were also trained up to the regional office. This adopted approach is shown by the oval shape one in figure one below. It ensured that the training reached the individual primary co-operative members in remote and rural locations and that the quality of the training was high, as it was directly managed by ILO. However an alternative vertical approach, as shown in oval shape two, would have had a more upstream focus; concentrating resources at the zonal and district offices, building master trainers across a wider breadth of offices. ILO's role after the initial training of the trainers would be support and quality control³² on the role out of the training across a wider breadth of offices. This role is more in line with ILO perceived mandate of upstream policy development and was supported by the regional co-operative and transport staff interviewed for this evaluation³³. Furthermore, participation and ownership of the process would come directly from the co-operative societies rather than implementation being led by ILO. Further discussion is needed in ILO as to the implementation approach it should adopt in future projects³⁴ in delivering awareness-raising activities to ensure greatest impact and longer term sustainability.

³² It is recognised that this approach requires an increased level of control and monitoring than the existing approach.

³⁴ Existing SIDA funding continues to work with the co-operative adopting the same implementation approach as the Italian co-operation funded project

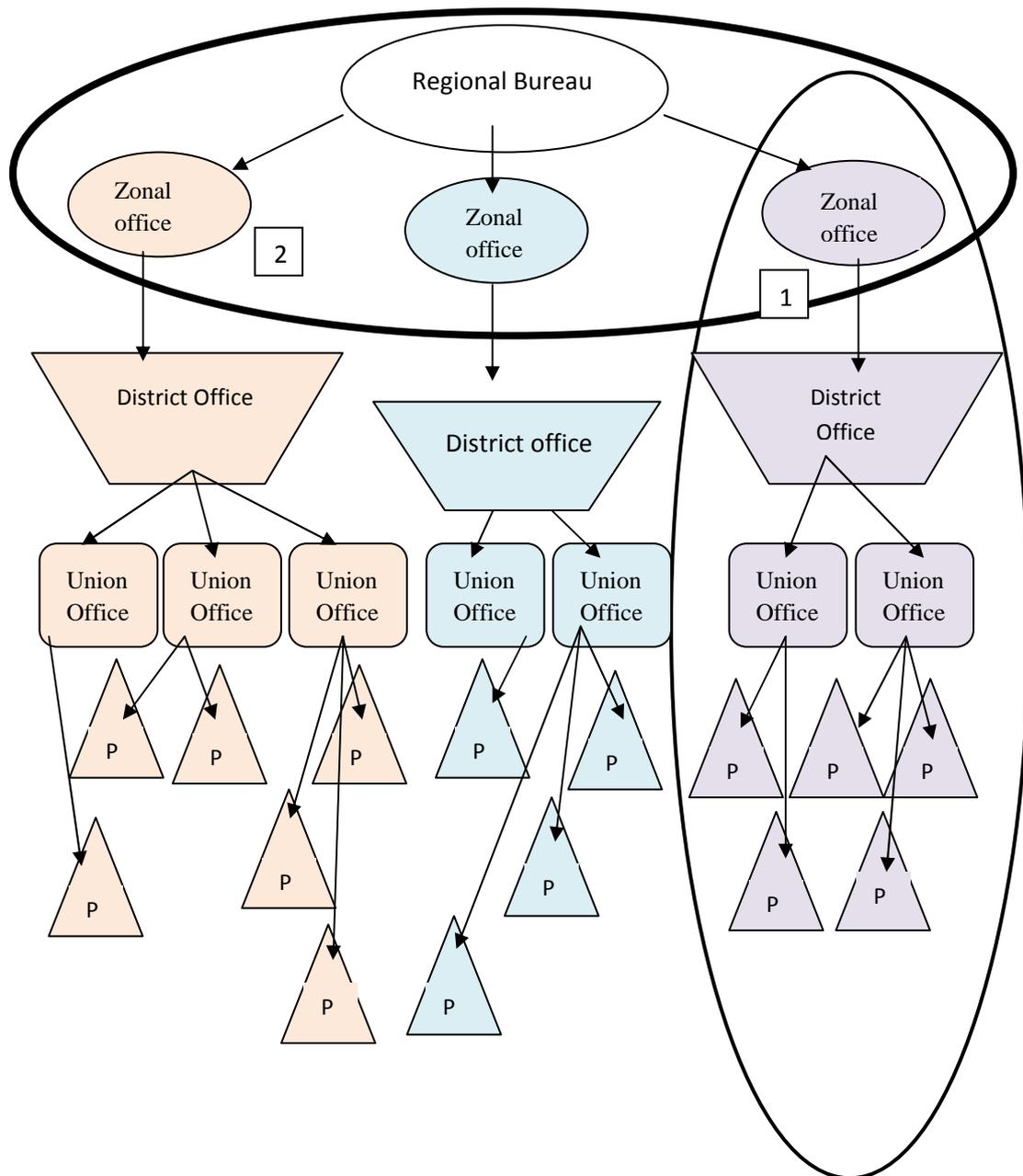


Figure One: Project operational approach

HIV/AIDS Focal Person

HIV/AIDS focal persons were appointed at different levels within the co-operative association and the transport bureau. Due to the high turnover of staff within the organisations it resulted in often having to start work again with new staff thereby delaying the implementation.

Linkages with other Service Providers

Linkages with other service providers were a weak aspect of the project implementation. Assurance of mitigation services such as provision of VCT services, ARV, and HBC need to be linked to the operationalisation of the policy. As ILO mandate is not to directly implement these services it needs to establish solid partnership/linkages between the respective enterprises and direct implementor to ensure that these services are in place. The evidence of these linkages was not consistent across the enterprises; relying on government service provision cannot guarantee provision, particularly in the rural and remote location of the primary societies.

Ownership of policy

Engagement of leadership was recognised as essential in the successful implementation of the policy. The lack of leadership commitment and ownership in the transport sector resulted in the policy not being an active, living document in the bureau, summed up below in a quote from one of the workers at the bus station,

‘Since we are just workers, we cannot make the policy. It needs engagement of leadership.’

There are a number of reasons, which contributed to this, including the method of implementation³⁵ and high turnover of staff. In the co-operative societies the ownership of the policy came from the voluntaristic nature of the primary societies.

Relevance and Strategic Approach Conclusion:

ILO had a clear role and was well placed in mainstreaming HIV/AIDS into the WOW through policy development; it is acknowledged as a key player by its counterparts. Its existing work fitted into the UNAIDS joint programme strategy and that of UNDAF. Where ILO was seen to be weakest in its strategic approach was in utilising its role in leading advocating on mainstreaming HIV/AIDS; this was a missed opportunity. Coupled with this, in Uganda, was the limited internal resource mobilisation that took place in the area where ILO had expertise and added value. In Ethiopia additional funding on HIV/AIDS in the WOW came through funds from SIDA, USDOL and JUNTA.

Adoption of a tripartite approach in Uganda ensured that the national policy was reflective of stakeholders viewed and owned by the MOLGSD. To ensure this ownership ILO had to work

³⁵ covered in policy implementation section above

within the ministry time frame, which resulted in the national policies taking nearly three year to finalise. Ownership and leadership around policy development was not as clear in Ethiopia.

A number of challenges were identified in ensuring ownership and sustainability of policy initiatives by ILO and other partners working on HIV/AIDS issues in the WOW. Leadership buy-in is essential and this takes time to develop. This understanding and commitment needs to be in place before implementation of activities takes place. This did not happen in Ethiopia, which in part resulted in confusion between the policy and the peer education initiative; and there was a high turnover of staff involved in the policy development process.

The quality of the peer education programme and its content was viewed positively among stakeholders; however, ILO's added value in terms of prevention and mitigation activities is less clear than that of its 'upstream policy' work. There are numerous actors specialising in awareness-raising and support and care programmes in both Ethiopia and Uganda whose added value was within this area.

Formation of linkages with other service providers was a weaker part of the prevention and mitigation activities, particularly in Ethiopia. Organisations representing PLWHA, were invited in, to be part of the peer education programme, but ensuring long-term service provision (such as VCT and ART) relied mostly on government services. In Ethiopia, in more remote locations where the primary societies were operating, the peer education programme raised people's awareness but support services were not in place to build on this³⁶.

Strategic Recommendations:

Leadership engagement

Learning from the project and from other agencies engaged in HIV/AIDS workplace policy is that buy-in from leadership is essential. Learning from STOP AIDS NOW! (SAN!) in Uganda³⁷ is the need to convince the management first before implementation of prevention and mitigation activities. This process can be supported through carrying out an organisational assessment, which identifies challenges, risks and policy champions within the organisations and establishment of an MOU outlining roles and responsibility of each party.

³⁶ Ethiopia government health strategic plan is aiming for health care services to be within 10km of 80% of the population

³⁷ Uganda was a pilot project in the SAN! Project.

Capacity Building of Tripartite Constituents

Further clarity is needed in ILO's approach on what capacity building of tripartite partners means in practice, particularly around committing resources to engage in capacity building. The relationship in Uganda was one of mainly ongoing consultation in the policy development process. Capacity building of the partners was a secondary by-product of the consultation process. Tripartite partners interviewed in Uganda were keen to develop policies and programmes in workplaces further but had limited resources with which to fully engage in this process. In Ethiopia engagement with different agents in the co-operative stopped once the policy had been developed and ILO focused on running the peer education programme. Capacity building in this context would relate to the development of an operational plan and its monitoring and evaluation.

Operational Recommendations:

Ethiopia

Workplace Committee

Establishment of workplace committee rather than individual focal persons reduces risk associated with high turnover of staff and ensures increased accountability and ownership of the initiatives.

Coverage versus Depth

ILO added value comes in upstream policy development and the support and facilitation of embedding and operationalising policy within the workplace. Within this context, as set out in Figure One, ILO is better placed to concentrate its resources on extending its coverage (2), and managing the quality of the roll-out rather than direct implementation itself.

6. Efficiency

This section examines whether resources (funds, human resources, time, expertise) have been used efficiently in the sense of being cost effective and strategically allocated.

I. Uganda

Budgets

Issues around efficiency were not able to be determined due to the lack of budget information, from both the ILO Geneva, and ILO Uganda office. The NPC asserts that on

starting the project in 2004 he was given a project document and no corresponding budget and never knew the overall budget for the country. The overall sense of the budget was that 'money was limited and ending'. This finding was also correlated by the Italian co-operation office in Uganda when they attempted to evaluate in October 2008 and were unable to assert efficiency due to a lack of budget. As a result activities were designed to suit budget availability rather than based on strategic planning.

Best practice asserts that project design comes from a number of distinct processes: problem analysis, development of strategic objective, establishment of key outputs and from this, determines major activities that are needed to achieve the project's key results. The activities inform the overall project budget. The lack of a clearly aligned budget to objective statements indicates the lack of strategic planning.

Quarterly Fund Disbursements

The quarterly fund disbursement model from ILO Geneva to ILO Uganda resulted in activities being finalised once money was disbursed, which often resulted in delays in implementation and thus inefficient use of time. The NPC would submit a work plan to Geneva who would come back with questions/points of clarity; the NPC would respond and then the funds would be disbursed. This process would take, on average, two to three weeks. Once the agreement of work plan activities was approved, the NPC would start planning activities with the stakeholder. At this point the activities may not be suitably timed to implement with the stakeholders: this resulted in further delays in implementation, so longer term planning with enterprises was vital in delivering project activities in a harmonised and meaningful manner, however, the nature of activities that were not funded was the longer-term ones that had ongoing commitments.

Use of resources

Additional funds were supplied through the UNAIDS joint programme to develop a national plan of action for the policy in 2008. These funds were not spent in 2008 due to administrative requirements in ILO for establishing a budget code for a new initiative and the associated clarifications on joint programming. The funds were then carried over into 2009 and resulted in ILO not being able to access additional funds through UNAIDS due to the underspend in the previous year. At the same time the office was shut down in December 2008 as Italian co-operation funds had to be spent by the end of 2008, while the funds for the

NPA remain unspent. The office was then re-opened in 2009 to develop the plan of action using underspend from the Italian co-operation and the UNAIDS Joint programme funds: this is not an effective use of resources.

II. Ethiopia

Turnover of staff

Within the transport and higher levels of the co-operative associations there was a high turnover of staff due to a governmental restructuring programme. This resulted in having to find new focal staff with whom to work and get new staff up to date on the project implementation, lobby again with leadership, retrain peer educators and master trainers using valuable time and resources. Noticeably, by contrast the primary societies in the co-operative association, due to its voluntary nature and low turnover of staff, this issue did not arise. Within the primary societies is where the greatest impact and longer term sustainability is evident.

Efficiency Conclusion:

Lack of longer-term budgeting³⁸ and planning resulted in inefficient use of project funds in Uganda, for example, starting implementing with enterprises and then stopping after a couple of months; closing down the project and then opening again after three months.

In Ethiopia inefficient use of resources was due to the high turnover of staff in the transport bureau and co-operation associations, this resulted in re-training of staff. In Uganda a contributory underlying cause was the lack of a reliable regular funding source from the Italian co-operation, which then fed into a management approach that did not engage in long term strategic planning. In Ethiopia lack of risk planning and mitigation resulted in resources being used to re-train staff due to staff turnover.

Strategic Recommendations:

Budget planning

All projects should have yearly budgets with allocated budget lines relating to key activities and outputs within a results framework.

³⁸ no budget breakdown for Uganda available

Decentralised funding

The centralised nature of the funds delayed the implementation of the project, most noticeably in Uganda. Moving funds direct to project sites would reduce this delay in project implementation.

7. Management Structure

This section briefly examines the overall management structure looking specifically at the roles and responsibility of different parties, strategic relationships with other ILO projects and other donors in country, capacity levels of staff and changes due to the midterm evaluation.

The programme was managed from the ILO Geneva office. The Ethiopia project was based in a sub-regional office and supported by a HIV/AIDS focal person and the regional office. Uganda was a field office with a number of projects being support administratively by the Dar es Salaam office. Each of the projects had a National Programme Co-ordinator and an administrative assistant and a driver.

The funding came directly from the Italian co-operation Rome office as direct earmarked funds for ILO Geneva. The funds available were decided upon on a yearly basis by the Italian co-operation.

Overarching Management Issues

Monitoring and evaluation

Both Ethiopia and Uganda reported to Geneva on ongoing activities. There was no reporting directly against results set out in the project proposal. No indicators existed beyond project outputs for both Uganda and Ethiopia. The unpredictable nature of the project funds resulted in ILO not investing time in the ‘restructuring’ of the programme’s M&E system.

Relationship with Italian Co-operation office in Ethiopia

The formal institutional relationship between the Italian co-operation and ILO exists at headquarters level, between Geneva and Rome. In Ethiopia and Uganda contact was based on building individual relationships, which was supported by ILO Geneva. In Uganda the embassy staff were invited to participate in national events and participated in the launch of the policy.

From the side of the Italian co-operation country offices, as the funds are not directly managed by themselves, they reported having little information on the project apart from what came through the personnel relationships they have with ILO staff. For example, in Uganda the Italian co-operation office was asked to evaluate and report to Rome on the progress of the project and they had little, or no, knowledge of its operations previously from the Rome office.

Review and amendment of project proposal

When original commitment from the Italian co-operation was not forthcoming the original proposal was not altered to realign the results with reduced funding, nor was the original programme proposal used as a proposal document to lobby for/ access the shortfall in funds.

It was felt by ILO Geneva that rather than use resources to change the proposal, as the funding source was unpredictable, to use existing committed funds and expand existing activities rather than realigning overall objectives.

I. Uganda

Strategic Planning

The project lacked clear strategic planning evidenced through a number of issues highlighted below. Firstly, the project interventions have been determined on a quarterly basis through work plans and led by budget availability. This was deemed appropriate as the Uganda office was without stronger monitoring and administrative support found in the Ethiopia office. Quarterly work plan and budgets were not, however, the case for other projects running in the Uganda office. The quarterly planning resulted in the project being activity-orientated not results-based. Secondly, no indicators of success (OVIs) were developed for the results statements (output, strategic objective, and goal). This issue was highlighted in the internal assessment in 2006³⁹ but no changes were made⁴⁰. If better strategic planning and resource mobilisation were in place, a more effective implementation of the project output might have occurred. For example, the NPA could have been developed and designed between the approval of the policy in 2007 and its launch in 2008 so that once the national policy had been finalised; stakeholders could then have moved directly into its implementation, building on the momentum from the launch. However no funds were available to do this in 2007 and

³⁹ Independent Internal Assessment (September – October 2006): Assessment team Iqbal Ahmed and Ms Margherita Licata

⁴⁰ This was in the ongoing understanding that the project was continually coming to an end.

in 2008 funds available from the joint programme were not immediately accessible for the project to utilise.

Reporting

ILO Uganda reported quarterly to ILO Geneva who compiled the reports and reported yearly to the Italian co-operation. A standard quarterly report format was established in 2008, where each project reports against project objectives. The quarterly reports from ILO Uganda did not correspond with the quarterly work plans submitted at the beginning of the quarter; this made it difficult to track work plans against achievements.

Resource Mobilization within ILO

Responsibility and remit of resource mobilisation between the NPC and ILO Geneva was not clearly laid out. The NPC felt that they were not adequately positioned in terms of authority and weight to mobilise resources although they were best placed to utilise opportunities arising.

II. Ethiopia

Direct Implementation versus Ownership

ILO Ethiopia's direct implementation approach results in over three hundred peer educators being trainers, however, this success needs to be balanced with the resulting weak implementation structures in place in the co-operative societies and the Transport Bureau, particularly the latter. No evidence existed of additional support/resources being made available to continue the peer education initiative in the original five unions in the co-operative society nor in the transport bureau; nor accountability mechanisms having been put in place by management for the bus stations to report up on the ongoing implementation of the policy. In the regional transport bureau office, master trainers stated that they had not delivered a training programme since receiving the training by ILO.

Management Structure Conclusion:

M&E was weak across the programme; there was no reporting against objective statements, only against activities. The distant management structure particularly in Uganda resulted in lack of adequate quality project practices being followed, which negatively affected the project implementation and results.

Strategic Recommendations:

Establish reporting directly against project results.

Set up an M&E system within the project and ensure that NPC are accountable to reporting on a quarterly basis against output indicators and on a yearly basis against progress towards outcome indicator (strategic objectives).

Proposal supported by centrally funded resources.

Due to the unpredictable nature of these types of funds, achievement of project objectives is more questionable. If ILO is committed to using project results a clear funding strategy must be developed to complement proposal of this type to meet any funding shortfalls.

Operational recommendations:

Uganda

Project and Budget planning

Work plans should be developed on a yearly basis with corresponding budgets to enable project to plan and implement activities in a strategic manner

8. Sustainability

This section reviews the sustainability of the project, looking specifically at how well equipped the national partners are to continue with the project, how well the enabling environment has been strengthened, and how effective and realistic was the exit strategy.

Overarching Sustainability issues

Mainstreaming of HIV/AIDS

The biggest challenge to incorporation of HIV/AIDS into the WOW is the conceptually shifted need in enterprise to recognise the benefit of directly engaging in prevention and mitigation activities. All work focused in this area ensures sustainability of interventions in the long term. Head of Human Resources in James Finlay tea estate commented that to ensure ownership within the estate, a partnership with a supporting agency is needed for five years. ILO intervention in both Uganda and Ethiopia was for a period of three years, but mainly from 2005-2007.

Turnover of Staff

In both Uganda and Ethiopia turnover of staff made it more difficult to maintain the momentum of the interventions and so embed HIV/AIDS policy and its practises within the workplace. Adopting a committee approach to rolling out the HIV/AIDS workplace policy rather than an individual focal person reduced the risk of the interventions failing to sustain.

I. Uganda

Exit planning

No evidence of an exit plan existed. This was highlighted as an issue that needed consideration in the internal assessment at the end of 2006 as funding was expected to stop at the end of 2007, although additional funds were made available. In terms of NPA no clear next steps have been established on how this would be implemented.

Project Implementation

Initiating interventions in a number of enterprises and then stopping after one year resulted in inefficient use of resources. The limited nature of the interventions has questionable longer-term sustainability, particularly as it was highlighted by a number of stakeholders that mainstreaming HIV/AIDS in the WOW needed a conceptual shift in the enterprises.

II. Ethiopia

Exit Planning

No clear exit strategy was put in place in Ethiopia. ILO staff felt that peer educators and master trainers were not followed up enough. Individual peer educators did develop individual action plans; follow up on this was left to the respective stakeholder organisations and did not materialise. On reflection, the voluntary basis of the primary societies resulted in a stronger sense of ownership of the policy and so its continuation after the ILO intervention had stopped.

Longer- term sustainability

The failure of the policy to be fully owned and so operationalised within the transport sector resulted in the peer education training ceasing when ILO input ended. This resulted in the project in the transport sector having limited impact in the longer term. Once ILO was no

longer involved resources were not forthcoming and no additional training took place. Any initiatives were reliant on individual's own motivation.

Sustainability Conclusion:

In both Ethiopia and Uganda mainstreaming of HIV/AIDS into organisations whose perceived core function does not incorporate HIV/AIDS is a process, which takes time. Although the national policies in both Uganda and Ethiopia have created a framework for this the capacity and perceived benefits are not fully realised within respective enterprises. The process of mainstreaming was started through building awareness around HIV/AIDS among stakeholders and then building capacity on developing workplace policies. Where policies become embedded, is through their effective operationalisation. Over time the respective organisations can see the benefit of the policy to its core function and the sustainability of the policy is ensured. ILO started this process to a varying degree but was not operational long enough to guarantee this mainstreaming in the longer term.

Strategic Recommendations:

Research into benefits of a workplace policy

Incorporate into HIV/AIDS policy development projects and M&E component, which will provide direct evidence to the workplace on the cost and subsequent benefit of having an active policy, such as changes in levels of absenteeism, quality of work and customer satisfaction.

9. Conclusion

This section briefly summarises the conclusion highlighted under different sections of the report, documents some of the best practices to be incorporated as standard practice for future ILO HIV workplace programmes, highlights lessons learnt and provides a summary of recommendations documented throughout the report.

Mainstreaming of HIV/AIDS into enterprises is a process that takes time, as it requires a conceptual shift in thinking. The national policy in Uganda and the policy within the cooperative primary societies in Ethiopia have created a framework for mainstreaming to take place. The creation of this framework needs to be built upon to ensure sustainability; and ILO is well placed to lead this.

The creation of a national policy in Uganda and a workplace policy in the primary societies within the co-operative associations in Ethiopia is a concrete success of the programme. Adoption of a tripartite approach in Uganda ensured the national policy was reflective of stakeholders viewed and owned by the MOLGSD. In Ethiopia ownership and commitment of the policy within the co-operative association came from the individual's voluntary commitment in the grass roots primary societies. In contrast the policy in the transport bureau did not embed itself within the organisation and consequently was not operational.

Overall Leadership buy-in was recognised as essential in the policy development process, and that this took time to develop; also that this understanding and commitment needs to be in place before implementation of activities take place. This did not happen in Ethiopia, which in part resulted in confusion between the policy and the peer education initiative. On top of this there was a high turnover of staff involved in the policy development process.

The mitigation and prevention activities in both countries centred on the peer education programme. The quality of the programme was seen to be good by the attendees and the wider organisations themselves with evidence of increased awareness and changes in behaviour.⁴¹ Linkages to other services such as care and support were weaker, in part due to the lack of available government services, and in part due to limited partnership formed with existing service providers to meet the potential demands created through increased awareness.

The weaker aspects of ILO operations were mainly around its strategic approach and management structures, which affected project results. Due to the unpredictable nature and unknown quantity of the funds from the Italian co-operation, ILO shifted its management of the project to one of short-term planning focusing on supporting key activities. As a result, strategic planning in terms of:

- developing country-specific project frameworks;
- developing outcome and impact level indicators;
- reviewing and managing risks;
- quarterly work plans and reporting being aligned;
- reporting against results rather than activities;
- maintenance of systematic interventions with targeted enterprises;

⁴¹ See jan2008 evaluation report in Ethiopia and internal assessment 2007

- mainstreaming gender, poverty or environment

did not take place and negatively affected the project.

The question then needs to be asked of ILO as to whether management of these types of funds to run projects is ultimately effective. For the Italian co-operation the question arises as to whether the existing funding mechanism for this type of funds is effective and efficient in maximising potential impact of Italian taxpayers' funds.

In terms of role in the WOW, ILO was seen by its stakeholders not to have fully capitalised its added value on advocating mainstreaming HIV/AIDS. In terms of its implementation approach ILO's added value lies in upstream policy development more than direct implementation. This technical expertise was not maximised in Ethiopia as the majority of resources were allocated to direct intervention to reach the grass roots level.

Within the wider context ILO was seen as a lead agency in the WOW and HIV/AIDS so was well placed in to deliver these mainstreaming HIV/AIDS projects. ILO's work fitted into the UNAIDS joint programme strategy and that of UNDAF. ILO added value was clearly around policy development; and although the quality of its peer education programme was not questioned. ILO's added value in the implementation of prevention and mitigation activities is less clear than that of its policy work.

I. Best Practices

- Drama, family events, and multi-media were seen as the most successful forms of intervention in raising awareness. This exposure to information in a non-threatening manner encouraged attendees to 'talk out' about issues surrounding HIV/AIDS.
- James Finlay tea estate created in 2008 a monitoring system to be able to measure the benefits of the programme. Data was collected around levels of absenteeism, productivity, mother-to-child transmission and overall well-being of staff. This monitoring system is used to report to the executive board on the impact of the HIV/AIDS workplace policy.
- From the onset establishing a MOU with respective enterprise to clearly set out initial roles and responsibilities of each of the parties in the development and operationalisation of the HIV/AIDS Work Place policy. This provided a reference point to which each party could refer as a guideline when interventions had commenced.

- Because of the establishment of the policy in James Finlay, the Ministry of Health in 2006 started to supply ARV directly through the estate clinics.
- A sustained partnership approach is seen as an effective way of mainstreaming HIV/AIDS in the workplace. Examples of an effective partnership approach were cited by a number of stakeholders by the placing of a seconded staff⁴² into enterprises to work to operationalising policy guidelines.
- Cost-sharing on implementation of policy, the degree to be determined on a case-by-case basis. The degree of cost share to shift towards the enterprise as the project continues.
- Translation of HIV/AIDS material into a number of local languages.

II. Lessons Learnt

This section briefly documents some of the lessons learnt from the setting up and running of the HIV/AIDS workplace programme.

Outlined below are a number of lessons learnt, to be incorporated into future programme designs at both a strategic level relating to ILO implementation in general and an operational level within the specific countries.

Strategic

- Management of funds centrally delayed the implementation process.
- Lack of any indicators in Ethiopia and only indicators to the output level in Ethiopia indicator hindered ILO's accountability to project results
- Mainstreaming of HIV/AIDS in the world of work is still a new concept for many; employers and this change in thinking takes time. This shift in thinking of management cannot be underestimated and adequate time and resources must be committed to this process. As a result, to develop a policy that is owned by individual workplaces takes time.
- A robust monitoring of the interventions should be considered as part of the mainstreaming process. Effective monitoring will, over time, provide the organisations with direct evidence of the benefits of the workplace policy to their core function.
- Countries should develop project-specific proposals. The original proposal was developed for three countries, and in some countries information was not relevant to

⁴² This initiative was carried out by other stakeholders working on HIV/AIDS policy in the workplace in the same enterprises as ILO Uganda.

the context on the ground. Project document was meant as guidance but never changed to incorporate specific issues and challenges.

Operational

- Relying on individuals for policy development and related activities hindered programme effectiveness as ILO was consistently faced with a high turnover of staff. Working through committee ensures wider ownership and mitigates against the risk of high turnover of staff.
- Ensuring ownership at the management level is crucial for embedding any policy within an organisation and therefore, sustainability of any interventions in the longer term.
- To ensure continued focus and support for the national policy development the NPA could have been developed while the national policy was being finalised, so the policy and the plan of action could be launched at the same time.
- Need to engage staff at the right level within respective organisations, ensuring that they have the authority to make decisions around operationalising the workplace policy.
- A process of ensuring an effective HIV/AIDS workplace policy is firstly:
 - signing of MOU outlining clear roles and responsibilities;
 - organisational assessment to determine the operational framework and structure for policy development;
 - establishment of a policy committee to ensure a wider engagement and ownership of the process and reduced risk of process failure due to high turnover of staff;
 - development of policy and respective operational plan;
 - roll-out of prevention and mitigation activities.
- Commitment of funds from enterprises in the operationalising of a workplace policy shows organizational commitment to the policy process

III. Recommendations

This section briefly summarises the recommendations documented throughout the report.

The recommendations have been divided into ‘operational’ and ‘strategic’. Strategic recommendations focus on wider organisational issues such as overall approach, and guiding principles in policy development, which are targeted for ILO Geneva and regional offices.

Operational recommendations refer to potential changes to future projects in ILO in Uganda and Ethiopia on HIV/AIDS in the WOW, and are targeted to individual countries' response and context.

Strategic Recommendations

To the National Project Coordinator

Ensure that policy development is partnered with a level of care and prevention service provision. As direct implementation on care and support is not within ILO remit, establishment of partnerships with service providers from the onset is essential to ensure benefits of the work place policy become a reality.

To the National Project coordinator

Learning from the project and from other agencies engaged in development of HIV/AIDS workplace policies is that buy-in from leadership is essential. Learning from STOP AIDS NOW! (SAN!) in Uganda⁴³ is that the management first need to convince before implementation of prevention and mitigation activities start. This commitment and engagement can be supported through carrying out an organisational assessment, which identifies challenges, risks and policy champions within the organisations and establishment of an MOU outlining roles and responsibility of each party.

To the National Project Coordinator

Further clarity is needed in ILO's approach on what capacity building of tripartite partners means in practice, particularly around committing resources to engage in capacity building. The relationship in Uganda was one of mainly ongoing consultation in the policy development process. Capacity building of the partners was a secondary by-product of the consultation process. Tripartite partners interviewed in Uganda were keen to develop policies and programmes in workplaces further but had limited resources with which to fully engage in this process. In Ethiopia, engagement of different agents within the co-operative ceased once the policy had been developed and ILO focused on running the peer education programme. Capacity building in this context would relate to the development of an overall operational plan and its subsequent monitoring and evaluation.

⁴³ Uganda was a pilot project in the SAN! Project.

To the ILOAIDS technical cooperation unit in Geneva

All Projects should have yearly budgets with allocated budget lines relating to key activities and outputs within a results framework.

To ILOAIDS

The centralised nature of the funds delayed the implementation of the project, most noticeably in Uganda. Moving funds direct to project sites would reduce this delay.

To the ILOAIDS technical cooperation unit in Geneva

Set up an M&E system within the project and ensure that NPC are accountable to reporting on a quarterly basis against output indicators and on a yearly basis against progress towards outcome indicator (strategic objectives).

To ILOAIDS

Due to the unpredictable nature of these types of funds, achievement of project objectives is more questionable. If ILO is committed to achieving project results a clear funding strategy must be developed to complement proposal of this type to meet any funding shortfalls.

To the ILOAIDS technical cooperation unit in Geneva

Incorporate into HIV/AIDS policy development projects an M&E component, which will provide direct evidence to the workplace on the cost and subsequent benefit of having an active policy, such as changes in levels of absenteeism, quality of work and customer satisfaction.

Operational Recommendations

To National project coordinator in Uganda:

Project and Budget planning

Work plans should be developed on a yearly basis with corresponding budgets to enable projects to plan and implement activities in a strategic manner.

To national project coordinator in Ethiopia:

Policy development

HIV/AIDS WOW projects should start with building understanding and commitment to HIV/AIDS in the workplace, which would in turn feed the development and establishment of a policy framework. The policy development process should include adequate promotion, which in part would come from the participatory approach adopted in its development, but also wide scale dissemination. From this implementation of joint project activities initiated by enterprises and supported by ILO should flow. Projects should not start with implementation and policy development at the same time.

Workplace committee

Establishment of workplace committee rather than individual focal persons reduces risk associated with high turnover of staff and increased accountability and ownership of the initiatives.

Coverage versus Depth

ILO added value comes in upstream policy development and the support and facilitation of embedding and operationalising policy within the workplace. Within this context, ILO is better placed to concentrate its resources on extending its coverage, and managing the quality of the roll-out rather than direct implementation to the grass root level.

IV Next Steps

Uganda

ILO has a clearly recognised role across key stakeholders in the WOW. A clear opportunity now exists in Uganda to continue the mainstreaming of HIV/AIDS in the WOW through the utilisation of the dialogue space created through the national policy. ILO should be supported by the MOLGSD in the implementation of the national plan of action. Other areas for ILO's possible future intervention noted were:

- the review of the relevance of National Policy after three years of its implementation. 2011;
- upstream policy development in key line ministries⁴⁴;

⁴⁴ Working in conjunction with WV who have been contracted to work with three line ministries in the next three years.

- the co-ordination of national response to HIV/AIDS and the WOW through setting up a committee for stakeholders,
- documenting best practice and lessons learnt,
- advocating on mainstreaming HIV/AIDS in the world of work;
- mapping of WOW activities. There is no clear information on the number of HIV/AIDS policies;
- specific research on the cost of HIV/AIDS in the WOW, to be used as an advocacy tool;
- working in the 'hard to reach' workplaces such as the informal sector to identify lessons learnt and best practice to share with the wider community;
- work with the enterprises, in partnership with FUE and COFTU and NOTU on developing policy in pre-selected workplaces.

Ethiopia.

A national workplace policy framework exists in Ethiopia that holds enterprises to account for the development of HIV/AIDS workplace policies. At the same time the government has committed 2% of organisational budget⁴⁵ for the implementation of a policy; and HAPCO has developed a strategy, which targets 2100 HIV/AIDS workplace policy in place by 2011 and has put in place an indicative budget. The challenge here is that MOLSA and the other tripartite must have the capacity to access funds allocated at HAPCO to begin to roll out the policy framework they developed. Currently they have limited the resources or capacity to push this process forward. In terms of resources, the majority of funds⁴⁶ are presently focused around mitigation/health care provision while the numbers of newly-infected cases continue to rise. Within this context ILO is well placed to advocate for resource allocation on workplace policy, understanding around mainstreaming HIV/AIDS within the workplace⁴⁷ context, and facilitating and supporting the tripartite partners in the roll-out of the new policy legislation.

⁴⁵ Sectoral and/or organisational core budget will be allocated to mainstream HIV/AIDS (mainly internally) and support HIV/AIDS activities within the workplace. Staff members could also contribute voluntarily, commonly 0.5-2% of their salary to be used as "AIDS Fund". This fund is commonly used to care for and support activities within the institutions.

⁴⁶ as set out in the UNAIDS 2007-2011 strategic plan

⁴⁷ HAPCO acknowledges that two programme such as including HIV Mainstreaming and PMTCT are among the weak response areas that have been identified